

Publication withdrawn

'Measuring mental wellbeing in children and young people' was withdrawn on 4 November 2025.

For up-to-date guidance on measuring the mental wellbeing of children and young people, see [Improving the mental health of babies, children and young people](#).



Public Health
England

Protecting and improving the nation's health

Technical Appendix: Measuring Mental Wellbeing in Children and Young People, an Indicator Guide

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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How to use this document

This document is designed to be read in conjunction with Public Health England's 'Measuring Mental Wellbeing in Children and Young People' (2015). It is a practical resource for local areas who wish to;

- identify tools which can be used to measure the mental wellbeing of children and young people
- identify relevant risk and protective factors which may influence children and young people's mental wellbeing
- identify sources of available data at local level which may be used to describe mental wellbeing and its risk and protective factors
- identify national survey questions which could be included in local surveys

Measures included within this briefing have been selected because of their association with the indicator set produced by NHS Scotland¹, either because they replicate the NHS Scotland measures, or because local data is available to construct a measure which closely matches, or can be a proxy for, the Scottish measure.

The document separates measures of wellbeing and mental wellbeing from wellbeing risk and protective factors.

Part one details measures of mental wellbeing and relates to how a person perceives their own situation and experience. It includes examples of tools (multi-item scales) or survey questions (single item measures) which can be used to measure wellbeing in children and young people. The reader is provided with information on the questions, ages for which the scale/questions are validated, where they are currently used and links to the scales/questions and their documentation. Sources of the survey data are also given to allow analysis of national data which can be used as a benchmark for locally collected data.

Part two details measures covering the risk and protective factors of mental wellbeing and is split into four domains that relate to contextual factors which influence, and are influenced by, mental wellbeing: individual, family, learning environment and community. These domains should not be seen as being distinct from one another, as measures within one domain can relate to measures within another domain; where this occurs, this is indicated in the measure metadata.

Hyper-links have been set up to aid ease of movement through the document:

- between the measures listed in the domain tables and the measure metadata table
- between the determinant of wellbeing heading above the measure metadata table and the determinant of wellbeing section in the domain table

The determinants of wellbeing within each domain are then described and grouped into 'indicators' which identify which wellbeing influencing factor is being measured.

Where there is openly available data at local authority level, for example from the Office for National Statistics (ONS) or the Health and Social Care Information Centre (HSCIC), which can be used to construct a measure, this is identified as a 'measure'. Readers are then directed to the original data source to construct the measure, or to a resource holding the calculated measure.

Where there is no local data available via open sources, but there are national survey questions which could be applied to local surveys to allow the collection of local data; these measures are included as 'survey' measures. Readers are provided with the following information in relation to these survey questions;

- links to the national survey in which the question appears
- links to the survey documentation and questionnaire
- the survey question and responses

It is important to fully understand how to use the question and what it is designed to measure, this information will be found in the survey documentation.

Also included within this guide are 'place holders', these mark where no data currently exists to support a measure's construction, but planned new data flows, will be able to support the calculation of these measures in the future.

For the measures, readers are also given further information, this includes;

- the associated determinant of wellbeing
- rationale for inclusion
- measure definition
- how to interpret the indicator
- resources which identify evidence based practice for improvement

It is important to use local knowledge when interpreting in the information gained from this guide. When comparing areas for benchmarking purposes, it may be useful to use the Office for National Statistics [area classifications](#) or the Department for Communities and Local Government [indices of deprivation](#) (to identify nearest neighbours in terms of similar social and economic characteristics).

It is important to know that the resources identified which give links to evidence based practice have not been identified through rigorous literature review processes. Many of the measures listed are available through current Public Health England outputs, such as the Public Health Outcomes Framework (PHOF), Health Profiles, and the Children and Young People Mental Health and Wellbeing Profile.

The list of measures is not definitive, and will be updated periodically. There are also other indicator sets available, for example the Office for National Statistics set of national measures for children and young people, which are not included in this briefing, but this does not exclude them from being used in local areas to develop measures of mental wellbeing and its risk and protective factors.

Measuring mental wellbeing: choosing the right measurement tool

Personal wellbeing is a person's own evaluation of their wellbeing.

There are a number of well validated instruments that can be used to record an individual's own perception of their personal wellbeing. Some of these have also been validated for use with children and young people and can, therefore, be used in local surveys and to evaluate the impact of public health interventions. The measures fall broadly into two types: single question measures and more complex multi-dimensional measures which may be summarised to give an overall score. Details of some of the main instruments currently used in research and for monitoring population level wellbeing in children and young people are provided in table one.

The age of the target population should be carefully considered when selecting which measure might be most suitable for use in any local survey. For example, scales with fewer items that contain positively worded questions are more suitable for younger children.

The method by which questions are asked of a child or young person can also have an impact on response. For example, if an adult reads the statements or questions aloud this may help with comprehension. A recently developed instrument, the Stirling Wellbeing Scale⁴, made use of 'PowerVote' which allows participants to provide their responses to questions using a remote keypad. The authors found this greatly increased accessibility for younger children and for those with reading difficulties.

All of the tools listed in table one are included in large, national surveys whose results, and often data is freely available. Although these surveys may have an insufficient sample size to allow analysis at a local level, the data are useful for comparison particularly if they relate to sub-groups of the population.

A number of datasets from such surveys are available for download and further analysis via the UK Data Service at www.ukdataservice.ac.uk. Further details and links are provided in table two

Key tools for measuring wellbeing in children and young people

Table 1 Wellbeing measurement tools

Instrument or measure	Type and description	Age validated for use with	Current use(s)	Source and Conditions of use
Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) ⁵	Single summary score. A positively worded 14 item scale: - I've been feeling optimistic about the future - I've been feeling useful - I've been feeling relaxed - I've been feeling interested in other people - I've had energy to spare - I've been dealing with problems well - I've been thinking clearly - I've been feeling good about myself - I've been feeling close to other people - I've been feeling confident - I've been able to make up my own mind about things - I've been feeling loved - I've been interested in new things - I've been feeling cheerful Statements scored 1-5 where 1='None of the time' and 5='All of the time' (range 14 – 70).	Young people aged 16 and over. Children aged 13-15.	Health Survey for England, 2010 onwards. What About YOUTH? Survey 2015 onwards. Scottish Adolescents Lifestyle and Substance Misuse Survey (SALUS), 2010 onwards. Scottish Health Survey, 2012 onwards.	User guides found at: www2.warwick.ac.uk/fac/med/research/platform/wemwbs/ Copyright rests with University of Warwick and NHS Health Scotland. Free to use but users are asked to register their use by completing a form at: www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/register/

Instrument or measure	Type and description	Age validated for use with	Current use(s)	Source and Conditions of use
Short WEMWBS (SWEMWBS) ⁶	Single summary interval scale. - I've been feeling optimistic about the future - I've been feeling useful - I've been feeling relaxed - I've been dealing with problems well - I've been thinking clearly - I've been feeling close to other people - I've been able to make up my own mind about things A shortened 7 item version of WEMWBS. Statements scored 1-5 as per WEMWBS. Individual question scores require transformation (range 7–35).	Young people aged 16 and over. Children aged 13-15.	Understanding Society (UK Household longitudinal Study). Various research projects.	As per WEMWBS.
Heubner's Student Life Satisfaction Scale (SLSS) ⁷	Single summary score. A seven item scale of life satisfaction judgements: - my life is going well - my life is just right - I would like to change many things in my life - I wish I had a different kind of life - I have a good life - I have what I want in life - my life is better than most kids	School settings for children aged 7–15 years.	Various research projects and in the Children's Worlds Survey: www.isciweb.org/	Not copyrighted and free to use without permission by interested researchers. Example of scale and key references found at:

Instrument or measure	Type and description	Age validated for use with	Current use(s)	Source and Conditions of use
	Statements scored 1-6 where 1='Strongly disagree' and 6='Strongly agree' (range 1-42)			www.midss.org/content/students-life-satisfaction-scale
Heubner's Brief Multidimensional Life Satisfaction Scale (BMSLSS)⁸ (Adapted from Heubner's lengthier 41 item multidimensional Life Satisfaction Scale⁹)	Multi-dimensional. A six item measure of satisfaction with different aspects of life (family, school, friendships, own self, living environment) plus overall life satisfaction. - I would describe my satisfaction with my family life as - I would describe my satisfaction with my friendships as - I would describe my satisfaction with my school experience as - I would describe my satisfaction with myself as - I would describe my satisfaction with where I live as - I would describe my satisfaction with my overall life as Responses scored on a seven point scale where 1='terrible' to 7='delighted.'	Children aged 11-18.	Various research projects and in the Children's Worlds Survey: www.isciweb.org/	As per SLSS above.

Instrument or measure	Type and description	Age validated for use with	Current use(s)	Source and Conditions of use
Children's Society Good Childhood Index ¹⁰	Ten item measures of happiness in key areas of life (family, friends, health, appearance, time use, the future, home, money, possessions, school, amount of choice) summarised to give a single item measure of global wellbeing (happiness with life as a whole). Happiness in each of the ten areas is rated 1-10. Scores are then summed to give provide the overall measure of wellbeing (range 1-100). The Children's society also use a multi-item measure of overall life satisfaction (modified from Heubner's SLSS). - my life is going well - my life is just right - I wish I had a different kind of life - I have a good life - I have what I want in life This is scored 0-10 where 0='Not at all agree' and 10='Totally agree'. Scores are summed and divided by 5 (range 0-10).	Children aged 8-15.	Children's society surveys, 2010 onwards (annual reporting via 'The Good Childhood Report' series¹¹. Both the Good Childhood Index and the shortened SLSS have been used in the Children's Worlds Survey from 2013/14. See www.isciweb.org for further details.	Contact The Children's Society: www.thechildrenssociety.org.uk

Instrument or measure	Type and description	Age validated for use with	Current use(s)	Source and Conditions of use
ONS Personal Wellbeing Domain for Young people aged 16-24 ¹² (see note)	Four item measures scored 0-10 ONS 'Personal wellbeing' domain includes four subjective wellbeing measures asking about life satisfaction, happiness, worthwhileness and anxiety: - overall, how satisfied are you with your life nowadays? - overall, how happy did you feel yesterday? - overall, how anxious did you feel yesterday? - overall, to what extent do you feel the things you do in your life are worthwhile?	Young people aged 16-24	The four questions around personal wellbeing have been included in the Annual Population Survey (APS) since 2011.	No restrictions on use. The Annual Population Example of the APS Survey questionnaire can be found via the UK Data Service at http://doc.ukdataservice.ac.uk/doc/7742/mrdoc/pdf/lfs_user_guide_vol2_questionnaire2014.pdf The subjective wellbeing questions are found on page 22.
Short WEMWBS (SWEMWBS) ⁶	Questions are scored 0-10 where 0='not at all' and 10='completely'. The SWEMWBS is also used to provide an overall population mental wellbeing measure.		SWEMWBS is collected in the 'Understanding Society' survey see www.understandingsociety.ac.uk	Example of the Understanding Society Survey questionnaire (Main questionnaire) can be found at: https://www.understandingsociety.ac.uk/documentation/mainstage/questionnaires

Instrument or measure	Type and description	Age validated for use with	Current use(s)	Source and Conditions of use
ONS Personal Wellbeing Domain for Children aged 0-15 ¹³ (see note)	Three item measures scored 0-10. ONS 'Personal wellbeing' domain for children includes three subjective wellbeing measures asking about life satisfaction, happiness and worthwhileness: - overall, how satisfied are you with your life nowadays? - overall, how happy did you feel yesterday? - overall, to what extent do you feel the things you do in your life are worthwhile? Questions are scored 0-10 where 0='not at all' and 10='completely'.	Children aged 11-15	The three questions were piloted by The Children's Society in their 2013 Survey	The Children's Society: www.thechildrenssociety.org.uk No restrictions on use.

Note: ONS uses SWEMWBS as an indicator of mental wellbeing with their broader set of 41 measures of national wellbeing. ONS use a wider set of measures to provide a holistic picture of children's overall wellbeing.

Sources of population wellbeing survey data

Table 2 Sources of survey data relating to wellbeing measures in children and young people

Survey name	Sample	Wellbeing measures included	Link to datasets
Health Survey for England	>9,000 adults aged 16 and over	WEMWBS from 2010	Individual level datasets from UK Data Service at: http://discover.ukdataservice.ac.uk/series/?sn=2000021 Summary data tables for age group 16-24 including trends (2010-2013) can be downloaded from www.hscic.gov.uk/healthsurveyengland
What About YOUTH? Survey	300,000 Year 11 pupils (aged 15-16)	WEMWBS from 2015	Will become available via UK data service following publication in April 2016
Children's Society Surveys	2,000 households in England, children aged 8-15	Five item modified Heubner's SLSS from 2010 and questions relating to ten key areas of children's lives ONS personal wellbeing domain measures for children in 2013	Via annual publications of 'The Good Childhood Report' see www.childrenssociety.org.uk for latest report. Data tables reporting the ONS personal wellbeing measures for children collected by The Children's Society are also published by ONS at: www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/children-s-well-being--2014/rpt---children-s-well-being-2014.html
Annual Population Survey	200,000 adults aged 16 and over	ONS personal wellbeing domain measures (four items)	Results are reported separately for children and young adults aged 16-24 via ONS wellbeing publication pages at: www.ons.gov.uk/ons/guide-method/user-guidance/wellbeing/publications/index.html

Survey name	Sample	Wellbeing measures included	Link to datasets
Understanding Society (United Kingdom Household Longitudinal Study or UKHLS)	> 50,000 adults aged 16 and over and 4,900 young people aged 10-15	SWEMSBS in adult survey and young people answer a short set of six questions on happiness with various areas of life including life as a whole	Datasets for research and further information via the UK Data Service at http://discover.ukdataservice.ac.uk/series/?sn=2000053
International Survey of Children's Wellbeing (Children's Worlds Survey)	International (13 countries) <50,000 children aged 8-12 years	Four item Heubner's SLSS and modified BMSLSS	Publications can be found at: www.isciweb.org/?CategoryID=176 Access to the datasets can be requested from: www.isciweb.org/?CategoryID=191

Note: this is not a complete list of all possible sources of survey data on wellbeing

Mental wellbeing risk and protective factors

Domain Individual

Determinants of Wellbeing	Description	Indicator	Local Authority Measure or Survey Question
Healthy living	Healthy lifestyle choices of children and young people, demonstrated by health behaviours such as: physical activity, diet, smoking, alcohol consumption, drugs and sexual health /relationships; influence and are influenced by positive mental wellbeing. For example, in young people, depression and low self-esteem are linked with smoking, binge drinking and unsafe sex.	Physical activity	15-16 year olds who report at least 60 minutes of daily exercise
		Healthy weight	Prevalence of healthy weight in 4-5 year olds (reception class)
		Healthy weight	Prevalence of healthy weight in 10-11 year olds (Year 6)
		Diet	15-16 year olds who report eating healthy portions of fruit, fruit juices, vegetables and pulses
		Sexual health	Sexual health - Under 18 conceptions
		Smoking	15-16 year olds who report that they do not smoke
		Drug use and alcohol consumption	Fixed period exclusions due to drugs/alcohol use
		Alcohol consumption	15-16 year olds who report never having had an alcoholic drink
		Drug use	15-16 year olds who report having never taken cannabis
General Health	There is a complex relationship between physical health, mental wellbeing and	General health	15-16 year olds who report 'good' or 'excellent' general health

Determinants of Wellbeing	Description	Indicator	Local Authority Measure or Survey Question
	mental illness, physical illness and disability influence the risk of poor mental wellbeing and mental health problems.	Physical health problems and mental health problems	15-16 year olds reporting long term illness, disability or medical condition 15-16 year olds reporting long term illness, disability or medical conditions which affects attendance at school
Learning and development	Learning and development covers the continuous process of learning and development, generally outside the formal education system. It includes participation in all forms of learning, both taught and non-taught and includes play. There is good evidence to suggest that participating in learning is associated with a range of mental wellbeing benefits (protecting against depression, building resilience to stress and adverse life events, promoting social inclusion and cohesion) and the adoption of healthy behaviours.	Learning	School readiness (5 years)
		Play	Measure currently unavailable: no identified data source
Emotional intelligence	Emotional intelligence is a complex area and can be defined in a number of ways, however there is agreement that it	Emotional intelligence	Measure currently unavailable: no identified data source

Determinants of Wellbeing	Description	Indicator	Local Authority Measure or Survey Question
	involves accurately perceiving the emotions you are feeling and the management of those emotions.		
Life Events	Significant life events have an impact on the mental health and wellbeing of children and young people. These cover events which happen to the child and those which happen to the child's family; and covers both emotional and physical distress. For example, family conflicts and discord, divorce, relationship breakdown, bereavement, illness, parental stress, abuse, bullying, domestic violence, crime and violence.	Stressful life events and adverse childhood experiences	Emotional wellbeing of looked after children (5 – 16 years)

Healthy living

Survey question. Physical activity 15-16 year olds who report at least 60 minutes of daily exercise	
Domain	Individual
Determinant of wellbeing	Healthy living
Measure	15-16 year olds who reported they had at least 60 minutes of exercise on seven days during the last week
Rationale for inclusion	There is robust evidence that physical activity and exercise promote mental wellbeing and prevent mental health problems (anxiety and depression), although a causal link is difficult to determine. There is evidence of an association between physical activity and higher self-esteem, self-determination and personal control within young people. And some evidence to suggest an association between physical activity and cognitive functioning in younger children.
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first Report. The Health and Social Care Information Centre are hoping to publish the report in December 2015, so the data will follow in March/April 2016.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first report.
Survey question	Over the past seven days, on how many days were you physically active for a total of at least 60 minutes per day?
Survey responses	Please tick one box only: 0, 1, 2, 3, 4, 5, 6, 7
Notes	This survey question is proposed as a measure of physical activity. There are other questions in the What About YOUth? survey that relate to physical activity, which local areas may find useful. There is also the same physical activity question in the Health Behaviour of School Age Children (HBSC) survey which local areas may like to use: www.hbsc.org/

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Healthy living

Measure. Prevalence of healthy weight in 4-5 year olds (reception class)	
Domain	Individual
Determinant of wellbeing	Healthy living
Indicator	Health weight
Measure description	Prevalence of healthy weight among children in reception (expressed as %)
Original data source	Health and Social Care Information Centre, National Child Measurement Programme (NCMP) www.hscic.gov.uk/ncmp
Currently available	Yes
Measure source	PHE NCMP local authority profile http://fingertips.phe.org.uk/profile/national-child-measurement-programme
Rationale for inclusion	Obesity in childhood and adolescence has been associated with negative consequences and social inequalities including: mental health problems, poor quality of life, low self-esteem, body dissatisfaction, poor educational outcomes and involvement in bullying behaviour. The evidence to suggest that the association between obesity and poor mental health (including depression), is stronger across older age groups and for girls.
Notes on measure definition	Healthy weight Healthy weight is defined as a body mass index (BMI) between the 2nd and 85th centile of the UK90 BMI reference among children in Reception class (age 4-5 years). The data presented only includes children participating in the NCMP who had a valid height and weight measured by the NCMP. Measurements taken are from state maintained schools, any measurements taken at independent and special schools are excluded from the analysis. Geography The local authority and region geographies are derived from the postcode of the child's school.
How to interpret the indicator	What does a low value mean Having a healthy body size and satisfaction with body image is associated with positive wellbeing. A statistically lower value indicates there are fewer young people in the area, compared to the English average, having a healthy weight. This could be a sign that the risks of poor health and wellbeing associated with obesity or poor diet are heightened in the area.

How to interpret the indicator	Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual –learning and development Learning environment – peer relationships Community – poverty Community – physical environment Community – social inclusion
Signpost to evidence based practice for improvement	Early Intervention Foundation An interactive tool to find evidence and guidance on how to deliver effective interventions to prevent obesity and promote healthy physical development http://guidebook.eif.org.uk/programmes-library National Institute for Health and Care Excellence (NICE) Link to NICE guidance from the National Obesity Observatory website www.noo.org.uk/Resources/Nice_Sign Reviews and evidence briefings accessed from the National Obesity Observatory website www.noo.org.uk/Resources/Reviews Obesity Learning Centre Access to quality assured information and evidence on obesity prevention; and online communities of practice to help the sharing and location of information. www.ncdlinks.org/olc/

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Healthy living

Measure. Prevalence of healthy weight in 10-11 year old (Year 6)	
Domain	Individual
Determinant of wellbeing	Healthy living
Indicator	Healthy weight
Measure description	Prevalence of healthy weight among children in Year 6 (expressed as %)
Original data source	Health and Social Care Information Centre, National Child Measurement Programme (NCMP). www.hscic.gov.uk/ncmp
Currently available	Yes
Measure source	PHE NCMP local authority profile http://fingertips.phe.org.uk/profile/national-child-measurement-programme
Rationale for inclusion	Obesity in childhood and adolescence has been associated with negative consequences and social inequalities including: mental health problems, poor quality of life, low self-esteem, body dissatisfaction, poor educational outcomes and involvement in bullying behaviour. The evidence to suggest an association between obesity and poor mental health (including depression), is stronger across older age groups and for girls.
Notes on measure definition	Healthy weight Healthy weight is defined as a body mass index (BMI) between the 2nd and 85th centile of the UK90 BMI reference among children in year six (age 10-11 years). The data presented only includes children participating in the NCMP who had a valid height and weight measured by the NCMP. Measurements taken are from state maintained schools, any measurements taken at independent and special schools are excluded from the analysis. Geography The local authority and region geographies are derived from the postcode of the child's school.
How to interpret the indicator	What does a low value mean Having a healthy body size is associated with positive mental wellbeing. A statistically lower value indicates there are fewer young people in the area, compared to the English average with a healthy weight. This could be a sign that the risks of poor health and wellbeing associated with obesity or poor diet are heightened in the area.

How to interpret the indicator	Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual – Learning and development Learning environment – peer relationships Community – poverty Community – physical environment Community – social inclusion
Signpost to evidence based practice for improvement	Early Intervention Foundation An interactive tool to find evidence and guidance on how to deliver effective interventions to prevent obesity and promote healthy physical development http://guidebook.eif.org.uk/programmes-library National Institute for Health and Care Excellence (NICE) Link to NICE guidance from the National Obesity Observatory website www.noo.org.uk/Resources/Nice_Sign Reviews and evidence briefings accessed from the National Obesity Observatory website www.noo.org.uk/Resources/Reviews Obesity Learning Centre Access to quality assured information and evidence on obesity prevention; and online communities of practice to help the sharing and location of information. www.ncdlinks.org/olc/

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Healthy living

Survey question. Diet 15-16 year olds who report eating healthy portions of fruit, fruit juices, vegetables and pulses	
Domain	Individual
Determinant of wellbeing	Healthy living
Measure	15-16 year olds who eat healthy portions of fruit, fruit juices, vegetables and pulses
Rationale for inclusion	Poor nutrition in early childhood has been found to be associated with increased risk of emotional and behavioural problems. Obesity in childhood and adolescence is associated with negative outcomes including low self-esteem, mental health problems, body dissatisfaction, poor educational outcomes and involvement in bullying behaviour. There is evidence to suggest that there is an association between teenage obesity and poor mental health (including depression) with girls being more affected than boys.
National survey	What About YOUTH?
National survey information, documentation and data source	Information on the survey is available from the What About YOUTH? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first report. The Health and Social Care Information Centre are hoping to publish the report in December 2015, so the data will follow in March/April 2016.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first report.
Survey question	A number of questions are used to calculate this measure. Thinking just about yesterday can you tell me how many portions of vegetables – including salad, fresh, frozen or tinned vegetables you ate? (note: a portion is three heaped tablespoons of vegetables or a handful of cherry tomatoes or a small bowl of salad, it does not include potatoes). Thinking just about yesterday can you tell me how many portions of fruit juice (pure juice / 100% freshly squeezed / fruit smoothies / juice from concentrate but not juice based drinks such as squash) you had?

Survey question	Thinking just about yesterday can you tell me how many portions of fruit – fresh, frozen, tinned or dried you ate? (note: a portion is a medium sized piece of fruit such as an apple or a banana, or two small pieces of fruit such as satsumas or plums, a handful of grapes, one tablespoon of dried fruit).
Survey responses	Respondents are asked to fill out the actual number of portions they had. The indicator will count those who report they ate five or more portions of fruit and/or vegetables.
Notes	The above survey questions are proposed as a measure of healthy eating. The three questions have been specifically chosen to correspond to similar questions asked in the Active People Survey, used for the PHOF indicator which measures healthy eating in adults: 2.11i Proportion of the population meeting the recommended 'five-a-day'. However, The Health and Social Care Information Centre will also be reporting on the What About YOUTH? Survey diet questions; but, they will be combining all of the diet questions asked in the survey. The three suggested for use in this briefing, together with: thinking about yesterday can you tell me how many portions of beans or pulses (backed beans, haricot beans, kidney beans, cannellini beans, butter beans, lentils or chickpeas) you ate? They will be publishing results in their report in December 2015.

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Healthy living

Measure. Sexual health under 18 conceptions	
Domain	Individual
Determinant of wellbeing	Healthy living
Indicator	Sexual health
Measure description	Rate of conceptions per 1000 females aged 13-15
Original data source	Office for National Statistics (conception statistics) www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-294336
Currently available	Yes
Measure source	PHE Public Health Outcomes Framework, health improvement domain www.phoutcomes.info/public-health-outcomes-framework
Rationale for inclusion	Teenage mothers have a higher risk of poor mental health than older mothers and becoming a mother while still a teenager is correlated with exposure to a partners' anti-social or abusive behaviour. Teenage mothers are also at risk of being excluded from education, training and employment, which greatly enhances the possibility of experiencing adverse outcomes in later life. Teenage mothers are more likely to come from backgrounds with experience of poverty, broken families, and problems at school.
Notes on measure definition	Number of pregnancies that occur to women aged 13-15 years that result in either one or more live or still births or a legal abortion under the abortion act 1967. The date of conception is estimated for abortions and stillbirths using recorded gestation, and by assuming 38 weeks gestation for live births. A woman's age at conception is calculated as the number of complete years between her date of birth and the date she conceived. The postcode of the woman's address at time of birth or abortion is used to determine geographical area of residence at time of conception. This measure is placed within the healthy living section as it may be used as a measure of risk to sexual health; being the outcome of unprotected intercourse in young women. The measure can used to indicate the potential increased risk to

Notes on measure definition	young mothers of mental health problems and increased exposure to psycho-social stress which is associated with social exclusion and poverty, which may increase the likelihood of young women taking up lifestyle behaviours which may put their health at risk. Around five percent of 'under 18 conceptions' are to girls aged 14 or under; to include younger age groups in the base population would produce misleading results, therefore the 15-17 age group is treated as the population at risk.
How to interpret the indicator	What does a low value mean Becoming a teenage mother can influence, and is influenced by, a number of factors which are associated with reduced wellbeing. A statistically lower value indicates there are fewer teenage conceptions in the area, compared to the English average. This is a sign that the risks of poor health and wellbeing, associated with being a teenage mother, are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Family – family relations Family – family structure Community – poverty Community – social inclusion
Signpost to evidence based practice for improvement	Early Intervention Foundation An interactive tool to find evidence and guidance on how to deliver effective early intervention to prevent risky sexual behaviour and teenage pregnancy http://guidebook.eif.org.uk/programmes-library National Institute for Health and Care Excellence (NICE) Prevention of sexually transmitted infections and under 18 conceptions Pathway http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions/preventing-sexually-transmitted-infections-and-under-18-conceptions-overview#content=view-node%3Anodes-commissioning-and-coordinating-sexual-health-services Guidance http://publications.nice.org.uk/prevention-of-sexually-transmitted-infections-and-under-18-conceptions-ph3 A model for service provision for pregnant women with complex social factors (complex social factors include mothers aged under 20 years, and associated factor of poverty) www.nice.org.uk/guidance/CG110

Signpost to evidence based practice for improvement	Alcohol and Drug Education and Prevention Information Service Briefing paper for teachers and practitioners, drawing on evidence they list a series of early intervention and prevention programmes in preventing a variety of risky behaviours. http://mentor-adepis.org/wp-content/uploads/2014/09/Early-Intervention-and-Prevention-briefing-paper.pdf National Child and Maternal Health Intelligence Network. Knowledge Hub – Teenage Conceptions www.chimat.org.uk/teenconceptions PHE Teenage Pregnancy Resources: www.apho.org.uk/RESOURCE/VIEW.ASPX?RID=116350 National Teenage Pregnancy Midwifery Network www.bestbeginnings.org.uk/ntpmn
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Healthy living

Measure. Smoking 15-16 year olds who report that they do not smoke	
Domain	Individual
Determinant of wellbeing	Healthy living
Indicator	15-16 year olds who report they do not smoke
Measure description	Percentage of 15-16 year olds who report they do not smoke
Original data source	What About YOUth? (WAY) survey: www.whataboutyouth.com
Currently available	Yes
Measure source	Health and Social Care Information Centre. www.hscic.gov.uk/catalogue/PUB17984
Rationale for inclusion	There is growing evidence that smoking in young people is a marker for poor mental health and that anxiety and depression may increase the likelihood of nicotine dependence in adolescence.
Notes on measure definition	Fifteen and sixteen year olds who responded to the question 'Now read the following statements carefully, and tick the box next to the one which best describes you', with the answer, 'I have never smoked'. Reported as a percentage of the total number of valid responses in the survey. Both the numerator and the denominator were weighted to make them applicable to the population as a whole. The weighted numerator is divided by the weighted denominator and multiplied by 100 to get the percentage. This measure has been designed to measure smoking from a 'positive' angle (children who do not smoke), however the Public Health Outcomes Framework health improvement domain www.phoutcomes.info/public-health-outcomes-framework, includes indicators from the What About YOUth? Survey on smoking prevalence which cover 'negatively' framed measures, which local areas may find useful: - smoking prevalence: current smokers - regular smokers: at least one cigarette per week - occasional smokers: usually smoking less than one cigarette per week The Health and Social Care Information Centre has published a report and accompanying data on these measures www.hscic.gov.uk/catalogue/PUB17984

How to interpret the indicator	What does a low value mean Smoking can influence, and is influenced by, a number of factors which are associated with reduced wellbeing. A statistically higher value indicates there are more 15-16 year olds in the area who do not smoke, compared to the English average. This is a sign that the risks of poor health and wellbeing, associated with smoking, are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Community – poverty Community – social inclusion
Signpost to evidence based practice for improvement	Early Intervention Foundation An interactive tool to find evidence and guidance on how to deliver effective interventions to prevent substance misuse (misuse of tobacco, drugs and alcohol) http://guidebook.eif.org.uk/programmes-library

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Healthy living

Measure. Fixed period exclusions due to drugs/alcohol use (5-16 years)	
Domain	Individual
Determinant of wellbeing	Healthy living
Indicator	Drug use/alcohol consumption
Measure description	Percentage of school pupils (5-16 years) who receive a fixed period exclusion due to drugs/alcohol use
Original data source	Department for Education (school census) Exclusions statistics: www.gov.uk/government/collections/statistics-exclusions
Currently available	Yes
Measure source	PHE Children and Young People Mental Health and Wellbeing Profile, education domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data
Rationale for inclusion	Drug and alcohol abuse are significant threats to children and young people's mental health. Research suggests that during adolescence the brain may be particularly vulnerable to drug and alcohol use causing disturbance in functioning, development and performance. Effects include changes in learning patterns, attention span and in risk taking behaviours. There is a clear association between alcohol misuse and mental health problems, although the direction of causality is not clear. There is also a relationship between alcohol misuse and enhanced risk of physical harm, poor social functioning and factors such as violence and anti-social behaviour. Although the relationship is complex, rates of psychiatric disorders are higher among young people who are substance users and adolescents who smoke cannabis at least 50 times before the age of 18 years, treble their chances of suffering schizophrenia in later life.
Notes on measure definition	Exclusions A fixed period exclusion refers to a pupil who is excluded from school but remains on its register because they are expected to return when the exclusion period is completed. The child can only be removed for up to 45 school days in one school year. If a child is excluded from more than one school during a school year they may be counted twice.

Notes on measure definition	Exclusion rate The rate of exclusions are calculated using the sum of exclusions over the full 2012/13 academic year and the headcount of pupils as at 16 January 2013. This measure counts fixed period exclusions from school where the main reason for exclusion has been identified as drug or alcohol use. It is therefore not a direct measure of children and young people who use drugs or drink alcohol. It will therefore underestimate the overall use of drugs and alcohol by children and young people. For a detailed analysis of school exclusions see the department for Education's data report 2014. This includes a comparison of academies with schools in similar circumstances and can be found in 'A profile of pupil exclusions in England' research report: www.gov.uk/government/uploads/system/uploads/attachment_data/file/183498/DFE-RR190.pdf Further information on the methodology for data collection of fixed period exclusions can be found at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/338094/SFR28_2014_text.pdf
How to interpret the indicator	What does a low value mean Young people's use of drugs and alcohol is associated with threats to their health and wellbeing. A statistically lower value indicates there are a lower percentage of school pupils (5-16 years) who received a fixed period exclusion due to drugs/alcohol use in the area, compared to the English average. This is a sign that the risks of poor wellbeing, associated with drug and alcohol use, as defined by the measure, are reduced in the area. Cross-reference with other measures Learning Environment – engagement with learning Family – parental healthy living Family – parental health
Signpost to evidence based practice for improvement	Early Intervention Foundation An interactive tool to find evidence and guidance on how to deliver effective early intervention to prevent substance misuse http://guidebook.eif.org.uk/programmes-library National Institute for Health and Care Excellence (NICE) Guidance PH7 School based interventions for alcohol www.nice.org.uk/guidance/ph7 Guidance PH4 Interventions to reduce substance misuse among vulnerable young people www.nice.org.uk/guidance/ph4

Signpost to evidence based practice for improvement	Pathways Children with antisocial behaviour and conduct disorders; identification and assessment and treatment and care options http://pathways.nice.org.uk/pathways/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people Alcohol and Drug Education and Prevention Information Service Briefing paper informing teachers and practitioners on the delivery of alcohol and drug education and prevention. Drawing on evidence they list a series of early intervention and prevention programmes in preventing a variety of risky behaviours. http://mentor-adepis.org/early-intervention/ Public Health England (PHE) Supporting pack for needs assessment to help local areas develop JSNA's and local joint health and wellbeing strategies which effectively address public health issues alcohol, drug and tobacco use. Contains a series of good practice evidence base. www.nta.nhs.uk/healthcare-JSNA.aspx
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Healthy living

Survey question. Alcohol consumption 15-16 year olds who report never having had an alcoholic drink	
Domain	Individual
Determinant of wellbeing	Healthy living
Measure	15-16 year olds who have never had an alcoholic drink
Rationale for inclusion	There is a clear association between alcohol misuse and mental health problems, although the direction of causality is not clear. Alcohol misuse increases the risk of physical harm, poor social functioning and influencing factors such as violence and anti-social behaviour. During adolescence the brain may be particularly vulnerable to alcohol use causing disturbance in functioning, development and performance, this may effect a young person's ability to learn, attention span and risk taking behaviours.
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first Report. The Health and Social Care Information Centre are hoping to publish the Report in December 2015, so the data will follow in March/April 2016.
Full questionnaire	To be published by the Health and Social Care Information during 2015 as an appendix to the first What about YOUth report.
Survey question	Have you ever had an alcoholic drink – a whole drink, not just a sip?
Survey responses	- yes - no
Notes	This measure is recommended as an indicator of alcohol use in 15-16 year olds, however, there is a question from the Health Behaviour of School Age Children (HBSC) survey which local areas may like to use: www.hbsc.org/ At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include even those times when you only drink a small amount. Frequency reported for each of the following options: beer or lager, wine or champagne, alcopops (like Smirnoff Ice, Bacardi Breezer, WKD), spirits (like whisky, vodka), cider, fortified (strong), sherry, martini, port, Buckfast, any other drink that contains alcohol

Notes	Responses: - every day - every week - every month - hardly ever - never
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Healthy living

Survey question. Drug use 15-16 year olds who report never having taken cannabis	
Domain	Individual
Determinant of wellbeing	Healthy living
Measure	15-16 year olds never taken cannabis
Rationale for inclusion	Research suggests that during adolescence the brain may be particularly vulnerable to drug use causing disturbance in functioning, development and performance. This may affect an individual's ability to learn, attention span and risk taking behaviours. It is suggested that rates of psychiatric disorders are higher among young people who are drug users (although the relationship is complex) and that adolescents who smoke cannabis at least 50 times before the age of 18 years treble their chances of suffering schizophrenia in later life.
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first report. The Health and Social Care Information Centre are hoping to publish the report in December 2015, so the data will follow in March/April 2016.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first 'What about YOUth' report.
Survey question	Have you ever tried Cannabis (even if only once)?
Survey responses	- yes - no
Notes	This survey question is proposed as a measure of drug use measure There are other questions in the What About YOUth? survey that relate to drug use which are not used here, but which the reader may find useful.

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General health

Survey question. 15-16 year olds who report 'good' or 'excellent' general health	
Domain	Individual
Determinant of wellbeing	General health
Measure	Pupils who health in general is 'good' or 'excellent'
Rationale for inclusion	Evidence suggests a complex relationship between physical and mental health and wellbeing. Physical illness and disability influence the risk of mental health problems and poor mental wellbeing (emotional and conduct disorders, depression, low life satisfaction). The effect of physical health on mental health and wellbeing may result from such factors as the difficulties of living with an illness or long term condition, limitations to access age appropriate opportunities and experiences and effects on relationships and socialising,
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first 'What about YOUth' report.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first 'What about YOUth' report.
Survey question	How is your health in general? Would you say it was...
Survey responses	- excellent - good - fair - poor
Notes	For information, the ONS Measuring National Wellbeing: Measures of Wellbeing for Children 0-15 years ¹³ has a similar measure, but proposes to use either The Children's Society or Understanding Society Survey as a source.

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General health

Survey question. 15-16 year olds reporting long term illness, disability or medical condition	
Domain	Individual
Determinant of wellbeing	General health
Measure	Pupils who report they have a long-term illness, disability or medical condition
Rationale for inclusion	Evidence suggests a complex relationship between physical and mental health and wellbeing. Physical illness and disability influence the risk of mental health problems and poor mental wellbeing (emotional and conduct disorders, depression, low life satisfaction). The effect which physical health has on an individual's mental health and wellbeing may result from such factors as the difficulties of living with an illness or long term condition, limitations to access age appropriate opportunities and experiences and effects on relationships and socialising,
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first 'What about YOUth' report.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first 'What about YOUth' report.
Survey question	Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy or cerebral palsy) that has been diagnosed by a doctor?
Survey responses	- yes - no
Notes	For information, the ONS Measuring National Wellbeing Measures of Wellbeing for Children 0-15 years ¹³ And the ONS Measuring National Wellbeing Measures of Wellbeing for Young People 16-24 ¹² have similar measures, but plans to use the Family Resources Survey or Department for Work and Pensions administrative data (0-15 years) or the Labour Force Survey (16-24 years) as data sources.

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General health

Survey question. 15-16 year olds reporting long term illness, disability or medical condition which affects attendance at school	
Domain	Individual
Determinant of wellbeing	General health
Measure	Pupils whose long term illness, disability or medical condition affects attendance at school
Rationale for inclusion	Physical health, illness and disability can influence activities of daily living and social interaction which may result in children with long term illnesses and disabilities missing out on important personal, emotional and educational developmental opportunities. This may influence their future life chances and result in social exclusion and poverty.
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: http://www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (ukdataservice.ac.uk/) three to four months after the publication of the first 'What about YOUth' report.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first 'What about YOUth' report.
Survey question	Does your long-term illness, disability or medical condition affect your attendance and participation at school?
Survey responses	- yes - no
Notes	This question is only answered by children who have answered 'Yes' to the question: 'Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy or cerebral palsy) that has been diagnosed by a doctor?'

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Learning and development

Measure. School readiness (5 years)	
Domain	Individual
Determinant of wellbeing	Learning and development
Indicator	Learning
Measure description	Percentage of children who are assessed as having a 'good' level of development at the end of the early year's foundation stage.
Original data source	Department for Education (Early Years Foundation Stage (EYFS) Profile) www.gov.uk/government/statistics/eyfsp-attainment-by-pupil-characteristics-2013-to-2014 National, local authority and pupil residency table: SFR 46/2014 and Underlying data: SFR 46/2014
Currently available	Yes
Measure source	PHE Public Health Outcomes Framework, wider determinants of health domain www.phoutcomes.info/public-health-outcomes-framework
Rationale for inclusion	Being ready for school and able to participate in learning is associated with a range of mental health benefits, contributes to the adoption of healthy behaviours and promotes social inclusion and cohesion within society. Both formal and informal learning have a direct impact on mental wellbeing, protecting against mental illness, such as depression, and helps provide resilience to stress and adverse life events. Pre-school aged children with early developmental difficulties, such as delays in physical and motor development, personal, social and emotional development, communication and language development, are more likely to display difficulties with their social, emotional and behavioural development at school entry. These difficulties may persist into adulthood and impact on developmental outcomes, including cognitive outcomes. Conversely, children who enter school 'ready to learn' are more likely to succeed at school, stay in school and achieve better outcomes. There is evidence for inequalities in the level of achievement of school readiness between those from the most deprived areas of England compared to those from the least deprived areas. School readiness is an important measure, therefore, to help target interventions aimed at closing this gap and improve equity in achievement of lifelong learning and full developmental potential among all young children.

Notes on measure definition	Assessment of school readiness Children are defined as having reached a 'good' level of development if they achieve or exceed the expected early learning goals in the prime areas of learning (personal, social and emotional development; physical development; communication and language) and the early learning goals in the specific areas of mathematics and literacy. Pupils are only counted where they have a valid result for every achievement scale. Inclusion / exclusion criteria All English providers of state-funded early years education (including academies and free schools), private, voluntary and independent sectors are within the scope of the EYFSP data collection. Data includes results for those children who are in receipt of a government funded early education place at the end of the EYFS only. Children who are not in receipt of a funded place at the end of the EYFS are not in the scope of the Department's EYFS Profile data collection and therefore not included in the results. The results are for children who were assessed at the end of the academic year. Children who have been held back will be included in the results cohort for the year in which they are assessed and so these tables may include results from some children outside of the usual EYFS age range. Geography Data published at local authority level relate to local authority of child's residence (based on postcode) not to the local authority where the child's school is located. Data can be broken down by sex and ethnicity although at local authority level a large proportion of the data by ethnic group are suppressed to prevent disclosure.
How to interpret the indicator	What does a low value mean Not being ready for school has a negative impact on a child's social, emotional and behavioural development and learning in school resulting in poorer educational outcomes and mental wellbeing as well as impacting on future success and wellbeing in adulthood. A statistically lower value indicates there are proportionately fewer children resident in an area who have reached a 'good' level of school readiness prior to school entry than England as a whole. Early years staff, primary care and health visitors working with families all have a role to play in enabling school readiness. Cross-reference with other measures To aid understanding in this area, measures from other domains may be used to broaden the context in which the measure can be interpreted; these are

How to interpret the indicator	Individual - Emotional intelligence Family - family relations Family - family structure Learning environment - engagement with learning Learning environment - peer relationships Community - poverty Community - social inclusion
Sign post to evidence based practice for improvement	Early Intervention Foundation Evidence and advice on early intervention including the following publications The Best Start at Home Getting it right for families Social and emotional learning: skills for life and work www.eif.org.uk/publications/ Education Endowment Foundation A summary of educational research that provides guidance for early years professionals on how to use their resources to improve the learning of disadvantaged children https://educationendowmentfoundation.org.uk/toolkit/early-years/ National Institute for Health and Care Excellence (NICE) Social and emotional wellbeing: early years NICE Guidelines PH40 www.nice.org.uk/guidance/ph40 Institute of Health Equity Includes an evidence review of what is important in early years An Equal Start: Improving outcomes in Children's Centres www.instituteofhealthequity.org/projects/an-equal-start-improving-outcomes-in-childrens-centres Ofsted good practice resources Are you ready? Good practice in school readiness. Ofsted survey report looking at how the most successful early years providers ensure that disadvantaged children are prepared to start school www.gov.uk/government/publications/are-you-ready-good-practice-in-school-readiness Helping families get ready for school at Mayflower Primary. Ofsted good practice example showing how Mayflower Primary uses simple ideas to get parents involved in their child's learning www.gov.uk/government/publications/are-you-ready-good-practice-in-school-readiness Helping families get ready for school: Little Stars Childcare Centre. Ofsted details of good practice in providing families with a wide range of professional support and guidance www.gov.uk/government/publications/helping-families-get-ready-for-school-at-little-stars-childcare-centre

Sign post to evidence based practice for improvement	Public Health England, Local action on health inequalities Health equity evidence reviews and briefings including 1. Good quality parenting programmes and the home to school transition 1a. Good quality parenting programmes 1b. Improving the home to school transition 2. Building children and young people's resilience in schools www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers
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Life events

Measure. Emotional wellbeing of looked after children (5-16 years)	
Domain	Individual
Determinant of wellbeing	Life events
Indicator	Stressful life events and adverse childhood experiences
Measure description	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31 March
Original data source	Department for Education www.gov.uk/government/collections/statistics-looked-after-children
Currently available	Yes
Measure source	PHE Public Health Outcomes Framework, health improvement domain www.phoutcomes.info/public-health-outcomes-framework
Rationale for inclusion	Looked after children are a particularly vulnerable group of individuals. Being taken into care is a stressful experience and takes place as a result of stressful and adverse life events. Assessing the wellbeing of children in care enables the monitoring of the effects of being taken care has on children.
Notes on measure definition	Total difficulties score for looked after children aged between five and 16 years (inclusive) at the date of their latest assessment, who have been in care for a lest 12 months on 31 March. Data is collected by local authorities through a strengths and difficulties questionnaire (SDQ) and a single summary figure for each child (the total difficulties score), ranging from 0 to 40, is submitted to the Department for Education through the looked after children return (SSDA903). A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern). The mean of total difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March is calculated by taking the sum of all individual SDQ 'total difficulties scores' for looked after children aged 5 to 16 (inclusive), who have been in care continuously for 12 months at 31 March divided by the number of valid primary carer SDQs that have been completed for looked after children aged 5 to 16 (inclusive), who have been in care continuously for 12 months at 31 March excluding any children who were looked after on that date under an agreed series of short

Notes on measure definition	term-placements. Average scores have been rounded to one decimal place. All local authority numbers have been rounded to the nearest five. All numbers relating to national or regional totals have been rounded to the nearest ten.
How to interpret the indicator	What does a low value mean Being taken into care can have negative effects on wellbeing. A low score indicates that children in care have relative positive wellbeing in the local area (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern). Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. - Family – family relations - Family – parental health - Family – parental healthy living - Community – violence - Learning environment – peer relationships - Community – social inclusion - Community – social support
Signpost to evidence based practice for improvement	

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Domain Family

Determinants of wellbeing	Description	Indicator	Local authority measure or survey question
Family relations	Family relations refer to the quality of interactions with parents and other family members. It covers parenting styles, attachment, parent-child relations, inter-parental relations and family functioning.	Family functioning	Children in need due to family dysfunction (0-17 years)
		Talking to parents	Survey question from HBSC available to help collect data locally.
		Treatment by parents	Survey question from HBSC available to help collect data locally.
		Caring for a family member	Survey question from Understanding Society available to help collect data locally.
Family structure	Family structure refers to the composition of the family in which a child resides and includes factors like size, number of siblings, lone parents and reconstituted families.	Teenage parents	Teenage mothers (12-17 years)
		Lone parent family	Lone parent households with dependent children (0-18 years)
		Contact with non-resident birth parent	Measure currently unavailable: no identified data source
Parental health	Parental health covers the mental and physical health of the parents or guardian of children and young people. It covers drug or alcohol dependency and limited longstanding illness.	Parental disability or illness	Children in need due to parental disability or illness (0-17 years)
		Postnatal depression	Measure currently unavailable: no identified data source

Determinants of Wellbeing	Description	Indicator	Local authority measure or survey question
Parental healthy living	Parental healthy living covers health behaviours of those acting as parents or, guardian of children and young people. These behaviours include those which influence the child during pregnancy such as maternal smoking and alcohol consumption; and general parental health behaviours important throughout childhood such as smoking, drug and alcohol misuse.	Parental problematic alcohol use	Parents of children 0-15 years in alcohol treatment
		Parental problematic drug use	Parents of children 0-15 years in drug treatment
		Maternal alcohol use in pregnancy	Maternal weekly alcohol consumption at booking (place holder – new maternity dataset)
		Maternal smoking in pregnancy	Maternal smoking status at booking (place holder - new maternity dataset)
			Maternal smoking status at time of delivery
		Maternal drug use in pregnancy	Maternal substance use status at booking (place holder - new maternity dataset)

Family relations

Measure. Children in need due to family dysfunction (0-17 years)	
Domain	Family
Determinant of wellbeing	Family relations
Indicator	Family functioning
Measure description	Percentage of children in need (0-17 years) at 31 March whose primary need at initial assessment was family dysfunction
Original data source	Department for Education (Children in need census) www.gov.uk/government/collections/statistics-children-in-need
Currently available	Yes
Measure source	Children in need and child protection statistics published by the Department for Education, Children in Need Census Characteristics of children in need: SFR43 National and local authority tables, table B3. Data source link www.gov.uk/government/collections/statistics-children-in-need
Rationale for inclusion	Family relations can impact positively and negatively on a child's mental wellbeing. Some important aspects which influence positive wellbeing are loving and trusting relationships, support and sense of connection. Aspects which harm wellbeing are family discord such as hostility, inter parental hostility and family breakup. Attachment, security and positive stimulation from primary care givers are important influences on a child's early development. Inconsistent parenting, lack of parental monitoring and involvement all have detrimental effects on a child's wellbeing and mental health.
Notes on measure definition	The source of this indicator is the children in need census. It includes all children aged 0-17 years who are referred to children's social care services as they are deemed unlikely to reach (or maintain) a satisfactory level of health or development (or because their health or development will be significantly impaired) without the provision of services. The measure only covers cases the need is severe enough for services to intervene. Family dysfunction identifies families where low parenting capacity is at risk of, or is actually impairing the child's health and development.

Notes on measure definition	More information on family dysfunction and the children in need census can be found in the Children in Need Census Guide: www.gov.uk/government/uploads/system/uploads/attachment_data/file/299928/DFE-00338-2014.pdf
How to interpret the indicator	What does a low value mean Family relations can impact positively and negatively on a child's mental wellbeing. A statistically lower value indicates there is a smaller proportion of children (0-17 years) whose primary need at initial assessment was family dysfunction compared to the English average. This may be a sign that the risks of poor wellbeing, associated with poor attachment, stimulation and family discord as identified by the measure are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Family – Parental Health Community – violence – children subject to child protection plan Community – violence – children in need due to risk of abuse or neglect Community – social inclusion – looked after children Community – social inclusion – workless households The indicator only measures referrals to social services where family dysfunction has been identified as the primary need of the child; the process allows only one primary need can be reported. Because the list of primary needs is hierarchical cases where multiple needs are identified will be categorised against only one type of need. Family dysfunction is 5th on the list, after abuse or neglect, child's disability or illness, parental disability or illness and family in acute stress. It is therefore probable that where children are referred to social services with multiple needs, cases of family dysfunction will be reported under these headings and will not be included within this measure. This measure relates to access to services, therefore local variation may be a result of differences in local referral patterns and service delivery systems rather than the underlying level of need. This measure should be used alongside local knowledge of service delivery systems and cross referenced with other risk and protective factors and wider community contextual factors.

Signpost to evidence based practice for improvement	Early Intervention Foundation www.eif.org.uk/what-is-ei/ Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention for the family and the home and positive child development http://guidebook.eif.org.uk/programmes-library Children's Society Parents' guide on 'How to support your child's wellbeing' www.childrenssociety.org.uk/sites/default/files/parents_guide_online_final.pdf Early Intervention Foundation Pioneering places Examples of work being done in implementing Early Intervention through all levels of local activity, from governance structures and commissioning, development of strategies and business cases through to reviewing programmes and practice. www.eif.org.uk/pioneering-places/ Social Care Online – Social Care Institute for Excellence Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature Search on 'parents' www.scie-socialcareonline.org.uk/search?q=subject_terms:%22parents%22 Search on families www.scie-socialcareonline.org.uk/search?q=subject_terms:%22families%22 PREview Planning Resources Maternal factors and child's health, behaviour and learning and development at five years www.chimat.org.uk/preview
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Family relations

Survey question. Talking to parents 11, 13 and 15 year olds who find it 'easy' or 'very easy' to talk to their parents about things that really bother them	
Domain	Family
Determinant of wellbeing	Family relations
Measure	Pupils who find it 'very easy' or 'easy' to talk to their mother or stepmother (or father's partner) about things that really bother them Pupils who find it 'very easy' or 'easy' to talk to their father or stepfather (or mother's partner) about things that really bother them
Rationale for inclusion	From the earliest age, family relations and the home environment they create, have an effect on children's mental wellbeing. Key aspects which help support positive mental wellbeing are trusting relationships, open communication and support in decision making.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	How easy is it for you to talk to the following persons about things that really bother you? Please tick or circle for each of the following options: mother, father, stepmother (or father's partner), stepfather (or mother's partner), older brother(s), older sister(s), best friend, friends of the same sex, friends of the opposite sex.
Survey responses	- very easy - easy - difficult - very difficult - don't have or don't see this person

Notes	For information, the ONS Measuring National Wellbeing: Measures of Wellbeing for Children 0-15 years¹³ and Young People 16-24 years¹² uses questions from Understanding Society to support their measure on talking to parents. How often do you talk to your mother, about things that matter to you? How often do you talk to your father, about things that matter to you? - most days - more than once a week - less than once a week - hardly ever - don't have a mother [don't have a father]
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Family relations

Survey question. Treatment by parents 11, 13 and 15 year olds who felt that their parents(s) treated them fairly 'very often' or 'always' in the last week.	
Domain	Family
Determinant of wellbeing	Family relations
Measure	Pupils who felt that their parents(s) treated them fairly 'very often' or 'always' in the last week.
Rationale for inclusion	From the earliest age, family relations and the home environments they create, have an effect on children's mental wellbeing. Factors which help support positive mental wellbeing include consistent and engaging parenting styles, appropriate boundary setting and non-physical discipline.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Thinking about the last week... Have your parent(s) treated you fairly?
Survey responses	- never - not often - quite often - very often - always
Notes	

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Family relations

Survey question. Caring for a family member 11, 13, and 15 year olds caring for a family member	
Domain	Family
Determinant of wellbeing	Family relations
Measure	Pupils who care for another family member
Rationale for inclusion	The responsibility of caring for other family members can have a negative impacts on children and young people's mental wellbeing. It may also result in feelings of being different to peers, isolation, worries about the future and loss of self-identity, however, being a young carer is also not always seen as being detrimental to mental wellbeing, for some it can boost self-esteem, self-confidence and coping skills. It is the nature of the caring experience which is important when understanding how being a carer affects children and young people's mental wellbeing.
National survey	Understanding Society
National survey information, documentation and data source	Documentation: www.understandingsociety.ac.uk/documentation
Full questionnaire	www.understandingsociety.ac.uk/documentation/mainstage/questions
Survey question	Initial question ask some people your age may have to look after other people. This could be a brother or sister, a relative or someone else who is disabled or sick. Is there anyone like this who lives here with you that you have to look after on a regular basis? If responds 'yes' to question a further question asks about how many hours a week would you say that you usually spend looking after or doing things for them
Survey responses	Response to initial question yes, in this household Response to further question: a box is given for respondent to write in the number of hours
Notes	

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Family structure

Measure. Teenage mothers (12-17 years)	
Domain	Family
Determinant of wellbeing	Family structure
Indicator	Teenage parents
Measure description	Percentage of hospital delivery episodes where the mother is aged under 18 years
Original data source	Hospital Episode Statistics (HES). Health and Social Care Information Centre (HSCIC)
Currently available	Yes
Measure source	PHE, National Child and Maternal Health Intelligence Network, Young people's profiles http://atlas.chimat.org.uk/IAS/dataviews/youngpeopleprofile
Rationale for inclusion	Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poor outcomes for both young parents and their children. Teenage mothers are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Becoming a mother while still a teenager is correlated with exposure to partners' anti-social or abusive behaviour. Teenage mothers are at risk of being excluded from education, training and employment, which greatly enhances the possibility of experiencing adverse outcomes in later life. They are more likely to come from backgrounds which experience of poverty, broken families, and problems at school. The children of teenage mothers also have poor outcomes. They are at an increased risk of living in poverty and poor quality housing, are at increased risk of maltreatment or harm and are more likely to have accident. Their mothers are more likely to have smoked throughout their pregnancy and are less likely to breastfeed.
Notes on measure definition	The measure is the percentage of delivery episodes (episode type two 'delivery' or five other delivery event) where the mother is aged between 12 and 17 years, and where the actual place of delivery is not 'one' (at a domestic address), five (in a private hospital) or six (in another hospital or institution). Data is allocated to local authorities directly by using postcode of residence. Deliveries at home or in a private hospital are not included. This may influence the results as there is evidence to suggest that younger mothers are more likely to delay accessing antenatal services and therefore have an increased risk of unplanned home birth. This measure may therefore underestimate the numbers of deliveries in this age group.

How to interpret the indicator	What does a low value mean Teenage pregnancy is associated with poorer outcomes for both young parents and their children. A statistically lower value indicates there may be less delivery episodes where the mother is age under 18 years than England as a whole. This may indicate that the risks of poor wellbeing, associated with being a teenage mother and a child of a teenage mother, are reduced in the area. In order to address the risks to wellbeing, as a result of being a teenage mother, it may be better to identify high values; to identify where resources need to be applied to help reduce the poor outcomes and wellbeing of teenage mothers and their children. Cross-reference with other measures To aid interpretation, measures from other domains which relate to associated influencing factors may be used to broaden the context. Teenage mothers Family – family relations Learning environment – engagement with learning Community – social inclusion Community – poverty Children of teenage mothers Community – poverty Family – family relations Family – parental health Learning environment – engagement with learning Community – violence
Signpost to evidence based practice for improvement	Early Intervention Foundation www.eif.org.uk/what-is-ei/ An interactive tool to find evidence and guidance on how to deliver effective early intervention to prevent risky sexual behaviour and teen pregnancy http://guidebook.eif.org.uk/programmes-library Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention for the family and the home and positive child development http://guidebook.eif.org.uk/programmes-library National Institute for Health and Care Excellence (NICE) A model for service provision for pregnant women with complex social factors (complex social factors include mothers aged under 20 years, and associated factor of poverty) www.nice.org.uk/guidance/CG110 Department for Children, Schools and Families (2008)

Signpost to evidence based practice for improvement	Getting maternity services right for pregnant teenagers and young fathers www.swpho.nhs.uk/resource/item.aspx?RID=41060 National Child and Maternal Health Intelligence Network. Knowledge Hub – Teenage Conceptions www.chimat.org.uk/teenconceptions Public Health England Teenage Pregnancy Resources www.apho.org.uk/RESOURCE/VIEW.ASPX?RID=116350 National Teenage Pregnancy Midwifery Network www.bestbeginnings.org.uk/ntpmn
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Family structure

Measure. Lone parent households with dependent children (0-18 years)	
Domain	Family
Determinant of wellbeing	Family structure
Indicator	Lone parents
Measure description	Lone parent households with dependent children
Original Data Source	ONS Census 2011, Table KS105EW www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262
Currently available	Yes
Measure Source	As above
Rationale for inclusion	Characteristics of family structure have been found to be associated with mental health problems in children and young people. Lone parent families are more likely to have children with mental health problems, however this may be because lone parents are more likely to be unemployed, have lower incomes and be receiving state benefits.
Notes on measure definition	All lone parent households with dependent children where the lone parent is aged 16 to 74 as a percentage of total households. A dependent child is a person aged 0-15 in a household (whether or not in a family) or aged 16-18 in full-time education and living in a family with his or her parent(s). It does not include any children who have a spouse, partner or child living in the household. A lone parent household is a household that comprises a lone parent family and no other person. This definition is used in the results from the 2011 Census.
How to interpret the indicator	What does a low value mean Lone parent families are more likely to have children with mental health problems. A statistically lower value indicates there are proportionately less children living in lone parent households in the area, compared to the English average. This suggests that the risks of poor wellbeing, associated with living in a lone parent household, as defined by the measure, are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the

How to interpret the indicator	measure can be interpreted. Family – family relations Community – social inclusion Community – poverty
Signpost to evidence based practice for improvement	Department for Children, Schools and Families Research Report No DCSF-RW008, London Economics. Cost Benefit Analysis of Interventions with Parents www.education.gov.uk/publications/eOrderingDownload/DCSF-RW008.pdf http://webarchive.nationalarchives.gov.uk/20130401151715/ National Institute for Health and Care Excellence (NICE) Guidance Social and emotional wellbeing, early years www.nice.org.uk/guidance/ph40 See also guidance under the Children in poverty under 16 years measure, which addresses support for those experiencing poverty, an issue highly relevant for lone parents.

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Parental health

Measure. Children in need due to parental disability or illness (0-17 years)	
Domain	Family
Determinant of wellbeing	Parental health
Indicator	Parental physical and mental health
Measure description	Percentage of children aged 0-17 years, in need at 31 March whose primary need at assessment was parent's disability or illness.
Original data source	Department for Education (Children in need census) www.gov.uk/government/collections/statistics-children-in-need
Currently available	Yes
Measure Source	Children in need and child protection statistics published by the Department for Education, Children in Need Census Characteristics of children in need SFR43: national and local authority tables, table B3. Data source link: www.gov.uk/government/statistics/characteristics-of-children-in-need
Rationale for inclusion	Poor parental health, both physical and mental is related to higher rates of poor mental health in children and young people. Poor maternal mental health is strongly associated with an increased likelihood of mental health problems in children and young people, and increased risk of child behaviour problems. Associations between maternal postnatal depression and poor child outcomes including problems in mother-infant interaction and higher rates of emotional and behaviour problems and delayed cognitive development in children. A parent's physical health problem is also associated with an increased risk of psychological problems in children such as emotional and behavioural 'problems and low self-esteem. Parental alcoholism is associated with higher risk childhood anxiety and abuse. From the perspective of children and young people, concern about parents with mental health problems, and taking on the role of carer, may have detrimental effects on their health.

Notes on measure definition	A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services. Children fall into this category when it is determined that the capacity of their parents or carers to care for them is impaired by disability, physical or mental illness or addictions, and there is insufficient or no compensatory help available other than via social services. Source: www.gov.uk/government/uploads/system/uploads/attachment_data/file/299928/DFE-00338-2014.pdf The following factors should be considered when using the measure and making comparisons between areas. This indicator only measures referrals to social services where the primary need of the child is the impaired capacity of the child's parents or carers to care for them due to illness or disability. The process only allows for one primary to be reported. Because the list of primary needs is hierarchical cases where multiple needs are identified can only be recorded against the 'highest' need. Parental illness or disability is third on the list, after abuse or neglect and child's disability or illness. Because of this, it is probable that where children are referred to social services with multiple needs, other cases of parental illness or disability will be allocated to these other areas. Also it is possible that a number of cases of need in the population will go unidentified, but will still have the potential to effect a child's development, health and wellbeing. It is likely that the measure will under report children for whom parental illness and disability are having a negative impact on their mental wellbeing. This measure relates to access to services, therefore local variation may reflect differences in local referral methods recording and service delivery. This measure should be used alongside local knowledge and cross referenced with other risk and protective factors and wider community contextual factors.
How to interpret the indicator	What does a low value mean Poor parental health, both physical and mental is related poor mental health and wellbeing in children and young people. A statistically lower value indicates there are fewer children in need (0-17) whose primary need at assessment was parent's disability or illness, compared to the English average. This indicates that the risks of poor wellbeing and mental health, associated with having parents with addictions and mental and physical health problems,

How to interpret the indicator	are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Family – family relations Family – parental healthy living Community – violence Community – social inclusion This measure should be used alongside local knowledge of service delivery systems and cross referenced with other risk and protective factors and wider community contextual factors,
Signpost to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention for the family and the home and positive child development http://guidebook.eif.org.uk/programmes-library Social Care Online – Social Care Institute for Excellence Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature www.scie-socialcareonline.org.uk/About/faq#cover Search on 'parents' www.scie-socialcareonline.org.uk/search?q=subject_terms:%22parents%22 Search on families www.scie-socialcareonline.org.uk/search?q=subject_terms:%22families%22

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Parental healthy living

Measure. Parents of children 0-15 years in alcohol treatment	
Domain	Family
Determinant of wellbeing	Parental healthy living
Indicator	Parental problematic alcohol use
Measure description	Parents who are attending treatment for alcohol, who live with their child or children, rate per 100,000 children aged 0-15 years
Original data source	Produced for PHE Profile tools by Health and Wellbeing – Alcohol and Drugs, Public Health England
Currently available	Yes
Measure source	PHE Children's and Young People's Mental Health and Wellbeing Profile, Risk Domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
Rationale for inclusion	Parental alcoholism is associated with higher risk of childhood anxiety and abuse. Chaotic parenting may result in a child taking on the role of carer for their siblings which may have detrimental effects on the health of children and young people.
Notes on measure definition	Parents Parents are defined as biological parents, step parents, foster parents, adoptive parents and guardians. It also includes de facto parents where an adult lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. The minimum period of cohabitation is one month and the child resides with them full time and is between 0 and 15 years old. Treatment Structured alcohol treatment consists of a comprehensive package of concurrent or sequential specialist alcohol-focused interventions, delivered by competent staff, within appropriate supervision and clinical governance structures. Structured alcohol treatment provides access to specialist medical assessment and intervention, and works jointly with mental and physical health services, and safeguarding and family support services according to need.

How to interpret the indicator	What does a low value mean Parental alcoholism is associated with higher risk of poor wellbeing amongst children. A statistically lower value indicates there are proportionately fewer children aged 0-15 whose parents are attending treatment for alcohol, compared to the English average. This is a sign that the risks associated with parents with alcohol problems who are being treated, maybe reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. As this measure only refers to those in treatment, it is potentially underestimating the actual numbers of parents who have an alcohol problem in the community. Family – parental health Family – parental healthy living Family – family relations Community – violence Community – social inclusion The measure only counts parents of children aged 0-15 years in treatment for alcohol abuse, so does not include all parents who are misusing alcohol. It will under represent the number of parents who have alcohol problems, due to individuals not seeking, or being referred, for treatment; or having dropped out of treatment. The cases where individuals are not seeking help or have dropped out of services are likely to be the ones most need, therefore representing more risk to the child.
Sign post to evidence based practice for improvement	Social Care Online – Social Care Institute for Excellence Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature www.scie-socialcareonline.org.uk/About/faq#cover Search on 'parents' www.scie-socialcareonline.org.uk/search?q=subject_terms:%22parents%22

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Parental healthy living

Measure. Parents of children 0-15 years in drug treatment	
Domain	Family
Determinant of wellbeing	Parental healthy living
Indicator	Parental problematic drug use
Measure description	Parents who are attending treatment for substance misuse, who live with their child or children, rate per 100,000 children aged 0-15 years
Original data source	Produced for PHE Profile tools by Health and Wellbeing , Alcohol and Drugs, Public Health England
Currently available	Yes
Measure Source	PHE Children's and Young People's Mental Health and Wellbeing Profile, Risk Domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
Rationale for inclusion	The risk of child behaviour problems has been found to increase where the mother reports substance use. Taking on the role of carer, may have detrimental effects on the health of children and young people. Children of problem drug users also face exposure to other possible hazards which can impact on their mental health. These include: exposure to physical violence, emotional abuse or neglect, chaotic family life with poor parent-child bonds, inadequate accommodation, interrupted education and socialisation. Other adverse consequences of children of problem drug users include emotional, behavioural and psychological problems, early substance misuse, offending behaviour and poor educational attainment.
Notes on measure definition	Parents Parents are defined as biological parents, step parents, foster parents, adoptive parents and guardians. It also includes de facto parents where an adult lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. The minimum period of cohabitation is one month and the child resides with them full time and is between 0 and 15 years old. Treatment Structured drug treatment consists of a comprehensive package of concurrent or sequential specialist drug-focused interventions, delivered by competent staff, within appropriate supervision and

Notes on measure definition	clinical governance structures. Structured drug treatment provides access to specialist medical assessment and intervention, and works jointly with mental and physical health services, and safeguarding and family support services according to need.
How to interpret the indicator	What does a low value mean Parental alcoholism is associated with higher risk of poor wellbeing amongst children. A statistically lower value indicates there is a lower rate of children aged 0-15 whose parents are attending treatment for alcohol, compared to the English average. This is a sign that the risks of poor wellbeing, associated with parents with alcohol problems which are being treated, are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Family – parental health Family – parental healthy living Family – family relations Community – violence Community – social inclusion The measure only counts parents in treatment with children aged 0-15 years, so does not include all parents who are using drugs. It is likely that the measure will under represent the number of parents who have substance misuse problems, due to individuals not seeking, or being referred, for treatment; or having dropped out of treatment. Where individuals are not seeking help or have dropped out of services, it is possible these cases are the ones with most need, therefore representing more risk to the child.
Sign post to evidence based practice for improvement	Social Care Online – Social Care Institute for Excellence Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature www.scie-socialcareonline.org.uk/About/faq#cover Search on 'parents' www.scie-socialcareonline.org.uk/search?q=subject_terms:%22parents%22

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Parental healthy living

Placeholder. Maternal weekly alcohol consumption at booking	
Domain	Family
Determinant of wellbeing	Parental healthy living
Indicator	Maternal alcohol use in pregnancy
Measure description	Weekly alcohol units consumed per week reported by mother was four units or under
Original data source	Maternity dataset
Currently available	No
Measure source	
Rationale for inclusion	The lifestyle of pregnant women can have important effects on the unborn child. Alcohol consumption during pregnancy can lead to fetal alcohol spectrum disorder which has been shown to carry an increased risk of serious developmental problems, including growth impairment, cognitive and behavioural disorders and poor psychosocial adaption. Effects of maternal drinking during pregnancy are also apparent on early mother-child interactions, although it is possible that post-birth neglect and/or non-stimulating environments, often associated with alcoholic mothers, may have a greater influence on psychological and social outcomes. While the precise level of 'safe' drinking in pregnancy is unclear the National Institute for Health and Care Excellence (NICE) and The UK Chief Medical Officer advise women to drink no more than one or two units of alcohol once or twice a week to minimise the risk to their baby.
Notes on measure definition	
How to interpret the indicator	

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Parental healthy living

Placeholder. Maternal smoking status at booking	
Domain	Family
Determinant of wellbeing	Parental healthy living
Indicator	Maternal smoking in pregnancy
Measure description	Currently never smoked or ex-smoker
Original data source	Maternity dataset
Currently available	No
Measure source	
Rationale for inclusion	Smoking in pregnancy has detrimental effects on the growth and development of the baby. It has been found to cause serious problems which include premature birth, low birth-weight and sudden unexpected death in infancy. Maternal smoking in pregnancy has also been associated with effects which occur later in life, including an increased risk of emotional and behavioural problems, such as attention problems, hyperactivity and conduct problems.
Notes on measure definition	
How to interpret the indicator	

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Parental healthy living

Measure. Maternal smoking status at time of delivery	
Domain	Family
Determinant of wellbeing	Parental healthy living
Indicator	Maternal smoking in pregnancy
Measure description	Number of women who currently smoke at time of delivery per 100 maternities
Original data source	Health and Social Care Information Centre www.hscic.gov.uk/searchcatalogue?productid=14841&topics=0%2fPublic+health&sort=-Relevance&size=10&page=1#top
Currently available	Yes
Measure source	Public Health Outcomes Framework, Health improvement domain. www.phoutcomes.info
Rationale for inclusion	Smoking in pregnancy has detrimental effects on the growth and development of the baby, it can cause serious problems including premature birth, low birth-weight and sudden unexpected death in infancy. Maternal smoking in pregnancy has also been associated with effects which occur later in life, including an increased risk of emotional and behavioural problems, such as attention problems, hyperactivity and conduct problems.
Notes on measure definition	The number of women known to smoke at time of delivery and the number of maternities for each local authority are estimated counts derived from CCG geographies. Information on how the local authority estimates are derived can be found in the PHOF indicator definition.
How to interpret the indicator	The count of women who smoke at time of delivery implicitly assumes that all patients whose smoking status is unknown are non-smokers. This will result in an underestimate of the percent of mothers who are smokers at time of delivery. What does a low value mean Smoking in pregnancy has detrimental effects for the growth and development of the baby, which is linked to the future wellbeing of the growing child. A lower value indicates there are fewer women who currently smoke at time of delivery, compared to the English average. This is a sign that the risks of poor wellbeing for the child associated smoking during pregnancy are reduced in the area.

How to interpret the indicator	Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual – healthy living Family – parental health Family – family relations Community – poverty
Sign post to evidence based practice for improvement	National Institute for Clinical Excellence (NICE) Guidance Guidance for NHS and other commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, helping women to stop smoking when pregnant and following childbirth. Includes a review of evidence, costing template and self-assessment tool. Quitting smoking in pregnancy and following childbirth www.nice.org.uk/guidance/ph26 Action on Smoking and Health (ASH) Review of NICE recommendations including considerations on how to implement these more effectively. Smoking cessation in pregnancy. A call to action http://ash.org.uk/files/documents/ASH_893.pdf Tobacco Free Futures A social enterprise whose mission is to make smoking history for children. http://tobaccofreefutures.org/ Tommy's A charity which funds research into pregnancy problems and provides community interventions for women who are at higher risk of pregnancy problems, such as those who smoke, are overweight or eat a poor diet. Includes details of the 'Baby Be Smoke Free' research and online referral tool. www.tommys.org National Centre for Smoking Cessation and Training (NCSCT) Established to support delivery of smoking cessation interventions. www.ncsct.co.uk/ Cochrane Library evidence reviews Psychosocial Interventions for supporting women to stop smoking in pregnancy http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001055.pub4/abstract

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Parental healthy living

Placeholder. Maternal substance use at booking	
Domain	Family
Determinant of wellbeing	Parental healthy living
Indicator	Maternal drug use in pregnancy
Measure description	Mothers who have never used drugs
Original data source	Maternity dataset
Currently available	No
Measure source	
Rationale for inclusion	Smoking cannabis during pregnancy is associated with subtle changes in the child's neurological and psychological performance that may persist into later life. The effect of parental drug use on the child in their early months of life may relate to its influence on the parent-child relationship and the physical, emotional and social needs of the child. This can then impede early behavioural and cognitive development, resulting in possible social and psychological problems for the child later in life.
Notes on measure definition	
How to interpret the indicator	

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Domain Learning Environment

Determinants of wellbeing	Description	Indicator	Local authority measure or survey question
Engagement with learning	Engagement with learning includes the opportunity for participation and engagement in the formal learning environment.	School attendance	Primary school pupil attendance
			Secondary school pupil attendance
		Pre-school home learning environment	Measure currently unavailable: no identified data source
		Liking of school	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
Educational environment	Educational environment includes important aspects of the school system, from their physical appearance, ethos and culture, to the nature of relationships with teachers and other adults working in the school environment.	Treatment by teachers	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
		Relationships with teachers	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
		Control at school	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
		School ethos	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
Peer relationships	This covers relationships with peers and friends and includes bullying	Friendships	Survey questions from Health Behaviour of School Age Children is available to help collect data locally.
		Acceptance by peers	Survey question from Health Behaviour of School Age Children is available to help collect data locally.

Determinants of Wellbeing	Description	Indicator	Local Authority Measure or Survey Question
Peer relationships	This covers relationships with peers and friends and includes bullying	Experience of being bullied	Survey question from What about YOUNG? is available to help collect data locally.
		Participation in bullying	Survey question from What about YOUNG? is available to help collect data locally.
			School exclusions due to bullying
Pressures and expectations	This relates to pressures and expectations to succeed and achieve, in exams, life, fitting in at school and fitting in with peers. There are also time pressures which include the need to fit everything into a busy schedule and having a too heavy workload, including homework.	Choice of how to spend free time	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
		Time pressure	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
		Pressure of school work	Survey question from Health Behaviour of School Age Children is available to help collect data locally.
		Pressure to succeed in life	Measure currently unavailable: no identified data source
		Pressure to fit in	Measure currently unavailable: no identified data source

Engagement with learning

Measure. Primary school pupil attendance	
Domain	Learning environment
Determinant of wellbeing	Engagement with learning
Indicator	School attendance
Measure description	Percentage of half days missed by primary school pupils due to overall absence (includes authorised and unauthorised absence)
Original data source	Department for Education (school census) Statistics. Pupil absence www.gov.uk/government/collections/statistics-pupil-absence
Currently available	Yes
Measure source	Public Health England Children's and Young People's Mental Health and Wellbeing Profile, Education domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh .
Rationale for inclusion	Evidence indicates that the educational experience of children up to the age of 12 years should provide opportunities for engagement in tasks considered fulfilling and worthwhile in order to promote their mental wellbeing. Disillusion or exclusion from school are risk factors for children's mental wellbeing. Children with emotional or conduct disorders are more likely than other children to have unauthorised absences. Children who frequently miss school can fall behind with their work and do less well in exams, which could lead to reduced life chances in later life. The more time a child spends around other children, whether in the classroom or as part of a school team or club, the more chance they have of making friends and feeling included, boosting social skills, confidence and self esteem
Notes on measure definition	Data are based on state funded primary and secondary schools (including maintained primary and secondary schools and city technology colleges and academies). Data are based on the geographical location of the school. Information relating to pupil absence counts the number of enrolments rather than the number of pupils. Each school records the attendance and absence for the sessions a pupil is required to attend at their school.
How to interpret the indicator	What does a low value mean Disillusion and exclusion from school is detrimental to the wellbeing of children. A statistically lower value indicates there is a lower percentage of half days missed by primary school pupils due to overall absence, compared to the English average. This is a sign that the risks of poor wellbeing, associated with school absence, are reduced in the area.

How to interpret the indicator	Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Individual – learning and development Community – social inclusion
Sign post to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention to enhance school achievement and employment http://guidebook.eif.org.uk/programmes-library Social Care Online – Social Care Institute for Excellence Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature www.scie-socialcareonline.org.uk/About/faq#cover Search on 'children' then 'school children' Access to Learning. Attendance Matters! Approaches for improving pupil attendance in schools in Islington. A report which contains processes, case studies and examples of best practice, to improve attendance at school. www.islington.gov.uk/publicrecords/library/Education-and-skills/Information/Guidance/2014-2015/(2014-09-04)-Access-to-Learning-Improving-Attendance.pdf

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Engagement with learning

Measure. Secondary school pupil attendance	
Domain	Learning environment
Determinant of wellbeing	Engagement with learning
Indicator	School attendance
Measure description	Percentage of half days missed by secondary school pupils due to overall absence (includes authorised and unauthorised absence)
Original data source	Department for Education (school census) Statistics. Pupil absence www.gov.uk/government/collections/statistics-pupil-absence
Currently available	Yes
Measure source	Public Health England Children's and Young People's Mental Health and Wellbeing Profile, Education domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh .
Rationale for inclusion	Evidence indicates that for children up to the age of 12 years, educational experience needs to provide opportunities for engagement in tasks considered fulfilling and worthwhile in order to promote their mental wellbeing. Disillusion or exclusion from school are risk factors for children's mental wellbeing. Children with emotional or conduct disorders are more likely than other children to have unauthorised absences. Children who miss school frequently can fall behind with their work and do less well in exams, which could lead to reduced life chances in later life. The more time a child spends around other children, whether in the classroom or as part of a school team or club, the more chance they have of making friends and feeling included, boosting social skills, confidence and self esteem
Notes on measure definition	Data are based on state funded primary and secondary (including maintained primary and secondary schools and city technology colleges and academies). Data are based on the geographical location of the school. Information relating to pupil absence counts the number of enrolments rather than the number of pupils. Each school records the attendance and absence for the sessions a pupil is required to attend at their school.

How to interpret the indicator	What does a low value mean Disaffection and exclusion from school is detrimental to the wellbeing of children. A statistically lower value indicates there is a lower percentage of half days missed by secondary school pupils due to overall absence, compared to the English average. This is a sign that the risks of poor wellbeing, associated with school absence, are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Individual – learning and development Community – social inclusion
Sign post to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention to enhance school achievement and employment http://guidebook.eif.org.uk/programmes-library Social Care Online – Social Care Institute for Excellence Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature www.scie-socialcareonline.org.uk/About/faq#cover Search on 'children' then 'school children' Access to Learning. Attendance Matters! Approaches for improving pupil attendance in schools in Islington. A report which contains processes, case studies and examples of best practice, to improve attendance at school. www.islington.gov.uk/publicrecords/library/Education-and-skills/Information/Guidance/2014-2015/(2014-09-04)-Access-to-Learning-Improving-Attendance.pdf

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Engagement with learning

Survey question. Liking of school 11, 13 and 15 year olds who like school 'a lot' or 'a bit' at the moment	
Domain	Learning environment
Determinant of wellbeing	Engagement with learning
Measure	Pupils who like school 'a lot' or 'a bit' at the moment
Rationale for inclusion	From an early age, disillusion with school is a risk factor for poor mental wellbeing.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org/
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	How do you feel about school at present?
Survey responses	- I like it a lot - I like it a bit - I don't like it very much - I don't like it at all
Notes	For information the ONS Measuring National Wellbeing. Measures of Wellbeing for Children 0-15 years¹³ (uses a question from Understanding Society to support their measure on children's happiness with their school, which local areas may like to use. The Understanding Society www.understandingsociety.ac.uk/documentation/mainstage/questions survey question asks children: the next few questions are about how you feel about different aspects of your life. The faces express various types of feelings. Below each face is a number where one is completely happy and seven is not at all happy. Please tick the box which comes closest to expressing how you feel about the school you go to.

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Educational environment

Survey question. Treatment by teachers 11, 13 and 15 year olds who 'strongly agree' or 'agree' that their teachers listen to how they would like to do things	
Domain	Learning environment
Determinant of wellbeing	Educational environment
Measure	Pupils who 'strongly agree' or 'agree' that their teachers listen to how they would like to do things.
Rationale for inclusion	Positive education experience contributes significantly to the mental wellbeing of children and young people. Children and young people identify the importance of good relationships with teachers for the mental wellbeing and report that poor relationships are detrimental to mental wellbeing.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Here are some statements about the teachers in your class(es). Please show how much you agree or disagree with each one My teachers listen to how I would like to do things
Survey responses	- strongly agree - agree - neither agree nor disagree - disagree - strongly disagree
Notes	

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Educational environment

Survey question. Relationships with teachers 11, 13 and 15 year olds who 'strongly agree' or 'agree' that their teachers care about them as a person	
Domain	Learning environment
Determinant of wellbeing	Educational environment
Measure	Pupils who 'strongly agree' or 'agree' that their teachers care about them as a person
Rationale for inclusion	Positive education experience contributes significantly to the mental wellbeing of children and young people. Children and young people identify the importance of good relationships with teachers for the mental wellbeing and report that poor relationships are detrimental to their mental wellbeing.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Here are some statements about your teachers. Please show how much you agree or disagree with each one. I feel that my teachers care about me as a person
Survey responses	- strongly agree - agree - neither agree nor disagree - disagree - strongly disagree
Notes	

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Educational environment

Survey question. Control at school 11, 13 and 15 year olds who 'strongly agree' or 'agree' that their teachers provide them with choice and options	
Domain	Learning environment
Determinant of wellbeing	Educational environment
Measure	Pupils who 'strongly agree' or 'agree' that their teachers provided them with choice and options
Rationale for inclusion	Positive education experience contributes significantly to the mental wellbeing of children and young people. Children and young people identify the importance of good relationships with teachers for the mental wellbeing and report that poor relationships are detrimental to mental wellbeing.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Here are some statements about the teachers in your class(es). Please show how much you agree or disagree with each one I feel that my teachers provide me with choices and options
Survey responses	- strongly agree - agree - neither agree nor disagree - disagree - strongly disagree
Notes	

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Educational environment

Survey question. School ethos 11, 13 and 15 year olds who 'strongly agree' or 'agree' that the students in their class(es) treat each other with respect	
Domain	Learning environment
Determinant of wellbeing	Educational environment
Measure	Pupils who 'strongly agree' or 'agree' that the students in their class(es) treat each other with respect
Rationale for inclusion	There are suggestions that aspects of organisation's structure and school ethos are associated with outcomes of academic attainment, exclusion and levels of mental health problems. Schools which have positive effects on children and young people have a reward oriented environment for children, effective classroom management strategies and opportunities for children to be involved in and take responsibility for aspects of their lives at school.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Here are some statements about your school. Please show how much you agree or disagree with each one. The students in my class(es) treat each other with respect
Survey responses	- strongly agree - agree - neither agree nor disagree - disagree - strongly disagree
Notes	

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Peer relationships

Survey question. Friendships 11, 13 and 15 year olds who have at least three or more close friends	
Domain	Learning environment
Determinant of wellbeing	Peer relationships
Measure	Pupils who have at least three or more close friends
Rationale for inclusion	Research indicates that high quality friendships provide a buffer to anxiety and stress and that relationships with peers make children feel safe. A strong mutual relationship with peers, and being popular and accepted within a peer group are also suggested to have effects on a child's feelings of self-worth. Friendships and interaction with peers are seen to be one of the most important aspects of school, contributing to mental wellbeing. Poor relationships with peers at school are seen as a source of mental health problems. Important features of friendships are seen as trustworthiness, talking and listening, sharing of problems and support through difficult times.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	At present, how many close male and female friends do you have?
Survey responses	For each of males and female - none - one - two - three or more
Notes	

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Peer relationships

Survey question. Friendships 11, 13 and 15 year olds who find it 'very easy' or 'easy' to talk to their best friend about things that really bother them	
Domain	Learning environment
Determinant of wellbeing	Peer relationships
Measure	Pupils who find it 'very easy' or 'easy' to talk to their best friend about things that really bother them
Rationale for inclusion	Research indicates that high quality friendships provide a buffer to anxiety and stress and that relationships with peers make children feel safe. A strong mutual relationship with peers, and being popular and accepted within a peer group are also suggested to have effects on a child's feelings of self-worth. Friendships and interaction with peers are seen to be one of the most important aspects of school, contributing to mental wellbeing. Poor relationships with peers at school are seen as a source of mental health problems. Important features of friendships are seen as trustworthiness, talking and listening, sharing of problems and support through difficult times.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	How easy is it for you to talk to the following persons about things that really bother you? Please tick one circle for each line: mother, father, stepmother (or father's partner); stepfather (or mother's partner); older brother(s), older sister(s), best friend, friends of the same sex; friends of the opposite sex
Survey responses	- very easy - easy - difficult - very - difficult - don't have or don't see this person
Notes	

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Peer relationships

Survey question. Acceptance by peers 11, 13 and 15 year olds who 'strongly agree' or 'agree' that other pupils accept them as they are	
Domain	Learning environment
Determinant of wellbeing	Peer relationships
Measure	Pupils who 'strongly agree' or 'agree' that other pupils accept them as they are
Rationale for inclusion	Research indicates that high quality friendships provide a buffer to anxiety and stress and that relationships with peers make children feel safe. A strong mutual relationship with peers, and being popular and accepted within a peer group are also suggested to have effects on a child's feelings of self-worth. Friendships and interaction with peers are seen to be one of the most important aspects of school, contributing to mental wellbeing. Poor relationships with peers at school are seen as a source of mental health problems. Important features of friendships are seen as trustworthiness, talking and listening, sharing of problems and support through difficult times.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Here is a statement about the pupils in your class. Please show how much you agree or disagree with it. Other pupils accept me as I am
Survey responses	- strongly agree - agree - neither agree nor disagree - disagree - strongly disagree
Notes	

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Peer relationships

Survey question. Being bullied 15-16 year olds who have not been bullied in the past couple of months	
Domain	Learning environment
Determinant of wellbeing	Peer relationships
Measure	15-16 year olds who have not been bullied in the past couple of months
Rationale for inclusion	Bullying has a negative impact on the development of positive inter-personal relationships and increases the risk of school absenteeism and thus the lowering of academic achievement. Evidence suggests there are negative mental health correlations with participation in bullying behaviour. Childhood bullying can have long term effects into adulthood and is associated strongly with anti-social behaviour.
National survey	What About YOUTH?
National survey information, documentation and data source	Information on the survey is available from the What About YOUTH? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first Report. The Health and Social Care Information Centre are hoping to publish the Report in December 2015, so the data will follow in March/April 2016.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first report.
Survey question	How often have you been bullied in the past couple of months in the ways listed below: - I was called mean names, was made fun of, or teased in a hurtful way - other people left me out of things on purpose, excluded me from their group of friends, or completely ignored me - I was hit, kicked, pushed, shoved around, or locked indoors - other people told lies or spread false rumours about me and tried to make others dislike me - other people made fun of me because of my body weight - other people made sexual jokes, comments, or gestures to me

Survey question	- someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me - someone took unflattering or inappropriate pictures of me without permission and posted them online
Survey responses	- I haven't been bullied in this way in the past couple of months - it has happened once or twice - two or three times a month - two or three times a week - several times a week
Notes	This survey question is proposed as a measure of the experience of being bullied, however, for information the ONS Measuring National Wellbeing: Measures of Wellbeing for Children 0-15 years¹³ uses questions from Understanding Society to support their measure on bullying, which local areas may like to use. How often do you get physically bullied at school, for example getting hit, pushed around or threatened, or having belongings stolen? - never - not much (one to three times in the last six months) - quite a lot (more than four times in the last six months) - a lot (a few times every week) How often do you get bullied in other ways at school such as getting called names, getting left out of games, or having nasty stories spread about you on purpose? - never - not much (one to three times in the last six months) - quite a lot (more than four times in the last six months) - a lot (a few times every week)

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Peer relationships

Survey question. Participation in bullying 15-16 year olds who have never bullied another person	
Domain	Learning environment
Determinant of wellbeing	Peer relationships
Measure	15/16 year olds who have never bullied another person
Rationale for inclusion	Bullying has a negative impact on the development of positive inter-personal relationships and increases the risk of school absenteeism and thus the lowering of academic achievement. Evidence suggests there are negative mental health correlations with participation in bullying behaviour. Childhood bullying can have long term effects into adulthood and is associated strongly with anti-social behaviour.
National survey	What About YOUth?
National survey information, documentation and data source	Information on the survey is available from the What About YOUth? website: www.whataboutyouth.com Data and additional information will be made available through the UK Data Services (http://ukdataservice.ac.uk/) three to four months after the publication of the first Report. The Health and Social Care Information Centre are hoping to publish the Report in December 2015, so the data will follow in March/April 2016.
Full questionnaire	To be published by the Health and Social Care Information Centre during 2015 as an appendix to the first report.
Survey question	How often have you taken part in bullying another person (or other people) in the past couple of months?
Survey responses	- I have never bullied another person - I have not bullied another person / other people in the past couple of months - it has happened once or twice - two or three times a month - about once a week - several times a week
Notes	This survey question is the one which is proposed to be used for the Participation in bullying measure in this briefing.

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Peer relationships

Measure. School exclusions due to bullying in primary and secondary schools	
Domain	Learning environment
Determinant of wellbeing	Peer relationships
Indicator	Participation in bullying
Measure description	Percentage of permanent and fixed exclusions from state-funded primary and secondary schools due to bullying.
Original data source	Department for Education (school census) www.gov.uk/government/collections/statistics-exclusions www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2012-to-2013
Currently available	Yes
Measure source	Department for Education (school census)
Rationale for inclusion	Relationships with peers and friends have an important positive and negative impact on a child or young person's mental health. Friendships and interactions with peers at school are important for mental wellbeing and poor relationships may be a source of mental health problems particularly where bullying behaviour is involved. Rejection by, or isolation from, peers at school has a direct effect on mental health leading to poor self-esteem and inadequate peer support is a risk factor for childhood major depressive disorder. Conversely, high quality friendships help children to feel safe, allowing them to develop trust and able to share problems. This provides support through stressful times and acts as a buffer to anxiety and depression. Bullying behaviour has a detrimental effect on mental and physical health and interferes with the development of positive inter-personal relationships for both those who engage in bullying and those who experience it. The trauma of bullying is associated with depression, low self-esteem, poor feelings of self-worth, loneliness and anxiety, suicidal thoughts, and has a negative effect on adolescent life satisfaction and psychological wellbeing. It creates problems with school adjustment and bonding and if not responded to effectively can lead to children and young people developing other coping strategies such as self-isolation and self-harm. Childhood bullying can have long-term effects into adulthood and is strongly associated with anti-social behaviour. Participation in bullying behaviour has a negative mental health impact and may be an expression of emotional difficulties or

Rationale for inclusion	distress. For example, children who are neglected at home for various reasons may bully others as a way of looking for attention. If a child or young person has been a victim of bullying themselves they may be more likely to bully others in order to make themselves feel more secure and empowered. Evidence suggests that the experience of domestic violence may increase the risk that children, in particular boys, will have behavioural problems such as aggressive behaviour. Being excluded from school may itself lead to mental ill health while reducing access to mental health support and specialist educational services. Evidence also shows that certain groups of pupils are being disproportionately excluded from school including those with special educational needs (SEN). Many children with SEN particularly those with behavioural, emotional and social difficulties, will also have mental health problems.
Notes on measure definition	Exclusions A fixed period exclusion refers to a pupil who is excluded from school but remains on the register of the school because they are expected to return when the exclusion period is completed. A child may be removed from school for up to 45 days in a school year. Lunchtime exclusions, where a pupil whose behaviour at lunchtime has been disruptive such that they are excluded from the school premises for the duration of the lunchtime period, are not included in the fixed period exclusion totals. A permanent exclusion refers to a pupil who is excluded and their name removed from the school register. Such a pupil would then be educated at another school or via some other form of provision. Exclusion rate The rate of exclusion is calculated using the sum of exclusions over the full academic year and the headcount of pupils at January of the academic year. This is due to the way the exclusions are collected through the school census; this difference will have negligible effect on exclusion rates. Children being excluded due to bullying related issues cover the following reasons: verbal bullying, physical bullying and homophobic bullying. The description state funded schools refers to those schools maintained by the local authority, including middle schools deemed as primary and as secondary, academies and city technology colleges.
How to interpret the indicator	What does a low value mean A statistically lower value indicates that fewer children are being excluded for a fixed period or permanently from school as a result of bullying behaviour. This may indicate that fewer children are at risk of bullying behaviour or of being bullied in local schools. It may

How to interpret the indicator	also be an indication that local schools have effective prevention measures in place. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Individual - emotional Intelligence Family – family relations Community – social inclusion Community – violence
Sign post to evidence based practice for improvement	Anti-Bullying Alliance Coalition of organisations and individuals working together to stop bullying and create safe environments in which children and young people can live, grow, play and learn. Provide advice and expertise in relation to all forms of bullying between children and young people. Includes evidence reviews of effective approaches to preventing and responding to bullying. www.anti-bullyingalliance.org.uk/ BullyingUK Anti-bullying advice including case studies of anti-bullying projects www.bullying.co.uk/ Kidscape Advice and information on preventing bullying; includes case studies www.kidscape.org.uk/ National Institute for Health and Care Excellence NICE guidance Social and emotional wellbeing in primary education www.nice.org.uk/guidance/ph12 Social and emotional wellbeing in secondary education www.nice.org.uk/guidance/ph20

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Pressures and expectations

Survey question. Choice of how to spend free time 11, 13 and 15 year olds who felt they were able to do the things that they want to do	
Domain	Learning environment
Determinant of wellbeing	Pressures and expectations
Measure	Pupils who felt that they were able to do the things that they want to do in their free time 'very often' or 'always' in the last week
Rationale for inclusion	Children and young people consider the pressures created by the demands of school work as an important influence on their mental wellbeing. Time pressures have been identified as a concern, in terms of needing to fit a heavy workload of school work, plus school-related activities into a schedule, leaving little opportunity for having free time and time for themselves.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Thinking about the last week... Have you been able to do things that you want to do in your free time?
Survey responses	- never - not often - quite often - very often - always
Notes	For information, the ONS Measuring National Wellbeing. Measures of Wellbeing for Children 0-15 years ¹³ (uses a question from The Children's Society to support their measure on children's satisfaction with their time use, which local areas may like to use.

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Pressures and expectations

Survey question. Time pressures 11, 13 and 15 year olds who felt that they had enough time for themselves 'very often' or 'always' in the last week	
Domain	Learning environment
Determinant of wellbeing	Pressures and expectations
Measure	Pupils who felt that they had enough time for themselves 'very often' or 'always' in the last week
Rationale for inclusion	Children and young people consider the pressures created by the demands of school work as an importance influence on their mental wellbeing. Time pressures have been identified as a concern alongside the need to fit a heavy workload of school work, plus school-related activities into a schedule, leaving little opportunity for having free time and time for themselves.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Thinking about the last week... Have you had enough time for yourself?
Survey responses	- never - not often - quite often - very often - always
Notes	

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Pressures and expectations

Survey question. Pressures of school work 11, 13 and 15 year olds who feel they 'very often' or 'often' have more school work than they can handle	
Domain	Learning environment
Determinant of wellbeing	Pressures and expectations
Measure	Pupils who feel that they 'very often' or 'often' have more school work than they can handle
Rationale for inclusion	Children and young people consider the pressures created by the demands of school work as an important influence on their mental wellbeing. Time pressures have been identified as a concern, in terms of needing to fit a heavy workload of school work, plus school-related activities into a schedule, leaving little opportunity for having free time and time for themselves.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Here are some statements about your school. Please show how much you agree or disagree with each one... I have more school work than I can handle
Survey responses	- almost never - not very often - sometimes - often - very often
Notes	

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Domain Community

Determinants of wellbeing	Description	Indicator	Local authority measure or survey question
Equality	The measure of equality included here describes inequalities of health determinants. Poverty is taken as the scale of socio-economic stratification in society and assesses how equal a society is.	Relative poverty	Children in poverty under 16 years
			Children in poverty all dependent children under 20 years
Social inclusion	Social inclusion is usually defined in relation to the ways in which children and young people are excluded or marginalised from the accepted norms within a society. Social inclusion for children and young people includes household circumstances that influence inclusion eg homelessness, worklessness and being looked after; as well as dimensions of child development such as opportunities to participate in education and training; participating in social and leisure activities and being accepted and valued and not being stigmatised or marked out as different in a negative way.	Education	Pupils making expected progress in reading between Key Stage1 and key Stage 2 (progress at 11)
			Pupils making expected progress in maths between Key Stage 1 and Key Stage 2 (progress at 11)
			Pupils achieving 5+ GCSE A*-C including English and Maths (16 years)
		School exclusion	School exclusions – primary school
			School exclusions - secondary school
		Children looked after	Looked after children (0-18 years)
		Meaningful occupation	Young people not in education, employment or training (16-18 years)
		Workless households	Workless households with

Determinants of wellbeing	Description	Indicator	Local authority measure or survey question
			dependent children (0-18 years)
		Homelessness	Homeless households with dependent children (up to 18 years)
		Feeling lonely	Survey question from health behaviour of school age children is available to help collect data locally.
Participation	This covers social participation which includes involvement in clubs or organised groups; and community participation which includes involvement in local and national affairs, and also the perception of ability to influence them. It also includes whether children feel their rights are respected.	Participation in clubs, groups or organisations	Measure currently unavailable: no identified data source
		Sense of agency	Measure currently unavailable: no identified data source
		Respect of children's rights	Measure currently unavailable: no identified data source
		Influencing local decisions	Measure currently unavailable: no identified data source
Social support	Social support is a feature of, and derived from, a child's social network. This includes family, friend, peer and neighbour relationships.	Social support	Survey question from health behaviour of school age children is available to help collect data locally.
Trust	Trust can be seen as an indicator of social capital; the strength of networks among children and the shared values of those networks.	Neighbourhood trust	Survey question from health behaviour of school age children is available to help collect data locally.

Determinants of wellbeing	Description	Indicator	Local authority measure or survey question
		Community cohesion	Survey question from health behaviour of school Age children is available to help collect data locally.
Physical environment	Physical environment covers the built environment such as housing characteristics, local area characteristics and availability of facilities.	Green space	Utilisation of outdoor space for exercise/health reasons
		Free time places	Survey question from health behaviour of school age children is available to help collect data locally.
		Neighbourhood satisfaction	Survey question from health behaviour of school age children is available to help collect data locally.
		Overcrowding	Investigating suitable data source
		Housing condition	Investigating suitable data source
Culture	Culture is taken to mean the knowledge, beliefs, and values that are passed between individuals, groups and generations. It includes a range of influences which have the potential to shape how children and young people see their place in the world. Culture shapes the ideas of normality, success and failure; particularly in relation	Body image	Survey question from health behaviour of school age children is available to help collect data locally.
		Material possessions	Measure currently unavailable: no identified data source

Determinants of wellbeing	Description	Indicator	Local authority measure or survey question
	to sexual identity, appearance, body image, and material possessions.		
Safety	Safety covers a child's sense of security that they will not be harmed physically or verbally, or have items stolen. This includes their perception of, and worries about, crime.	Neighbourhood safety	Survey question from health behaviour of school age children is available to help collect data locally.
Violence	Violence relates to the intentional use of physical force or power, threatened or actual against a child or young person that either results in or has a likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. It includes physical, sexual, psychological or emotional violence, and includes witnessing violence especially domestic abuse or violence against a loved relative or adult.	Child protection	Children subject to a child protection plan (0-17)
		Abuse	Children in need due to risk of abuse or neglect (0-17)
		Neighbourhood violence	Measure currently unavailable: no identified data source
Discrimination	Discrimination includes children and young people's perceptions of whether they feel they have been unfairly treated or have been stigmatised in some way. It also covers how they perceive the attitude of adults towards them.	Discrimination and harassment	Measure currently unavailable: no identified data source
		Perceptions of attitude of adults towards children and young people	Measure currently unavailable: no identified data source
		Stigma towards children and young people	Measure currently unavailable: no identified data source

Equality

Measure. Children in poverty under 16 years	
Domain	Community
Determinant of wellbeing	Equality
Indicator	Relative poverty
Measure description	Percentage of children aged under 16 living in low income families (children living in families in receipt of out of work benefits or tax credits where there reported income is less than 60% of median income).
Original data source	HM Revenue and Customs (Personal Tax Credits related statistics – child poverty statistics) www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2012-snapshot-as-at-31-august-2012
Currently available	Yes
Measure Source	PHE Public Health Outcomes Framework, Wider determinants of health section www.phoutcomes.info/public-health-outcomes-framework
Rationale for inclusion	Research shows a clear link between poverty in households and mental wellbeing in children. Living in poverty and the cumulative effects of poverty over time both have an impact on a child's mental wellbeing. For example, living in rented or local authority housing, low income, lone parenting, receipt of welfare benefits and food insecurity have all been associated with poor mental health in children. Income inequality has also been linked to other risk factors in children's lives such as family violence, alcohol and drug misuse and physical illness. Children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional developmental skills than their peers and achieve poorer educational outcomes. Poverty also has an impact on parents with factors such as debt, stress and depression impairing the ability to parent effectively. Families from poorer backgrounds are more vulnerable to marital breakdown and divorce resulting in a greater proportion of children being brought up in lone parent families. Children from poorer backgrounds are much more likely to be taken into care which has been separately identified as having a negative influence on mental wellbeing.

Rationale for inclusion	Among young people, behaviour patterns such as smoking, drinking and drug misuse are associated with social disadvantage and high levels of unemployment. Girls from lower social classes are also more likely to become teenage mothers.
Notes on measure definition	These data are based on administrative data held by DWP and HMRC. The number of children aged under 16 living in low-income families is defined as those living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of Income Support or Income-Based Jobseekers Allowance. The denominator is the total number of children aged under 16 for whom Child Benefit is received (determined by Child Benefit data). Numerator values and percentages are taken directly from HM Revenue and Customs Personal Tax Credits Related Statistics – Child Poverty Statistics. The denominator values are taken from the HM Revenue and Customs Child Benefit Geographical Statistics. The numerators and denominators are both rounded to the nearest five to avoid the disclosure of small numbers, therefore calculated percentages may not exactly match those published elsewhere.
How to interpret the indicator	What does a low value mean Living in poverty has a negative impact on a child's mental wellbeing. A statistically lower value indicates that there are a lower percentage of children under the age of 16 living in low income families in the area compared to the England average. This suggests that the risks factors of poor mental wellbeing associated with living in low income families are reduced for children living in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual - healthy living Individual - learning and development Individual - emotional Intelligence Family – family relations Family - family structure Family - parental health Community – social inclusion Community - physical environment Community - violence
Sign post to evidence based practice for improvement	Child Poverty Strategy www.gov.uk/government/publications/child-poverty-strategy-2014-to-2017 DWP Child Poverty Unit

Sign post to evidence based practice for improvement	Child Poverty Unit Child Poverty Pilots - Report www.gov.uk/government/publications/child-poverty-unit-child-poverty-pilots-rr730 The Campaign to End Child Poverty The Campaign to End Child Poverty is made up of more than 150 organisations from civic society united in our vision of a UK free of child poverty. Website includes facts and figures and interactive mapping tool for local areas. www.endchildpoverty.org.uk Child Poverty Action Group Charity campaigning to end child poverty in the UK and for a better deal for low-income families and children. Includes various resources and briefings including a toolkit for local authorities www.cpag.org.uk Joseph Rowntree Foundation Reducing Poverty in the UK: A collection of evidence reviews www.jrf.org.uk/sites/files/jrf/Reducing-poverty-reviews-FULL_0.pdf Centre for Excellence and Outcomes in Children and Young People's Services Provides a range of products and services to support the children's services sector including a best practice hub for what works. One of the key themes is Child Poverty. www.c4eo.org.uk The Foundation Years: preventing poor children becoming poor adults.' Frank Field December 2010. The report of the Independent review on Poverty and Life Chances The Early Intervention Foundation Evidence and guidance on how to deliver effective early intervention www.eif.org.uk http://guidebook.eif.org.uk/programmes-library Institute of Health Equity Local Action on Health Inequalities Series – evidence reviews, case studies and examples of best practice for local areas on a range of issues to reduce health inequalities. www.instituteofhealthequity.org/projects/local-action-on-health-inequalities-series-overview National Institute for Health and Care Excellence (NICE) Guidance Social and emotional wellbeing: early years www.nice.org.uk/guidance/ph40
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Equality

Measure. Children in poverty all dependent children under 20 years	
Domain	Community
Determinant of wellbeing	Equality
Indicator	Relative poverty
Measure description	Percentage of children aged under 20 living in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% of median income).
Original data source	HM Revenue and Customs (Personal Tax Credits Related Statistics – Child Poverty Statistics) www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2012-snapshot-as-at-31-august-2012
Currently available	Yes
Measure source	PHE Public Health Outcomes Framework, Wider determinants of health section www.phoutcomes.info/public-health-outcomes-framework
Rationale for inclusion	Research shows a clear link between poverty in households and mental wellbeing in children. Living in poverty and the cumulative effects of poverty over time both have an impact on a child's mental wellbeing. For example, living in rented or local authority housing, low income, lone parenting, receipt of welfare benefits and food insecurity have all been associated with poor mental health in children. Income inequality has also been linked to other risk factors in children's lives such as family violence, alcohol and drug misuse and physical illness. Children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional developmental skills than their peers and achieve poorer educational outcomes. Poverty also has an impact on parents with factors such as debt, stress and depression impairing the ability to parent effectively. Families from poorer backgrounds are more vulnerable to marital breakdown and divorce resulting in a greater proportion of children being brought up in lone parent families. Children from poorer backgrounds are much more likely to be taken into care which has been separately identified as having a negative influence on mental wellbeing. Among young people, behaviour patterns such as smoking, drinking and drug misuse are associated with social disadvantage and high levels of unemployment. Girls from lower social classes are also more likely to become teenage mothers.

Notes on measure definition	These data are based on administrative data held by DWP and HMRC. The number of all dependent children aged under 20 living in low-income families is defined as those living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of Income Support or Income-Based Jobseekers Allowance. The denominator is the total number of dependent children aged under 20 for whom Child Benefit is received (determined by Child Benefit data). Numerator values and percentages are taken directly from HM Revenue and Customs Personal Tax Credits Related Statistics – Child Poverty Statistics. The denominator values are taken from the HM Revenue and Customs Child Benefit Geographical Statistics. The numerators and denominators are both rounded to the nearest five to avoid the disclosure of small numbers, therefore calculated percentages may not exactly match those published elsewhere.
How to interpret the indicator	What does a low value mean Living in poverty has a negative impact on a child's mental wellbeing. A statistically lower value indicates that there are a lower percentage of children under the age of 20 living in low income families in the area compared to the England average. This suggests that the risks factors of poor mental wellbeing associated with living in low income families are reduced for children living in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual - healthy living Individual - learning and development Individual - emotional intelligence Family – family relations Family – family structure Family – parental health Community – social inclusion Community – physical environment Community – violence
Sign post to evidence based practice for improvement	Child Poverty Strategy www.gov.uk/government/publications/child-poverty-strategy-2014-to-2017 DWP Child Poverty Unit Child Poverty Unit Child Poverty Pilots - Report www.gov.uk/government/publications/child-poverty-unit-child-poverty-pilots-rr730

Sign post to evidence based practice for improvement	The Campaign to End Child Poverty The Campaign to End Child Poverty is made up of more than 150 organisations from civic society united in our vision of a UK free of child poverty. Website includes facts and figures and interactive mapping tool for local areas. www.endchildpoverty.org.uk Child Poverty Action Group Charity campaigning to end child poverty in the UK and for a better deal for low-income families and children. Includes various resources and briefings including a toolkit for local authorities www.cpag.org.uk Joseph Rowntree Foundation Reducing Poverty in the UK: A collection of evidence reviews www.jrf.org.uk/sites/files/jrf/Reducing-poverty-reviews-FULL_0.pdf Centre for Excellence and Outcomes in Children and Young People's Services Provides a range of products and services to support the children's services sector including a best practice hub for what works. One of the key themes is Child Poverty. www.c4eo.org.uk The Foundation Years: preventing poor children becoming poor adults' Frank Field December 2010. The report of the Independent review on Poverty and Life Chances The Early Intervention Foundation Evidence and guidance on how to deliver effective early intervention www.eif.org.uk http://guidebook.eif.org.uk/programmes-library Institute of Health Equity Local Action on Health Inequalities Series: evidence reviews, case studies and examples of best practice for local areas on a range of issues to reduce health inequalities. www.instituteofhealthequity.org/projects/local-action-on-health-inequalities-series-overview National Institute for Health and Care Excellence (NICE) Guidance Social and emotional wellbeing: early years www.nice.org.uk/guidance/ph40
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Social inclusion

Measure. Pupils making expected progress in reading between Key Stage 1 and Key Stage 2 (progress 11 years)	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Education
Measure description	Percentage of pupils making expected progress in reading between Key Stage 1 (KS1) and Key Stage 2 (KS2), progress at 11 years
Original data source	Department for Education Statistics on national curriculum assessments and review outcomes at Key Stage 2 www.gov.uk/government/collections/statistics-key-stage-2 National curriculum reading assessments at Key Stage 2
Currently available	Yes
Measure source	Statistics Key Stage 2 www.gov.uk/government/collections/statistics-key-stage-2
Rationale for inclusion	Children's education and development of skills are important for their wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Children with poorer mental health are more likely to have lower educational attainment and there is some evidence that shows that the highest level of educational qualifications is a significant predictor of wellbeing in adult life.
Notes on measure definition	Source Figures are based on the data that has been used to prepare the 2014 primary school performance tables. All pupils in state-funded schools must be assessed against the standards of the national curriculum at the end of Key Stage 2 (age 11). Any pupils who do not have a valid level for a subject are excluded from the calculations for that subject and do not appear in the number of eligible pupils or in the outcome percentages for that subject. Numerator The numerator is the number of pupils making expected progress; pupils are expected to make at least two levels of progress between KS1 and KS2. Denominator The denominator is the number of eligible pupils, which is the number of pupils at the end of KS2 included in the progress

Notes on measure definition	measure. In most cases, these pupils must have valid KS2 results and valid results at KS1 (excluding absent and dis-applied). The exception is for pupils who achieved level W, 1 or 6 at KS2 – these pupils are included even if they do not have a valid KS1 result. Figures for academies, free schools and CTCs are included in the individual local authority figures and also in the total for England. Figures for hospital schools and pupil referral units are excluded.
How to interpret the indicator	What does a low value mean Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. A statistically higher value for the area indicates there is a higher rate of pupils making expected progress in reading between Key Stage 1 and Key Stage 2 compared to the English average. This is a sign that the risks of poor wellbeing, associated with educational development, may be reduced locally within that age group. To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Cross-reference with other measures Individual – learning and development Learning environment – engagement with learning Learning environment – educational environment Community – poverty
Sign post to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to enhance school achievement and employment http://guidebook.eif.org.uk/programmes-library

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Social inclusion

Measure. Pupils making expected progress in maths between Key Stage 1 and Key Stage 2 (progress at 11 years)	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Education
Measure description	Percentage of pupils making expected progress in mathematics between Key Stage 1 (KS1) and Key Stage 2 (KS2), progress at 11 years.
Original data source	Department for Education Statistics on national curriculum assessments at Key Stage 2 www.gov.uk/government/collections/statistics-key-stage-2 National curriculum maths assessments at Key Stage 2
Currently available	Yes
Measure source	Statistics Key Stage 2 www.gov.uk/government/collections/statistics-key-stage-2
Rationale for inclusion	Children's education and development of skills are important for their wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Children with poorer mental health are more likely to have lower educational attainment and there is some evidence that shows that the highest level of educational qualifications is a significant predictor of wellbeing in adult life.
Notes on measure definition	Source Figures are based on the data that has been used to prepare the 2014 primary school performance tables. All pupils in state-funded schools must be assessed against the standards of the national curriculum at the end of Key Stage 2 (age 11). Numerator The numerator is the number of pupils making expected progress; pupils are expected to make at least two levels of progress between KS1 and KS2. Any pupils who do not have a valid level for a subject are excluded from the calculations for that subject and do not appear in the number of eligible pupils or in the outcome percentages for that subject.

Notes on measure definition	Denominator The denominator is the number of eligible pupils, which is the number of pupils at the end of KS2 included in the progress measure. In most cases, these pupils must have valid KS2 results and valid results at KS1 (excluding absent and dis-applied pupils). The exception is for pupils who achieved level W, 1 or 6 at KS2 – these pupils are included even if they do not have a valid KS1 result. Figures for academies, free schools and CTCs are included in the individual local authority figures and also in the total for England. Figures for hospital schools and pupil referral units are excluded.
How to interpret the indicator	What does a low value mean Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. A statistically higher value for the area indicates there is a higher rate of pupils making expected progress in maths between key stage 1 and key stage 2 compared to the English average. This is a sign that the risks of poor wellbeing, associated with educational development, may be reduced locally within that age group. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Individual – learning and development Learning environment – engagement with learning Learning environment – educational environment Community – poverty
Sign post to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to enhance school achievement and employment http://guidebook.eif.org.uk/programmes-library

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Social inclusion

Measure. Pupils achieving 5+ GCSE A*-C including English and Maths (16 years)	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Education
Measure description	Percentage of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, at end of Key Stage 4 in schools maintained by the local authority, at the end of the academic year.
Original data source	Department for Education www.gov.uk/government/statistics/gcse-and-equivalent-attainment-by-pupil-characteristics-2014 Underlying data SFR06/2015 www.gov.uk/government/uploads/system/uploads/attachment_data/file/399008/SFR06_2015_Underlying_data.zip See SFR06_2015_UD_school_location.csv; column 'KS4_LEVEL2_EM_14'
Currently available	Yes
Measure source	PHE Health Profiles, Our communities domain http://fingertips.phe.org.uk/profile/health-profiles
Rationale for inclusion	Children's education and development of skills are important for their own wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life.
Notes on measure definition	The definition of this indicator was revised in 2014 following the implementation of two major reforms which affect the calculation of key stage 4 (KS4) performance measures data: 1. Professor Alison Wolf's Review of Vocational Education recommendations: - restrict the qualifications counted - prevent any qualification from counting as larger than

Notes on measure definition	one GCSE - cap the number of non-GCSEs included in performance measures at two per pupil 2. An early entry policy to only count a pupil's first attempt at a qualification Therefore, data published prior to 2014 will not be comparable to data published in 2014 and beyond. Further information on the change in methodology can be found at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/399005/SFR06_2015_Text.pdf The data for this indicator are based on the local authority of school location.
How to interpret the indicator	What does a low value mean Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. A statistically higher value for the area indicates there is a higher rate of achieving five or more GCSEs at grades A*-C compared to the English average. This is a sign that the risks of poor wellbeing, associated with educational development, are reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual – learning and development Learning environment – engagement with learning Learning environment – educational environment Community – poverty
Sign post to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to enhance school achievement and employment http://guidebook.eif.org.uk/programmes-library

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Social inclusion

Measure. School exclusions - primary school	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	School exclusion
Measure description	Percentage of primary school pupils who have received a fixed period exclusion
Original data source	Department for Education (school census) Exclusion statistics www.gov.uk/government/collections/statistics-exclusions
Currently available	Yes
Measure source	PHE Children and Young People Mental Health and Wellbeing Profile , Education Domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data
Rationale for inclusion	Children who miss school frequently can fall behind with their work and do less well in exams, which could lead to reduced life chances in later life. Also, the more time a child spends around other children, whether in the classroom or as part of a school team or club, the more chance they have of making friends and feeling included, boosting social skills, confidence and self-esteem. Disillusion or exclusion from school are risk factors for children's mental wellbeing. Children with emotional or conduct disorders are more likely than other children to have unauthorised absences.
Notes on measure definition	A fixed period exclusion refers to a pupil who is excluded from school but remains on the register of the school because they are expected to return when the exclusion period is completed. The child can only be removed for up to 45 school days in one school year. If the child has been excluded for a fixed period, schools should set and mark work for the first five school days, if the exclusion is longer than five school days, the school must arrange full time education from the sixth school day.
How to interpret the indicator	What does a low value mean Children who miss school frequently risk reduction in life chances and are at greater risk of poor mental wellbeing. A statistically lower value for the area indicates there is a lower percent of primary school pupils who have received a fixed period exclusion in the area, compared to the English average. This may be a sign that the risks of poor wellbeing and associated absence from school, are reduced in the area, however, for those children who are disengaged with education, support is needed to ensure they are

How to interpret the indicator	given the opportunities to achieve positive health and wellbeing outcomes via the benefits of education. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Learning environment - engagement with learning Learning environment - peer relations
Sign post to evidence based practice for improvement	The Early Intervention Foundation Evidence and guidance on how to deliver effective early intervention to enhance school achievement through programmes that keep children from dropping out of school www.eif.org.uk http://guidebook.eif.org.uk/programmes-library The Department for Education The Department for Education concluded a three year school exclusion trial. It involved schools in 11 volunteer local authorities taking greater responsibility for supporting children at risk of exclusion and those who had been permanently excluded. The final report of the trial evaluation is available here: www.gov.uk/government/publications/school-exclusion-trial-evaluation. The School Exclusion Trial tests the benefits of schools having greater responsibility for meeting the needs of permanently excluded pupils and those at risk of permanent exclusion, which includes schools having more responsibility for commissioning Alternative Provision, and local authorities passing on funding to schools for this purpose. Outcomes of the study could be helpful deciding on what could be done locally to support children at risk of exclusion, which could have implications on their overall wellbeing. A link to a document which evaluates three therapeutic early interventions to prevent school exclusion: 1. Care Guidance Support Stages, 2. SWIFT and 3. Learning 2 Learn (based on the THRIVE approach: www.thriveapproach.co.uk) www.phf.org.uk/downloaddoc.asp?id=756

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Social inclusion

Measure. School exclusions - secondary school	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	School exclusion
Measure description	Percentage of secondary school pupils who have received a fixed period exclusion
Original data source	Department for Education (school census) Exclusion statistics www.gov.uk/government/collections/statistics-exclusions
Currently available	Yes
Measure source	PHE Children and Young People Mental Health and Wellbeing Profile , Education Domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data
Rationale for inclusion	Children who miss school frequently can fall behind with their work and do less well in exams, which could lead to reduced life chances in later life. Also, the more time a child spends around other children, whether in the classroom or as part of a school team or club, the more chance they have of making friends and feeling included, boosting social skills, confidence and self-esteem. Disillusion or exclusion from school are risk factors for children's mental wellbeing. Children with emotional or conduct disorders are more likely than other children to have unauthorised absences.
Notes on measure definition	A fixed period exclusion refers to a pupil who is excluded from school but remains on the register of the school because they are expected to return when the exclusion period is completed. The child can only be removed for up to 45 school days in one school year. If the child has been excluded for a fixed period, schools should set and mark work for the first five school days, if the exclusion is longer than five school days, the school must arrange full time education from the sixth school day.
How to interpret the indicator	What does a low value mean Children who miss school frequently risk reduction in life chances and are at greater risk of poor mental wellbeing. A statistically lower value for the area indicates there is a lower percent of primary school pupils who have received a fixed period exclusion in the area, compared to the English average. This may be a sign that the risks of poor wellbeing, associated absence from school, are reduced in the area, however, for those children who are disengaged with education, support is needed to ensure they are

How to interpret the indicator	given the opportunities to achieve positive health and wellbeing outcomes via the benefits of education. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Learning environment - engagement with learning Learning environment - peer relations
Sign post to evidence based practice for improvement	The Early Intervention Foundation Evidence and guidance on how to deliver effective early intervention to enhance school achievement through programmes that keep children from dropping out of school www.eif.org.uk http://guidebook.eif.org.uk/programmes-library The Department for Education The Department for Education concluded a three year school exclusion trial. It involved schools in 11 volunteer local authorities taking greater responsibility for supporting children at risk of exclusion and those who had been permanently excluded. The final report of the trial evaluation is available here: www.gov.uk/government/publications/school-exclusion-trial-evaluation. The School Exclusion Trial tests the benefits of schools having greater responsibility for meeting the needs of permanently excluded pupils and those at risk of permanent exclusion, which includes schools having more responsibility for commissioning Alternative Provision, and local authorities passing on funding to schools for this purpose. Outcomes of the study could be helpful deciding on what could be done locally to support children at risk of exclusion, which could have implications on their overall wellbeing. A link to a document which evaluates three therapeutic early interventions to prevent school exclusion: 1. Care Guidance Support Stages, 2. SWIFT and 3. Learning 2 Learn (based on the THRIVE approach: www.thriveapproach.co.uk) www.phf.org.uk/downloaddoc.asp?id=756

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Social inclusion

Measure. Looked after children 0-18 years	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Children looked after
Measure description	Looked after children: rate per 10,000 population 0-18 years
Original data source	Department for Education (Children looked after return (SSDA903)) www.gov.uk/government/collections/statistics-looked-after-children
Currently available	Yes
Measure source	PHE Children and Young People Mental Health and Wellbeing Profile , Social care domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data
Rationale for inclusion	A number of children have positive experiences in the care system and achieve good emotional and physical health, do well in their education and have good jobs and careers, however, entering care is strongly associated with poverty and deprivation (for example, low income, parental unemployment, relationship breakdown). About 60% of those looked after in England have been reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care. One third of all children and young people in contact with the criminal justice system have been looked after, however, a substantial majority of young people in care who commit offences had already started to offend before becoming looked after. Source: NICE: www.nice.org.uk/guidance/PH28/chapter/2-Context
Notes on measure definition	Under the Children Act 1989 a child is defined as looked after by a local authority if they are provided with accommodation for a continuous period for more than 24 hours, is subject to a care order or is subject to a placement order. A looked after child ceases to be looked after when they turn 18 years old. The definition of a looked after child for this measure is a child who has been continuously looked after for at least 12 months up to and including 31 March. This definition has been used because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment, it is also the cohort of children for whom information on outcomes such as health, wellbeing and offending are collected

Notes on measure definition	through the SSDA903. Outcomes are reported by the local authority who is responsible for the care of the looked after child. Outcomes on looked after children are reported by the Department for Education to inform policy decisions which aim to improve the outcomes for this vulnerable group of children. Closing the gap between the educational attainment of looked after children and all young people is a high priority. Monitoring school absence and exclusions, emotional and behavioural health, offending rates and substance misuse of looked after children is also carried out. Source: www.gov.uk/government/uploads/system/uploads/attachment_data/file/384781/Outcomes_SFR49_2014_Text.pdf
How to interpret the indicator	What does a low value mean Being care for by a local authority is strongly associated with a number of poor social, emotional and health outcomes. A statistically lower value for the area indicates there is a lower rate of looked after children 0-18 years in the population, compared to the English average. This is a sign that the risks of poor wellbeing, associated with being in care, are reduced in the area, however, for those children in care, support is needed to ensure they are given the opportunities to achieve positive health and wellbeing outcomes. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Individual – healthy living Family – family relations Learning environment – engagement with learning Community – poverty Community – violence Community – social inclusion
Sign post to evidence based practice for improvement	National Institute for Health and Care Excellence NICE Advice (LGB19) Looked after children and young people www.nice.org.uk/advice/lgb19 Pathways Promoting the mental health and emotional wellbeing of looked after babies, children and young people.

Sign post to evidence based practice for improvement	http://pathways.nice.org.uk/pathways/looked-after-babies-children-and-young-people Guidance Looked after children and young people (PH28) www.nice.org.uk/guidance/ph28
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Social inclusion

Measure. Young people not in education, employment or training (16-18 years)	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Meaningful occupation
Measure description	Estimated percentage of 16-18 year olds not in education, employment or training
Original data source	Department for Education www.gov.uk/government/policies/young-people www.gov.uk/government/publications/neet-data-by-local-authority-2012-16-to-18-year-olds-not-in-education-employment-or-training#history
Currently available	Yes
Measure source	www.phoutcomes.info/public-health-outcomes-framework . Wider determinants of health domain
Rationale for inclusion	Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression and early parenthood. Research has shown that for those with persistent mental health problems aged sixteen and over are more likely to have left fulltime education and those who had developed a conduct disorder by the age of 16 years were more likely to have no qualifications at all. Unemployment is a risk factor for poor mental wellbeing in younger age groups. Research has shown that adolescents who remain unemployed after leaving school report lower levels of life satisfaction, have decreased self-esteem and increased depression. They have also been found to have increased external 'locus of control' which is described as a belief that events in one's life are caused by uncontrollable factors such as the environment, other people or a higher power.
Notes on measure definition	The measure uses the average proportion of 16-18 year olds NEET between November and January each year. The estimated number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds known to the local authority whose activity is either not in education, employment or training (NEET), or in education, employment or training (EET).

Notes on measure definition	The number and proportion of young people NEET in each area has been adjusted using an established formula which assumes that a significant proportion of those who are 'not known' will be found to have been NEET when contact is re-established. The adjustment is intended to give a more robust reflection of the NEET situation in each local area, although may be less accurate in areas where the number of 'not known' is particularly high. These figures tend to be lower than those in the official statistical release on young people in England who are NEET because they: 1. only include young people who are known to their local authority (ie those who were educated in government-funded schools in England, 2. do not count young people who are taking a gap year or are in custody as NEET and 3. depend on the quality of each local authority's data collection
How to interpret the indicator	What does a low value mean Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression and early parenthood. A statistically lower value for the area indicates there is a lower percentage of young people not in education employment or training, compared to the English average. This is a sign that the risks of poor wellbeing, associated with not having a meaningful occupation, may be reduced in the area. It is important that this measure is interpreted with other measures of community and meaningful occupation as there is still a risk to positive wellbeing for those young people who are not in education, employment or training. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Individual – healthy living Learning environment – engagement with learning
Sign post to evidence based practice for improvement	Public Health England (PHE) Includes evidence review and briefing on: reducing the number of young people not in education, employment or training www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers Early Intervention Foundation An interactive tool to find evidence and guidance on how to deliver effective early intervention to enhance school achievement and employment http://guidebook.eif.org.uk/programmes-library National Institute for Health and Care Excellence (NICE)

Sign post to evidence based practice for improvement	Children with Antisocial behaviour and conduct disorders; identification and assessment and treatment and care options http://pathways.nice.org.uk/pathways/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people
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Social inclusion

Measure. Workless households with dependent children (0-18 years)	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Workless households
Measure description	Workless households with dependent children as a percentage of all households with dependent children.
Original data source	Annual Population Survey (APS) via NOMIS www.nomisweb.co.uk
Currently available	Yes
Measure source	Available by querying Annual Population Survey data from NOMIS: www.nomisweb.co.uk .
Rationale for inclusion	Children living in low socio-economic status households are at greater risk of anxiety, depression, substance abuse, delinquent behaviour and poor adaptive functioning.
Notes on measure definition	Dependent children classified as those 0-16 years and 16-18 years if in full time education. Workless households are households where no-one aged 16 or over is in employment. These members may be unemployed or inactive. Inactive members may be unavailable to work because of family commitments, retirement or study, or unable to work through sickness/disability.
How to interpret the indicator	What does a low value mean Living in a worklessness household is associated with a number of poor social, emotional and health outcomes. A statistically lower value for the area indicates there are fewer worklessness households with dependent children, compared to the English average. This is a sign that the risks of poor wellbeing, associated with children living in workless households, may be reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Family – family relations Family – parental health Community – poverty

Sign post to evidence based practice for improvement	What works with tackling worklessness? London specific report on issues of worklessness and interventions to help workless people get and keep work. www.london.gov.uk/mayor/economic_unit/docs/worklessness.pdf
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Social inclusion

Measure. Homeless Families (up to 18 years)	
Domain	Community
Determinant of wellbeing	Social inclusion
Indicator	Homelessness
Measure description	Statutory homeless households with dependent children or pregnant women, rate per 1,000 households
Original data source	Department for Communities and Local Government Homelessness statistics: www.gov.uk/government/collections/homelessness-statistics Quarterly detailed local authority level responses: detailed local authority level homelessness figures.
Currently available	Yes
Measure source	Child Health Profiles, National Child and Maternal Health Intelligence Network, PHE Family homelessness http://atlas.chimat.org.uk/IAS/dataviews/childhealthprofile
Rationale for inclusion	Homeless children are significantly more likely than the general population to have higher rates of behavioural and emotional problems, however there are other confounding social factors (eg family breakdown, abuse, domestic violence and poor social networks) associated with homelessness, which could influence their greater risk to mental health problems.
Notes on measure definition	The indicator measures households with dependent children or pregnant women found to be eligible for assistance, intentionally homeless and in priority need during the quarter. If faced with the loss of their home, any household can apply to their local authority for acceptance for housing assistance. A household will be considered as statutorily homeless by their local authority if they meet specific criteria set out in legislation. Such households are rarely homeless in the literal sense of being without a roof over their heads, but are more likely to be threatened with the loss of, or are unable to continue with, their current accommodation. In cases where an authority is satisfied that an applicant is eligible for assistance, is in priority need, and has become homeless through no fault of their own, the authority will owe a main homelessness duty to secure settled accommodation for that household. Priority need groups include households with dependent children and individuals who are vulnerable in some way, which include young people aged 16 to 17 years old, or 18 to 20 years old and vulnerable as a result of previously being in care. Dependent children classified as those aged up to 16 years and 16

Notes on measure definition	to 18 years if in full time education.
How to interpret the indicator	What does a low value mean Being homeless is associated with a number of poor social, emotional and health outcomes. A statistically lower value for the area indicates there is a lower rate of statutory homeless households with dependent children or pregnant women, compared to the English average. This is a sign that the risks of poor wellbeing, associated with childhood homelessness may be reduced in the area, however, there is still a risk to positive wellbeing for those children and pregnant women who are homeless. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale, can be used to broaden the context in which the measure can be interpreted. Family – family relations Family – parental health Learning environment – engagement with learning Community – violence Community – social inclusion Also this measure will be accounting for the most severe cases where families are made homeless, so will be under-repressing the true number of homeless families.
Sign post to evidence based practice for improvement	Department for Communities and Local Government Preventing and tackling homelessness www.gov.uk/government/collections/ministerial-working-group-on-preventing-and-tackling-homelessness Sub group Youth homelessness in the UK, Joseph Rowntree Foundation Study exploring effectiveness of policy and service provision in addressing youth homelessness and recommending key priorities for action www.jrf.org.uk/publications/youth-homelessness-uk

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Social inclusion

Survey question. Feeling lonely 11, 13 and 15 year olds who 'never' felt lonely in the last week	
Domain	Community
Determinant of wellbeing	Social inclusion
Measure	Pupils who 'never' felt lonely in the last week
Rationale for inclusion	Children view being excluded or not accepted by friends, being left out and lonely as detrimental to their mental wellbeing.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Item from Kidscreen-10 Thinking about the last week... Have you felt lonely?
Survey responses	- never - not often - quite often - very often - always
Notes	

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Social support

Survey question. Social support 11, 13 and 15 year olds who agree 'a lot' or 'a bit' that they can ask for help from neighbours	
Domain	Community
Determinant of wellbeing	Social support
Measure	Pupils who agree 'a lot' or 'a bit' that they can ask for help or a favour from neighbours in the area where they live
Rationale for inclusion	Supportive social relationships protect and enhance mental wellbeing and have an important role in maintaining resilience in the face of adversity.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Item from a question Please say how you feel about these statements about the area where you live. I could ask for help or a favour from neighbours
Survey responses	- agree a lot - agree a bit - neither agree nor disagree - disagree a bit - disagree a lot
Notes	

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Trust

Survey question. Neighbourhood trust 11, 13 and 15 year olds who agree 'at lot' or 'a bit' that they can trust people in the area where they live	
Domain	Community
Determinant of wellbeing	Trust
Measure	Pupils who agree 'a lot' or 'a bit' that you can trust people in the area where they live
Rationale for inclusion	While children and young people identify 'trust' in adults outside the family as an important for their mental wellbeing, the trusting relationship is defined as one which is non-judgemental where confidences will be kept. For children living in more deprived neighbourhoods, strong trust and social cohesion between people in the neighbourhood has been found to mitigate the risk of the effect of socio-economic deprivation on mental health service use.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Item from a question 'please say how you feel about these statements about the area where you live'. You can trust people around here
Survey responses	- agree a lot - agree a bit - neither agree nor disagree - disagree a bit - disagree a lot
Notes	

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Trust

Survey question. Community cohesion 11, 13 and 15 year olds who agree 'a lot' or 'a bit' that people say hello in the area where they live	
Domain	Community
Determinant of wellbeing	Trust
Measure	Pupils who agree 'a lot' or 'a bit' that people say hello and stop to talk to each other in the street in the area where they live
Rationale for inclusion	For children living in more deprived neighbourhoods, strong trust and social cohesion between people in the neighbourhood has been found to mitigate the risk of the effect of socio-economic deprivation on mental health service use.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Item from question Please say how you feel about these statements about the area where you live. People say 'hello' and often stop to talk to each other in the street
Survey responses	- agree a lot - agree a bit - neither agree nor disagree - disagree a bit - disagree a lot
Notes	

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Physical environment

Measure. Use of outdoor space 16 years and over	
Domain	Community
Determinant of wellbeing	Physical environment
Indicator	Green space
Measure description	Utilisation of outdoor space for exercise/health reasons
Original data source	Natural England. Monitor of Engagement with the Natural Environment (MENE) survey www.gov.uk/government/collections/monitor-of-engagement-with-the-natural-environment-survey-purpose-and-results
Currently available	Yes
Measure Source	PHE Public Health Outcomes Framework, Wider determinants of health section www.phoutcomes.info/public-health-outcomes-framework
Rationale for inclusion	Surveys indicate that children are becoming disconnected with the natural environment particularly those who live in urban areas. Access to nature, green or open spaces has a beneficial impact on physical and mental health in children improving both physical and mental wellbeing and cognitive function. Children exposed to green settings have been found to feel more relaxed, less stressed, rejuvenated, refreshed, more positive and able to cope. They have been found to struggle less with a chronic attention deficit than children unable to access green settings. Engagement with natural places provides restoration from mental fatigue and support for more resilient and cooperative behaviour. Opportunities for outdoor play may lead to greater levels of physical activity, increased social interaction and inclusion.
Notes on measure definition	This measure is derived from Natural England's MENE survey of the population aged 16 and over; it does not include children aged under 16 and does not provide with any additional age breakdown. It provides a weighted estimate of the proportion of all residents aged 16 and over in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent 'out of doors' eg in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers. This could be anything from a few minutes to all day. It may include time spent close to home or workplace, further afield or while on holiday

Notes on measure definition	in England. It does not include routine shopping trips or time spent in own garden. During each survey interview, respondents are asked to indicate how many visits they have taken to the natural environment in the last seven days. If any visits have been taken in this period, they are then asked to provide details of one visit (if more than one has been taken, the visit asked about is randomly selected) and the motivation for this visit is asked. Around a fifth of respondents took more than one visit during the period and not all visits may have been motivated by reasons of health and exercise. The measure may, therefore, underestimate the true number of such visits where more than one visit has been taken in the recall period and a visit motivated by a different reason was selected.
How to interpret the indicator	What does a low value mean As this measure relates to the experience of those aged sixteen and over it will predominantly reflect the experience of older age groups. It should be used with caution to give an indication of the use of outdoor space across the whole population. A statistically lower value indicates there is a lower percentage of residents visiting the natural environment for health or exercise purposes, compared to the English average. This may also be an indication that a lower percentage of children are visiting the natural environment for these reasons or that access to such environments for children is reduced in the area. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual – healthy living Community – social inclusion Family – parental healthy living
Sign post to evidence based practice for improvement	Natural England www.gov.uk/government/organisations/natural-england While the survey results published for local areas does not relate specifically to children, an analysis of the 2009-2012 MENE data has been undertaken at national level which looks at visits where a child aged under 16 was present. This provides further information on the barriers to visiting natural environments and positive outcomes from visits. http://publications.naturalengland.org.uk/publication/4654618?category=2604215

Sign post to evidence based practice for improvement	Institute of Health Equity Improving Access to Green Spaces – evidence review and briefing www.instituteofhealthequity.org/projects/improving-access-to-green-spaces National Institute for Health and Care Excellence (NICE) Physical activity and the environment www.nice.org.uk/guidance/ph8 Promoting Physical activity for children and young people www.nice.org.uk/guidance/ph17
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Physical environment

Survey question. Free time places 11, 13 and 15 year olds who agree 'a lot' or 'a bit' that there are good places to spend free time where they live	
Domain	Community
Determinant of wellbeing	Physical environment
Measure	Pupils who agree 'a lot' or 'a bit' that there are good places (leisure centres and parks) to spend their free time in the area that they live
Rationale for inclusion	There are links between the physical environment and other factors such as play, physical activity and social relations that impact on children's mental wellbeing. There are limitations in the extent to which research is able to demonstrate the precise relationship between the physical environment and its impact upon mental wellbeing, but it still does highlight the potential importance of the quality of the physical environment for mental health and wellbeing outcomes.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Item from a wider question Please say how you feel about these statements about the area where you live. There are good places to spend your free time (eg leisure centres, parks, shops)
Survey responses	- agree a lot - agree a bit - neither agree nor disagree - disagree a bit - disagree a lot
Notes	

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Physical environment

Survey question. Neighbourhood satisfaction 11, 13 and 15 year olds who feel the area they live is a 'really good' or 'good' place to live	
Domain	Community
Determinant of wellbeing	Physical environment
Measure	Pupils who feel that the area they live is a 'really good' or 'good' place to live
Rationale for inclusion	There are links between the physical environment and other factors such as play, physical activity and social relations that impact on children's mental wellbeing, however, there are limitations in the extent to which research is able to demonstrate the precise relationship between the physical environment and its impact upon mental wellbeing, but it still does highlight the potential importance of the quality of the physical environment for mental health and wellbeing outcomes.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Do you think that the area in which you live is a good place to live?
Survey responses	- yes, it's really good - yes, it's good - it's ok - it's not very good - no, it's not good at all
Notes	For information the ONS Measuring National Wellbeing Measures of Wellbeing for Children 0-15 years¹³ uses a question from Understanding Society to support their measure on children's liking of their neighbourhood, which local areas may like to use. The Understanding Society www.understandingsociety.ac.uk/documentation/mainstage/questionnaires

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Culture

Survey question. Body image 11, 13 and 15 year olds who think that their body is 'about the right size'	
Domain	Community
Determinant of wellbeing	Culture
Measure	Pupils who think that their body is 'about the right size'
Rationale for inclusion	Life satisfaction has been shown to be negatively related to poor perceptions of body weight and a close relationship between body image and self-esteem has also been found, especially in girls. Children and young people identify 'feeling bad' about body image and physical maturation as a contributory factor for mental health problems, this may be attributed to pressures inherent in modern society's image of what young women in particular should look like.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Do you think your body is...
Survey responses	- much too thin - a bit too thin - about the right size - a bit too fat - much too fat
Notes	This question is included within the What About YOUTh? Survey which will allow data to be available at local authority level for 15-16 year olds. The data is due to be released in 2016.

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Safety

Survey question. Neighbourhood safety 11, 13 and 15 year olds who 'always' feel safe in the area they live	
Domain	Community
Determinant of wellbeing	Safety
Measure	Pupils who, generally speaking, 'always' feel safe in the area they live
Rationale for inclusion	Crime rates and fear of crime have a significant impact on health and mental wellbeing, including the sense of physical and emotional vulnerability. Fear of crime can cause stress, anxiety, depression and social exclusion though limited mobility and access to places seen as not safe to visit.
National survey	Health Behaviour of School Age Children (HBSC)
National survey information, documentation and data source	www.hbsc.org
Full questionnaire	The full questionnaire is available from www.hbsc.org on completion of the appropriate agreements. Full details and advice on how to use the tool are also available.
Survey question	Generally speaking, I feel safe in the area where I live...
Survey responses	- always - most of the time - sometimes - rarely or never
Notes	For information the ONS Measuring National Wellbeing. Measures of Wellbeing for Young People 16-24 years¹² uses a question from the Understanding Society survey to support this measure, which local areas may like to use. How safe would you feel walking alone in this area after dark? - Very safe - Fairly safe - A bit safe - Very unsafe

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Violence

Measure. Children subject to a child protection plan (0-17 years)	
Domain	Community
Determinant of wellbeing	Violence
Indicator	Child protection
Measure description	Children who are the subject of a child protection plan at the end of the year (31 March) expressed as a rate per 10,000 children aged 0-17 years
Original data source	Department for Education (Children in need census) www.gov.uk/government/collections/statistics-children-in-need
Currently available	Yes
Measure source	PHE Children's and Young People's Mental Health and Wellbeing Profile, Social care domain http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh .
Rationale for inclusion	Children who are the subject of a child protection plan have been identified as at risk of abuse and/or neglect and there is strong evidence to suggest this has a detrimental effect on mental health and wellbeing. Abuse may be of a sexual, psychological or emotional in nature, while neglect is the persistent failure to meet a child's basic physical and/or psychological needs eg failure to provide adequate food, shelter or clothing, protect a child from physical or emotional harm or ensure appropriate medical treatment. Child abuse, especially child sexual abuse, has a particularly powerful negative and far reaching impact and may result in major psychiatric disorders, personality disorders, conduct disorders, high risk lifestyles, aggression, self-destructive and violent behaviours, anti-social behaviour, problems with relationships, impaired capacity for parenting as well as physical illness. Children who have been neglected and who don't get the love and care they need from their parents are also more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder. Because of poor attachment in early life, they may also find it difficult to maintain healthy relationships with their peers and other people later in life, including with their own children. In a more physical sense, malnourishment resulting from neglect causes delayed development and impaired cognitive function which can lead to depression in later life as well as dissociative disorders and impaired memory.

Rationale for inclusion	Such children may be living with violence or the fear of violence, both of which are significant risk factors for poor mental wellbeing. Violence is defined here as sexual, psychological or emotional nature. It may include experiencing violence oneself or witnessing violence (especially domestic abuse) against a loved sibling, parent or other relative or adult. There is strong evidence for the relationship between experiencing violence and adverse mental health outcomes such as depression, anxiety, conduct disorder, suicidal behaviour, substance abuse, post-traumatic stress disorder, low self-esteem and poor life satisfaction.
Notes on measure definition	A child protection plan is a plan drawn up by the local authority which sets out how a child can be kept safe, how things can be made better for the family and what support they will need. Children subject to a child protection plan will have a primary need code of abuse (physical, sexual or emotional) or neglect. More information on what constitutes to abuse can be found in the Children in need census guide page 46 www.gov.uk/government/uploads/system/uploads/attachment_data/file/299928/DFE-00338-2014.pdf
How to interpret the indicator	What does a low value mean Children subject to a child protection plan may have experienced a variety of the risk factors which are associated with poor mental wellbeing and poor mental health in later life. A statistically lower value indicates there are fewer children aged 0-17 subject to a child protection plans in the area compared to the English average. This may be sign that the risks of poor mental wellbeing due to abuse and neglect may be reduced in the area, or it could reflect poor service provision which is not protecting those most at risk of childhood abuse and neglect. It is particular importance that this measure be looked at in conjunction with other local indicators to ascertain whether the numbers of children subject to child protection plans are reasonable given other local risk factors. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual – healthy living Family – family relations, Family – parental Healthy Living Learning environment – peer relationships Community – social inclusion
Sign post to evidence based	National Society for the Prevention of Cruelty to Children (NSPCC) Impact and Evidence HUB - evaluation, research and evidence re: child protection and prevention of child abuse

practice for improvement	www.nspcc.org.uk/fighting-for-childhood/our-services/impact-evidence-evaluation-child-protection National Institute for Health and Care Excellence (NICE) Guidance Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively www.nice.org.uk/guidance/ph50 Antisocial behaviour and conduct disorders in children and young people recognition, intervention and management www.nice.org.uk/guidance/cg158 Social Care Institute for Excellence (SCIE) Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature eg search for safeguarding children or child protection www.scie-socialcareonline.org.uk Early Intervention Foundation www.eif.org.uk/what-is-ei Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention for the family and the home and positive child development http://guidebook.eif.org.uk/programmes-library Early Intervention Foundation Pioneering places Examples of work being done in implementing Early Intervention through all levels of local activity, from governance structures and commissioning, development of strategies and business cases through to reviewing programmes and practice. www.eif.org.uk/pioneering-places
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Violence

Measure. Children in need due to risk of abuse or neglect (0-17 years)	
Domain	Community
Determinant of wellbeing	Violence
Indicator	Abuse
Measure description	Number of children aged 0-17 years in need at the end of the year (31 March) whose primary need at assessment was abuse or neglect expressed as a rate per 10,000 children aged 0-17 years
Original data source	Department for Education (Children in need census) www.gov.uk/government/collections/statistics-children-in-need
Currently available	Yes – numerator and denominator published but the rate requires calculation.
Measure source	www.gov.uk/government/collections/statistics-children-in-need
Rationale for inclusion	There may be significant threats to children and young people's mental health in cases where their primary need at assessment by social care is abuse or neglect. Abuse can be of a sexual, psychological or emotional nature. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs eg failure to provide adequate food, shelter or clothing, protect a child from physical or emotional harm or ensure appropriate medical treatment. Such children may be living with or experiencing violence or the fear of violence which are significant risk factors for poor mental wellbeing. There is strong evidence for the relationship between experience of violence and adverse mental health outcomes including depression, anxiety, conduct disorders, suicidal behaviour, substance abuse and high risk lifestyles, post-traumatic stress disorder, low self-esteem and poor life satisfaction. Violence is wider than just physical violence and may include violence of a sexual, psychological or emotional nature. It may also include witnessing violence, especially domestic abuse or violence against a loved sibling, parent or other relative or adult. Child abuse, especially child sexual abuse, has a particularly powerful negative and far reaching impact and may result in major psychiatric disorders, personality disorders, conduct disorders, high risk lifestyles, aggression, self-destructive and violent behaviours, anti-social behaviour, problems with relationships, impaired capacity for parenting as well as physical illness. Children who have been neglected and who don't get the love and care they need from their parents are also more likely to experience

Rationale for inclusion	mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder. Because of poor attachment in early life, they may also find it difficult to maintain healthy relationships with their peers and other people later in life, including with their own children. Malnourishment resulting from neglect causes delayed development and impaired cognitive function. This can lead to depression in later life as well as dissociative disorders and impaired memory.
Notes on measure definition	Abuse or neglect Abuse or neglect is defined by the existence of a child protection plan or enquiries under section 47 of the Children Act 1989. These include cases where children are living in a situation of domestic violence, whose needs arise out of their involvement (actual or suspected) in prostitution, whose needs arise out of their abusing other children or whose needs arise from being abandoned by their families. Also the definition covers children who have been referred with evidence of possible neglect or abuse. Children in need A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled. This is independently assessed at the first assessment following referral alongside the evidence relating to child's developmental needs and the parents' capacity to meet these needs within the context of the wider family and community. The primary need indicates the main reason why a child started to receive services, and only one need can be reported. The list of primary needs is hierarchical, so in cases where multiple needs are identified only one can be used to categorise each case. Abuse or neglect is first on the list and covers physical, sexual, emotional and domestic abuse. Section 47 of the Children Act 1989 places a duty on local authorities to investigate and make inquiries into the circumstances of children considered to be at risk of significant harm. Source: www.gov.uk/government/uploads/system/uploads/attachment_data/file/299928/DFE-00338-2014.pdf The numerator data for this measure are available but a calculated rate has not been published and requires calculation.

How to interpret the indicator	What does a low value mean Children who are in need due to abuse and neglect may have experienced a variety of the risk factors which are associated with poor mental wellbeing and poor mental health in later life. A statistically lower value indicates there are fewer children aged 0-17 subject to a child protection plans in the area compared to the English average. This may be sign that the risks of poor mental wellbeing due to abuse and neglect may be reduced in the area, or it could reflect poor service provision which is not protecting those most at risk of childhood abuse and neglect. It is particular importance that this measure be looked at in conjunction with other local indicators to ascertain whether the numbers of children subject to child protection plans are reasonable given other local risk factors. Cross-reference with other measures To aid understanding of what the measure is reporting, measures from other domains which relate to influencing factors mentioned in the rationale can be used to broaden the context in which the measure can be interpreted. Individual – healthy living Family – family relations Family – parental healthy living Learning environment – peer relationships Community – social inclusion
Sign post to evidence based practice for improvement	National Society for the Prevention of Cruelty to Children (NSPCC) Impact and Evidence HUB - evaluation, research and evidence re: child protection and prevention of child abuse www.nspcc.org.uk/fighting-for-childhood/our-services/impact-evidence-evaluation-child-protection/ National Institute for Health and Care Excellence (NICE) Guidance Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively www.nice.org.uk/guidance/ph50 Antisocial behaviour and conduct disorders in children and young people recognition, intervention and management www.nice.org.uk/guidance/cg158 Social Care Institute for Excellence (SCIE) Online database of information on all aspects of social work and social care, including practice and guidance, reviews, research briefings and grey literature eg search for safeguarding children or child protection www.scie-socialcareonline.org.uk Early Intervention Foundation www.eif.org.uk/what-is-ei

Sign post to evidence based practice for improvement	Early Intervention Foundation Guidebook An interactive tool to find evidence and guidance on how to deliver effective early intervention for the family and the home and positive child development http://guidebook.eif.org.uk/programmes-library Early Intervention Foundation Pioneering places Examples of work being done in implementing Early Intervention through all levels of local activity, from governance structures and commissioning, development of strategies and business cases through to reviewing programmes and practice. www.eif.org.uk/pioneering-places
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