



APPG Wellbeing Economics Inaugural meeting  
Tuesday 18<sup>th</sup> December 2018, 3pm – 4pm,  
Committee room 4: “Measuring Children’s Wellbeing”

## **Minutes**

### **1. Formalities of the inaugural meeting – the election of officers**

Parliamentarians present for the vote (Gus O'Donnell, Chris Ruane, Peter Bottomley, Helen Goodman, Baroness Claire Tyler, Thelma Walker, Pat McFaddon, Caroline Flint, Yasmin Qureshi, Jonathan Ashworth, John Healey, David Drew, Shiela Hollins)

Chair: Chris Ruane

Co-Chair: Peter Bottomley

Vice Chair: Richard Layard

Vice Chair: Gus O'Donnell

Vice Chair: Claire Tyler

Officer: Helen Goodman

All officers unanimously appointed.

### **2. Welcome to the meeting**

**Chris Ruane** – Introduced the objectives of the APPG on Wellbeing Economics

**The objectives of the APPG on Wellbeing Economics (as agreed at kick off meeting 10<sup>th</sup> Sept 2018) are:**

1. Build on what's been done before and complement work of existing APPGs
2. Focus on reducing wellbeing inequalities (going beyond average levels of wellbeing) – reference to looking at the relationship between wellbeing economics
3. Achieve broad parliamentary interest in wellbeing, through growing the membership of this group
4. Illustrate how wellbeing provides a different way of thinking about goals and what this would mean for different policy areas (using examples)
5. Pick up best practice examples (eg in devolved administrations, or at local or international level), useful for stories and media interest. – possibility for a toolkit for implementing wellbeing interventions we know that work.
6. Inform the vision for the UK after the end of March and in the context of the spending review.



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This group will take relevant research – and put it before Ministers in the form of oral and written questions.

Request to participants to write to their local MP to share interest in wellbeing and ask them to join this group

What works centre for wellbeing has taken over the secretariat from NEF, who managed it until 2015. The Centre is an independent collaborative organisation, working with the academic community to share evidence on what works to improve wellbeing in the UK.

Data on subjective wellbeing has been collected nationally since 2011 by the ONS. It is available by local authority area and this data is publicly available and has been shared by the Chair directly with MP's, particularly those where the average levels of wellbeing are the lowest in the country. Data is available [here](#).

Analysis by NEF for the What Works Centre for Wellbeing analysed the relationship between wellbeing inequalities and voting behaviour in the EU referendum and found that wellbeing inequalities help us to understand the result. The analysis is available [here](#).

### **3. Introduction to Children's wellbeing, and why the AGM has chosen this topic for its inaugural meeting**

Understanding and addressing children's wellbeing takes us explicitly into the territory of prevention rather than treatment. This is especially relevant in the context of the forthcoming spending review – it's essential to invest upstream. Post Brexit we need to focus on policies that are of central importance to people's lives – and you need to start early, hence the focus on children's wellbeing.

We know from existing evidence, including research by Lord Layard on cohort studies that wellbeing indicators at childhood level are better than exam results at predicting future adult outcomes.

So how do you measure it in a way that also demonstrates the complementarities between wellbeing and other outcomes including attainment?

### **4. Contributions**

#### **Gill Main, University of Leeds:**

Gill spoke about the relationship between [child poverty and wellbeing](#). [Data from DWP](#) finds 4.1 million (30%) of children in the UK live in poverty, with huge costs across multiple domains of wellbeing. Wellbeing gives us a nuanced approach to understanding poverty and its effects, from hunger to social exclusion.

Measuring children's wellbeing through subjective measures gives them a voice, so that their interests in the present are taken into account, particularly in anti-poverty policy – and



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its impact on their lives now – not just their future becoming, in a way that is currently hidden from teachers and adults, due to stigma.

Caution with the use of interventions which focus on building ‘resilience’, which suggests the problem is with the child and their resilience, rather than the conditions of adversity and inequitable structures and the need to change practices which exclude poor children and families. Small scale changes can help support children and families.

### **Emma Rigby, Association of Young People's Health:**

Emma spoke about wellbeing in the context of health. The Association looks at Children and young people 0-24 age range. There is a particular opportunity in second decade of life, as people move to independent living and use of health care in their own terms.

Important to look at wellbeing it works for young people – holistic and asset focussed – that fits with how young people see their own health, they don't separate mental and physical for example. They want to focus on positive concepts and asset focussed – rather than just problems.

Young people who have long term illness and disabilities, understanding different aspects of wellbeing can improve their outcomes. Eg enabling young people with diabetes to meet other people with diabetes and build connections and share experiences. Important things that we can do to support better care for young people.

Young people's own perspectives on their health is critical to empowerment - how they treat their own health, risk taking behaviours etc. Policy arena informed more by young people's subjective wellbeing will result in more responsive policy.

### **Karen Newbigging, University of Birmingham:**

Karen spoke about the next steps following the [Mental health policy commission report](#). The commission's eyes are firmly on the spending review – using their research to identify what should policy look like to address the mental health needs of young people.

Original focus of the commission was on treatment, but clear from the data that focus on consequences – it would take 23,800 staff to provide all the mental health needs of young people. So we need a shift toward prevention/wellbeing and building resilience of young people. Problem is the invisibility of prevention and its spending – its competing with spending on services. We need a way of accounting for prevention in order to invest in a resilient generation.

We have enough evidence to get started in a systematic and systemic way. A lot of good initiatives, but we haven't got a whole system approach to putting wellbeing at the centre.



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Action needs to be happening at local (and X government level), bringing together the places where young people are and addressing.

1. Positive family, peer and community relationships (perinatal support)
2. Risks - Multiple adverse childhood experiences
3. Wellbeing friendly education and employment, supporting transitions
4. Responding to signs of distress – as highlighted by recent data on prevalence – self harm of young women – we need good ways to respond early

Benefits – cost savings, eg £400 invested in perinatal period = savings of £10k. Increasing debt and welfare services. Welcome focus on measuring wellbeing – its an end in itself – but also improvement to attainment, reduction in mental illness, risk taking behaviours, spending in criminal justice system.

[Text added by speaker] In terms of measuring wellbeing that the evidence indicates that we need to focus on the structural and social determinants as well as children's state of wellbeing. I think there is scope for work to be done to develop a composite measure and this needs to build on the conception of mental capital developed by the Foresight project that distinguished between mental capital and mental wellbeing. The focus for measures is often to measure positive mental states rather than to capture the emotional and cognitive resources and dynamic potential to develop their skills. I would suggest that there is a review of measures, if this has not already been done, so that their purpose and utility in different contexts is clear.

### **Leon Feinstein, Children's Commissioner:**

Leon talked about why this was important for the children's commissioner – childhood is not just about tomorrow's adults – their wellbeing matters now.

He spoke about the challenges of measuring How well are children? How many children have vulnerabilities needs/risks that their families and communities can't address? Trying to measure this - identified 71 characteristics of concern to different bits of government. Attempted to use published and available data to assess against this, but there are major data gaps, particularly on assets. We know about children in the system – but we don't know about children in general before they hit the system and therefore we don't know what level of spending and the policies and practices that would be required to address this.

### **Richard Crellin:**

Richard spoke of the Children's society long term commitment to measuring children's wellbeing, with research dating back a decade, culminating in the [good childhood report](#).

There is an increasing amount of data available - prevalence survey from the NHS, data from [understanding society](#), [ONS national measure](#) good childhood research programme – but it's a small sample of 2000 children – not big enough to make spending decisions.



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Recommend focus on subjective wellbeing – specifically life satisfaction, a positive indicator that captures cognitive wellbeing. This throws up findings that are different from what you would learn from adult measures of life satisfaction - bullying, strength of relationships with parents, feel about their appearance. We have invested in the adult data – and should afford young people with the same.

Two potential mechanisms for gathering this data

1, national pupil database: powerful tool for research, near census of children, potentially small cost to set up. Strong insights to education, and could drive a wellbeing approach. Could learn a lot about population data. But another burden on schools and wellbeing league tables. Could be missed by non DfE departments

2, bespoke children and young people survey – big survey commissioned out – would include the most vulnerable not in education, annual data – adaptable but expensive ongoing. Less likely to influence local decision making unless sample is big enough.

### **Jenny Edwards:**

An intervention showing results in improving wellbeing is mindfulness interventions in schools – it's not stigmatising, it's acceptable to people and showing good results. Area to watch – wish for more research on trials and interventions, outside the education service.

### **Neil Smith, NatCen**

NatCen analysed of the [2017 prevalence survey of 9000 young people](#), commissioned by NHS digital and funded by DHSC. Lives look quite different in 2018 compared with 2004, including role of social media, which is covered in the report. 1 in 8 have a mental health disorder, emotional disorders have become more common 4-6%. Other conditions have been stable. Stand out group – ¼ of young women aged 17-19 have a mental disorder, emotional, about half of these leading to self harm. Can also predict later life chances, truancy etc.

### **Catherine Newsome, DfE**

Running two major trials looking at interventions in schools to improve young people's wellbeing, further information available [here](#). On 10<sup>th</sup> October the Prime Minister [announced](#) two further pieces of work: a State of the Nation report on children and young people's wellbeing, and guidance for schools to help them measure wellbeing.

### **Open for discussion**

Q – Baroness Sheila Hollins - Disabilities and poverty. Did the 9000 prevalence study include learning disabilities and special schools?



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A: Neil Smith – YES – it's in the data and a focus on special needs, including Children in HH with disabilities allowance.

Q: Baroness Claire Tyler – To Gill Main, on the concern about talking about resilience. Resilience both/and not either/or – we need as a group to get that balance right.

A: Gill Main – resilience shouldn't be answer to children in poverty – shifts responsibility back to the individual.

Comment: Helen Goodman, MP – Conflicted about measurement, we can't wait to get this right, we know that the # children looked after has doubled. We don't need to measure wellbeing, just want to spend the money on the families

Comment: Thelma Walker, MP – encouraged by the topic selected by the APPG. Interested in cross departmental working – it's not just health. Also important how policy is listening to practice. She will relay back to education select committee.

### Summary and next steps

- The Minutes from this meeting will be available on the refreshed Wellbeing Economics APPG website in the coming weeks
- The Children's Society will write up this meeting in consultation with stakeholders, the secretariat and the members. A briefing will be published and used to begin further engagement with decision makers on this issue.
- The next meeting of the APPG will be held in February, and will be focussed on what a wellbeing approach would mean for the spending review. Please contact the secretariat if you are interested in attending this event and they will add you to the invitation list.

### Links:

Findings from a RCT on Healthy Minds, a four-year PSHE course in secondary schools

<http://www.healthymindsinschools.org/wp-content/uploads/2017/11/HealthyMinds-Pamphlet-181130.pdf>

Data on subjective wellbeing has been collected nationally and by local authority level since 2011 by the ONS

<https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing/april2017tomarch2018localauthorityupdate/headlineestimatesofpersonalwellbeinglocalauthorityupdateapril2017tomarch2018.xls>

Analysis by NEF for the What Works Centre for Wellbeing analysed the relationship between wellbeing inequalities and voting behaviour in the EU referendum



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<https://whatworkswellbeing.org/blog/what-wellbeing-inequalities-tell-us-about-the-eu-referendum-result/>

Mental Health Policy Commission: Investing in a resilient generation

<https://www.birmingham.ac.uk/research/impact/policy-commissions/mental-health/index.aspx>

Children's Society Good Childhood report

<https://www.childrensociety.org.uk/good-childhood-report>

2017 Prevalence survey of mental Health of Young People in England

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>