Measuring Children and Young People's Subjective Wellbeing

Measures bank user guide

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Photo credit: Ben Wicks (Unsplash)

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About the What Works Centre for Wellbeing

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

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Introduction

A key role for the What Works for Wellbeing Centre is to create robust, consistent wellbeing measures that can be used with confidence for different purposes and groups in the UK. With this project, we have developed a framework to measure the subjective wellbeing of children and young people, an area with growing national interest, particularly as a result of Covid-19.

This guide is designed to help you understand and use the bank. It is for academic and technical audiences who are familiar with how to conduct wellbeing measurement projects. It aims to provide guidance on what is important when measuring children and young people's wellbeing specifically, and how to use the children and young people's wellbeing measures bank.

Using rapid evidence assessment methodology, in partnership with The Children's Society and with funding from the Health Foundation, we have compiled a wellbeing measures bank to collate all known and validated measures that have been used during the last decade to measure children and young people's subjective wellbeing in the UK.

This guide is accompanied by a more detailed literature review that outlines how we have defined children's subjective wellbeing and why it is important, it can be found here [link to conceptual framework document].

Part 1

What to consider when setting out to measure children and young people's wellbeing

This chapter looks at the required thinking and planning when measuring children and young people's subjective wellbeing. It outlines the ethical considerations that must be taken into account and data handling.

1. Why measure children's subjective wellbeing?

In our literature review, we make the distinction between objective measures of children's wellbeing – i.e. observable information about their lives – and subjective wellbeing – i.e. how children themselves think and feel about their lives.

We believe that to understand children's wellbeing we need to ask them the questions rather than rely on social indicators, or on adults, to report for them. That said, the measurement of subjective wellbeing should be encouraged not instead of objective approaches, but as a complementary approach, especially when no good objective indicators are available.

2. What is the purpose of your measurement?

There may be different needs and requirements for how you want to measure and understand children's wellbeing;

For example, if you have a predesigned research project and are looking for a validated measure of life satisfaction, you may want to jump to Part 2 on how to use the data bank.

However, if you are new to measuring children's wellbeing it might be helpful to think about why you are wanting to measure it, what you are hoping to learn and how you intend to use the information that you generate.

3. Ethical considerations

Undertaking research directly with children and young people can be as valuable as it can be challenging, especially when involving those experiencing adversity (e.g. domestic violence, homelessness, illness or hospitalisation) or living in atypical situations (e.g. in foster care, providing care to other family members or in juvenile justice systems). In academia, all projects should go through the relevant ethical review with approval granted based on the considered risks and benefits of that project. This is also true for statutory governmental bodies and larger voluntary sector organisations that have dedicated panels of experts to review and provide guidance on ethical approaches to working with children.

If, however, you are working in a practical setting, such as in a school or if your organisation does not have a dedicated ethics panel, the following section provides advice and guidance on the ethical considerations you may want to think about in relation to your own approach:

3.1. Active participation

Using subjective or personal wellbeing measures is one part of recognising the role of children and young people as expert informants of their wellbeing. Giving this group a meaningful and active participatory role throughout the research is another way to acknowledge their expertise and reduce possible power differentials between the adult researcher and the children[1]. Children and young people's active role can be considered at every step of the research, from the design through to implementation and interpretation of findings.

Such engagement can be achieved, for instance, when providing participants with the opportunity to ask questions about the research and their role in it so that they do not feel pressured or obliged to participate. This is particularly relevant in situations where children and young people are institutionalised and may feel that 'opting out' can be problematic for their outcomes.

Establishing other communication spaces such as forums, workshops or consultation group meetings can also help to engage young people as active participants.

3.2. Accessibility and inclusion

In every survey exercise with children and young people it is important to consider issues of literacy, learning difficulties and sensitivity[2]. The older the children are, the better they understand language, so visual, audio or digital aids may be particularly helpful with younger children or with those with special education needs. Things like response cards or visual stimuli will not only make the response task more interesting and concrete, but will also help with memory[3]. With older children you need to make sure the language used is inclusive too.

You may also want to think about groups of children and young people that are harder to recruit. Previous research has found, for instance, that children in lone-parent families, those that are being fostered by non-relatives or children of younger less educated

1 Hanafin et al., 2014.
2 Hanafin et al., 2014.
3 Borgers, de Leeuw and Hox, 2000, p. 71.

mothers are significantly harder to recruit[4]. Their under-representation can be addressed through re-weighting your data.

3.3. Safeguarding

Along with the benefits of filling up the evidence gaps around children and young people's wellbeing, and promoting their active participation in research, comes the challenge of keeping them protected throughout the process and minimising the risk of social, psychological or physical harm.

Asking children and young people about their wellbeing can raise sensitive issues or distressful feelings so it may be helpful to consider what support can be offered to the child in that event.

3.4. Informed consent

Depending on the setting in which participants will be asked to complete the measure, it's important to be realistic about how much choice the children really have in taking part. Do the children have the option not to take part or to respond to specific questions? If not, what impact would enforced participation have on the results of the measurement?

There are three aspects[5] that you should consider when seeking consent from young people:

- Are potential participants provided with information they can understand?
- Is the consent voluntarily given?
- Does the potential participant have the capacity to give their consent? (i.e. are they of age to be considered autonomous?)

Sometimes participants are not capable of giving consent, for instance, because they are in their middle childhood still not in a position of controlling their own life. In these cases it is adequate to seek their assent, that is, the agreement and willingness to cooperate based on evidence that they understand the information provided.

In other cases, such as with babies and infants, it will be necessary to secure permission from additional parties like parents or guardians on behalf of the child.

3.5. Anonymity versus confidentiality

When thinking about the purpose of measuring children's wellbeing, attention needs to be given to whether anonymity can be ensured in the collection of that data by keeping the identity of individual subjects unknown to researchers. This may involve ensuring safe data storage, modification or removal of identifying information through encryption. One of the main advantages of collecting information from children anonymously is that they are likely to answer more openly.

However, there are necessary limits to this and depending on the nature of your project, for example participants' responses over time, you may not be able to offer complete anonymity. It should be made clear to all participants the extent to which their responses are anonymous and the impact that this has.

You will also need to be clear to any participants how far they will be afforded

4 Hanafin et al., 2014.
5 Hanafin et al., 2014.

confidentiality in relation to their responses and discuss the potential limits to such confidentiality, for example in cases of concerns over safety. Confidentiality refers to a condition in which the researcher knows the identity of the participant, but protects that identity from being disclosed to other parties unless the participant has granted their approval.

Anonymity and confidentiality are key conditions to respect and protect study participants. In the UK, these issues are governed by specific data protection legislation (see Section 4). It may be challenging to maintain a balance between protecting the child or young person and allowing them enough privacy to express their views[6]. All this information should be presented in language appropriate to their age so that they can make informed choices about what they share.

4. Handling data

When collecting any information or data from children you will need to ensure that your collection, handling and processing of that data is conducted in line with current data protection legislation.

The Information Commissioner's Office (ICO) outlines the requirements that are needed to be met for the safe handling of children's data under GDPR. This is available here.

If you are planning on collecting any personal or special category data, you may be required to complete a Data Protection Impact Assessment (DPIA) before collecting the information from children. This can be a helpful exercise to do even if you are planning on collecting anonymised data as the process can highlight potential risks. The ICO has a handy guide on how to produce a DPIA and under what circumstances you will be required to produce one.

As you are collecting children's data, you may also need to state the legal basis you intend to use to process that data. The legal basis will be dependent on the purpose of your measurement and also the type of your organisation. Again, this information can be found on the ICO website or the UK Data Archive have a helpful step-by-step guide for applying GDPR in research contexts.

You will also need to provide the children and young people with a copy of your data policy in appropriate language so that they are aware of their rights in relation to GDPR and the data you will be collecting from them.

5. Considering where to collect your responses

As with considerations on how you intend to record the information from children, it is equally important to think about the impact of where the child will be when they are completing the questions.

You should consider the appropriateness of asking about certain aspects of children's lives relative to the setting in which they are responding, i.e. is it appropriate to ask about

6 Hanafin et al., 2014.

satisfaction with specific aspects of family life in a school setting?

6. Balance the data burden versus the importance of hearing from children and young people themselves

The only way to truly understand how children and young people feel about their lives is to ask them, hence why we have collated all these measures of subjective wellbeing. However, it is also important to be mindful of data burden; that we do not ask too many questions in unnecessarily long surveys or over-survey specific cohorts of children.
In Part 2, Section 6 of this guide is a list of data sources that use certain measures that can be readily accessed. It might be useful to consult these sources when thinking about the questions you are looking to ask about children's wellbeing.

7. Wellbeing survey providers

If you are looking to measure the wellbeing of a group of children in your practice setting, but do not have the necessary capacity or skills to run and analyse a survey yourself, you may want to consider partnering with an existing survey provider.
There are a number of companies that provide support and expertise in this area including:

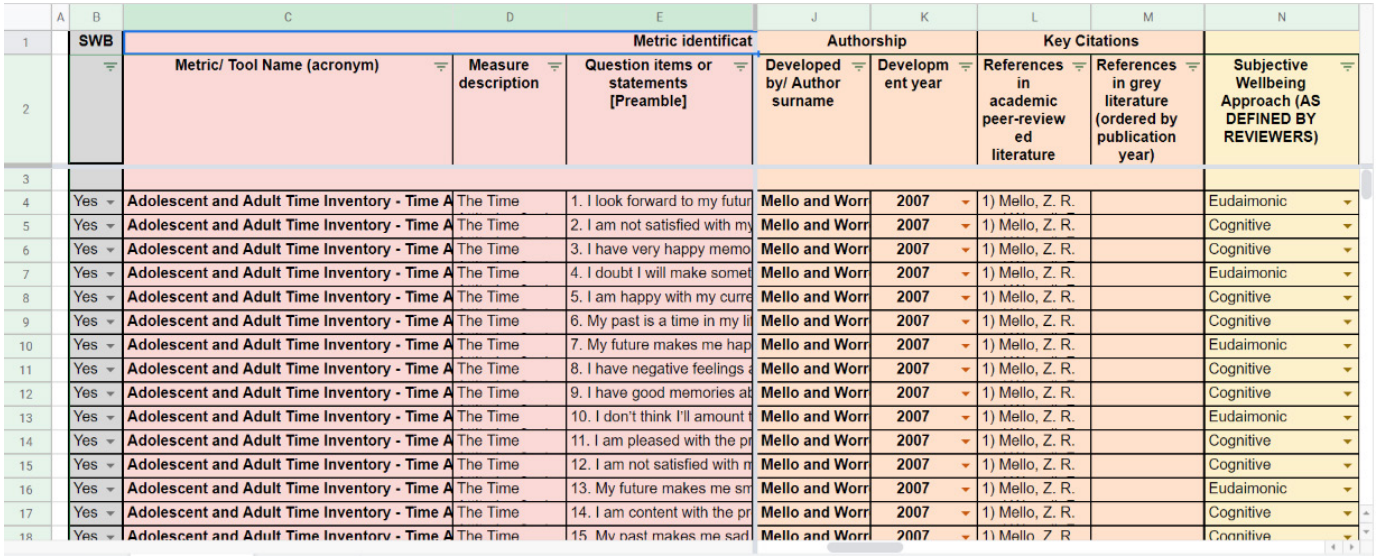
- BounceTogether
- ImpactEd
- CORC

If you instead prefer to build and test your own questionnaire, you may find this guidance by Bell (2007) helpful.

Part 2
How to use the measures bank

The measures bank is a downloadable Excel Workbook that compiles all the different measures or tools currently used to capture different aspects of children and young people's subjective wellbeing, as identified through a Rapid Evidence Assessment (REA) of the literature.

The bank also contains useful information about each metric which will help you choose the right tools depending on your needs. You can apply the filter functionality in all the columns to navigate through.



	SWB	Metric identificat			Authorship		Key Citations		
	Metric/ Tool Name (acronym)	Measure description	Question items or statements [Preamble]	Developed by/ Author surname	Development year	References in academic peer-reviewed literature	References in grey literature (ordered by publication year)	Subjective Wellbeing Approach (AS DEFINED BY REVIEWERS)
4	Yes	Adolescent and Adult Time Inventory - Time A	The Time	1. I look forward to my futur	Mello and Worr	2007	1) Mello, Z. R.		Eudaimonic
5	Yes	Adolescent and Adult Time Inventory - Time A	The Time	2. I am not satisfied with my	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
6	Yes	Adolescent and Adult Time Inventory - Time A	The Time	3. I have very happy memo	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
7	Yes	Adolescent and Adult Time Inventory - Time A	The Time	4. I doubt I will make somet	Mello and Worr	2007	1) Mello, Z. R.		Eudaimonic
8	Yes	Adolescent and Adult Time Inventory - Time A	The Time	5. I am happy with my curre	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
9	Yes	Adolescent and Adult Time Inventory - Time A	The Time	6. My past is a time in my li	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
10	Yes	Adolescent and Adult Time Inventory - Time A	The Time	7. My future makes me hap	Mello and Worr	2007	1) Mello, Z. R.		Eudaimonic
11	Yes	Adolescent and Adult Time Inventory - Time A	The Time	8. I have negative feelings a	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
12	Yes	Adolescent and Adult Time Inventory - Time A	The Time	9. I have good memories ab	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
13	Yes	Adolescent and Adult Time Inventory - Time A	The Time	10. I don't think I'll amount t	Mello and Worr	2007	1) Mello, Z. R.		Eudaimonic
14	Yes	Adolescent and Adult Time Inventory - Time A	The Time	11. I am pleased with the pr	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
15	Yes	Adolescent and Adult Time Inventory - Time A	The Time	12. I am not satisfied with n	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
16	Yes	Adolescent and Adult Time Inventory - Time A	The Time	13. My future makes me sn	Mello and Worr	2007	1) Mello, Z. R.		Eudaimonic
17	Yes	Adolescent and Adult Time Inventory - Time A	The Time	14. I am content with the pr	Mello and Worr	2007	1) Mello, Z. R.		Cognitive
18	Yes	Adolescent and Adult Time Inventory - Time A	The Time	15. My past makes me sad	Mello and Worr	2007	1) Mello, Z. R.		Cognitive

Image of the measures bank spreadsheet

1. Measure bank spreadsheet explainer

The rows in the spreadsheet represent the different metrics identified through the REA in alphabetical order. There are over 150 metrics (although not all of them are strictly defined as measures of 'subjective wellbeing'). Since most of the metrics are in turn composed of several items or questions, the spreadsheet uses a different row for each of these items. For instance, in the screenshot above, the metric 'Good Childhood Index' is composed of 10 different questions, each of which uses a different row. This allows for a more flexible description of the metrics which sometimes can be composed of questions

that use a different response scale, or that measure wellbeing in different life domains.

Columns represent the various fields of information about each metric, extracted directly through the REA or defined by the reviewers as part of the critical assessment of each metric. The bank includes over 30 different fields related to authorship, validation, benchmarking, implementation, etc. In addition, there are 6 fields exclusively allocated to critically appraise the metric through a scoring system. If you do not know which specific metric you are looking for in your programme or research, then these fields can help you choose the most adequate option. The following sections describe the contents of each field.

2. Metric and basic characteristics explainers

SWB is short for 'subjective wellbeing'. It indicates whether the metric corresponds with a conceptualisation of subjective wellbeing as defined in our conceptual framework and therefore has been included in the bank. Possible values are:

- yes
- no
- undefined

For simplification, we have removed from the bank all the measures identified through the REA that do not correspond to subjective wellbeing (n=58), as well as those currently under assessment for inclusion (n=80). You can find the lists of these measures in Appendix 1 and Appendix 2.

Metric/Tool Name (acronym) - Official name that developers or authors assigned to the metric, followed by its acronym in parenthesis. If there are more than one edition of the same metric, this is also indicated in the name field. Currently, the bank includes 92 single measures (see Appendix 3). Examples:

- Coopersmith Self-Esteem Inventory - Long Form (SEI)
- Behavioural and Emotional Rating Scale - Version Two (BERS-2)

Measure description - Brief description of the composition of the metric and the aspects of wellbeing that it is meant to capture. Example:

- The ERICA is a 17-item index to assess the ability of children and adolescents to manage their emotions and behaviour toward the achievement of intrapersonal or interpersonal goals. It covers four domains: emotional control, emotional self-awareness, situational responsiveness.

Question items or statements [preamble] - This column represents the final operationalisation of each metric into questions, statements or items. Multiple-item measures will have, correspondingly, multiple rows assigned. In some cases, the full list of items comprising a metric are not publicly available, therefore we signal that with 'N/A'. If the items comprising a measure are preceded by the same heading, then this will be added in square brackets. Example items comprising the 'Good Childhood Index':

- *Your relationships with your family? [How happy are you with...]*
- *The home that you live in? [How happy are you with...]*

- *How much choice you have in life? [How happy are you with...]*
- *Your relationships with your friends? [How happy are you with...]*

The importance of time frames

Some of the measures in the bank include questions that are positioned within a set time period, such as 'yesterday', 'during the past week', 'in the last year'. Asking about specific aspects of wellbeing within a prescribed time frame can be useful when trying to evaluate changes caused by a specific intervention, but may be less useful when used over longer time periods or as part of one-off measurements. When selecting the questions or measures that you intend to use it is important to consider the frequency with which you will be measuring children's wellbeing and the time frames during which this will take place.

Response categories and scoring guideline - This is information about the response scales, categories or values used for each item or question. Some metrics use exactly the same response values for all its items, while other more comprehensive tools may have different response types depending on the question. This field also includes information on the scoring process used to obtain total scores as referenced in the literature. Example:

- *Each item is answered in a 3-point scale: "not true" (0), "sometimes true" (1), "true" (2). A final depression score is obtained by summing together the point values of responses for all 13 items. Higher values indicate higher emotional difficulties.*

Number of response options

The number of response categories can have an effect on the reliability of the responses. An experimental study with children and adolescents as respondents found that the number of response options offered had an inverted u-shaped effect on reliability measures like item-rest correlation, suggesting that reliability starts decreasing after adding more than six response categories[7]. Other experts say that longer Likert scales, such as the 11-point scale used for the ONS Life Satisfaction measure, increase sensitivity compared to traditional 5-point Likert scales that only capture moderate levels of agreement[8].

Name of subscale (if applicable) - Here we simply name the subscale to which each item belongs, as described in the literature. Subscales are a set of items aimed at measuring a single underlying concept. For example, 'Kidscreen-52' is comprised of 52 items in total, which in turn are meant to be grouped under the following 10 subscales or dimensions:

- physical wellbeing

7 Borgers, Sikkel and Hox, 2004.
8 Leung, 2011; Cummins and Gullone, 2000

- psychological wellbeing
- moods and emotions
- self-perception
- autonomy
- parent relations and home life
- social support and peers
- school environment
- social acceptance (bullying)
- financial resources

Not all instruments contain subscales, but if they do it is recommended that you follow the same validated structure suggested by the developers of the measure, unless you prefer to take an exploratory approach and test if such components make sense with a different sample.

Structure type - This field indicates whether each question or item is a measure in its own right or if it is part of a composite measure. The majority of the items in the bank are part of multiple-item scales, indices, inventories or screening tools.
Possible values:

- Single-item
- Multi-item component

Single or multiple-item measure, what is best?

Single-item tools are easier to administer and communicate, more likely to increase response rates, often work well as global measures of wellbeing, and can be a good option when resources are scarce. They can, however, lose some of the complexity that is characteristic of subjective wellbeing.

Because wellbeing is multidimensional, multiple-item measures better capture its many components. In addition, multiple-item tools are generally more reliable than single-item indicators, particularly because they "produce more nuanced data with a more normal distribution that facilitates better analysis"[9].

Positive or negative wording - This field describes the positive or negative orientation in which the measure is worded or phrased. For example, 'my life is going well' is considered a positive wording, whereas 'I wish I had a different kind of life' is defined as a negative wording. Possible values include:

- Positive
- Negative
- Neutral

9 Ryff, 1989; Rees and Main, 2016.

Positive or negative question phrasing

Various experts[10] recommend using positively-worded indicators over negatively-worded indicators. Questions with a negative formulation can force children to make a negative statement in order to deliver a positive response (e.g. 'do you find it difficult to finish your homework within the deadlines given?')[11]. Negatively phrased questions can be especially problematic with younger children (8-11 years old)[12]. That said, including a single negatively worded item within a scale can help to avoid leading children to answer in socially desirable ways.

3. Authorship and key references

Developed by / author surname - Surname of the personal or institutional authors of the metric. For example, the 'Positive and Negative Affect Schedule (PANAS-C)' and 'Kidscreen-52' were developed, respectively, by:

- Watson, Clark, and Tellegen
- E Bell, 2007. uropean Commission

Development year - A four-digit numeric value that indicates the year in which the metric was developed. This date often coincides with the year of publication of the first article or report describing or using the metric. Although the REA included only studies published from 2010 onwards, many of these studies continue to use measures that were developed a long time ago, therefore the values in this field can range from 1900 to 2021.

References in academic peer-reviewed literature (ordered by publication year) - This field includes both the key or seminal articles describing the development of the metric and some example peer-reviewed studies that have made use of the metric in recent years (only studies published from 2010 onwards). Example for 'Positive and Negative Affect Schedule (PANAS-C)':

- Watson D, Clark L A, Tellegen A (1988). Development and Validation of Brief Measures of Positive and Negative Affect: The PANAS Scales. Journal of Personality and Social Psychology 47:1063–1070. doi: 10.1037/0022-3514.54.6.1063
- Laurent J, Catanzaro SJ, Joiner TE, Rudolph KD, Potter KI, Lambert S, Osborne L, Gathright T (1999). A measure of positive and negative affect for children: Scale development and initial validation. Psychol Assessment, 11:326-338. https://doi.org/10.1037%2F1040-3590.11.3.326
- Amundsen R, Riby L M, Hamilton C et al. (2020). Mindfulness in primary school children as a route to enhanced life satisfaction, positive outlook and effective emotion regulation. BMC Psychol 8, 71. https://doi.org/10.1186/s40359-020-00428-y

References in grey literature (ordered by publication year) - As in the previous field, here we include key reports or publications of the last decade in which the metric has been implemented or discussed, but only referring to publications coming from the grey

10 Ben-Arieh et al., 2013.
11 Bell, 2007.
12 Borgers, de Leeuw and Hox, 2000.

literature instead of academic or peer-reviewed literature. This may include publications from government departments or non-governmental organisations. Example for 'Positive and Negative Affect Schedule (PANAS-C)':

- Ryder R, Edwards A, Clements K (2017). Measuring the wellbeing of children in care: views from the frontline and opportunities for change. London: National Children's Bureau (NCB). https://www.ncb.org.uk/what-we-do/research-evidence/our-research-projects/measuring-wellbeing-children-care

4. Wellbeing domain of interest

Subjective wellbeing approach (as defined by reviewers) - Indicates the main subjective wellbeing approach followed by the metric. Note that the value assigned does not necessarily match the tags assigned in the literature. Indeed, many items are difficult to categorise so if there was too much disagreement between reviewers, these were labelled 'undefined'. Possible values are:

- Affective
- Cognitive
- Eudaimonic
- (Undefined)

What are the different approaches to subjective wellbeing?

In our literature review we discuss three main approaches to the understanding of subjective wellbeing:

a) affective or emotional (positive and negative);

b) cognitive or evaluative; and

c) eudaimonic wellbeing

The metric bank includes a variety of measures that can be used to measure wellbeing from each of these three approaches. Note, however, that affective, cognitive, and eudaimonic approaches to wellbeing are not always operationalised in mutually exclusive ways, but interdependently. This means that many measures will target more than one component domain or even cover all three. There is no approach more 'correct' than others, but it is important to consider what you would like to get from the data and how you will analyse it before choosing your questions. Research has shown, for instance, that measures of children's life satisfaction (evaluative approach) tend to be more stable over time, compared to measures of affective wellbeing. Therefore, the former might be more appropriate to use over a longer period of time[13].

13 The Children's Society, 2013, p. 11.

Global or specific theme measured – Based on our conceptual framework, this field indicates the specific life domain or theme captured by the item. Possible values are:

- (Undefined)
- Emotions: pleasant (e.g. alert, excited, contented, relaxed, calm)
- Emotions: unpleasant (e.g. tense, nervous, stressed, upset, sad, depressed, bored)
- Emotions: other
- Satisfaction with life
- Health: physical or mental
- Relationships: friends
- Relationships: family
- Relationships: other (e.g. loneliness)
- Physical environment: housing
- Physical environment: school
- Physical environment: neighbourhood
- Physical environment: other
- Time use: schoolwork/ learning
- Time use: leisure/ play/ culture & arts
- Time use: sports/ physical activity
- Time use: social media
- Time use: other
- Material/ economic resources
- Volunteering/ giving
- Spirituality
- Appearance
- Future/ prospects/ outlook (e.g. optimism, pessimism)
- Eudaimonic: Self-esteem/ self-acceptance
- Eudaimonic: Autonomy/ control
- Eudaimonic: Environmental mastery/ participation/ engagement
- Eudaimonic: Personal growth/ self-actualisation/ achievement/ competence
- Eudaimonic: Purpose/ meaning
- Other (see notes)

Global or domain-specific measures

Measures in the bank also vary in terms of the specific life domain (or theme) they address, while others focus on life as a whole. Bear in mind that global measures can be more adequate for multivariate analysis because they are independent from other relevant variables that can be difficult to capture, whereas domain-specific measures "allow for an exploration of the relative importance of different domains (...), and of the relationships between such domains"[14]. You should clearly identify which aspects of children's wellbeing it is that you are hoping to measure.

14 Rees and Main, 2016, p. 126.

Global or domain-specific measures (continued)

The Multi-National Project for Monitoring and Measuring Children's Well-Being[15] recommends using holistic measures over specific-domain measures. However, if only some indicators or themes need to be selected, the preference is for those that children have ranked as more important for their lives or those that are policy-oriented and actionable. You may also want to consider selecting measures that capture themes for which there are not good, reliable objective measures. For instance, health and poverty have been traditionally measured through more objective indicators which have shown to be highly correlated with subjective wellbeing.

[If domain-specific] Quantitative evidence of its association with global SWB – This field provides any information available about the correlation between the domain-specific measure and other included global wellbeing measures included in the bank. Example from the 'Short Attachment to Pets Scale (SAPS)':

- *Positively associated with global wellbeing measures Kidscreen-10 ($r = 0.116$, $p < 0.001$) and Cantril's Life Satisfaction ($r = 0.059$, $p < 0.001$) for a sample of 7159 school pupils aged 11, 13 and 15 in Scotland and England (Marsa-Sambola et al 2016).*

5. Validation

Details of development process (e.g. adapted from adult tool, co-designed with children) – Whenever possible, we have retrieved information on whether the scale or tool was co-developed with a population of children and young people. Example from the 'Generic Children's Quality of Life Measure (GCQ)':

- *Developed using constructs provided by children when asked about QoL and designed to be more child-friendly than other measures of paediatric health-related QoL in terms of its layout and use of a story format (Constantinou et al. 2015).*

Different ways to engage children and young people in the development of measures

Including a consultation with children: as done by The Children's Society and The Good Childhood Index, the wording of the questions was refined where these were not initially easily understood by children. They made sure that "children enjoy being asked these questions and that the topics are important to them".

Another approach is to frame the exercise asking children to be 'helpers'; that is, if they don't understand a question, many more children who would also struggle[16].

15 Ben-Arieh et al., 2013.
16 See Marsa-Sambola et al., 2016.

Different ways to engage children and young people in the development of measures (continued)

Furthermore, people of different ages and from backgrounds may interpret concepts differently, so you need to make sure that the language chosen is adequate. For instance, 'natural environment' can be differently understood between rural and urban children.

Setting or practice field in which the metric has been tested or developed incl. literature reference (e.g. medicine, education, social care, charity, sports) – Some measures have been used more often in specific practice settings such as schools, healthcare institutions or charities. If available, this information is included in the bank to help practitioners inform their work. For example, the 'Short Attachment to Pets Scale' has been tested in:

- *Education settings (Marsa-Sambola et al 2016)*

Population groups in which the metric has been tested used or developed (e.g. age category, genders, geography, special education needs, underlying health conditions or other vulnerable groups) – Some measures have been tested and validated for particular purposes or populations of children and young people. If available, this information is included to inform practitioners who work in similar settings or researchers who want to further validate the measure for other populations. For instance, the 'Cambridge Hormones and Moods Friendship Questionnaire' has been tested for:

- *Refugee children and young people, aged 6-16 living in London, UK (Samara et al. 2020)*

Reported construct validity (incl. reference) – Indicators of construct validity assess if the items or scales accurately represent the concept that they are meant to measure and the extent to which they are generalisable to different populations. Evidence of construct validity is typically reported through Exploratory or Confirmatory Factor Analysis or Principal Component Analysis. As an example, construct validity evidence for the 'Student Life Satisfaction Scale (SLSS)' includes the following:

- *Factor analysis (PCA with varimax rotation) was carried out extracting one factor (total initial eigenvalue 3.75) explaining 53.6% of the total variance. This suggests that the seven items measure a single construct (Rees et al 2010).*

Reported internal consistency (incl. reference) - The most commonly used assessment of internal validity is Chronbach's alpha (α), with coefficients above .70 considered adequate[17]. In multiple-item tools, different subscales can have different levels of internal consistency or reliability, therefore we indicate reliability measures for each corresponding sub-scale when possible. Also, reliability of a specific measure can vary across populations and settings, therefore we provide information of the sample for which reliability was reported. The following examples correspond to the 'Multidimensional Students Life Satisfaction Scale (MSLSS)' and the 'Strengths and Difficulties Questionnaire (SDQ)':

- *[Family subscale] Cronbach's α = 0.896 (Rees et al., 2010)*
- *Cronbach's α = .73–.84 for a sample of refugee children aged 6-16, living in in*

17 Nunnally and Bernstein, 1994.

London, UK (Samara et al., 2020).

- *Cronbach's α = .77 for a sample of 280 children, aged 9–11 years, in English primary schools, years 5 and 6 (Moore and Smith, 2017).*

Other validation properties reported (e.g. inter-class correlation) (incl. reference) – This field contains any other validation properties reported which can include item-total correlation (with coefficients above 0.2 considered adequate)[18], test-retest (measure that ensures whether responses are accurate by comparing how the same person responds to the same question at two different points in time), inter-rater reliability (which assesses whether there is cross-informant agreement between, for instance, teachers and students), criterion validity, concurrent validity, and predictive validity, among others[19].

6. Availability of benchmarking and norms

Survey databases that include metric – It can be useful for comparability if the item or scale has been included as part of larger survey studies, from which a benchmark has been created. Through the REA we found that a number of measures of children and young people's subjective wellbeing have been included in larger scale databases such as:

- *International Survey of Children's Wellbeing (ISCWeB) by Jacobs Foundation - Children's World*
- *Health Behaviour in School-Aged Children (HBSC) by the World Health Organisation*
- *Millennium Cohort Study (MCS) by UCL*
- *Programme for International Student Assessment (PISA) by the OECD*
- *British Household Panel Survey (BHPS) and Understanding Society by ISER*
- *Gallup's World Poll*

Link to latest data release – This field contains the web address (URL) linking to the most recent available source of comparative data for each measure if available.

Link to normative data (thresholds, averages, etc.) - This field contains the web address (URL) linking to available sources of normative data, commonly reported by the developers of the measure or tool.

7. Administration conditions

Licensing / Institutional owner – Copyright and licensing information to correctly acknowledge intellectual property rights of each measure.

Link to forms / questionnaires – This field contains the web address (URL) linking to the metric questionnaire or survey forms, primarily in English.

Cost – Because monetary resources will also impact on the decision of which measure

18 Streiner and Norman, 2003.
19 Wigelsworth et al., 2017.

select, we include information on whether the tool is:

- Free (no permission required)
- Free (registration required)
- Priced

Whenever measures are priced, further information about the charging structure (e.g. cost single purchase, cost per child) is provided under the field 'OTHER implementation characteristics'.

Length / time of administration – The length of the measure or tool is important to consider when working with children and young people as this can negatively impact on survey completion, non-response level, attrition and also reliability of responses. Whenever it is available, we provide information about the time taken to complete. For instance, 'Kidscreen-52' normally takes 15-20 minutes to complete.

Is it self-reported? - Evidence on whether the metric is designed to be self-reported, that is, answered directly by children or young people and not through proxy responders such as parents, guardians, carers, teachers or doctors. Possible values are:

- yes
- no
- undefined

Note that self-reported measures include those whose answers are recorded by a surveyor at the moment of implementation, as long as those questions capture the children's own report and not the observation of the surveyor. Because subjective wellbeing questions are often (but not always) self-reported, it is likely that most of the rows in this column will be valued as 'yes'. However, in many cases it is not obvious from the literature that the instrument is meant to be self-reported, therefore we have labelled those as 'undefined'.

Administration mode (one-on-one, group, paper, computer, telephone, postal mail, CAPI, etc) - Information, where available, about the modes of delivery that the measures have either been validated against or used in relevant published studies[20]. You need to consider how your chosen mode of data capture impacts ethical considerations (see Section 3) and the data protection requirements (see Section 4).

Suggested citation – Some developers have included in the terms of reference of the measure a suggested citation for when the measure is implemented. For instance, developers of the 'Adolescent and Adult Time Inventory' recommend to use the following citation for the English version of the tool:

- *Mello, Z. R. and Worrell, F. C. (2007) The adolescent and adult time inventory – English. Berkeley: Authors.*

20 For more information about the equivalence of paper and computer survey formats for children see Patalay et al., 2014.

8. A suggested selection of measures

We developed a scoring scheme to assess the overall quality of each metric and thus help users to identify which of all the options in the bank are, according to our criteria, the best quality measures.

As outlined in the table on the next page, the scoring scheme consists of only five items or questions that are assigned the value of 1 (yes) if the metric meets such a condition, and 0 (no) if there is no evidence that the metric meets such criterion.

The total score is obtained simply by summing up the values, thus ranging from 0 to 5.

Higher values indicate better quality measures of children and young people's subjective wellbeing.

Question (field)	**Score**
Originally designed for children (vs adapted from adult scale)?	0/1
Is it obtainable at no cost?	0/1
Is there interpretation guidance available (norms, categories, thresholds, etc)?	0/1
Is it included in any national survey or dataset (source of open data)?	0/1
Are there published psychometrics for (any) UK population?	0/1
Total score	**0 to 5**

9. Help us keep this bank up-to-date

You will notice that several measures have incomplete information for some of the fields. The Rapid Evidence Assessment allowed us to quickly identify multiple instruments to measure children and young people's subjective wellbeing and few of their basic characteristics, such as the author and date of creation. However, this methodology does not lend itself to rapidly and systematically fill in all the more detailed fields of information about each metric, fields that ultimately will be crucial to critically assess how good the measures are.

We will continue to compile the information as long as our resources allow us, for instance, to cross-check targeted literature reviews. In parallel, should you have some of this lacking information at hand or if you wish to suggest amendments or updates to the current information, you are welcome to do so by filling in the corresponding fields of this form (which closely follows the structure of the bank). Please use a different form for each metric you would like to edit. Practitioners and the research community will benefit enormously from your contribution.

Part 3
Making sense of your data

So how do you intend to use the information you collect from children and young people?

Subjective wellbeing indicators will be good direct outcome measures if they are carefully applied and interpreted[21]. Depending on your purpose, these measures can be used to:

1. Give an overall picture of how a population of children and young people are faring in given circumstances at aggregate level (e.g. UK accountability of how young adults are doing during the pandemic);

2. Diagnose or identify groups that are experiencing low wellbeing and for whom services need to be improved (e.g. individual case working tools);

3. Evaluate change and impact of given policies or actions (e.g. an evaluation of the #BeeWell programme[22])

1. Looking at population distributions beyond averages

Population benchmarking is helpful when you wish to analyse changes of a population over time at the aggregate level, or similar populations at one point in time, as to give you an idea of how that group is performing compared to given accepted standards.

There are different types of benchmarks. Focussing on averages can hide important underlying variation within and between population groups, places or regions. In addition, when comparisons are made over time, increases in averages may be entirely due to improvements among those with higher levels of wellbeing. Put differently, you may observe an increase in the average at the same time that those with the lowest levels of wellbeing are unaffected[23]. We recommend looking at the full distribution of responses, particularly in policy informing research which is concerned with the improvement of children and young people with low wellbeing.

In addition, collapsing the distribution of responses into different levels of wellbeing can ease interpretation of scales with several response options. The ONS, for instance,

21 Thompson and Aked, 2009.
22 The University of Manchester, 2021.
23 What Works Centre for Wellbeing, 2017.

defines people with low wellbeing as those rating between 0 and 4 on the 11-point scale of Life Satisfaction.

Inequalities in wellbeing show the gap between those who feel their lives are progressing well and those who feel they are languishing[24]. They can show differences between groups, such as between females and males, between those in and out of school, or between areas. They can also show differences in wellbeing within a certain group.

Other ways to report wellbeing inequalities

Standard deviation (SD) – represents how much the scores for individual members of a group differ from the mean value for the group. A large SD of subjective wellbeing implies a greater spread of responses within the group; a less equal distribution. This is calculated as the square root of the average square difference between individual scores within a group and the mean score across the group.

Mean Paired Distance (MPD) – a statistical measure of dispersion, also known as mean absolute difference. In this context, MPD is equal to the average absolute difference in wellbeing scores between two people drawn at random from the sample. In practice we can calculate it by taking the average absolute differences in scores between all survey participants. It is more complicated to measure than the SD, and also more difficult to test for meaningful differences between groups or changes over time. However, the principle is easy to understand and in contrast to the SD it is independent of the mean.

Mean wellbeing of the bottom 40% – can provide a useful focus on those with the lowest wellbeing and those who are struggling the most. To calculate, the scores are listed in ascending order and then the set of scores are partitioned into five equal parts. The mean is calculated for the lowest two parts combined. A t-test can be used to compare the difference between groups or change over time. Ordinary Least Squares regression on the bottom 40% can be used to test whether differences between groups are significant while controlling for other factors.

80:20 difference – represents the difference between the mean of the top 20% to the mean of the bottom 20% of scores. To calculate, the scores are listed in ascending order and partitioned into 5 equal parts. The means of the top 20% and bottom 20% are calculated. The mean of the bottom 20% is subtracted from the mean of the top 20%.

Source: What Works Centre for Wellbeing, 2017.

2. Identifying specific low-wellbeing groups

If you wish to analyse the wellbeing level of a particular group of children and young people and interpret those findings in relation to how other groups are doing, then it may be helpful to also gather data on key variables that you think can explain part of those

24 What Works Centre for Wellbeing, 2017.

differences. Typically, survey studies with large samples of children and young people include socio-demographic variables such as gender, age band, ethnicity, disability status, learning difficulties, family characteristics, etc. These variables will allow you to learn more about diversity and representation of low-wellbeing groups. You just need to make sure you have large enough groups to avoid individual identification (see Part 1, section 3).

Benchmarks can also be a helpful resource for practitioners to plan what aspects of a given service or action need to be improved or which specific subgroups are fearing worse and need more attention.

In such cases it is important that you use the metric with the original wording and response categories determined by the developers to retain as much comparability as possible. If a measure has been well-validated and has good properties then it would be sensible to avoid making any changes as this may create bias, affecting the validity of the measure and the usefulness of the results[25].

Rephrasing or slightly modifying the wording of an original measure to adapt it to your sample can be recommended in exceptional cases where culture or context-specific language affects the interpretation of a phrasing or word. If changes are made ideally the instrument should go through a validation process again. Prior to that, it might also be a good idea to contact the original developers of the measure and ask them what they think about the modifications you plan to do.

3. Measuring change and impact

If you are measuring children and young people's subjective wellbeing with the purpose of observing 'meaningful change' it is worth considering the level of 'responsiveness' of different measures.

For example, ratings of life satisfaction (evaluative aspects of wellbeing) tend to be more stable than affective aspects of wellbeing[26]. Therefore, if looking to measure change in the short-term, life satisfaction measures might not be the most sensitive option.

Responsiveness or sensitivity of measures will be a relevant aspect to consider if you are measuring change by comparing to normative data, standard thresholds or other benchmarks.

If your purpose is to measure the impact of a given intervention through, for instance, a Randomised Control Trial (RCT), then normative data are less important because a benchmark is being created in that case.

25 Wigelsworth et al., 2017.
26 Ryff, 1989.

Common measures used in wellbeing evaluation studies with children and young people

Evaluations are a particularly useful source of evidence thanks to the insight they provide into causation: whether, and to what extent, and for whom interventions improve wellbeing.

In October 2020, the What Works Centre for Wellbeing published the findings from a Rapid Evidence Assessment of wellbeing impact evaluations that used the ONS4 subjective wellbeing measures with UK adult populations[27]. Building on this work, the authors conducted full reviews of 1044 studies that were initially excluded from the REA because they were aimed at non-adult people, delivered outside of the UK or uses a much wider range of wellbeing measures.

Among the excluded studies, the review team found 19 wellbeing evaluations of interventions with children and young people delivered in the UK, and the majority used measures other than the ONS4.

There were only 3 evaluation studies using the ONS4 measures of personal wellbeing:

- A government-backed initiative providing young people with activities to promote their personal, social and civic development.
- A curriculum programme designed to boost pupils' academic achievement through improving their non-cognitive skills, which include motivation, resilience and self-regulation.
- A community-based music initiative designed and implemented to support the wellbeing of disadvantaged young people in Scotland.

The other 16 evaluations used other subjective wellbeing measures, including:

- Rosenberg Self-Esteem Scale
- S/WEMWBS Scales
- Stirling Children's Wellbeing Scale
- Ryff Psychological Wellbeing Scale
- WHO-5
- Satisfaction with Life Scale for Children

The evaluations identified for children and young people covered a range of primary thematic areas, such as family and parental and social relationships, mental health and psychological wellbeing, physical health, social care, anti-social behaviour, arts and culture, and school-related wellbeing.

Nearly half of the studies were of interventions targeting vulnerable or at risk children and young adults, including children with physical and mental health issues, children at risk of social deprivation and isolation, sexually exploited young people and children with substance-misusing parents.

27 Peto, Pittam and Musella, 2020.

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Appendix 1: Measures identified and excluded from bank (n=58)

Measure	Reference	Reason for exclusion
Adolescent Alcohol Involvement Scale (AAIS)	Mayer and Filstead, 1979	Health risk behaviour
Adolescent Physical Activity Questionnaire (PAQ-A)	Kowalski, Crocker, and Faulkner, 2007	Not subjective wellbeing
Affect Intensity and Reactivity Scale for Youth (AIR-Y)	Jones, et al., 2009	
All About Me Questionnaires	-	Qualitative
Brief Sensation Seeking Scale (BSSS-4)	Stephenson, Hoyle, Palmgreen and Slater, 2003	Risk taking behaviour
Bullying and Victimization Questionnaire	Samara et al., 2020	Measure of bullying occurrence
Bullying Experiences - Frequency (Primary School) / (Secondary School)	Bounce Together, 2021	Measure of bullying occurrence
Bullying Experiences & Bullying Behaviours	Bounce Together, 2021	Measure of bullying occurrence
California Healthy Kids Survey - The Resilience Scale of the Student Survey	Sun and Stewart, 2007	Survey developed by State of California that led to the development of the SRS
Child PTSD Symptom Scale (CPSS)	Foa, Johnson, Feeny and Treadwell, 2001	Diagnostic tool
Child and Adolescent Symptom Inventories (CASI)	Gadow and Sprafkin, 2002	Adult report diagnostic tool
Child Health and Illness Profile – Child Edition (CHIP-CE) / Adolescent Edition (CHIP-AE)	Starfield et al., 1993	Clinical assessment tool
Compassionate Engagement and Action Scales	Gilbert, Catarino, Duarte, et al., 2017	Adult orientated language but might be room for a CYP version
Depression Anxiety Stress Scale (DASS-21)	Lovibond and Lovibond, 1995	Mental health measure
Difficulties in Emotional Regulation Scale (DERS-16)	Bjureberg et al., 2016	Measure of emotional regulation
Emotional Behaviour Scale (EBS)	Clarbour and Roger, 2004	Measure of emotional regulation
Emotional Literacy: Assessment and Intervention (ELAI)	Southampton Psychology Service, 2003	Emotional literacy
Emotional Literacy Checklist (ELC)	Southampton Psychology Service, 2003	Emotional literacy
Emotional Regulation Index for Children and Adolescents (ERICA)	MacDermott et al., 2010	Measure of emotional regulation

Continued: Measures identified and excluded from bank (n=58)

Measure	Reference	Reason for exclusion
Emotional Regulation Q-Scale (Q-Scale)	Shields and Cicchetti, 1997	-
Edinburgh Study of Youth Transitions and Crime (ESYTC) - School Misbehaviour Subscale	McAra and McVie, 2018	Survey, not a measure
Emotional Regulation Questionnaire	Gross and John, 2003	Adult version of ERQ-CA
Feeling Good, Living Life Measure of Spiritual Wellbeing	Fisher, 2004	
Friedman Well-being Scale	Friedman, 1994	For adults
Gatehouse Bullying Scale (GBS)	Bond, Wolfe, Tollit, Butler, and Patton, 2007	Measure of bullying occurrence
Global Functioning: Social (GF-Social) and Global Functioning: Role (GF-Role) Scales	Carrión et al., 2018	Measures specific to functioning with Schizophrenia
Group Session Rating Scale (CGSR)	Duncan and Miller, 2007	Feedback tool
Health Related Quality of Life Measure for Adolescents and Young Adults Following Invasive Meningococcal Disease	Shevlin et al., 2016	Measure for specific disease
Juvenile Victimization Questionnaire (JVQ)	Hamby, 2005	Objective measure of exposure to victimization
Kessler-10	Kessler et al., 2002	Diagnostic tool
Kid Cope I / II	Spirito, Stark and Williams, 1988	
Liking for School / Trust in, and Respect for Teachers	Battistich et al., 1995	Based on US population
Making Decisions in Everyday Life Scale	Mincemoyer and Perkins, 2003	Skills/function based questions
Me and My Life Questionnaire	-	Survey for specific project, not a measure
Measure of Delinquent Social Identity (MDSI)	Boduszek and Debowska, 2017	List as specific to YOT
Mental Health Continuum - Short Form	Keyes, 2005	Mental health measure
Mental Health Knowledge Schedule (MAKS)	Evans-Lacko et al., 2010	Mental health literacy measure
Mental Health Literacy Questionnaire	Campos et al., 2014	Mental health literacy measure
Modified Aggression Scale - Bullying Subscale	Bosworth et al., 1999	

Continued: Measures identified and excluded from bank (n=58)

Measure	Reference	Reason for exclusion
Multidimensional Adolescent Functioning Scale (MAFS)	Wardenaar et al., 2012	Measure of functioning and no English version found
Multidimensional Peer-Victimization Scale (MPVS)	Mynard and Joseph, 2000	Objective measure of exposure to different types of victimization
Paediatric Quality of Life (Child Health Utility-9D, CHU9D)	Stevens, 2009	
Paediatric Index of Emotional Distress (PI-ED)	GL Assessment Ltd, 2010	Diagnostic tool
Perceived Empathic Self-Efficacy (PESE) / Perceived Social Self-Efficacy (PSSE)	Di Giunta et al., 2010	From Swel, so 12-25.
PGI Well-being Scale	Verma et al., 1983	Study of a known wellbeing scale
Popularity Questionnaire	Samara et al., 2020	
Problem Behavior Frequency Scale - Adolescent Report (PBFS-AR)	Farrell, Sullivan, Goncy, & Le, 2016	Measure of behaviours
Quality of Life in Short Stature Youth (QoLISSY)	The European QoLISSY Group, 2013	Specific measure for specific condition
Regulation of Emotions Questionnaire (REQ)	Phillips and Power, 2007	Variant of the Emotional Regulation Questionnaire
Reported and Intended Behaviour Scale (RIBS)	Evans-Lacko et al., 2011	Measure of behaviour
SF-10 Short-Form Health Survey for Children	Turner-Bowker et al., 2003	Parent report
SF-12 Short-Form Health Survey	Ware, Kosinski and Keller, 1996	Measure of physical health
Social and Emotional Health Survey	Furlong et al., 2014	
Social and Occupational Functioning Assessment Scale (SOFAS)	American Psychiatric Association, 1994	
Student Survey Questionnaire of Cyberbullying	Campbell, Spears, Slee, Butler and Kift, 2012	Victimisation diagnostic
Trait Emotional Intelligence Questionnaire - Adolescent Short Form (TEIQue-ASF)	Petrides, 2009	
Trauma Symptoms Checklist for Children - Alternate Form (TSCC-A)	Briere, 1996	Used to measure psychological wellbeing but it actually measures mental health
Wechsler Individual Achievement Test, Second Edition (WIAT-II)	Wechsler, 2005	Measure of IQ

Appendix 2: Measures identified currently under assessment for inclusion (n=80)

Measures identified	Reference
Adaptability Scale	Martin et al., 2013
Adolescent Body Image Satisfaction Scale for Males (ABISS)	Leone et al., 2014
Adolescent Dispositional Hope Scale	Pacico, Bastianello, Zanon and Hutz, 2013
Affect and Arousal Scale (AFARS)	Chorpita et al., 2000
Affectometer	Kammann and Flett, 1983
Anger Rumination Scale (ARS)	Sukhodolsky et al., 2001
Attitudes Towards School Scale	Anderson, 1999
Behavioural and Emotional Reactivity Index (BERI)	Bartle and Sabatelli, 1995
Body Esteem Scale (BES)	Mendelson, Mendelson and White, 2001
Boxall Profile	Boxall, 1984
Brief Resilience Scale	Smith et al., 2008
Child and Youth Resilience Measure - Child Version	Ungar and Liebenberg, 2011
Child Behaviour Checklist (CBCL) - Youth Self Report (CBCL)	Achenbacht, 1991
Child Health Utility - 9 Dimension (CHU-9D)	Stevens, 2012
Child Oral Health Impact Profile - Short Form (C-OHIP-SF19)	Sischo and Broder, 2011
Child Psychosocial Distress Screener (CPDS)	Jordans et al., 2009
Children's Depression Inventory - Short Form	Kovacs and Beck, 1977
Children's Sadness Management Scale (CSMS)	Zeman et al., 2001
COPE Scale - Brief	Carver, 1997
Coping Strategy Indicator (CSI-15)	Ellis, 2004
Cross-ethnic Friend Affirmation	Bagci et al., 2017
Development and Wellbeing Assessment (DAWBA)	Goodman et al., 2000
Devereux Student Strengths Assessment (DESSA)	Nickerson and Fishman, 2009
Ego-Resiliency Scale (ERS)	Block and Kremen, 1996
Emotion Expression Scale for Children (EESC)	Penza-Clyve and Zeman, 2002
General Help-Seeking Questionnaire (GHSQ)	Wilson et al., 2005
Health of the National Outcome Scale for Children and Adolescents (HoNOSCA)	Gowers et al., 1998
How Are You?	Bullinger et al., 2002

Continued: Measures identified currently under assessment for inclusion (n=80)

Measures identified	Reference
Scale of Positive and Negative Experience (SPANE)	Diener et al., 2009
School Concerns Questionnaire (SCQ)	Thomasson, Field, O'Donnell and Woods, 2006
Screen for Child Anxiety Related Emotional Disorders (SCARED)	Birmaher et al., 1999
Self-Esteem Measure for Delinquents (SEM-D)	Debowska, Boduszek and Sherretts, 2017
Self-Perception Profile for Children (SPPC)	Harter, 1985
Self-Worth Contingency Questionnaire (SWCQ)	Burwell and Shirk, 2003
Significant Others Scale (SOS)	Power, Champion and Aris, 1988
Social Functioning Scale (SFS) of the Lehman Quality of Life Scale	Lehman, 1988
Social Physique Anxiety Scale for Children (SPAS-C)	Leary and Rejeski, 1989
Social Emotional Health Survey-Primary (SEHS-P)	SEHS System. (n.d.)
Spence Children's Anxiety Scale - Child Version (SCAS)	Spence, 1997
State Self Esteem Scale (SSES)	Heatherton and Polivy, 1991
Student Perception of Wellbeing Questionnaire (SPWQ)	Taylor, 2015
Student Questionnaire	Battistich et al., 1995
Subjective Vitality Scale	Ryan and Frederick, 1997
Sustained Shared Thinking and Emotional Wellbeing Scale (SSTEW)	Siraj, Kingston and Melhuish, 2015
Thinking and Feeling Questionnaire	Zoll and Enz,
Trait Meta-Mood Scale (TMMS)	Salovey et al., 1995
Victimization by school-based peers	Whitney and Smith, 1993
World Health Organization's Brief Quality of Life (WHOQOL-BRIEF)	WHO, 1996
Youth Empowerment Scale (YES)	Grealish, 2014
Youth Life Orientation Test	Ey et al., 2004
Youth Outcome Questionnaire - Self-Report (Y-OQ-SR)	Ridge et al., 2009
Youth Physical Activity Promotion model (YPAP)	Rowe, Raedeke,Wiersma and Maharl, 2007
Youth Resiliency: Assessing Developmental Strengths (YR:ADS)	Donnon and Hammond, 2003

Appendix 3: Measures included in bank (n=92)

Measure	Reference
Adolescent and Adult Time Inventory - Time Attitudes Scale (AATI-TA)	Mello and Worrell, 2007
Adolescent Interpersonal Competence Questionnaire (AICQ)	Buhrmester, 1990
Adolescent Stress Questionnaire (ASQ)	Byrne, Davenport and Mazanov, 2007
Anger Rumination Scale (ARS)	Sukhodolsky et al., 2001
Basic Psychological Need Satisfaction and Frustration Scale	Ryan and Deci, 2000
BBC Wellbeing Scale	Kinderman et al., 2011
Beck Anger Inventory for Youth (BANI-Y)	Beck, 2005
Beck Anxiety Inventory for Youth (BAI-Y)	Beck, 2005
Beck Depression Inventory for Youth (BDI-Y)	Beck, 2005
Beck Self-Concept Inventory for Youth (BSCI-Y)	Beck, 2005
Behavioural and Emotional Rating Scale (BERS)	Buckley and Epstein, 2004
Body Esteem Scale for Adolescents and Adults	Mendelson, Mendelson and White, 2001
Bright Spots	Coram Voice, 2015
Cambridge Hormones and Moods Friendship Questionnaire	Goodyer, Wright and Altham, 1989
Cantril Self-Anchoring Striving Scale (Cantril's Ladder)	Cantril, 1965
Child Adolescent Mindfulness Measure (CAMM)	Greco et al., 2011
Child and Adolescent Wellness Scale (CAWS)	Copeland and Nelson, 2004
Child and Youth Resilience Measure (CYRM)	Ungar et al, 2008
Child Health Questionnaire (CHQ-CF87)	Landgraf, Grieken and Raat, 2018
Child Health Questionnaire (CHQ-CF45)	Landgraf, Grieken and Raat, 2018
Children's Hope Scale (CHS)	Snyder et al., 1977
Children's Outcome Rating Scale (CORS)	Miller and Duncan, 2000
Cognitive and Affective Mindfulness Scale - Revised (CAMS-R)	Feldman, Hayes, Kumar, Greeson and Laurenceau, 2006
Coopersmith Self-Esteem Inventory-Long Form (SEI)	Coopersmith, 1981
Culture-Free Self-Esteem Inventory - Second Edition (CFSEI-2)	Battle, 2002
Daily Life Stressors Scale (DLSS)	Kearney et al., 1993
Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA)	Gullone, 2011
EPOCH	Wille et al., 2010

EuroQol 5 Dimension - Child Version (EQ-5D-Y)	Wille et al., 2010
Flourishing Scale	Diener et al., 2009
Friendships Qualities Scale (FQS)	Parker & Asher, 1993
General Health Questionnaire - 12-Item (GHQ-12)	Goldberg and Williams, 1988
General Self-Efficacy Scale (GSE)	Sherer et al.,1982
Generic Children's Quality of Life Measure (GCQ)	Collier, MacKinlay and Phillips, 2000
Global Health	-
GM Life Readiness Survey	Greater Manchester Combined Authority (GMCA) and Youth Combined Authority, 2010
Good Childhood Index	The Children's Society, 2010
Health Behaviour in School-Aged Children Survey Questions (HBSC)	Health Behaviour in School-aged Children (HBSC) Network, 2014
How I Feel About Myself and School Questionnaire	McLellan and Steward, 2015
Kidscreen - 52	The KIDSCREEN Group Europe, 2006
Kidscreen - 27	The KIDSCREEN Group Europe, 2006
KINDL (Kid)	Bullinger, 1994
KINDL (Kiddo) Children's Version/Teengers' Version	Bullinger, 1994
Life-Satisfaction in Adolescents Scale	Funk et al., 2006
Loneliness and Social Satisfaction Scale	Asher et al., 1984
Me and My School / Me and My Feelings	Deighton et al., 2012
Middle Year Development Instrument (MDI)	Schonert-Reichl, 2011
Moods and Feelings Questionnaire - Long Version (MFQ-33)	Angold and Costello, 1987
Moods and Feelings Questionnaire - Short Version (MFQ-13/SMFQ)	Angold and Costello, 1995
Multidimensional Students Life Satisfaction Scale (MSLSS)	Huebner, 1991
Multidimensional Students Life Satisfaction Scale – Brief (BMSLSS)	Huebner, 2001
Offer Self-Image Questionnaire for Adolescents (OSIQ)	Offer, 1962
ONS Anxiety	ONS, 2011
ONS Happiness	ONS, 2011
ONS Life Satisfaction	ONS, 2011
ONS Life Satisfaction (The Children's Society version)	The Children's Society, 2013
ONS Worthwhile	ONS, 2011
Paediatric Symptom Checklist - Youth Self-Report (PSC-Y)	Jellinek et al., 1988
Perceived Self-Efficacy Questionnaire	Muris, 2001
Personal Wellbeing Index–School Children (PWI-SC)	Cummins and Lau, 2005

Piers–Harris Self-Concept (PH)	Piers and Harris, 1969
Piers–Harris Self-Concept (PH-2)	Piers, 2002
Positive and Negative Affect Schedule - Children 30-item version (PANAS-C)	Watson, Clark and Tellegen, 1988
Positive and Negative Affect Schedule - Children 10-item version (PANAS-C)	Watson, Clark and Tellegen, 1988
Profile of Mood States Questionnaire – Adolescent (POMS-A)	Terry et al., 1999
Psychological General Well-being Index (PGWBI)	Dupuy, 1984
Resilience Scale (RS-14)	Wagnild and Young
Resilience Scale for Adolescents (READ)	Hjemdal et al., 2006
Resiliency Scales for Children and Adolescents (RSCA)	Prince-Embury, 2001
Revised Child Anxiety and Depression Scale (RCADS-25)	Chorpita and Spence, 1998
Robson Self-Concept Scale	Robson, 1989
Rosenberg Self-Esteem Scale (RSES)	Rosenberg, 1965
Ryff Scales of Psychological Wellbeing	Ryff, 1989
Satisfaction with Life Scale - Children Version (SWLS-C)	Diener et al., 1985
Self-Description Questionnaire I	Marsh, 1992
Self-Description Questionnaire II	Marsh, Parker and Barnes, 1985
Self-Efficacy Questionnaire for Children	Muris, 2001
Short Attachment to Pets Scale (SAPS)	Muldoon and Williams, 2010
Single Item Self Esteem Scale (SISE)	Robins, Hendin and Trzesniewski, 2001
Sport Climate Questionnaire	Deci, 2001
Stirling Children's Wellbeing Scale (SCWBS)	Liddle and Carter, 2015
Strengths and Difficulties Questionnaire (SDQ)	Goodman, 1997
Student Life Satisfaction Scale (SLSS)	Huebner, 1991
Student Resiliency Survey (SRS)	Sun and Stewart, 2007
TNO-AZL Questionnaire for Children's Health-Related Quality of Life (TACQOL)	Brugman et al., 2000
UCLA-3 Loneliness Scale	Russell, 1996
Understanding Society - Life & Family & Bullying	-
Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)	Tennant et al., 2007
Warwick Edinburgh Mental Wellbeing Scale - Short Version (S-WEMWBS)	NHS Health Scotland, University of Warwick and University of Edinburgh, 2006
World Health Organisation- Five Well-Being Index (WHO-5)	WHO, 1998
Youth Resiliency: Assessing Developmental Strengths (YR:ADS)	Donnon and Hammond, 2007
Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE)	Twigg et al., 2009