Main Findings

1. 11% of children were classed as having high levels of behavioural and emotional problems.
2. 25% of children were classed as having low life satisfaction.
3. 4% of children had both high levels of behavioural and emotional problems, and low life satisfaction. 21% of children had low life satisfaction and normal levels of behavioural and emotional difficulties while 7% had high levels of behavioural and emotional problems but did not report low life satisfaction.
4. Children with high levels of behavioural and emotional difficulties were more likely to report low levels of life satisfaction (39%) than those with normal levels (24%).
5. Factors associated with both child mental health problems and low subjective well-being were: greater mother-child conflict and lower parental knowledge of the child’s activities or relationships when not at school; child difficulties adjusting to the learning and social environment at primary school; and the child having poorer quality friendships with other children.
6. Economic factors and some other aspects of family life (including family structure and the child’s leisure activities) were not clearly associated with either measure of social and emotional well-being, after allowing for other influences.
7. Family stressors such as poor maternal health, family mental health/ substance use problems and low maternal warmth were associated with child mental health problems but not child subjective well-being. Experiencing a recent death, illness or accident in the family, and less positive parenting (positive reinforcement of good behaviour and involvement in the child’s activities) were associated with children's subjective well-being, irrespective of levels of behavioural and emotional difficulties.
Background

Social and emotional well-being is a multidimensional concept linking aspects of both social and psychological functioning. It is an important component of overall child well-being, which is the focus of the Scottish Government’s approach to child welfare.

Research emphasis on children’s mental health problems has sometimes overlooked children’s own views of their happiness – what we refer to here as their ‘subjective well-being’. We know little about the role of relationships, material factors and other influences on subjective well-being in children younger than 10 years old. More generally, little is known about the extent to which various components of social and emotional well-being are influenced by similar factors, or depend on different sets of factors.

Research Aims

The study investigated how various potential influences were associated with two different aspects of seven year-old children’s social and emotional well-being: behavioural and emotional problems, and subjective well-being. Potential influences were selected from the following main areas:

Child characteristics
These included gender, birth order, number of siblings in the household at the time of the interview; health, body mass index (BMI), developmental concerns regarding literacy and other matters, and sleep patterns.

Maternal and household characteristics
These included maternal ethnic group (White/minority), highest education level, employment status, health; family type, household income and material deprivation, area deprivation and urban-rural location.

Life events
These included significant events in the child’s life in the previous two years, such as illness or death of a family member, a parent losing a job or the family moving house.

Parenting
This included positive parenting (reinforcement of appropriate behaviour and involvement in the child’s activities), levels of warmth and conflict in the parent-child relationship, smacking, parental knowledge of the child’s activities or relationships when not at school, and regular bedtime.

School experiences
These covered difficulties with school work and emotional engagement (liking school).

Friendships and leisure activities
These included the quality of friendships, happiness at school playtimes, media use, quiet and active play, and participation in organised extra-curricular leisure activities.

The study used information provided by seven year-old children and their mothers from 3279 families, interviewed in 2012/13. Multivariable statistical models of social and emotional well-being were constructed. In these models, the simultaneous influence of a number of different factors can be assessed.

Measuring social and emotional well-being

Two different aspects of child social and emotional well-being were measured, using indicators of mental health problems (behavioural and emotional difficulties) and subjective well-being (life satisfaction):

Behavioral and emotional difficulties
Mothers reported on their child’s difficulties using the Strengths and Difficulties Questionnaire, a brief screening questionnaire designed for use with 3-16 year olds. The total difficulties score measures emotional symptoms (such as feeling sad or anxious), conduct problems (such as fighting or disobedience), hyperactivity/inattention (including restlessness and short concentration span), and peer relationship problems (such as being bullied or having few friends).

Life satisfaction
Life satisfaction was reported by children themselves using an abbreviated version of Huebner’s Student Life Satisfaction Scale, developed for use with children aged 7-14. Children were asked to respond to five items (Do you… feel that your life is going well, wish your life was different, feel that your life is just right, feel you have what you want in life, feel you have a good life?) using a four-point scale (never, sometimes, often, always).
Prevalence of low social and emotional well-being at seven years

Using the recommended Strengths and Difficulties Questionnaire cut-off point indicative of abnormal or borderline abnormal problem levels, children were divided into those with high levels of difficulties and those with normal scores, 11% of children were classed as having high levels of behavioural and emotional difficulties.

The Huebner Student Life Satisfaction Scale has no standard definition of low life satisfaction. In this study, “low life satisfaction” was defined as the least favourable 25% of scores. Most children in this group gave one of the two less favourable responses to each question. There was some overlap between the two groups, with 4% having both high levels of difficulties and low life satisfaction.

Factors associated with both aspects of social and emotional well-being

Some factors were associated with both high behavioural and emotional difficulties score, and low life satisfaction. These included:

- Parenting factors: high mother-child conflict, low parental knowledge, either of what the child is doing or who he/she is with when not at school.
- School factors including low child emotional engagement, difficulty with school work, and maternal concern over the child’s reading/writing ability.
- Poor quality friendships.

Factors associated with high behavioural and emotional difficulties score only

Some factors were associated with high levels of difficulties, but not with low life satisfaction. These included:

- Child characteristics: poorer health, broken sleep patterns and developmental problems
- Maternal and family characteristics: poorer maternal health and low educational level, family mental health/substance use problems
- Parenting factors: low mother-child warmth

Factors associated with low life satisfaction only

Some factors were associated with low life satisfaction, but not with high levels of behavioural and emotional difficulties. These included:

- A recent death, illness or accident involving a close family member
- Parenting factors: less positive parenting (less positive reinforcement of good behaviour and less parental involvement in the child’s activities)

Conclusions and policy implications

Several aspects of parenting, school adjustment and friendships were associated with both aspects of social and emotional well-being studied here (mother-reported child behavioural and emotional difficulties, and low subjective life satisfaction). These findings support the idea that social relationships involving parents, teachers and friends, are of key importance for young children’s social and emotional well-being. In contrast, child gender, economic factors and some aspects of family life (including family structure and the child’s leisure activities) were not associated with social and emotional well-being, after taking account of other influences.

The study suggests that influences on mother-reported child behavioural and emotional difficulties may differ somewhat from influences that are important for children’s own subjective life satisfaction. A more holistic approach to social and emotional well-being, addressing its various different components, needs to recognise that these components may be influenced by overlapping, but also distinct, sets of factors. Family stressors appeared important for mother-reported child behavioural and emotional difficulties. These seem to relate to ill-health and low psychological or social resources, and are often associated with deprivation. In contrast, factors linked with experiencing negative affect (such as worry, pain or dislike) or lack of positive affect (such as joy, pride) seem important for low life satisfaction among young children. They include experiencing a recent death, illness or accident in the family and less positive parenting.

Further research is required to clarify mechanisms underlying the associations found in this study. Genetic and early life influences may be partly responsible for some associations. In some instances, there is likely to be a complex inter-relationship...
between an apparent risk factor and well-being. For instance, parent-child conflict may be a result of child behavioural problems, as well as contributing to such problems; and behavioural problems may be a barrier to school adjustment, as well as a consequence of finding school work difficult and disliking school.

Despite these uncertainties over causal relationships, the study suggests that child social and emotional well-being might be improved by interventions in both family and school settings. The study also helps to identify children at increased risk of low well-being for targeted support. Better access for parents and their children to professional advice and support services, including training in parenting skills, may improve parent-child relationships and effective management of behavioural problems. The study suggested the importance of promoting adjustment to both the learning and social environment at school. Children who experience difficulties making friends might also be helped to improve social skills and find opportunities to build relationships by initiatives involving parents and out-of-school settings.