

I FELL OUT OF MUMMY'S  
POUCH AND INTO THE MUD



# 9 Family, Schooling and Social Media

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Don't be too hard on parents. You may find yourself in their place.

Ivy Compton Burnett

We begin our lives in families. After a while we go to school. And eventually most of us form families of our own. How do these experiences affect us?

## The Effect of Parents

How our parents treat us makes a huge difference. For humans, we cannot prove this experimentally, but we can for animals – by allocating them randomly to be brought up by different parents. A classic study of rats by Michael Meaney took the offspring of mother rats who were bad at licking their offspring and allocated some of them to foster mothers who were good at licking.<sup>1</sup> These offspring grew up to be much less stressed, and they also became much better at licking their own offspring. Similarly, a classic study of rhesus monkeys by Stephen Suomi took the offspring of overactive mothers and randomly allocated some of them to calmer foster mothers.<sup>2</sup> These offspring became much calmer than those who stayed with their biological mothers.

However, we cannot do such experiments on humans. So we have to rely on data thrown up by people's actual experiences of life. Fortunately, there are now a number of longitudinal studies, which follow the same person from the cradle into adult life, and most of our understanding of the impact of families and schooling comes from these surveys. In each of them, the wellbeing of the children is measured initially by questions to their parents and teachers and then (after about 10) to the children themselves as well. Here are some key findings.

Every child needs unconditional love. The basic need is for a secure emotional tie to at least one specific person. This experience of **'attachment'** is the basis for an inner security that can last throughout life.<sup>3</sup> Sixty years ago, the importance of attachment was identified by John Bowlby;<sup>4</sup> and his idea has stood the test of time quite well. In meta-analyses, early attachment is correlated with later social

<sup>1</sup> Anisman et al. (1998).    <sup>2</sup> Suomi (1997).    <sup>3</sup> Groh et al. (2014).    <sup>4</sup> Bowlby (1969).

competence ( $r = .18$ ), pro-social behaviour ( $r = .15$ ) and inner wellbeing ( $r = .08$ ),<sup>5</sup> and these correlations are undoubtedly underestimates because attachment is so difficult to measure precisely.

A striking illustration of the importance of caring relationships comes from a tragic ‘natural experiment’. After the end of Communism, some Romanian orphans were randomly assigned to foster-care in Western families; the unlucky ones remained in the orphanage. On average, the children were 21 months old when they were assigned one way or the other, and they were assessed again at 4 ½ years of age. If they had been assigned for foster-care, the children’s mental and cognitive wellbeing at 4 ½ was over one half of a standard deviation higher than if they had stayed in the orphanage.<sup>6</sup> And the younger the age at which the fostering began the better the outcome.

So the love of caregivers is essential. But so too is **firmness** – the ability to set boundaries. If combined with warmth, this is known as ‘authoritative’ parenting, and it is the most widely recommended approach. In this approach, compliance with rules does not come from fear, but children learn to internalise the parent’s response and thereafter act to please their own ‘better selves’.<sup>7</sup>

**Abusive parents** can change their children for life, and abuse includes psychological neglect as well as sexual or physical abuse. Though most abused children develop normally, a minority experience long-lasting damage. On average, there are marked brain differences between people who have and who have not been maltreated as children.<sup>8</sup> Maltreatment also affects behaviour,<sup>9</sup> but the long-term effects on internal wellbeing are even stronger.<sup>10</sup>

So for a child the relationship to her parents is crucial. But so is the **relationship between the parents themselves**. At present, 50% of 16-year-olds are in separated families in the United States, and in Britain it is over 40%. How much does this matter?

The literature on child development is large.<sup>11</sup> However, most of the main findings can be illustrated from within one study, which makes the findings on different influences easier to compare. This is the famous ALSPAC survey of all the children born in or around Bristol, England in 1991/2. Table 9.1 shows how their parents affected the wellbeing of their children – and also their behaviour and their academic performance (all measured at age 16).

As the table shows, **family conflict** is bad for all three of these outcomes. And, incidentally, for any given level of family conflict, a break-up of the family causes no additional damage, except to academic performance. But ongoing conflict between the parents after they break up increases the risk that the children will become depressed or aggressive. By contrast, seeing more of the absent parent reduces that risk.<sup>12</sup>

<sup>5</sup> Fearon and Roisman (2017).      <sup>6</sup> Nelson et al. (2007).      <sup>7</sup> Layard and Dunn (2009).

<sup>8</sup> Lim et al. (2014).      <sup>9</sup> Caspi et al. (2002).

<sup>10</sup> Danese and Widom (2020), based on a sample of abusive parents taken to court in the Mid-West USA 1967–71, matched to otherwise similar non-abusive parents. Their children were followed up, on average at age 29.

<sup>11</sup> Goodman and Scott (2012).

<sup>12</sup> Pleck and Masciadrelli (2004). On the effects of separation, see Amato and Keith (1991).

**Table 9.1** How child outcomes at age 16 are affected by family and schooling – partial correlation coefficients ( $\beta$ )

	Wellbeing at 16	Behaviour at 16	Academic score at 16
Conflict between parents	-0.04	-0.14	-0.02
Mother's mental health	0.16	0.17	0.03
Father's mental health	0.04	-	-
Family income (log)	0.07	0.08	0.14
Mother's involvement with child	0.04	0.05	0.02
Mother worked (% of 1st year)	-	-	-0.02
Mother worked (% of other years)	-	-0.05	0.04
Father unemployed (% of years)	-	-	-0.03
Parents' education (years)	-	0.04	0.17
Mother's aggression to child	-0.03	-0.12	-
All parental variables	0.27	0.31	0.35

Source: A.E. Clark et al. (2018) Table 16.4 ALSPAC data; for questionnaires, see online Annex 9.1

Note: Wellbeing is the average of mother's and child's replies to the Short Mood and Feelings Questionnaire. Behaviour is mother's replies to Strength and Difficulties Questionnaire. Academic score is the General Certificate of Secondary Education (GCSE). Control variables include gender, ethnicity and the name of the primary and secondary school. For questionnaires see Annex 9.1.

Closely related to family conflict is the **mental health** of the parents. In the Bristol study, the single most important family variable predicting a child's wellbeing at 16 was the mental health of the mother.<sup>13</sup> The father's mental health also mattered but less so – probably because the mother is still, generally, the primary care giver. Clearly poor mental health can lead to family conflict, and vice-versa, but what emerges clearly is that both matter, holding the other constant.

There are three other causal factors that are much discussed. The first is **family income**. This is much less important for child wellbeing than it is for exam performance. The Bristol study showed that a 10% rise in family income would increase a child's wellbeing by only 0.007 standard deviations. Similar findings emerge from other studies.<sup>14</sup> A second important influence is **parental involvement** in the life of the child. This is important in early life, but in the Bristol study it had few lasting effects. And the third issue is whether the **mother works** and for how long. In the majority of studies, this has no negative effect on child wellbeing, once the positive effect of the mother's earnings is taken into account.<sup>15</sup>

<sup>13</sup> A. E. Clark et al. (2018).

<sup>14</sup> Duncan and Brooks-Gunn (1999). For the United States, see Yeung et al. (2002); and Mistry et al. (2002). For the UK, see Washbrook et al. (2014). In addition, using the national survey of the Mental Health of Children and Young People in Britain, 2004, Ford et al. (2004, 2007), showed that, *cet. par.*, family income had no effect on child mental health either in a cross-section of children or in explaining their changes in mental health over time.

<sup>15</sup> For example, A. E. Clark et al. (2018) pp. 162–163 and references therein.

As the last row of Table 9.1 shows, the overall effect of all the observed parental characteristics upon the wellbeing of the child is a  $\beta$ -coefficient equal to 0.27.<sup>16</sup> It is time to compare this with the contribution of schooling.

## The Effect of Schools

The Bristol study covered all the children who were born in that area over a 2-year period. As a result, each school in the area taught many children who were in the study. This enables us to see how much difference it made which school a child went to. The results showed that it made a very great difference – the schools really did affect the wellbeing of the children, as well as their behaviour and their exam performance.

The study estimated the following equation for wellbeing ( $W$ ), as well as similar equations for behaviour and academic score:

$$W_i = \sum_s a_s D_{si} + \sum_j b_j X_{ij} + c W_i \text{ lagged}. \quad (1)$$

Here  $W_i$  is the wellbeing of the  $i$ th child, and the  $X_{ij}$ s are the characteristics of the parents. There is also a 1/0 dummy variable  $D_s$  for each school (which takes the value 1 when the school is the one the individual attended and otherwise zero). So the coefficient  $a_s$  tells us what difference it made that a pupil went to school  $s$ .<sup>17</sup>

We can now ask: How far did these different effects of the different schools contribute to the overall spread of wellbeing in the child population? The answer can be found by looking at the standard deviation of the  $a_s$  coefficients (weighted by pupil numbers) relative to the standard deviation of  $W$ . The answers are in Table 9.2. In the first row, the table examines how much difference secondary schools make to children at age 16, holding constant not only all the measured family variables but also the child's measurement on the same outcome when she entered the school at age 11. The second row does the same for primary schools, showing their effects at age 11 holding constant the measurement of the same outcome at age 8. And the third row shows their effects at age 8 holding constant the measurement of the same outcome at age 7. As Table 9.2 shows, schools make a remarkably huge difference to the wellbeing of their pupils – almost as much a difference as they make to their academic performance. And, looking back at Table 9.1, schools are making as much difference to child wellbeing as parents do (in so far as we can measure parents' characteristics).

For primary schools, we can go a lot further and isolate the effect of individual **teachers**. This is possible because each child has only one main teacher in any one year. So we use the same methodology as shown in equation (1), but we replace individual schools by individual teachers. Table 9.3 shows the average results for the

<sup>16</sup> 0.27 is got by first estimating equation (1) below and then estimating  $W_i/\sigma_w = \gamma_0 + \gamma_1(Z_i/\sigma_z) + \text{etc}$ , where  $Z_i = \sum_j b_j X_{ij}$ . The resulting estimate of  $\gamma_1$  is 0.27.

<sup>17</sup> The lagged wellbeing is the wellbeing the pupil had when entering the school (or class).

**Table 9.2** Standard deviation of school dummy coefficients for different standardised outcomes

		Wellbeing	Behaviour	Academic performance
Secondary school	Age 16	0.26	0.21	0.29
Primary schools	Age 11	0.24	0.19	0.27
	Age 8	0.19	0.20	0.30

*Source:* A. E. Clark et al. (2018) Tables 14.1 and 14.3, ALSPAC data

*Note:* Academic performance was measured at 16 by GCSE score; at 11 by KS2 Maths, English and Science; and at other ages by local data on Maths, Reading and Writing.

**Table 9.3** Standard deviation of primary school teacher impacts on different standardized outcomes over the year

Ages	Wellbeing	Behaviour	Maths score
11 and 8 (pooled)	0.22	0.09	0.14

*Source:* A. E. Clark et al. (2018) Table 14.5, ALSPAC data; note: Wellbeing and Behaviour based on parents' reports

children aged 11 and aged 8 (averaged). Strikingly, the teachers have a more differential effect on the wellbeing of their children than they have on their maths score. It is also possible to follow the long-term effects that primary school teachers have on their pupils right into their 20s. It turns out that a teacher who is good at raising children's wellbeing also makes her children nearly 4 percentage points more likely to go to university.<sup>18</sup> And a good teacher reduces their likelihood of becoming depressed, anti-social or alcoholic in their early twenties. This type of analysis shows clearly that schools and teachers make a big difference to the wellbeing of their children. But exactly **how** do they make that difference? This is a much more difficult question to answer. Some negative findings are fairly well established:

- Smaller class sizes have no well-established advantages, in terms of their impact on wellbeing (or on intellectual development).<sup>19</sup>
- Larger schools have no well-established advantages in terms of wellbeing.

But we have little naturalistic evidence on what things do make a difference. There is, however, one way to discover: by experiment. There have been many outstanding experiments that tell us a lot about how we can produce happier children.

<sup>18</sup> This is the effect of 1 standard deviation in the skill of raising children's wellbeing at age 11. See Fleche et al. (2021).

<sup>19</sup> See A. E. Clark et al. (2018) chapter 14. On wellbeing, see also Jakobsson et al. (2013) but also Dee and West (2011); Fredriksson et al. (2013). On test scores, see also Hanushek (1999) and Hoxby (2000) but also Angrist and Levy (1999) and Krueger (2003).

## Can we teach happiness?

In the earliest (and most famous) experiments, the wellbeing of the children was not measured as such, but many other important outcomes were. Most of these early experiments were conducted with young pre-school children (though there is no convincing evidence that early intervention is more cost-effective than later intervention).<sup>20</sup> Two well-known **pre-school interventions** are the Perry Pre-School project and the Abecedarian Project.<sup>21</sup> Perry Pre-School was a randomised trial on high-risk African-American children aged three and four. They spent two years in school for half the day, and their mothers were also visited at home each week. The children in the programme behaved better in subsequent life and were half as likely to be arrested than those in the control group. They also studied better, and a calculation of the project's real rate of return to society was 7–10% per annum – better than the real return on equities.<sup>22</sup> The Abecedarian Project provided all-day play-based care for deprived children from birth to the age of 5. By age 21, the treatment group were less criminal and also earned more than the control group.<sup>23</sup>

A less expensive project for **children of school age** was the Good Behaviour Game, played in schools in a deprived area of Baltimore. In the treatment group, each first-year primary class is divided into three teams, and each team is scored according to the number of times a member of the team breaks a rule. If the team has fewer than five infringements, a reward goes to all members of the team. Children who played (or did not play) the game were followed up to ages 19–21, and those in the treatment group used fewer drugs, less alcohol and less tobacco, and fewer had anti-social personality disorder.<sup>24</sup>

However, one should be careful about generalising from individual experiments, since once in a while an intervention will, by chance, appear effective even if it is really not so. To see what can be achieved we really need a **meta-analysis** that summarises the results of a large number of experiments on children of school age.

CASEL (the Collaboration for Academic, Social and Emotional Learning) has provided just such a meta-analysis (see Table 9.4). It has analysed 200 programmes aimed at the whole range of children in a school and covering the basic topics in social and emotional learning (SEL), namely

- understanding and managing your own emotions and
- understanding and responding well to other people.

<sup>20</sup> The case for earlier intervention has been argued most carefully for cognitive outcomes, rather than for wellbeing (see, for example, the work of James Heckmann). But brain research stresses the plasticity of the brain right into early adulthood (Dahl et al. [2020]) and in 1 training exercise people aged 16–30 learned better than those aged 11–16 (Blakemore [2018] pp. 92–94).

<sup>21</sup> The UK's Sure Start Programme, begun in 1999, had much less structured ways of working than most interventions. There was also no randomised evaluation. However, comparing Sure Start with similarly deprived non-Sure Start areas suggested that Sure Start significantly improved 5 out of 14 outcomes at age 3 (Melhuish et al. [2008]). By age 7, rather fewer significant effects were observed (DfE [2012]).

<sup>22</sup> Parks (2000); and Heckman et al. (2010). <sup>23</sup> Wilson (2011) p. 215.

<sup>24</sup> Kellam et al. (2011); and Ialongo et al. (1999).

**Table 9.4** Effects of programmes of social and emotional learning (SEL)

Effect of programme on	Average gain (in standard deviations)	(Number of programmes)
Emotional wellbeing	0.23	(106)
Behaviour	0.23	(112)
Academic performance	0.28	(35)

Source: Durlak et al. (2011)

The overall findings were encouraging and some key lessons emerge.

● **Programmes that improve wellbeing also improve academic performance.**

These objectives do not conflict with each other. This is a vital and quite general point.<sup>25</sup>

- Most programmes improve wellbeing more for the children whose wellbeing was initially **low**. But this does not argue for targeting because the programme works partly through changing the overall ethos of the class, and it is also important to avoid stigma.
- Programmes work better if they are ‘**manualised**’ (i.e., use detailed manuals and related materials for each lesson) and if the teachers using them have been trained in how to use them.<sup>26</sup>
- Programmes are more likely to succeed if they **focus on what is worth doing**, rather than on what **not** to do. Most programmes fail if they are focused exclusively on the dangers of sex, drugs, alcohol, tobacco, gambling or crime.<sup>27</sup> In general, children and adolescents respond better to the prospect of a positive reward rather than the threat of a negative outcome.<sup>28</sup>
- The effects of most programmes **fade over time**. This is largely because they are too short – typically less than 20 hours in total.

The conclusion is therefore that, if we want to improve the wellbeing of our children, we need a more ambitious approach.<sup>29</sup> This could include the following:

- The school makes wellbeing an explicit **goal** of the school and measures the wellbeing of pupils each year to see how they are improving or falling behind. Good tests exist.<sup>30</sup> In the Dutch secondary schools, this is required to be done by

<sup>25</sup> See also Frederickson and Brannigan (2005); Adler (2016); Fleche (2017); Hanh and Weare (2017).

<sup>26</sup> Humphrey et al. (2010) gives this as 1 reason why Britain’s secondary school Social and Economic Aspects of Learning (SEAL) programme failed. (There is however good evidence within the group of schools doing SEAL that good implementation produced better results, Banerjee et al. [2014]). As regards primary SEAL, there has been no controlled experiment involving children’s outcomes – but see Hallam et al. (2006); and Gross (2010).

<sup>27</sup> Layard and Clark (2014) p. 228    <sup>28</sup> Blakemore (2018) p. 155.

<sup>29</sup> See Education Endowment Foundation, Moore et al. (2019).

<sup>30</sup> See, for example, annex 6.2 of Layard and Ward (2020), available online at: <http://cep.lse.ac.uk/CWBH/annexesCWBH.pdf>. For wellbeing (as for academic achievement), the school should be looking at its ‘value-added’ – compared with a national reference norm. Some organisation from outside a school

law and the government provides the logistics for the measurement and also processes the results.<sup>31</sup> In Southern Australia, the system is similar, but participation by the school is voluntary.<sup>32</sup>

- This goal of wellbeing is reflected in **all** aspects of school life including how teachers, parents and pupils behave to each other.<sup>33</sup>
- There is specific **weekly** teaching of life-skills. This does not depend on inspired teachers. It is normally manualised. The race is therefore on to produce a curriculum that can cover the whole age-range in schools. One major trial was recently completed in Britain of a 4-year curriculum for ages 11–15 called Healthy Minds, which raised life satisfaction at 15 by 0.25 standard deviations (or 10 percentile points) – see Box 9.1.

### Box 9.1 The Healthy Minds Experiment<sup>34</sup>

This provided the curriculum for a weekly lesson over four years, with detailed materials for the teacher and pupils for each lesson and professional training for teachers. The topics covered were emotional resilience, self-management, relationships with others (including sex), healthy living, managing social media, handling mental illness, becoming a parent and the practice of mindfulness. Teachers received 19 days of training over the 4 years for the experiment.

Thirty-four schools were involved, randomly divided into Groups A and Group B. Group A schools taught the curriculum to the cohort of children aged 11 in 2013 and measured their wellbeing at age 11, at age 13 and at age 16. Group B schools did the same for the cohort of children aged 11 in 2014; but they also measured the wellbeing of the cohort of children aged 11 in 2013. Thus the older group B cohort acted as the control group both for the Group A cohort and the later Group B cohort. The overall effect of the course was estimated by the following equation (analogous to equation (9) in Chapter 7):

$$W_{ist} = a_0 + a_1 T_{ist} + v_t + f_i + u_s + e_{ist}$$

where  $W_{ist}$  is the wellbeing of student  $i$  in school  $s$  in year  $t$  and  $T_{ist}$  means ‘Have completed the course’.

The findings showed that at the end of the final year ‘global health’ (the primary outcome designated before the trial) was raised by 0.25 standard deviations, and life satisfaction by a similar amount.

The teacher training and teaching materials are available through Bounce Forward, <https://bounceforward.com/healthy-minds-research-project/>.

should organise the measurement (typically online). In addition, the scope for gaming will be reduced if secondary schools judge themselves by how they augment pupils’ wellbeing beyond the level already measured by some other body, that is, at primary school.

<sup>31</sup> See [www.onderwijsinspectie.nl/onderwerpen/sociale-veiligheid/toezicht-op-naleving-zorgplicht-sociale-veiligheid-op-school](http://www.onderwijsinspectie.nl/onderwerpen/sociale-veiligheid/toezicht-op-naleving-zorgplicht-sociale-veiligheid-op-school).

<sup>32</sup> The Government of South Australia runs the online administration of the questionnaire and tabulation of the results. No individual is identified but schools and classrooms are provided with benchmark data for comparison. Further information, see [www.education.sa.gov.au/wellbeing-and-engagement-census/about-census](http://www.education.sa.gov.au/wellbeing-and-engagement-census/about-census).

<sup>33</sup> Weare (2000). <sup>34</sup> See Lordan and McGuire (2019).

## Bullying and school discipline

We can end this review of schooling with two specific topics: bullying, and school discipline. **Being bullied** is a major problem for many children. Bullying means repeated aggressive behaviour by a child or a group of children against a victim who cannot easily defend him/herself. Bullying can mean physical violence (pushing or hitting), name-calling and taunting, rumour spreading, public exclusion or obscene gestures. It can also be done online (cyber-bullying). On average across OECD countries 23% of 15-year-olds report being bullied at least a few times a month.<sup>35</sup> The correlation between life satisfaction and being bullied is substantially negative ( $r = 0.26$ ).<sup>36</sup> There is also clear evidence that children who are bullied experience subsequent falls in mental health.<sup>37</sup> The more extreme the victimisation, the more extreme the deterioration. And many of these effects persist into adulthood.<sup>38</sup>

Most schools have a policy about bullying. But perhaps the most successful has been the KiVa programme, which is now virtually universal in Finland.<sup>39</sup> The basic idea is to train pupils how to behave when they see someone being bullied: they are trained to support the person being bullied, not the bully. When this approach was first trialled, it reduced the rate of bullying (reported by victims) by 30%. In the national roll-out the effect was around 15%.

In almost every country, **school discipline** is a problem, at least in some classrooms. In a British survey of 11- and 14-year-olds in large cities, 29% said that every day other pupils disrupt their lessons.<sup>40</sup> Teachers' reports corroborate this. Yet the skill of keeping order can be trained. For example, the Incredible Years course for teachers takes 3–5 days in college with occasional follow-up. Teachers are taught how to (1) keep calm, (2) give as much praise as possible and (3) give small immediate punishments. In a large trial, the programme improved children's mental health in the first year (especially that of the least happy children) but in the following years the effect had disappeared.<sup>41</sup>

## Social Media

Another huge influence on young people's lives (and those of adults) is **social media**. Clearly, this brings huge possibilities for disseminating information and reducing isolation. But social media also has one major disadvantage: it exacerbates the

<sup>35</sup> OECD (2017) p. 136.

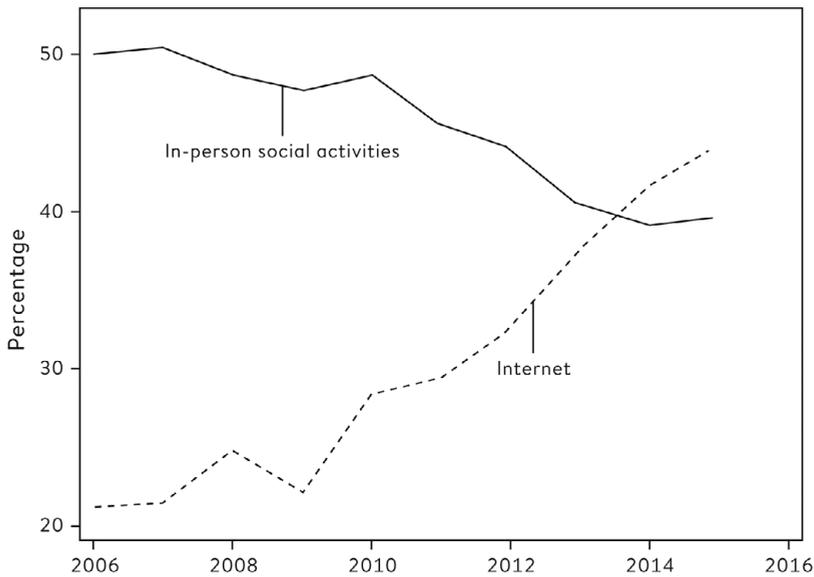
<sup>36</sup> Przybylski and Bowes (2017). There is also a strong correlation between bullying and being bullied (Veldkamp et al. [2019]).

<sup>37</sup> Moore et al. (2017) shows clear evidence of causality. <sup>38</sup> Wolke et al. (2013).

<sup>39</sup> Salmivalli and Poskiparta (2012); and Menesini and Salmivalli (2017).

<sup>40</sup> Wilson et al. (2007). In a national survey, 'Understanding Society', children aged 10–15 were asked how often other children misbehaved in class. Some 27% said 'in most classes' and 47% said 'in over half of all classes' (Knies [2012] appendix 1). This significantly reduced their life satisfaction (Knies [2012] appendix 2).

<sup>41</sup> Ford et al. (2019).



**Figure 9.1** Percentage of 18-year-olds spending 10 or more hours per week on the internet and percentage undertaking 4 face-to-face social activities in a week (United States)

*Source:* Twenge (2017)

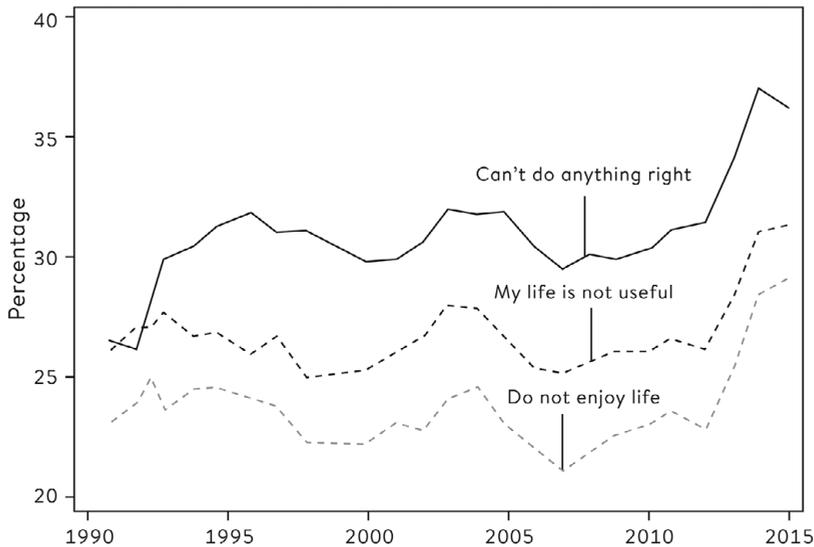
problem of social comparisons. People put the best of their life on social media, and others feel inferior or left out. It is notable that at the same time as social media has soared, adolescent depression has too (compare the changes since 2010 in Figures 9.1 and 9.2). And so has the number of people who say ‘I often feel left out of things’ or ‘A lot of times I feel lonely’.<sup>42</sup>

However, correlation does not prove causality. Experiments are the clearest method of establishing causality. There have been about a dozen **controlled experiments** where participants abstain from using Facebook. The majority of these show positive effects of abstinence on subjective wellbeing.<sup>43</sup> In the most elaborate of them, a sample of US citizens were asked how much they would have to be paid to stop using Facebook for a month.<sup>44</sup> The researchers then selected those 1,700 or so with the lowest values and randomly assigned them to the treatment group (paid \$102) and the control group. The treatment group did not use Facebook for a month. In consequence, the subjective wellbeing of the treatment group was higher during the month by 0.12 points (out of 7) than it would otherwise have been. Three months after the

<sup>42</sup> Twenge (2017) pp. 96–99.

<sup>43</sup> Allcott et al. (2020) conducted the experiment about to be described. They also list in an appendix all the randomised experiments done so far – on college students and on older people. See especially Deters and Mehl (2013); Tromholt (2016); and Shakyia and Christakis (2017). By contrast, simple studies of the effects of time online show no clear effect on wellbeing (Orben [2020]).

<sup>44</sup> Allcott et al. (2020).



**Figure 9.2** Percentage of 13–18-year-olds experiencing various negative thoughts in last 12 months (United States)

Source: Twenge (2017)

end of the experiment the treatment group were using Facebook 22% less than the control group – a partial vote of no confidence.

However, clearly Facebook has positive uses as well as negative. In some discussions, a distinction is made between active use (posting things on to Facebook), which is considered positive for the actor, and passive use (just reading other people's posts), which is considered negative – because it often induces unfavourable comparisons of oneself with others and sometimes involves cyberbullying.<sup>45</sup> Passive use takes up  $\frac{3}{4}$  of the time so the combined effect of active and passive is negative. But people will always use social media and the central issue is how to promote the positive use while reducing the negative.

## Family Conflict

Sometime after adolescence, most people start forming families of their own. As we have seen, **having a partner** is on average very beneficial to one's wellbeing. In the British Household Panel Survey, people with partners are on average happier than others by a large amount (other things equal). Compared with people without a partner, they are on average happier by 0.6 points (out of 10). Similar results are found in other countries though they are reduced by about 0.2 points in fixed-effects regressions.<sup>46</sup>

<sup>45</sup> Verduyn et al. (2017). See also Birkjær and Kaats (2019).

<sup>46</sup> A. E. Clark et al. (2018).

We have already seen how family conflict and separation can damage children. But it can also be terrible for the adults. Roughly 12% of all partnered men and women in the United States engage in physical aggression, with more violence usually coming from the men.<sup>47</sup> There can also be psychological violence – denigration, dominance or extreme withdrawal.

These behaviours often reflect chauvinistic attitudes, which society needs to change, and the law needs to be enforced. But there are also services that can help to stop conflict developing in the first place. A key moment is when the first child is born. From that point couples become, on average, less satisfied with their relationship. But this can be averted if both parents take ante-natal classes that cover not just the physical and emotional care of children but also the sustaining of love between the parents.<sup>48</sup> There are many courses of this kind. One of the most successful is Family Foundations, which involves eight group meetings with the parents. Compared with a control group, parents who take the course were less stressed and more cooperative by 6 percentile points.<sup>49</sup>

But even with these courses, many couples will still fight. They need help and, as Chapter 10 shows, there are good treatments that can be provided.

## Conclusions

- The way our parents behave affects our wellbeing.<sup>50</sup> Warm love and firm boundaries are good for wellbeing. However, many children survive severe abuse without major changes. The mental health of parents (and especially mothers) is important for the wellbeing of their children.
- Schools have more effect on children's wellbeing than is usually appreciated, and so do individual teachers.
- If they wish to improve child wellbeing, schools will make that a major goal of the school and will measure it regularly.
- Life skills will also be taught at least weekly using evidence-based materials.
- In adulthood, family life is on average beneficial to wellbeing. But the quality of relationships often deteriorates after the birth of the first child. This problem can be reduced if both parents take ante-natal classes covering not just childcare but the impact of the child on their relationship.
- If, despite this, the mental health of the children or their parents deteriorates, it is vital that professional mental health support is available.

So let us turn now to the issue of health – of mind and of body.

<sup>47</sup> Epstein et al. (2015).

<sup>48</sup> Layard and Ward (2020) pp. 168–170. See WHO (2009) for useful community and school-based interventions.

<sup>49</sup> Feinberg et al. (2010).

<sup>50</sup> Low estimated effects of 'shared environment' can be because parents treat different children differently (even if they are identical twins).

## Questions for discussion

- (1) How big is the true influence of parents on children's wellbeing at age 16, compared with the effect of school experience? Given the scale of measurement error is it possible to answer this question?
- (2) Can life-skills be taught effectively in schools?
- (3) Is social media making children happier or less happy? Is it improving the quality of communication or reducing it?

## Further Reading

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