The Wellbeing of Children and Young People in Malta

The Malta Wellbeing INDEX Project

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Wellbeing INDEX

Indicators | Networking | Data | Exploration | eXchange

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Executive Summary

The aim of this study is to identify the wellbeing experiences and needs of children and young people living in Malta in order to develop policy actions to enhance their wellbeing. It explores the various dimensions of children's subjective wellbeing and how they vary by age, gender, nationality/language, disability, and socio-economic status. It adopts a children's rights perspective, with children seen as active agents having the competence of forming their own views and consequently the right to participate in the study. Data was collected through three separate questionnaires for 7 to 8-year-olds, 8 to 11-year-olds, and 11 to 15-year-olds respectively. A total of 364 children and young people completed the questionnaires. The questionnaires, adapted from the *International Study of Children's Subjective Wellbeing*, covered areas such as the living situation, home and family relationships, money and possessions, friends and other relationships, local area, school, leisure and free time, health, children's rights, and overall subjective wellbeing.

The findings of the study provide a detailed portrait of the wellbeing of children and young people in Malta. The overall picture suggests that most of the participants enjoy a high level of wellbeing and are satisfied with the various aspects of their lives. However, a closer look at the findings suggests that that the level of satisfaction is not uniform across the domains or demographics. While the great majority of participants are satisfied with their family and home, their friends, their life at school, their neighbourhood, their free time, their economic wellbeing, their physical and mental health, their subjective wellbeing, and living in Malta, there is less satisfaction with particular aspects within these domains, such as participation in family decisions, having enough friends and seeing friends frequently; dealing with academic pressure and peer bullying at school; the available space for play and socialising, and the level of pollution in the neighbourhood; physical health complaints such as frequent headaches, stomach-aches and backaches, as well as negative affect such as boredom, sadness, stress, loneliness, and anxiety. The data reveals some interesting age and gender differences, with the older participants becoming less satisfied with various aspects of their lives, boys experiencing more bullying, and adolescent girls experiencing more negative feelings and moods. As children move into adolescence, they appear to spend less time engaged in physical exercise and sports, and more time on TV and social media. Finally, particular groups of children reported a lower level of wellbeing and less satisfaction with various aspects of their lives when compared to their peers, namely children and young people from lower socio-economic status, from a migrant background, and those with disability.

The study makes several recommendations for policy and practice including a national policy on the promotion of mental health of children and young people, a nation-wide strategy to promote physical exercise, sports and nature-based activities for children and young people, a more inclusive and welcoming environment for children with diverse needs, a strategic focus on the wellbeing of children and young people at risk, initiatives to curb bullying at school, at home and in the community, the inclusion of wellbeing and mental health as a key educational objective, and the need for children's voices to be actively heard. In view of the present study's limitations, various suggestions are made on how further research may be enhanced and strengthened to lead to more robust and conclusive findings on the wellbeing of children and young people living in Malta.

1. Introduction

1.1 Background

The Convention for Children's Rights by the United Nations in 1989 has been a watershed in the promotion of children's wellbeing. It inspired and generated numerous policies, practice and research initiatives in children's wellbeing across the world. The Convention underlined four rights which are essential for the wellbeing of the child, namely protection and equal treatment (Article 2), primary consideration to the best interests of the child (Article 3), positive growth and development (Article 6) and the right to be consulted and listened to (Article 12). These are illustrated in the UN Sustainable Development Goals (2021) which advocate children's rights to physical and mental health, protection and participation amongst others. Furthermore, the Convention explicitly maintains that the realisation of children's rights is crucial for children's wellbeing and healthy physical, emotional, social and cognitive development (Ben-Arieh, 2010; Looney & Awartani, 2020). The recognition of children as human beings actively engaged in shaping their own lives, rather than being solely valued as a future state of becoming, has led to increasing interest in their own wellbeing. In turn, one of the four priorities of the recently launched Children's Policy Framework 2024-2030 (Ministry for Social Policy and Children's Rights, 2023) focuses on strengthening child participation, underlining that their participation is crucial for promoting their rights and nurturing their wellbeing.

Like other children in Europe and other parts of the world, children in Malta are growing up in challenging times. Long standing challenges such as academic pressure, poverty and social exclusion, bullying, and early school leaving have been compounded by more recent ones such as cyberbullying, problematic use of the internet and online safety, loneliness, mental health issues, environmental concerns such as pollution and a lack of play and social areas, climate change and eco anxiety, and the recent pandemic, amongst others. Such challenges have underlined the need for systematic efforts to enhance children's wellbeing in collaboration with the children themselves. Children's wellbeing is not only concerned with ensuring adequate education, health, welfare and protection, but also in their subjective wellbeing and satisfaction with different aspects of their lives such as home, school, community, friends, leisure and free time and active citizenship. Priority 1 of the Children's Policy Framework 2024-2030 (Ministry for Social Policy and Children's Rights, 2023), in fact, focuses on improving children's wellbeing, encompassing various aspects in their lives such as health, education, relationships and safety. It underlines that "the goal of improving child wellbeing is to invest in initiatives that empower children to thrive and reach their maximum potential" (p. 9). The recently launched public consultation document on the National Education Strategy 2024-2030 for Malta (Ministry for Education, Sport, Youth, Research & Innovation, 2023) similarly focuses on wellbeing as the first of three pillars of the strategy, encompassing learners' physical, socio-emotional, mental and digital wellbeing.

The objective of the present study is to engage with children and young people living in Malta to explore their views on their satisfaction with themselves and different aspects of their lives, as well as their psychological and affective wellbeing. It seeks to do so within a children's rights and systemic approach, with a particular focus on capturing the views of the children and young people themselves. The report constitutes one of the research deliverables of the Malta Wellbeing INDEX project (focusing on Indicators, Networking, Data, Exploration and eXchange), a collaborative effort between the Malta Foundation for the Wellbeing of Society and the University of Malta, intended to pave the way for the establishment of the measurement and analysis of wellbeing in the context of Malta.

This section provides the background to the study, defining wellbeing and subjective wellbeing, the current shifts in the study of children's wellbeing, the measurement of subjective wellbeing, and the position of the study in relation to recent developments in the study of children's wellbeing. The next section provides a description of the methods used to undertake the study, such as the participants in the study, the development of the questionnaire, the administration of the survey, ethical issues, and the data management and analysis process. Section 3 presents the findings of the study according to the areas explored in the survey, namely family and home, friends, school, neighbourhood, economic wellbeing, use of leisure and free time, physical

health and children's rights and subjective wellbeing. The fourth section provides a summary of the findings, discusses the findings and implications whilst identifying the limitations of the study and how these may be addressed in further studies, while the final section makes several recommendations for policy development and practice in the wellbeing of children and young people in Malta.

1.2 Defining child wellbeing

There are various definitions of child wellbeing, but one of the most cited definitions is that by WHO (2018): "a dynamic state in which children and young people are able to develop their potential, learn and play creatively and productively, build positive relationships with others, and belong to and contribute to their community". This definition is framed within a children's rights perspective, focusing on children's potential and achievement of aspirations, as well as the quality of their lives in the present rather than just in the future (Stratham & Chase, 2010). Its focus is children's wellBeing rather than children's wellBecoming. Children's wellbeing is multidimensional, and such an approach involves construing children's development within a holistic and systemic perspective (Bronfenbrenner, 2005). This approach focuses on children's physical, emotional, social, and cognitive wellbeing as well as the various systems impacting on children's wellbeing such as home, community, friends, school, political system, and citizenship amongst others.

Children's wellbeing can be examined and understood both in terms of the objective aspects of children's lives such as family income and parental employment, family structure and size, health status, school attendance and educational attainment, but also their subjective wellbeing, that is, children's views about these aspects of their lives and the level of satisfaction in their lives (Stratham & Chase, 2010). Subjective wellbeing (SWB) incorporates psychological wellbeing such as positive self-esteem, agency, satisfaction with life, and hope for the future; emotional wellbeing such as the presence of positive feelings and management of negative ones, and social wellbeing, including healthy relationships with others and a sense of belonging (Rees et al., 2020).

In the past decades there has been a move from the erstwhile exclusive focus on objective aspects and evaluations of children's wellbeing towards these more subjective indicators of children's wellbeing. This shift was brought about by the realisation that objective measures on their own provide an inadequate understanding of children's needs and are thus insufficient for policy development (Stratham & Chase, 2010). For instance, an increase in the country's economy is not necessarily accompanied by an increase in children's wellbeing. (Gross-Manos, 2017).

The study of children's subjective wellbeing has underlined other key protective and risk factors in children's wellbeing. Family poverty, for instance, has been shown to be one of the major risk factors for children's wellbeing, both in the short and long term (Bradshaw et al., 2007). Whilst family conflict constitutes another risk factor, positive family relationships operate as wellbeing promotive factors in children (Stratham & Chase, 2010; Rees et al., 2020). Whilst bullying in school is one of the main risk factors for children's wellbeing and mental health, healthy school relationships and academic engagement are key indicators of wellbeing (Aldridge & McChesney**,** 2018; Zych et al., 2015; UNICEF, 2020). Having a sense of agency and freedom has been identified as one of the strongest indicators of wellbeing in children in a cross-national study on children's subjective wellbeing (Bradshaw & Rees, 2017), including Malta (Cefai & Galea, 2020). In order to adequately address children's needs, child wellbeing policies need to be informed by the children's own views and feelings about themselves, their lives and their needs (Rees et al., 2020). Policies which do not consider how children define and make sense of their wellbeing are unlikely to have an impact on enhancing children's wellbeing (Sargeant & Gillett-Swan, 2019).

Moreover, the shift towards engaging with children and young people in defining and understanding wellbeing and devising policies to enhance their wellbeing, represents a new paradigm in children's studies, with children being seen as the *subject* rather than the object of study (Ben-Arieh, 2011; Gross-Manos et al., 2021). Ben-Arieh (2011) defines three major drivers which were crucial in this shift from objective to subjective

measures of children's wellbeing. First, the rise of the children's rights approach, triggered by the UN Convention for the Rights of the Child, helped to raise awareness and recognition of children's rights in policy, practice and research. Article 12 of the Convention articulates children's right to participate and express their views in initiatives about themselves. Children are seen as active agents capable of expressing valid and meaningful views of themselves and their lives. In research, children (rather than the family or household) become the 'unit of analysis' and are provided with the opportunity to actively participate in studies about their lives, with participation facilitated through participatory, child-friendly research methods (Cho & Yu, 2020). As such, children become 'the (main) source of information' (Gross-Manos et al., 2021).

Complementary to the rights-based approach has been the new paradigm of childhood and children from sociology, developmental psychology, education and other disciplines, portraying children as human beings and subjects of their lives, and thus social actors engaged in shaping their own lives (Ben-Arieh, 2011). Childhood is thus a valuable and meaningful state, rather than being solely valued as the basis of a future state of becoming. Present thoughts, feelings and experiences thus become the focus of childhood studies.

In this regard, studies on children's views on wellbeing highlight the importance that children attach to subjective wellbeing (such as happiness, connectedness, and relationships) and that what is important for them may vary from what adults may believe (Stratham & Chase, 2020; Rees et al., 2020; Fattore et al., 2009). For instance, a study with Maltese children and parents underlined the difference between adults' and children's experiences of wellbeing even if they come from the same family and neighbourhood. While neighbourhood processes were considered to be negative by adults, these were seen as being beneficial for children's wellbeing by the children themselves (Satariano et al., 2019). Deighton et al. (2019) reported that according to children and young people, wellbeing refers to feeling good and that life is going well, while Layard and Dunn (2009) identified quality relationships, safety and freedom as the key factors underlined by the young people as being most important to have a good life. In an in-depth study with 8–15-year-olds, Fattore and colleagues (2009) reported that children and young people defined wellbeing in terms of having a positive sense of self, being valued by others, having security (such as personal home and global safety), and agency, that is, having a voice within strong social relations. A number of recent studies with Maltese children focusing in particular on children's spaces and their health and wellbeing, underlined the importance for children to have clean, safe, inclusive, open and green areas where they can play, exercise, socialise and enjoy nature with their friends and families (Cefai et al., 2022; MFWS, 2021; Satariano et al., 2021).

The third important factor which contributed to the new paradigm of childhood is Bronfenbrenner's ecological model of child development (Bronfenbrenner, 2005). The main tenet of this framework is that child development is the result of the interaction between the child and their environment, nested within several interrelated systems. The more proximal microsystem which includes the family, friends, neighbours, school peers, and teachers, has the strongest impact on child development and wellbeing. The microsystem is in turn influenced by the interactions amongst the actors in the microsystem such as the relationship between school and family (mesosystem), societal context such as community and services (exosystem) and the wider societal context such as culture and the economy (macro system). These systems are interdependent and influence each other, and children's wellbeing thus needs to take into consideration these multiple layers in children's lives.

1.3 The measurement of children's subjective wellbeing

Studies on the subjective wellbeing of children are focused on children's immediate and present lives as active citizens, though this does not exclude their future aspirations (Stratham & Chase, 2010). In this respect, firstly, children are considered as present not future citizens (Cho & Yu, 2020). Secondly, children are not seen as passive subjects, but as people who can actively shape their own lives and wellbeing. The study of children's wellbeing thus needs to take account of children's voices, with children as the main source of information, and making use of child-friendly and participatory research methods (Gross-Manos et al., 2021). Thirdly, the needs of children are no longer considered to be unidimensional, but multidimensional, "encompassing material and non-material resources across multiple dimensions of their lives" (Cho & Yu,

2020, p.11). Such dimensions include children's evaluations of their level of satisfaction with themselves and their lives, such as family relationships, household income and economic wellbeing, friends, the local community, school, leisure time, and citizenship and human rights. It also includes an evaluation of psychological wellbeing (positive self-esteem, agency, satisfaction with life, hope for the future); emotional wellbeing (presence of positive feelings and regulation of negative ones); and social wellbeing (healthy relationships and sense of belonging) (Rees et al., 2020). These encompass two major aspects of subjective wellbeing, namely hedonic wellbeing, focused on balancing negative and positive emotions and satisfaction with life ('being happy and feeling good') (particularly related to emotional wellbeing), and eudaimonic wellbeing, underlining personal functioning, finding meaning and achieving self-actualisation (particularly linked to psychological wellbeing) (Cho & Yu, 2020).

Informed by different conceptual frameworks, various tools have been developed over the past decades to measure the subjective wellbeing of children (e.g. Bradshaw et al., 2007; UNICEF, 2007, Rees et al., 2016), (Cho & Yu, 2020). Subjective wellbeing measures tend to focus in particular on domain-specific or overall life satisfaction, and personal and social wellbeing across different areas of children's lives. In a review of measurement tools for child wellbeing, Cho and Yu (2020) identified the most common areas of subjective wellbeing investigated in the studies, namely social relationships (family, peer, general), community connectedness and neighbourhood wellbeing; health and physical functioning and wellbeing; school experience and learning; emotional functioning and wellbeing; economic wellbeing; leisure and time; sense of safety; children's rights and autonomy; spirituality; and overall life satisfaction. Stratham and Chase (2010) also argued that indices of children's wellbeing need to pay attention to culture, gender, age and other personal characteristics, and how these factors may influence feelings of wellbeing; and that besides addressing the mainstream contexts of children's lives, such as the home and school, also addressing the wellbeing of children in diverse backgrounds, including marginalised ones.

International Study of Children's Subjective Wellbeing

One of the most recent and commonly used measures of the subjective wellbeing of children is the Children's World International Study of Children's Subjective Wellbeing (ISCWEB), a cross sectional and multidimensional study of children's subjective wellbeing (Rees et al., 2016; 2020). Children's World is the first multinational study of the subjective wellbeing of children on three age groups, namely 8-, 10- and 12-year-olds, measuring home and family relationships, school, neighbourhood, friends, use of time, economic wellbeing, citizenship and overall subjective wellbeing. The study is underpinned by various key conceptual issues, reflecting the recent shifts taking place in the measurement of children's wellbeing, namely focusing on childhood as a distinct population group and an important developmental stage in its own right; focusing on children as the unit of analysis rather than as part of families of households; including children as social actors with information collected directly from them within a children's rights perspective; exploring a wide arrange of areas and issues related to children's lives within a multidimensional perspective following consultation with the children themselves; focusing on positive and evaluative indicators rather than problem based indicators; and addressing the three component framework of children's subjective wellbeing, namely cognitive, affective subjective and psychological wellbeing (Rees & Main, 2015; Ben-Arieh, 2010). It addresses the gaps of previous child wellbeing indices, such as the lack of attention to particular domains and areas of wellbeing, including subjective wellbeing (Ben-Arieh, 2011; Boljka et al., 2018; Stratham & Chase, 2010) and in international comparative studies such as the Health Behaviour in School-aged Children study (HBSC) (Currie et al., 2012) and the Programme for International Student Assessment (PISA) which do not cover the broad range of domains of children's lives and wellbeing (Rees et al., 2020).

The study makes use of a structured self-report questionnaire exploring children's satisfaction with various aspects of their lives. Three sets of questionnaires are used for three age groups (8-, 10-, and 12-year-olds). Those for the 10- and 12-year-olds are very similar, while the questionnaire for 8-year-olds is shorter and simpler. The questionnaires cover areas such as children's characteristics, economic context, home context, family, friends, school, neighbourhood, use of time, children's rights, and overall wellbeing (Rees et al., 2020).

To measure overall subjective wellbeing, the questionnaire uses three specific scales, namely the Children's World Subjective Well-Being Scale (context-free), Children's World Positive and Negative Affect Scale, and Children's World Psychological Well-Being Scale (Rees et al., 2020). These encompass the two major aspects of subjective wellbeing discussed earlier, namely hedonic or subjective wellbeing and affective wellbeing measured by the first two scales, and eudaimonic wellbeing (psychological wellbeing such as purpose in life, autonomy, and personal growth) measured by the latter (Psychological Well-Being Scale). Children were involved in the initial development of the questionnaires (Rees & Maines, 2015). The first wave of the study was carried out in 14 countries in 2011-2012, the second wave in 2013-2014 with 61,000 children from 18 countries, and the third wave in 2016-2019 with a representative sample of 128,000 children from 35 countries. Another wave was carried out in 2020-2022 focusing on children's views on their lives and well-being during Covid-19, with a sample of 23 803 children from 20 countries. Malta participated in the last two waves of the study through the Centre for Resilience and Socio-Emotional Health at the University of Malta.

The next section provides further information on how the International Study of Children's Subjective Wellbeing questionnaire was adapted for the present study and how data was collected and analysed.

2. Methodology

2.1 Overview

The present study explores the wellbeing of children in Malta by building on the survey used by the International Study of Children's Subjective Wellbeing. This survey had already been translated, adapted and used with children in Malta in two of the international waves studies (Cefai & Galea, 2016, 2020). It explores the various dimensions of children's subjective wellbeing and how they vary by age, gender, nationality/language, disability, and socio-economic status. The study includes children and young people from 7 to 15-year-olds. It adopts a children's rights perspective, with children seen as active agents having the competence of forming their own views and consequently the right to participate in the study through child-friendly instruments. Children are positioned as the unit of analysis and as the main actors in the study with data collected directly from them. The study is also informed by the systemic perspective construing wellbeing as multidimensional, focusing on various domains and encompasses both hedonic and eudaimonic wellbeing.

In view of the needs of the present study, several adaptations were made to address the local context as well as the limitations of International Study on Children's Subjective Wellbeing (Cho & Yu, 2020). The focus of the International Study on Children's Subjective Wellbeing is on middle childhood namely, children aged 8 to 12 years old. The present study however, wanted to take a broader age range, from early childhood to adolescence namely 7 to 15. This is also in line with calls for wellbeing indices to capture as broad a range of childhood ages as possible, particularly by also focusing on younger children, rather than 'lumping together' different stages of childhood as one homogeneous group (Cho & Yu, 2020).

Aside from age and gender, the present study also sought to capture subgroups of children with diverse needs besides the mainstream population, such as children with disabilities, children from a migrant background and children from a low SES/living in poverty. Questions on children's characteristics such as nationality, region, disability/special needs and poverty were included in the questionnaire.

2.2 Sample

Sampling was undertaken with a view to achieving a nationally representative sample of 500 school children between the ages of 7 (Year 3) and 16 years (Year 11). However, since the data was collected at the beginning of the scholastic year, the maximum age of participants was 15-year-olds. The primary sampling unit was the three mainstream school sectors in Malta (i.e. State, Church and Independent schools), with separate samples drawn for each school year from Year 3 in primary schools to Year 11 in secondary schools, according to the student population in each sector. The sample was further stratified by geographic region (in the case of state schools), gender and class level. Thirty schools were identified by the National Statistics Office (NSO) in order to achieve the study's sample, based on an average of 18 students per class in the respective schools. All the students in the identified classrooms were asked to participate in the study. A further thirty schools were identified as a backup sample by the NSO, to replace cases when the school from the original sample declined to participate or received a low number of signed consent forms from the parents.

The Heads of School from each identified school were approached by the research team to participate in the study. They were asked to identify a representative class in their school of not less than 18 students according to the age group set by the NSO to participate in the study, and then to distribute an information letter and consent form to the parents/carers of the students in the chosen class. A total of thirty-four schools including primary, middle and secondary schools participated in the study. This included 17 schools from the original sample and 17 schools from the backup sample. A total of 378 participants completed the survey, whilst the final sample consisted of 364 participants following data cleaning. Given the time limits of the project and

after sending repeated reminders and having exhausted the sample of the alternative schools identified by the NSO, it was decided to start the analysis with the achieved sample.

The number of participants from the three cohorts were 80 (7 to 8-year-olds), 143 (8 to 11-year-olds) and 141 (11 to 15-year-olds) respectively. The overlap in students' ages in the middle group (with the younger and older group) is due to the fact that 8-year-olds and 11-year-olds could be found in the 7-year-olds and 10-year-olds' classes respectively. These students completed the questionnaire according to the year group they were attending at the time of survey completion. Table 1 presents the list of participants in the study by age, gender, and region and other demographic variables (see note on weighting below).

Table 1 - Participants by age, gender, school year, region, disability and language

Survey for 7-8-year-olds (Years 3-4), paper-based survey			Survey for 8-11-year-olds (Years 4-6), online survey			Survey for 11-15-year-olds (Years 7-11), online survey		
Gender	**N**	**%**	**Gender**	**N**	**%**	**Gender**	**N**	**%**
Female	47	58.8%	Female	70	48.8%	Female	68	48.2%
Male	33	41.3%	Male	73	51.2%	Male	73	51.8%
Total	80	100%	Total	143	100%	Total	141	100%
Age	**N**	**%**	**Age**	**N**	**%**	**Age**	**N**	**%**
7 years	55	68.7%	8-year-olds	22	15.5%	11-year-olds	42	29.9%
8-year-olds	25	31.3%	9 years	80	56.3%	12 years	17	12.3%
Total	80	100%	10 years	24	16.9%	13 years	23	16.4%
-			11-year-olds	16	11.3%	14 years	12	8.2%
-			Total	142	100%	15-year-olds	47	33.1%
-			-			Total	141	100%
Year at school	**N**	**%**	**Year at school**	**N**	**%**	**Year at school**	**N**	**%**
Year 3	61	76.3%	Year 4	22	15.4%	Year 7	43	30.5%
Year 4	19	23.8%	Year 5	85	59.4%	Year 8	18	12.9%
Total	80	100%	Year 6	36	25.2%	Year 9	22	15.8%
-			Total	143	100%	Year 10	0	0.0%
-			-			Year 11	58	40.7%
-			-			Total	141	100%
State/Non-State school	**N**	**%**	**State/Non-State school**	**N**	**%**	**State/Non-State school**	**N**	**%**
State school	62	77.5%	State school	119	83.8%	State school	99	70.1%
Non-State school	18	22.5%	Non-State school	23	16.2%	Non-State school	42	29.9%
Total	80	100%	Total	142	100%	Total	141	100%
School District	**N**	**%**	**School District**	**N**	**%**	**School District**	**N**	**%**
Southern Harbour	4	5.0%	Southern Harbour	36	25.3%	Southern Harbour	78	55.4%
Northern Harbour	45	56.3%	Northern Harbour	2	1.4%	Northern Harbour	30	21.4%
South Eastern	10	12.5%	South Eastern	9	6.3%	South Eastern	1	0.9%
Western	0	0.0%	Western	32	22.5%	Western	11	7.6%
Northern	6	7.5%	Northern	36	25.4%	Northern	4	2.6%
Gozo and Comino	15	18.8%	Gozo and Comino	27	19.0%	Gozo and Comino	17	12.0%
Total	80	100%	Total	142	100%	Total	141	100%
Born in Malta	**N**	**%**	**Born in Malta**	**N**	**%**	**Born in Malta**	**N**	**%**
Born in Malta	54	69.2%	Born in Malta	125	88.0%	Born in Malta	124	89.8%

Not born in Malta	20	25.6%	Not born in Malta	16	11.2%	Not born in Malta	14	10.2%
Not sure	4	5.1%	Not sure	1	0.7%	Total	138	100%
Total	78	100%	Total	142	100%			
Disability	**N**	**%**	**Disability**	**N**	**%**	**Disability**	**N**	**%**
Disability	15	19.7%	Disability	19	13.4%	Disability	15	11.2%
No Disability	40	52.6%	No Disability	99	69.8%	No Disability	95	69.2%
Not sure	21	27.6%	Not sure	24	16.9%	Not sure	27	19.6%
Total	76	100%	Total	142	100%	Total	137	100%
Language spoken at home	**N**	**%**	**Language spoken at home**	**N**	**%**	**Language spoken at home**	**N**	**%**
MT only	44	57.1%	MT only	50	35.0%	MT only	59	46.3%
MT/EN & OL	18	23.4%	MT & EN & OL	60	41.9%	MT & EN & OL	47	36.9%
OL	15	19.5%	EN and/or OL (except MT)	33	23.1%	EN and/or OL (except MT)	22	16.8%
Total	77	100%	Total	143	100%	Total	128	100%

Note. 1: MT = Maltese, EN = English, OL = Other Language

2.3 Instruments

Three sets of questionnaires were developed for the present study. The first questionnaire for 7-8-year-olds is based on the International Study on Children's Subjective Wellbeing questionnaire for 8-year-olds (Cefai and Galea, 2020; Rees et al., 2020), the second questionnaire conducted on 8-11-year-olds (middle childhood) is based on the 10/12-year-olds International Study on Children's Subjective Wellbeing questionnaire (Cefai & Galea, 2020; Rees et al., 2020), while the third questionnaire for adolescents is based on the 10-12 year-olds International Study on Children's Subjective Wellbeing questionnaire (Cefai & Galea, 2020; Rees et al., 2020), but includes a number of additional questions on physical health, risk behaviours and substance use (Inchley et al., 2020). The questionnaires had been adapted, translated and piloted with Maltese 8-12-year-old children by Cefai and Galea (2016), with some variations in the questions asked and in the response items used. In the case of the older group (11-15-year-olds), this was piloted with a small number of children within that age group. In this way, we sought to ensure that the questionnaires were not overly biased towards particular age groups at the expense of the other age groups (Chen & Yu, 2020).

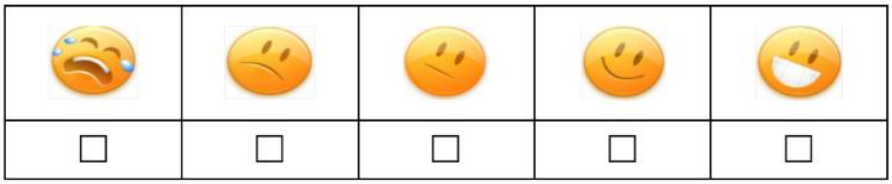
All of the three questionnaires covered the following aspects of children's lives:

- Demographics
- Living situation, home and family relationships
- Money and possessions
- Friends and other relationships
- Local area
- School
- Time use
- Health
- Overall subjective wellbeing (life satisfaction, positive and negative affect, psychological wellbeing)
- Children's rights

The questionnaires mainly differed in the nature and complexity of the questions that were asked, and in the response options provided, in order to make each questionnaire more age-appropriate. The survey for the youngest age group used simpler wording and less items, and mainly utilised a 5-point Likert scale, such as with response options ranging from 'I do not agree' to 'I totally agree', or with the use of emoticons, as in the examples in Plate 1 below.

Plate 1 - Examples of questions for the youngest age group

How satisfied are you with the people that you live with?



How satisfied are you with the area where you live?

How much do you agree with each of these sentences?

	I do not agree	I agree a little	I agree somewhat	I agree a lot	I totally agree
I have enough friends	☐	☐	☐	☐	☐
My friends are usually nice to me	☐	☐	☐	☐	☐
Me and my friends get along well together	☐	☐	☐	☐	☐
If I have a problem, I have a friend who will support me	☐	☐	☐	☐	☐

The questionnaires for the two older age groups went into more detail within each aspect of children's lives, and mainly used a 5 or 11-point Likert scale, with response options ranging from 'I do not agree' to 'I totally agree' (5-point scale) and from '0 – Not at all satisfied' to '10 – Totally satisfied' (11-point scale). There were also some additional questions in the survey for the oldest age group (11–15-year-old), which assessed the participants' engagement in risk-taking behaviours, such as smoking, drinking alcohol, drugs, and self-harm.

2.4 Data collection

The two questionnaires for the younger age groups were administered to students attending primary schools, whilst the questionnaire for the oldest age group was administered to middle and secondary school students. Data was collected through the schools between October 2022 and January 2023. The survey for 7 to 8-year-olds was administered face-to-face by the classroom teachers, save for 3 schools where it was administered by the research team. The remaining surveys were administered online during school hours with the guidance of the school teachers.

Ethical approval was obtained from the Faculty Research Ethics Committee (FREC) at the University of Malta, the MEDE Research Ethics Committee within the Directorate for Research, Lifelong Learning and Employability at the Ministry for Education and Employment, as well as the Secretariat for Catholic Education. The College Principals and Heads of School were then contacted by the research team and invited to participate in the research. The parents of the children were then asked to give their written consent before data collection commenced. The children themselves were also asked to give their consent before completing the questionnaire, either face-to-face or online.

Weighted data analysis, making use of various statistical tests was carried out using IBM SPSS v27. Data for the groups of 8 to 11-year-olds and 11 to 15-year-olds were weighted by gender and school year. The weightings have been designed to ensure that the results are as representative as possible of the population of children in mainstream schools. Data for the group of 7 to 8-year-olds was not weighted due to the smaller sample size, hence the findings of this age group must be interpreted with caution.

Descriptive statistics for each variable were computed. These included frequencies, means and standard deviation. In various instances responses were grouped together (e.g. agree/strongly agree and disagree/strongly disagree in the case of 5 response items, or the top 3 agreement responses and top 3 disagreement responses in the case of the 10 response items).

ANOVA, t-tests and crosstabs/chi-square tests were applied to test for significant differences by gender, age, school type (state/church/independent), language spoken at home, country of birth, disability, and worry about family income (Supplementary information is available at https://bit.ly/wellbeingindexappendix).

In view of the number of participants in the study, participants from church and independent schools were combined into one category (non-state schools) and tested for differences with participants attending state schools. A p-value of less than 0.05 (95% confidence) level of significance was employed in all instances.

2.5 Conclusion

The next section presents the findings of the study according to the various aspects of children's wellbeing examined in the present study. The findings for each area of wellbeing are presented according to the three age groups included in the study, namely 7- to 8-year-olds, 8- to 11-year-olds and 11- to 15-year-olds.

3. Results

3.1 My Family

Family life among 7 to 8-year-olds

The headline finding among 7 to 8-year-olds is that the vast majority of participants (98.7%) are happy with the people that they live with, with 79.5% being very happy **(Figure 1)**. The great majority of participants are happy with family members who do not live with them (63% very happy). More detailed questions reveal that the great majority feel safe at home and agree that there are people who care about them, that they have a good time with their family, that if they have a problem their family will help, and that parents listen to them and take what they say seriously (59.7% to 78.5% completely agree) **(Figure 2).** Yet almost one in five (18%) reported being hit by siblings more than three times during the past month, while 16% were called unkind names by siblings two or three times in the past month **(Figure 3).**

More detailed analysis of means, making use of t-test and ANOVA, revealed some significant distinctions by demographics. Girls scored significantly higher than boys ($p<0.05$) on the question of people in their family who care about them, while participants born in Malta ($p<0.05$) and those who speak Maltese at home($p<0.001$) were more likely to report having a good time with their family in contrast with those not born in Malta/who do not speak Maltese. Participants with a disability ($p<0.05$) and those attending non-state schools ($p<0.01$) are more satisfied than their peers on the question of family members they do not live with.

Figure 1 - Happiness/satisfaction (7-8 years)

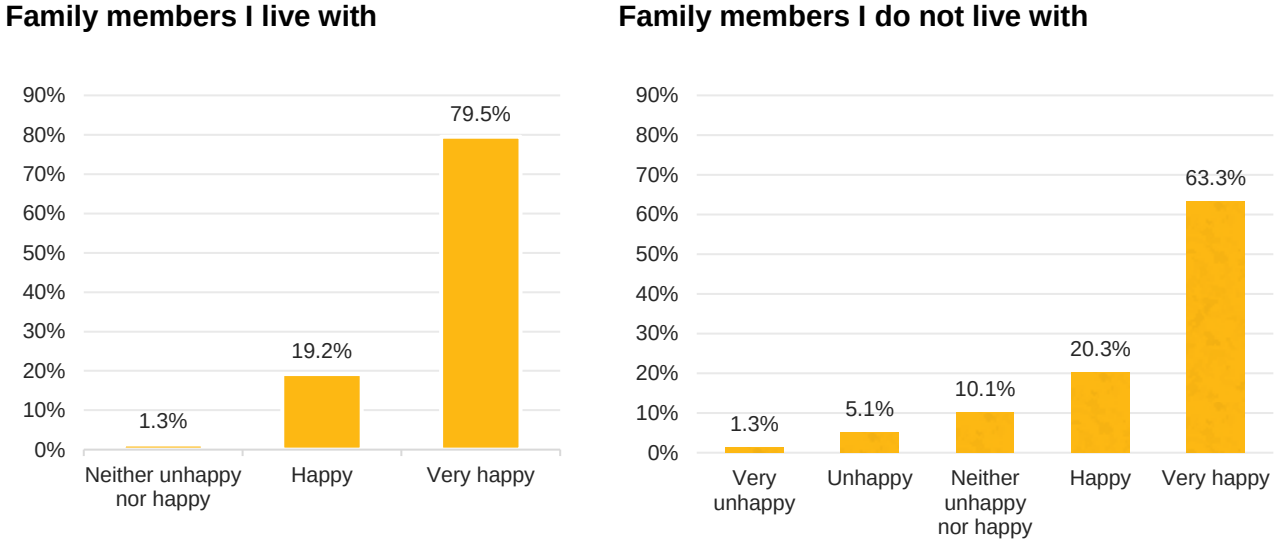


Figure 2 - Agreement with family-related statements (7-8 years)

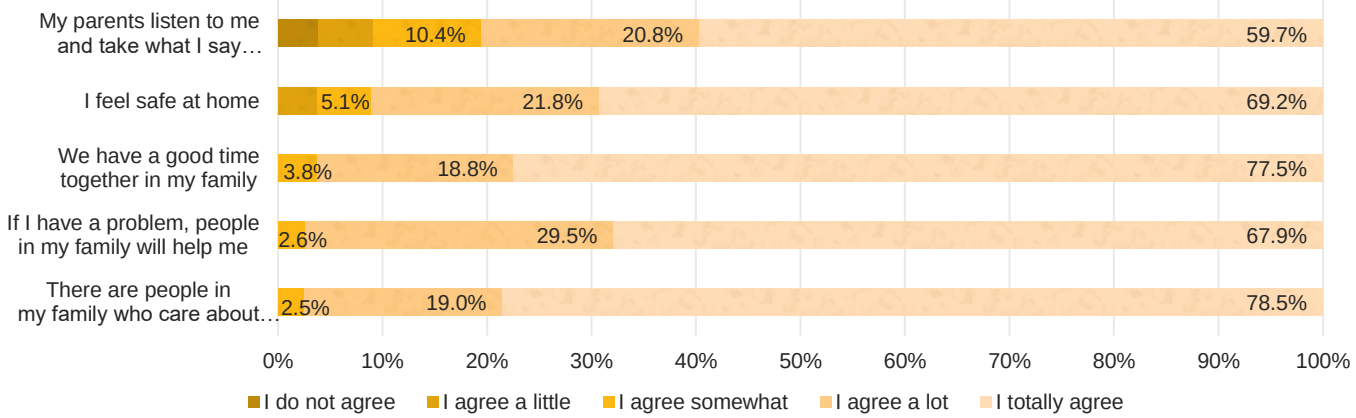
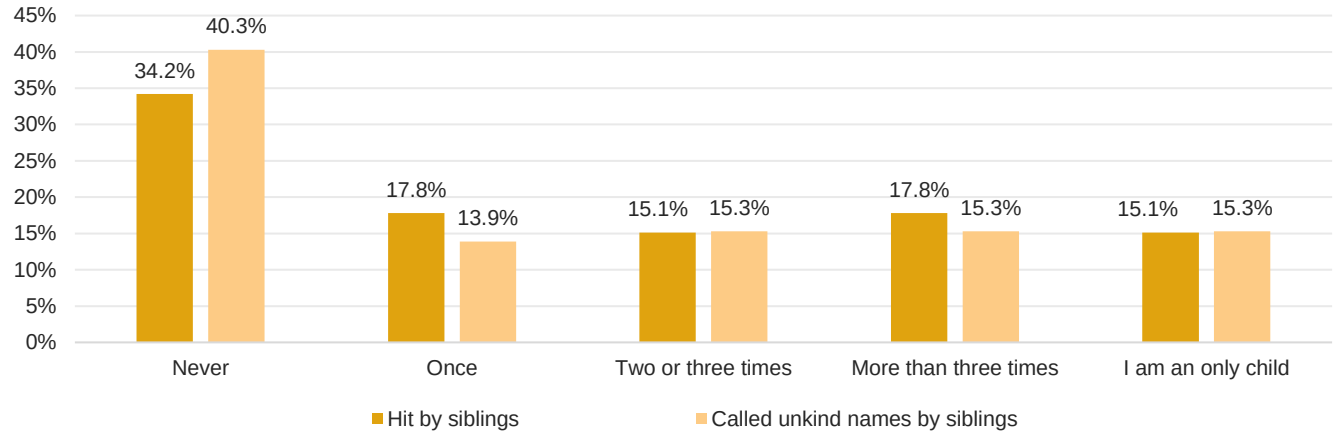


Figure 3 - Frequency of being hit or called unkind names by siblings (7-8 years)

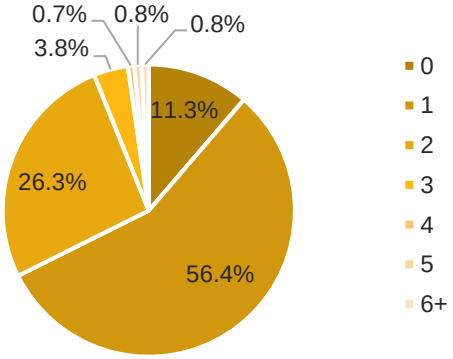


Family life among 8 to 11-year-olds

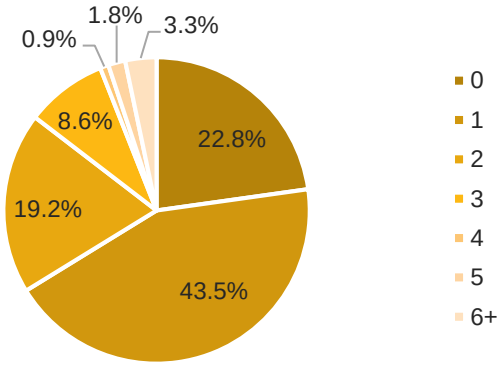
Older participants were also asked about their family arrangements. Almost all (98.6%) of 8 to 11-year-olds live together with their families, yet while 90% sleep/live in the same home, 10% sleep/live in different homes on a regular basis. The great majority of those who live in only one home, live with their mother (96.5%) and father (79.7%), with 68.6% of such families including siblings and 23.1% including grandparents. In the case of those who live in two homes, in the second home 18.9% live with their grandparents, 7.0% with their father and 1.4% with their father's partner. The majority of the participants' families consist of 3 to 4 persons (64.5%) followed by 5 to 6 persons (26.1%). The great majority of respondents have one or two siblings (82.7%), while 11.3% are an only child **(Figure 4).**

Figure 4 - Number of siblings (8-11, 11-15 years)

8 to 11-year-olds



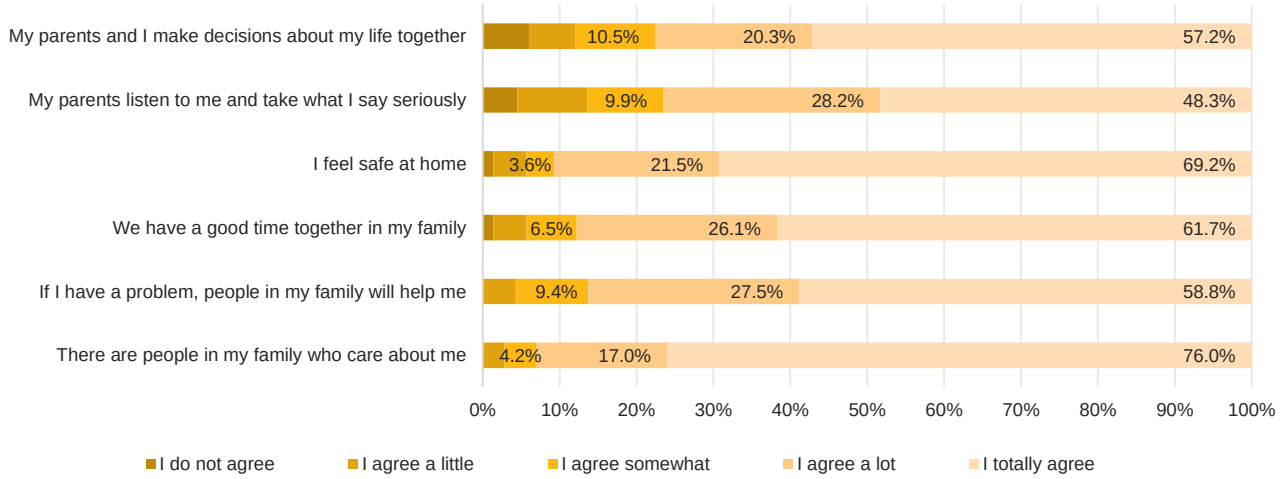
11 to 15-year-olds



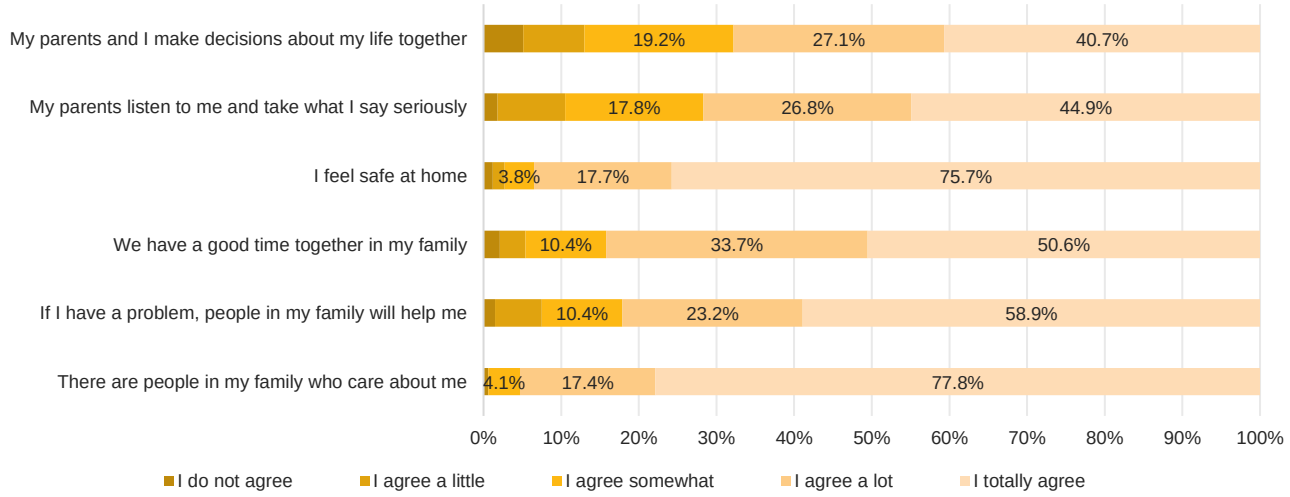
The great majority of 8 to 11-year-old participants (85.6%) are satisfied with the people that they live with, with 57.6% being totally satisfied. Overall, most of these participants have positive feelings towards other family members, with 93% agreeing that there are people who care about them (75% completely agree), 90.7% that they feel safe at home (69.2% completely agree), 87.8% that they have a good time with their family, and 86.3% that if they have a problem their family will help **(Figure 5).** Around three out of four participants in this age group agree that their parents listen to them and take what they say seriously (76.5%), however fewer than 50% strongly agree, while 13.6% are less likely to agree. 77.5% believe that they make decisions about their life together with their parents while 12% are less likely to agree.

Figure 5 – Agreement with family related statements (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

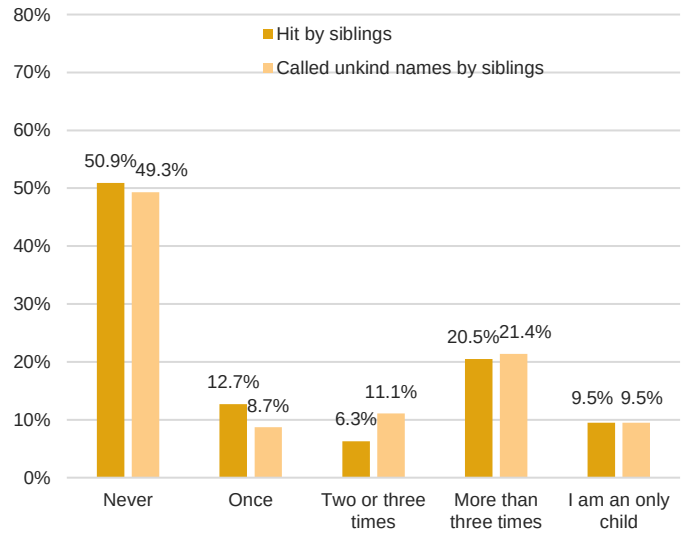


An examination of distinctions reveals that those who do not worry about family income and those without a disability are more satisfied with the people they live with in comparison with their respective peers ($p<0.05$). Girls are more likely than boys to agree that they feel safe at home ($p<0.05$), that there are family members who care about them and who help them with problems ($p<0.001$), and that their parents listen to them and take what they say seriously, and make decisions with them about their life ($p<0.001$). Moreover, those who do not worry about money appear to have a happier family life with significantly higher scores on feeling safe, having a good time, and having people who care about them in their family ($p<0.05$). A simple linear regression of the data further reveals that the more parents listen to their children and take what they say seriously ($p<0.01$), and make decisions together with them ($p<0.05$), the higher is the children's domain-based subjective wellbeing.

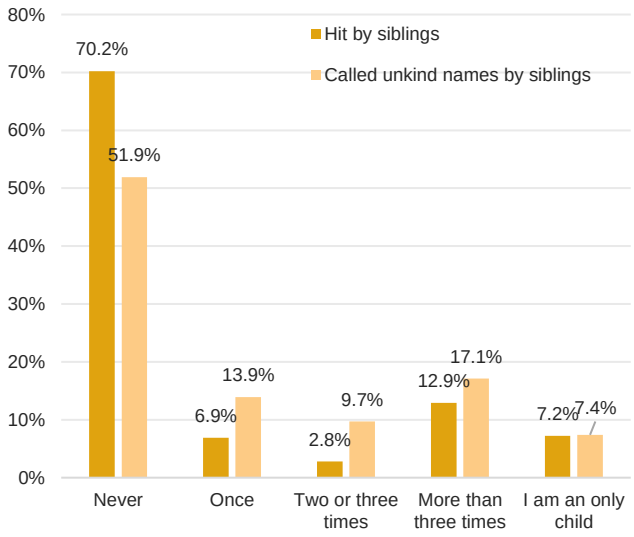
One in five of participants aged 8 to 11 reported being hit or called unkind names by their siblings more than 3 times in the last month **(Figure 6).** Those who worry about family income ($p<0.01$) reported a higher rate of being called unkind names, while boys and those not born in Malta scored significantly higher on being hit by their siblings ($p<0.05$).

Figure 6 - Frequency of being hit or called unkind names by siblings (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



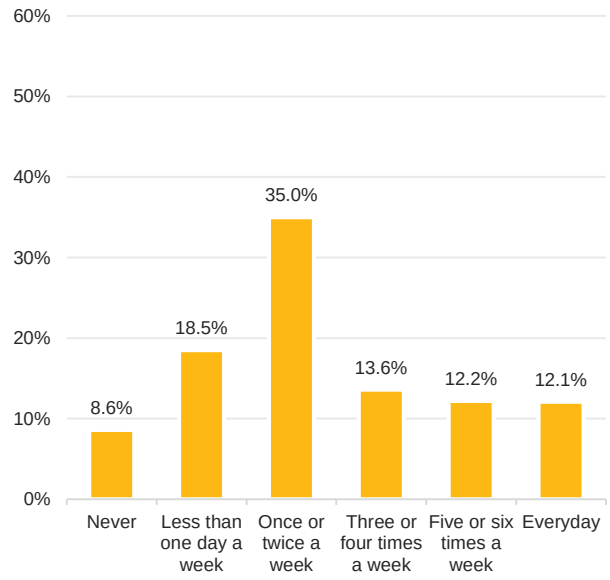
Most of the 8- to 11-year-old participants see family members they do not live with once per week or more (72.9%) (Figure 7). Analysis of means, using t-test and ANOVA, reveals that 8 to 11-year-olds who never worry about family income ($p<0.05$) and are girls ($p<0.05$) are more satisfied with other people in their family. Although most parents do not live or work away from home, 9% of fathers and 6.6% of mothers do.

Family life among 11 to 15-year-olds

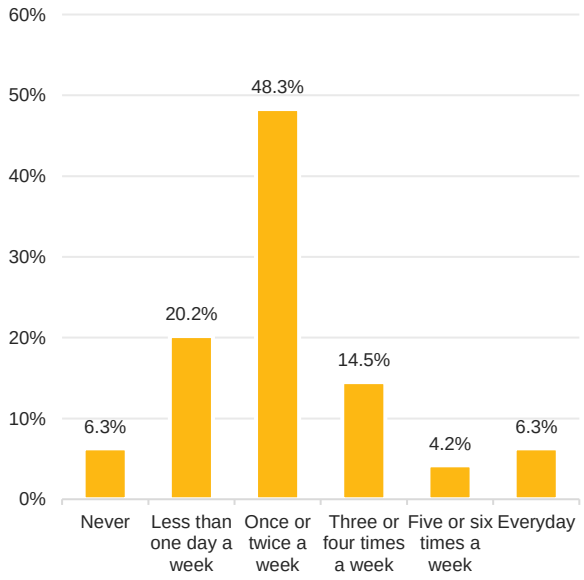
In the oldest group assessed (11 to 15-year-olds), 89.3% sleep/live in the same home and 10.7% sleep/live in different homes on a regular basis. Most of those who live in only one home live with their mother (94.1%) and father (77.7%), with 59.8% of such families including siblings and 13.8% grandparents. About 14% live with their mother only (no father or partner). In the case of children who live in two homes, in the second home 15.5% live with their grandparents, 7.6% live with their father and 4.1% with their father's partner. The majority of the families of adolescents consist of 3 to 4 persons (67.3%) followed by 5-6 persons (26.7%). Most of the respondents have one or two siblings (62.7%), while 22.8% reported being an only child **(Figure 4).**

Figure 7- Frequency of meeting other people in your family (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



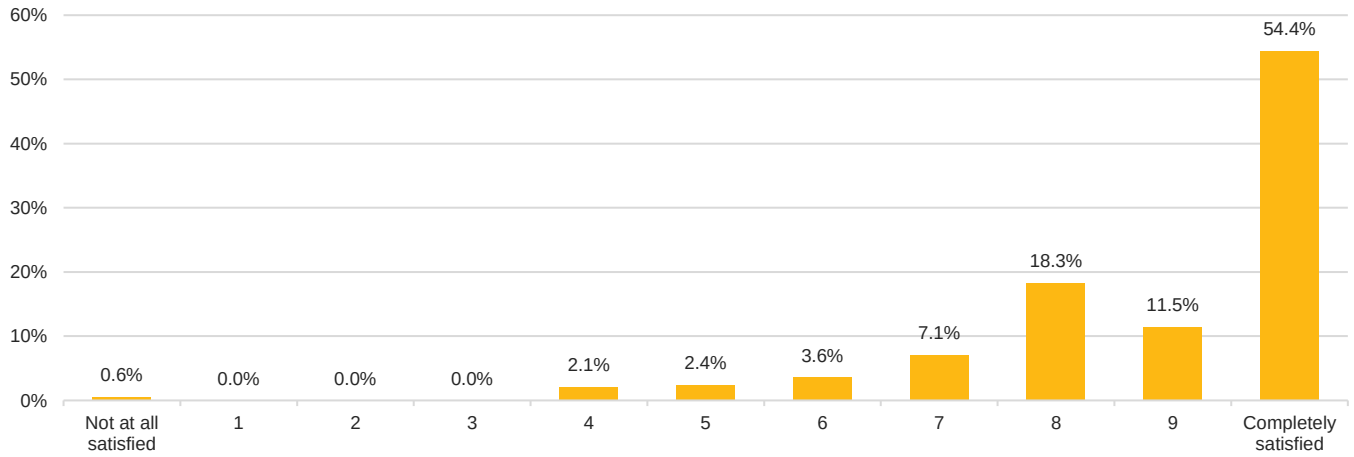
Overall, even in this age group, the great majority of participants have positive feelings towards family members, with 95.2% agreeing that there are people who care about them (77.8% completely agree), 93.4% that they feel safe at home (75.7% completely agree), 84.3% that they have a good time with their family, and 82.1% that if they have a problem their family will help **(Figure 5).** The responses were more varied than the younger group however, with fewer than 50% totally agreeing that they make decisions about their lives together with their parents and that their parents listen to them and take them seriously. A linear regression analysis reveals that the more parents listen to children and take what they say seriously ($p<0.01$), the higher the children's subjective wellbeing, while the more parents and children make decisions about life together ($p<0.05$), the higher the children's domain-based subjective wellbeing. Those who do not worry about money appear to have a significantly happier family life, including more participation in family decisions ($p<0.01$).

As **Figure 6** reveals, while 70.2% of the 11 to 15-year-old group reported never being hit by siblings, 12.9% were hit more than 3 times in the last month, and 17.1% were called unkind names by their siblings more than 3 times in the last month.

Most of the participants in this age group see family members they do not live with at least once a week or more (73.3%) **(Figure 7)**. Analysis of difference in means reveals that 11 to 15-year-olds who speak both Maltese and English ($p<0.001$) (as opposed to those who speak Maltese only or English and another language excluding Maltese), who do not worry about family income ($p<0.001$) and who attend non-state schools ($p<0.001$), tend to be more satisfied with the other people in their family.

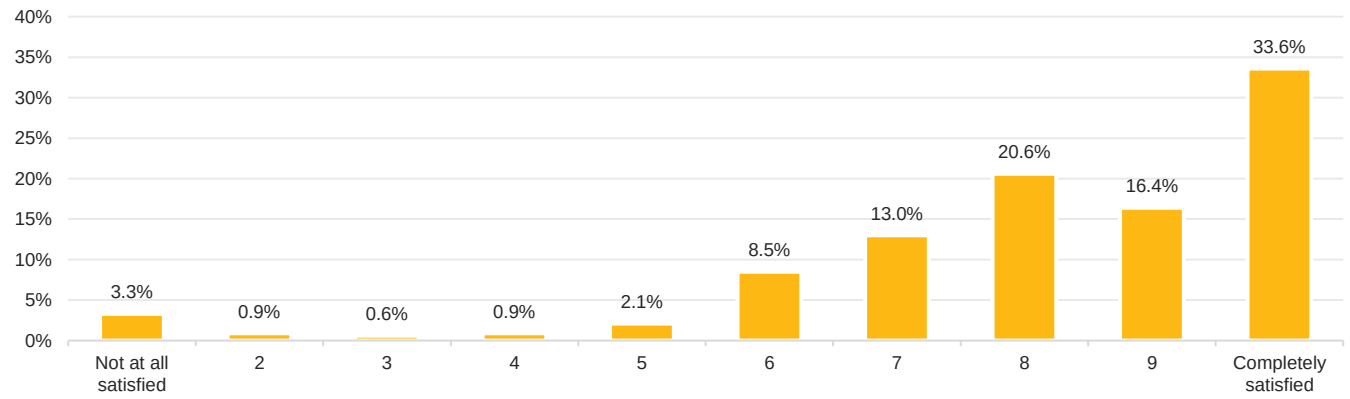
For this age group, **Figure 8** shows that 84.2% of the participants are satisfied with the people they live with, with 54% being totally satisfied; very few participants appear to be dissatisfied and there are no gender or age differences. However, analysis of means using ANOVA reveals that those who do not worry about financial issues in their family are more satisfied with the people they live with ($p<0.01$).

Figure 8 – Satisfaction with the people you live with (11-15 years)



Summarising the distribution in **Figure 9** reveals that some 70.6% are very satisfied with the relationship they have with the people in their family who they do not live with.

Figure 9 – Satisfaction with other people in your family (11-15 years)

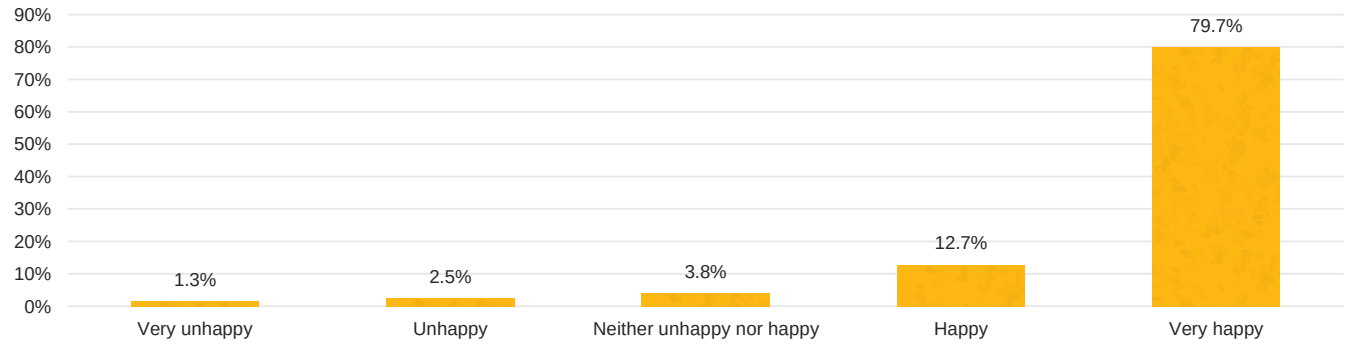


3.2 My Home

Living arrangements 7 to 8-year-olds

The vast majority of 7 to 8-year-olds are happy with the home that they live in (80% very happy). In this age group, those attending non-state schools expressed higher satisfaction than those attending state schools in relation to the home they live in ($p<0.01$).

Figure 10– Satisfaction with home (7 to 8 years)



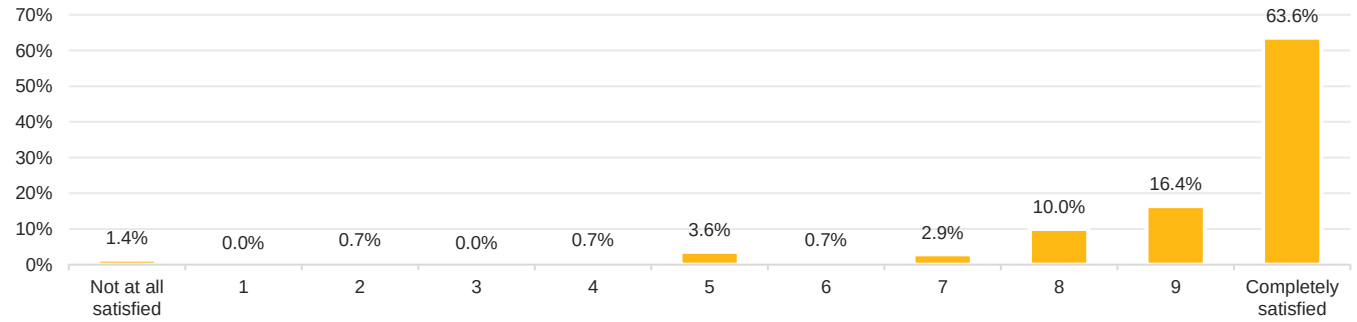
Living arrangements 8 to 11-year-olds

In terms of living arrangements, a total of 70.5% of 8 to 11-year-olds reported having three or more bedrooms in their home, and only one participant reported having only one bedroom. Indeed, 53.2% have their own bedroom while 46.8% share a bedroom and 84% of participants have their own bed. Crosstab analysis revealed that girls are more likely than boys have their own bed. 85.9% of this group already have a place at home where they can study and interestingly those attending state schools are more likely to have their own study place than those attending non-state schools. All participants have at least one bathroom at home, with 81.1% having 2 or more.

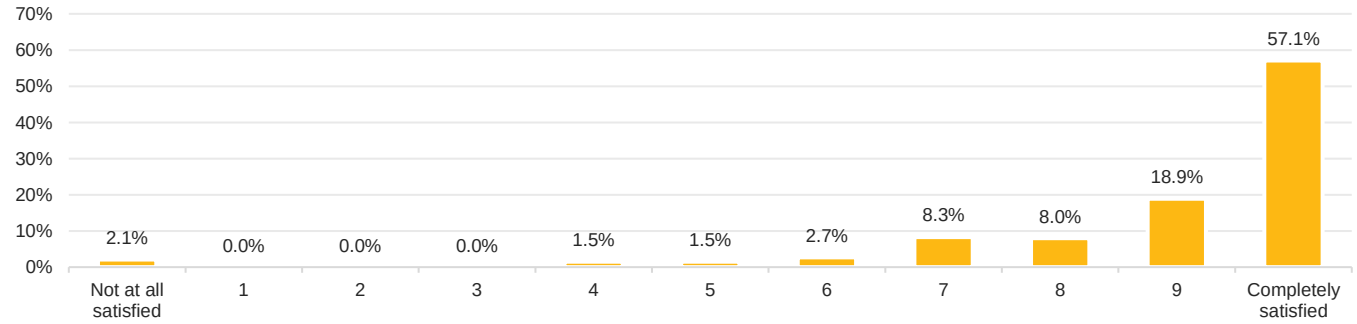
Overall, the vast majority of the 8 to 11-year-old participant group are satisfied with the home they live in (90%), with 63.6% being completely satisfied **(Figure 11)**. Analysis of means using ANOVA revealed that those not worried about family income are more satisfied than their respective peers ($p<0.05$).

Figure 11 - Satisfaction with home (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



Living arrangements 11 to 15-year-olds

In the 11 to 15-year-old group, 74.4% reported having three or more bedrooms in their home, but one in four have one to two bedrooms. All participants have at least one bathroom at home with 53.3% having two bathrooms and 21.6% more than two. As expected, 45.0% of those who often/always worry about money reported having only one bathroom in their home compared with 12.7% of those who never worry about money. Similarly, 33.3% of those attending state schools have one bathroom in contrast to 5% of those in non-state schools. While 76% of adolescent participants have their own bedroom while 24% share it (those who do not speak Maltese are more likely to share their bedroom), indicative of smaller residential units. The vast majority of participants have their own bed (96.7%) and a place where they can study at home (94.1%).

Overall, as **Figure 11** shows, 84% of the participants in the 11 to 15 age group are satisfied with the home they live in, with 57.1% being completely satisfied. Those not worried about family income are more satisfied than those who often worry about money ($p<0.05$).

3.3 My Friends

Friendship 7 to 8-year-olds

As shown in **Figures 12 to 14**, the vast majority of participants reported that they are happy with their friends (71% very happy) that if they have a problem, they have a friend to support them (63.9% totally agree), that they get along well with their friends, and that their friends are usually nice to them (87.5%-78.5%). However, while 71.2% agree that they have enough friends, 24.6% did not agree or agreed just a little. Those who do not speak both English and Maltese scored significantly lower on getting on well with their friends ($p<0.05$). Close to one third of participants see their friends every day or nearly every day (31%), but 34% see their friends less than once a week or hardly ever.

Figure 12 - Satisfaction with friends (7 to 8 years)

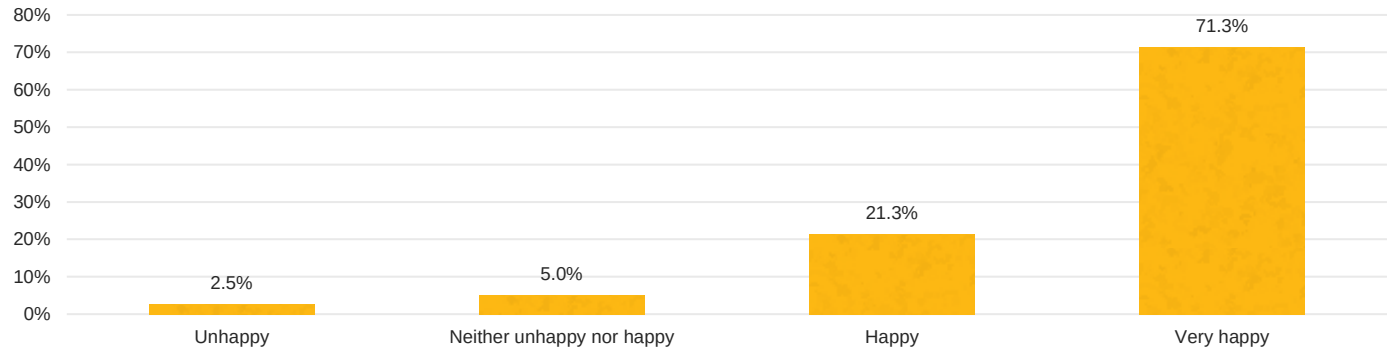


Figure 13 - Relations with friends (7 to 8 years)

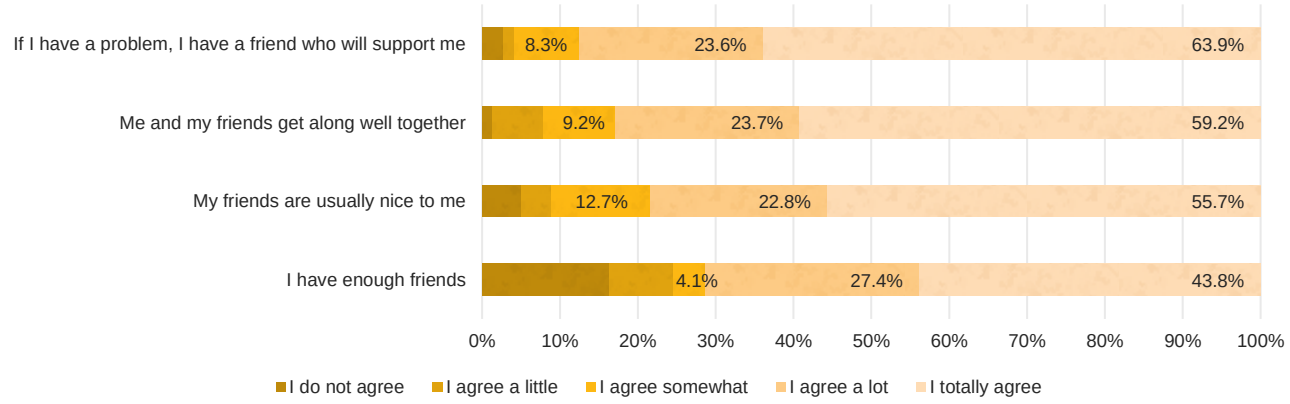
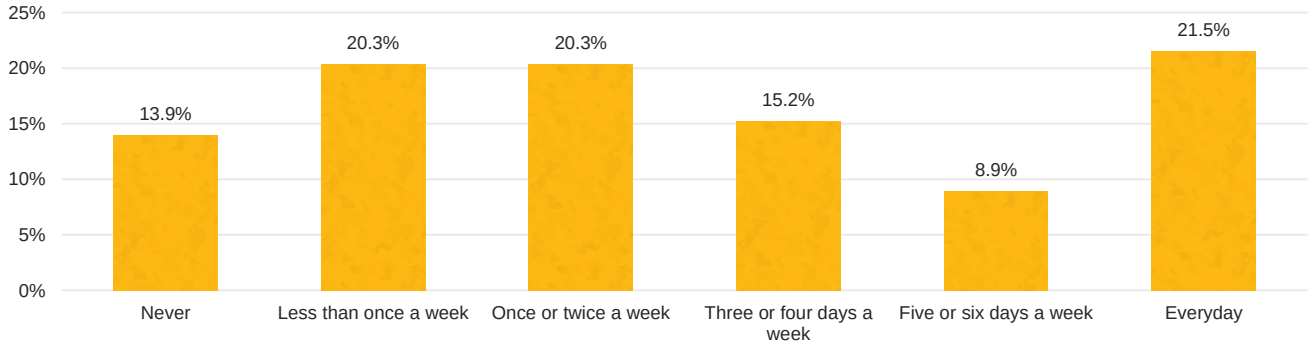


Figure 14 – Seeing friends outside school (7 to 8 years)



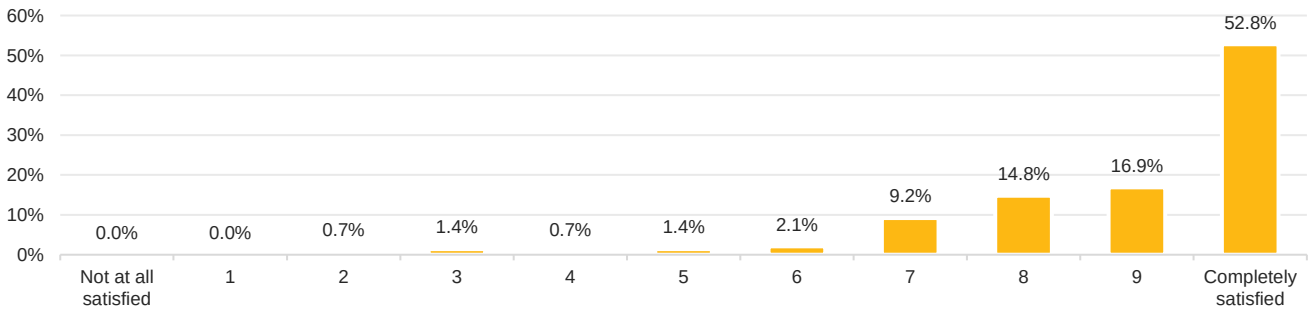
Friendship 8 to 11-year-olds

Turning to older participants, **Figure 15** shows that 84.5% of 8 to 11-year-olds are satisfied with their friends, with 52.8% being completely satisfied. Overall, most participants reported positive relationships with friends, such as agreeing that that they have a friend who supports them (92.1%), that they get along well together with their friends (83.3%), that their friends are nice to them (79.7%), and that they have enough friends (71.6%). Though 69.2% completely agree that they have friends to support them when they have a problem, fewer than 50% completely agree that they have enough friends, and their friends are nice to them.

Analysis of means using t-test and ANOVA reveals that participants not born in Malta are more likely to be satisfied that they have friends who will support them compared with their local peers ($p<0.05$) and that girls are more likely than boys to agree that their friends are usually nice to them and that their friends are there to support them when they have a problem ($p<0.05$). Participants who never worry about money scored significantly higher on friends being nice to them ($p<0.05$) and getting along well with friends ($p<0.01$), compared with those who are worried about family income.

Figure 15 – Satisfaction with friends (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

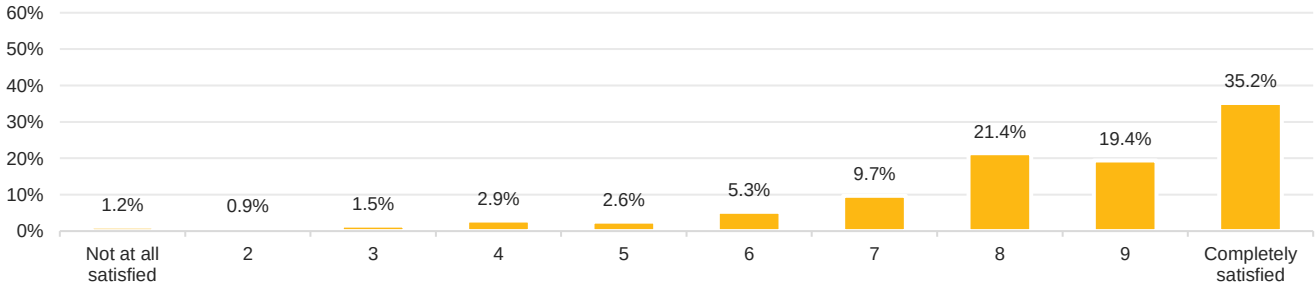
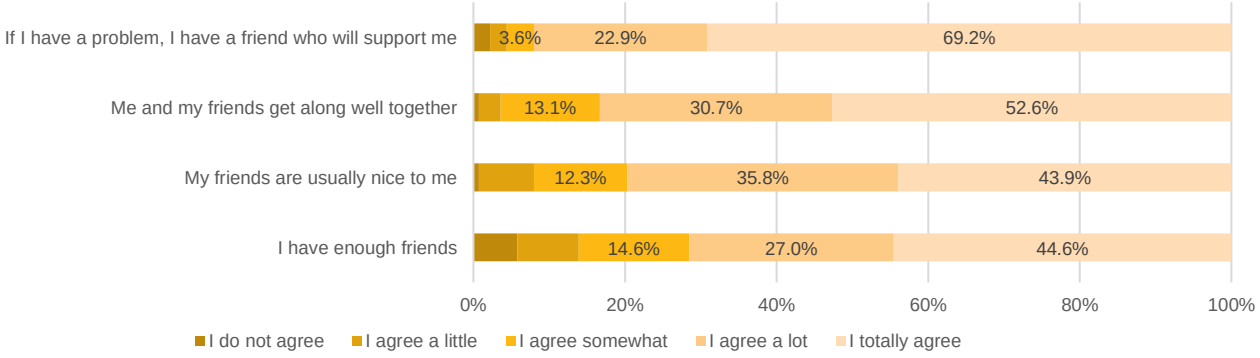
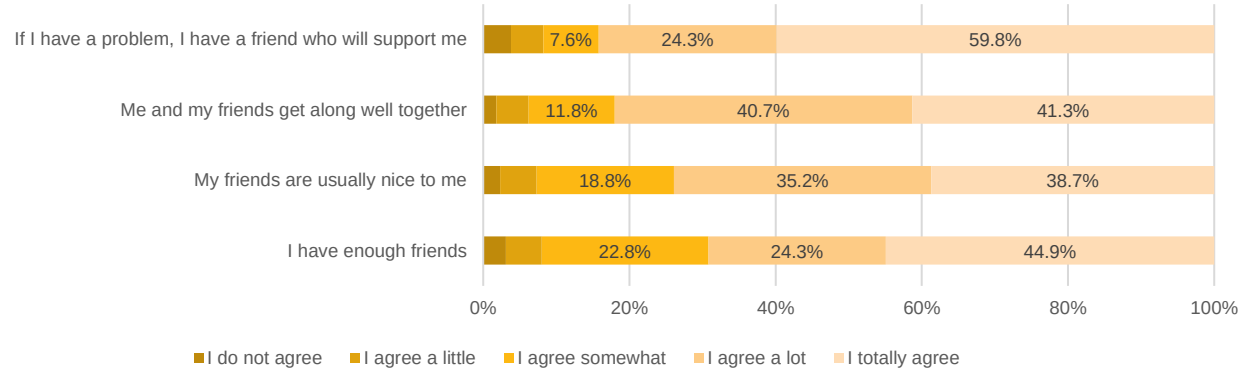


Figure 16 – Relations with friends (8-11, 11-15 years)

8 to 11-year-olds



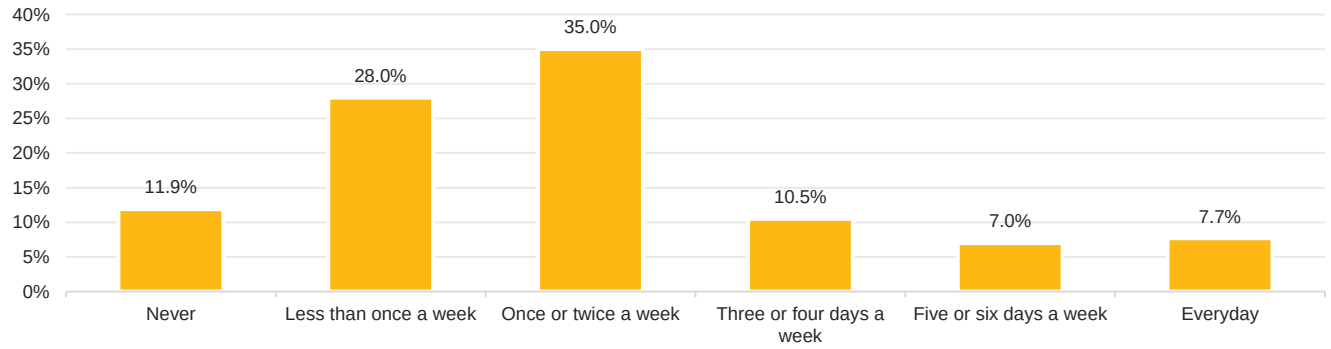
11 to 15-year-olds



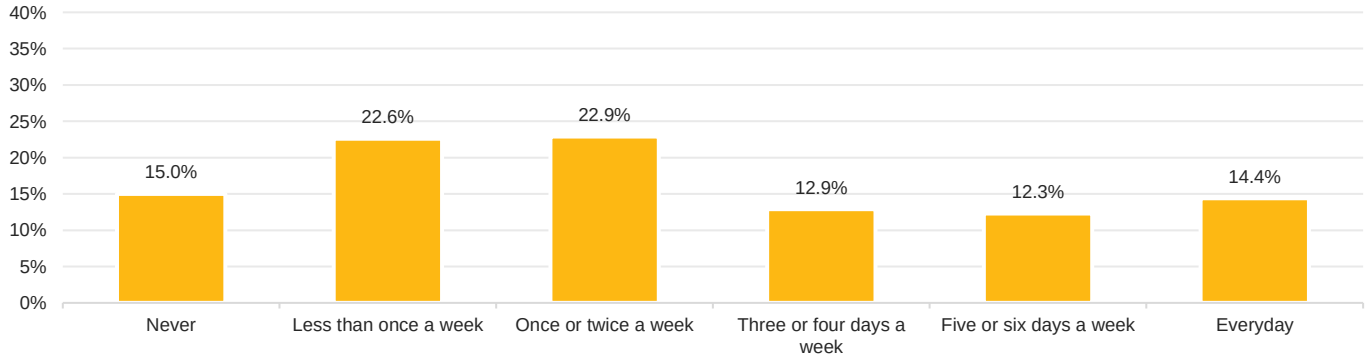
When it comes to seeing friends (**Figure 17**), only 14.7% see their friends every day or nearly every day, while 39.9% see their friends less than once a week or never.

Figure 17– Seeing Friends outside school (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



Friendship 11 to 15-year-olds

Most of the older participants are satisfied with their friends, with more than half being very satisfied (76%), but only 35.2% are completely satisfied (**Figure 15**). Overall, most participants in the 11-15 age group reported positive relationships with their friends, with 69.2% agreeing that they have enough friends, 73.9% that their friends are nice to them, 82% that they get along well together with their friends, and 84.1% that they have a friend who supports them (**Figure 16)**. Around 14.4% of adolescents see their friends every day, but 37.6% see their friends less than once a week or never (**Figure 17**).

Analysis of means using t-test and ANOVA reveals that those born in Malta /who speak Maltese and those who do not have a disability are more satisfied with their friends than their respective peers ($p<0.05$). Participants who never worry about money and girls have more supportive friendships than their respective peers ($p<0.05$), those without a disability are more likely to report having enough friends and that their friends are nice to them ($p<0.05$), while those born in Malta report getting along well with their friends ($p<0.01$) more than their respective peers.

3.4 My life at school

School life 7 to 8-year-olds

Young children aged 7 to 8 tend to be satisfied with their lives as students, the things they learn and their learning progress, and with the other children in their class **(Figure 18)**. Girls scored significantly higher than boys on satisfaction with their lives as students ($p<0.05$) and the things they learn at school ($p<0.05$), while participants with a disability scored significantly higher on the former ($p<0.01$) and those in non-state schools scored significantly higher on the latter ($p<0.01$). Most participants at this age feel safe on their way to and from school (60.9% very safe) though 10.9% do not feel very safe and 1.9% do not feel safe at all.

Figure 18 - Satisfaction with life at school (7 to 8 years)

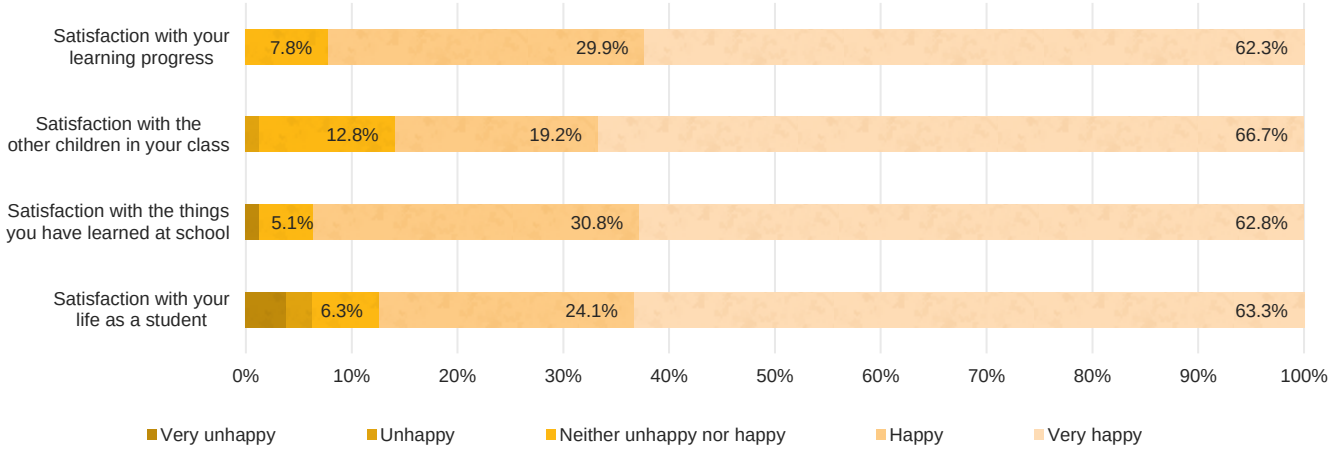


Figure 19 shows that the great majority of the youngest participants have very positive views of their teachers, with 90.5% to 86% agreeing that their teachers care about them, help them if they have a problem, and listen to them and take them seriously. However, the scores are relatively lower regarding relationships with their peers: 68.1% agree that if they have a problem in class other children will them (compared to 90.5% in the case of teachers), while 25.7% agree that there are many arguments between children in their classroom. A total of 77.5% of participants feel safe at school, but not students do. In fact, 15.5% do not agree or agree just a little bit. Finally, while most participants attend school regularly, 21.1% frequently miss school.

Disaggregated data reveals that girls feel safer at school than boys ($p<0.05$), while participants attending non-state schools also feel safer and report less arguments at school ($p<0.05$), and believe that their teachers care about them more ($p<0.01$). Participants who speak Maltese are more likely to agree that if they have a problem their teacher will help them ($p<0.05$), while students with a disability are less likely to believe that their teachers and classmates ($p<0.05$) help them when they have difficulties, when compared to their respective peers.

Figure 20 shows that 17.3% of participants reported being hit two or more times during the past month, while 21.7% were called unkind names and 23.1% excluded by their peers.

Figure 19- Relationships at school (7 to 8 years)

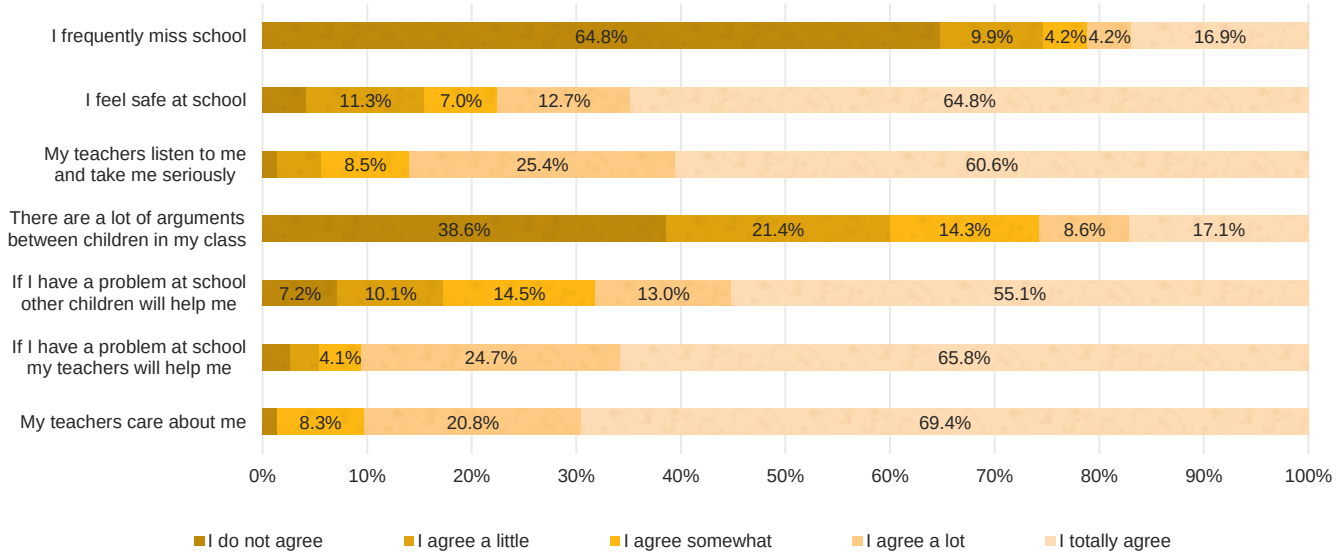
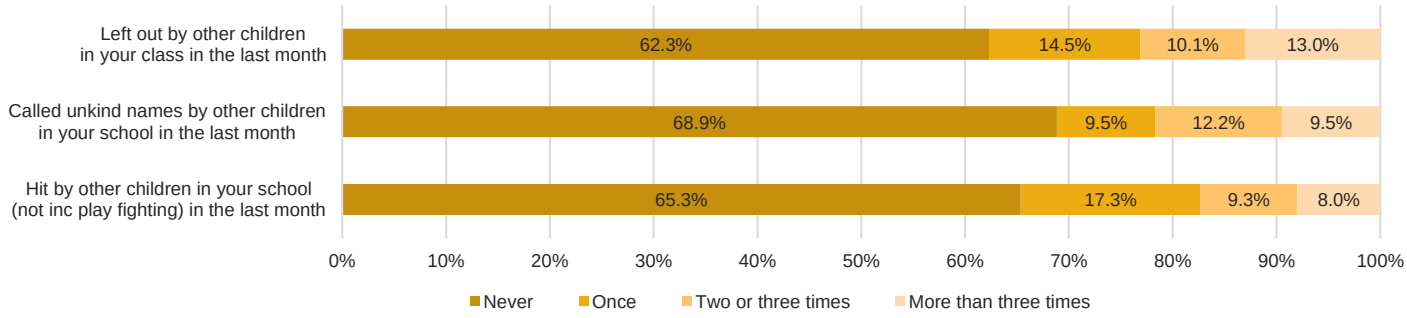


Figure 20 – Bullying and exclusion at school during the past month (7 to 8 years)



School life 8 to 11-year-olds

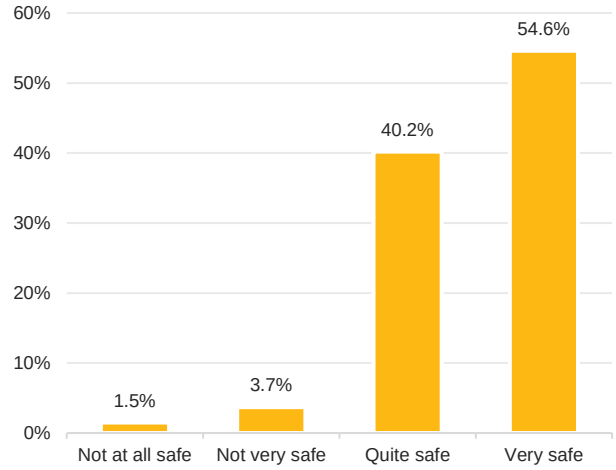
The older primary school participants (8 to 11-year-olds) also appear to be quite satisfied with their lives as students, with 67.2% being satisfied/completely satisfied, 75.3% satisfied/completely satisfied with the things learned at school, 74.9% with their academic performance, and 63% with the other children in their class**.**

Among 8 to 11-year-olds, girls and those whose main language is Maltese appear to be more satisfied than boys and bilingual/non-Maltese speakers ($p<0.05$), with the exception of satisfaction with classroom peers. Those who are not worried about family income and who do not have a disability are more satisfied with their lives at school than their respective peers ($p<0.05$ to $p<0.01$).

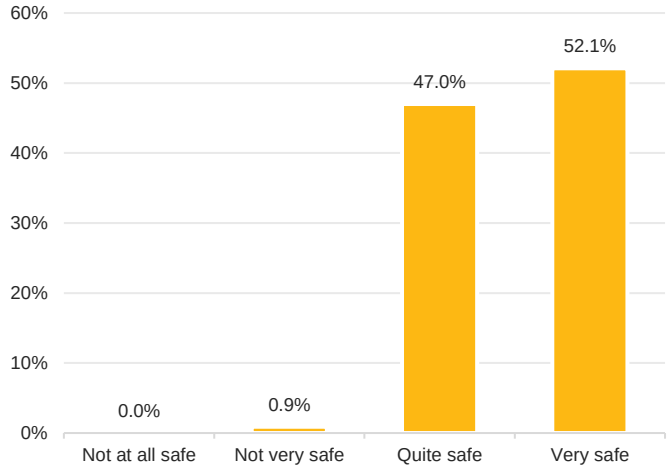
A total of 85.9% of the 8 to 11-year-old students spend about half an hour or less travelling to school, but 11.6% spend up to one hour or more. Most of these participants feel safe on their way to and from school (54.6% feel very safe) and girls tend to feel safer than boys ($p<0.05$) **(Figure 21)**.

Figure 21 – Perceived safety to and from school (8-11, 11-15 years)

8 to 11-year-olds



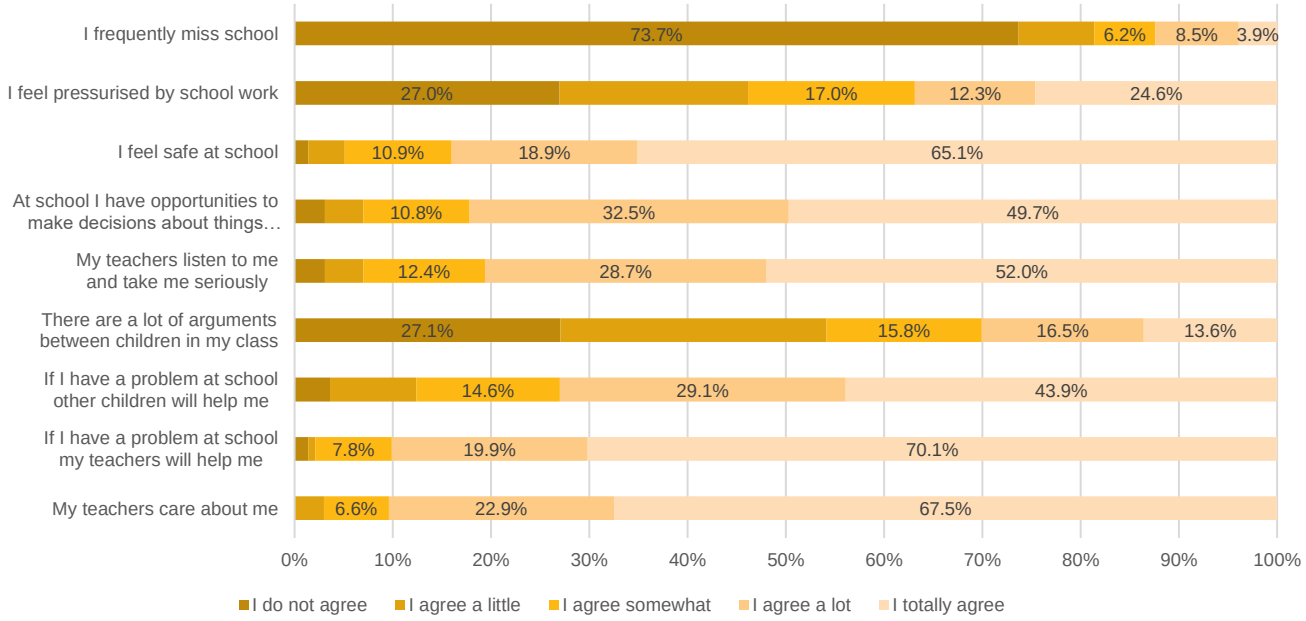
11 to 15-year-olds



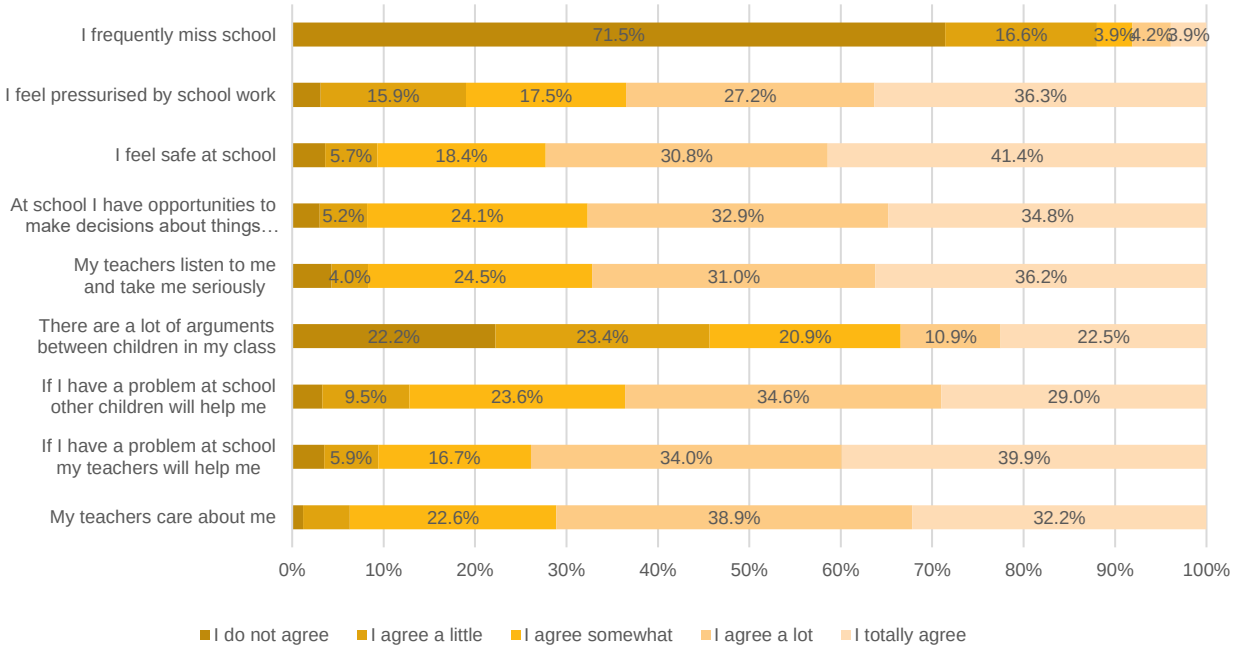
As **Figure 22** illustrates, asked whether participants feel that teachers care about them, 90% of 8 to 11-year-old participants agree that their teachers care about them (67.5% completely agree), and will help them if they have a problem (70% completely agree); 80.7% agree that their teachers listen to them and take them seriously; and 82.2% agree that at school they have opportunities to make decisions about the things that are important to them. Girls scored significantly higher than boys on the statements 'my teachers care about me' ($p<0.05$), 'if I have a problem at school my teachers will help me' ($p<0.05$), 'at school I have opportunities to make decisions about things that are important to me' ($p<0.01$), and 'I feel safe at school' ($p<0.01$). Some 73% of participants of this 8-11 school age agree that if they have a problem at school other children will help them, but 54.2% did *not* agree that there were frequent arguments between peers in their classroom. Most students feel safe at school (84%) and go to school regularly, but 12.4% frequently miss school. Over one third of participants (36.9%) feel pressurised by schoolwork (one fourth completely agree).

Figure 22 – Issues at school (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



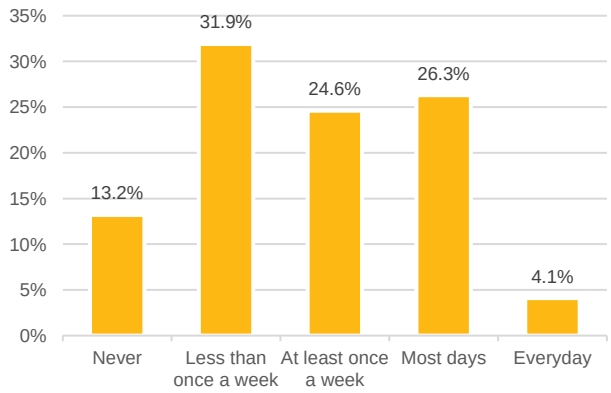
Other insights emerge from analysis of means using t-test and ANOVA: 8 to 11-year-olds who never worry about family income scored significantly higher on statements like 'my teachers care about me' ($p<0.01$), and on 'if I have a problem at school other children will help me' ($p<0.001$) while those worried about family income scored higher on feeling pressurised by schoolwork ($p<0.01$). Participants with a disability scored higher on perceived arguments between children in their class ($p<0.05$) and feeling pressurised by schoolwork ($p<0.05$). More participants from non-state schools than from state schools agree that there are frequent arguments in the classroom ($p<0.001$).

When asked about the frequency of fights between students at school, 26.3% of 8-11-year-olds said there were fights every day or on most days of the week, while another 24.6% reported that there were fights at least once a week. In fact, one in five (20.3%) reported being hit two or more times over the past month, 23.1% were called unkind names and 20.2% were excluded by their peers at school **(Figure 23).**

In the 8 to 11-year-old group, 15.5% of participants reported some form of online bullying (**Figure 24).** Linear regressions indicate that the higher the frequency of cyberbullying among 8 to 11-year-olds, the lower the psychological wellbeing of victims ($p<0.01$), and the more frequently older children aged 11 to 15 years experience relational bullying, the lower is their domain-based subjective wellbeing and their positive affect ($p<0.05$). The higher the frequency of being hit and left out ($p<0.05$), the lower the psychological wellbeing of the victims.

Figure 23 – Frequency of fights between students at school (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

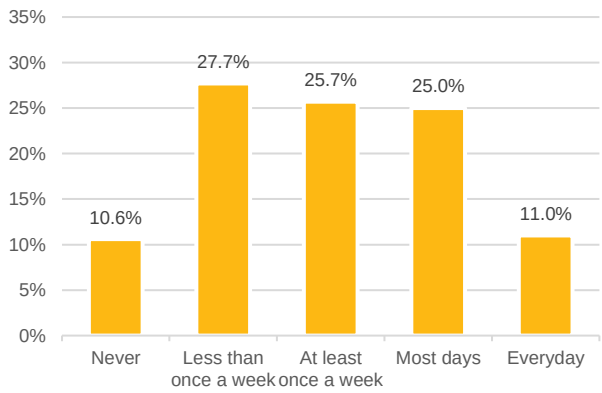
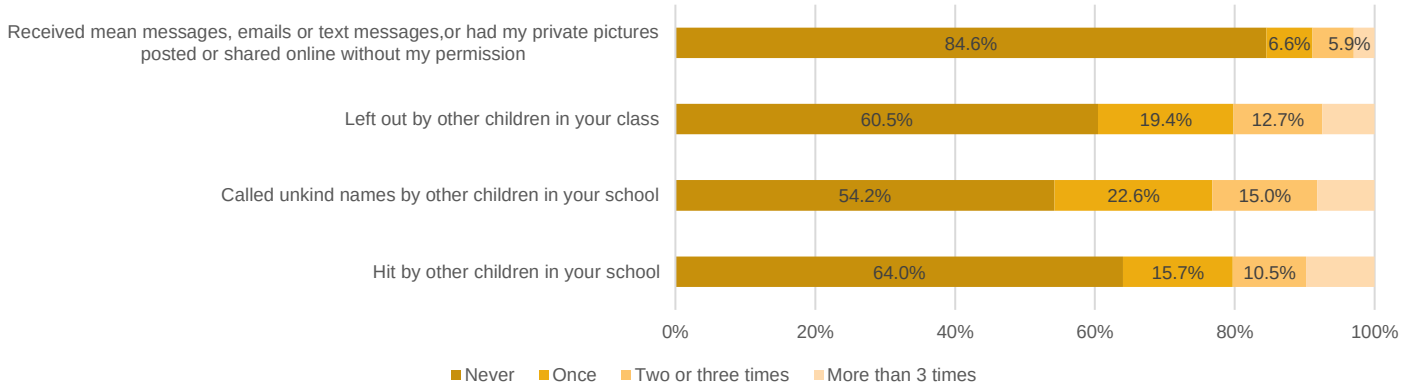
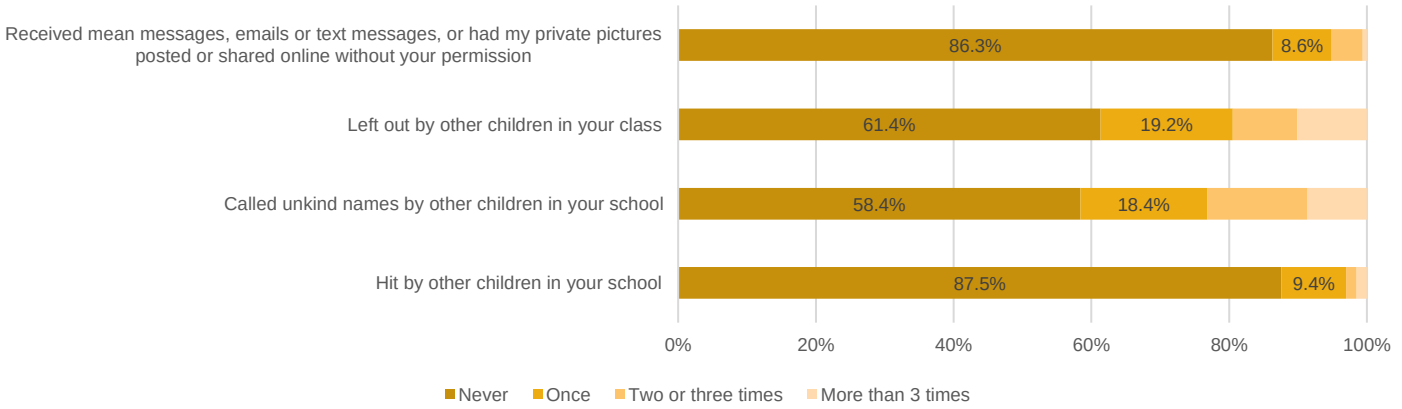


Figure 24 – Bullying and exclusion at school, past month (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



School life 11 to 15-year-olds

When asked whether they are satisfied with their life as a student, 11 to 15-year-olds gave mixed reactions, with less than half being highly satisfied (42.3%) and only 12.6% ticking the highest score. Around half of the participants are very/completely satisfied with the things they learn at school (47.8%) and with the other children in their class (48.7%); 56.7% are very satisfied with their academic performance.

There were also some interesting demographic differences in relation to life at school among 11 to 15-year-olds, with younger participants ($p<0.01$) and those born in Malta ($p<0.05$) being more satisfied with the things they learn; those who do not speak Maltese and students with a disability ($p<0.05$) being less satisfied with their classroom peers; and those who frequently worry about family income being less satisfied with life as a student and the things they learn ($p<0.05$). Those who sleep at 8-10pm, in contrast to late sleepers, scored highest on satisfaction with life as a student ($p<0.001$), the things they have learned at school ($p<0.001$), and their academic performance ($p<0.01$).

Like their younger counterparts, a great majority (95.1%) of participants aged 11 to 15 spend about half an hour or less travelling to school. The vast majority of students feel safe on their way to and from school, with younger students ($p<0.05$), state school students ($p<0.01$) and students with a disability ($p<0.05$) feeling less safe than their respective peers.

Among 11 to 15-year-olds, a positive portrait of school teachers, similarly emerges, with 71.1% agreeing that their teachers care about them; 73.9% that their teachers help them when they have a problem; 67.2% that their teachers listen to them and take them seriously; and 67.7% that they have opportunities to make decisions about the things that are important to them. A total of 63.6% of 11 to 15-year-olds agreed that if

they have a problem at school other children will help them, but only 29% completely agreed; female students scored significantly higher than males on this statement. Less affluent students felt less cared for by their teachers ($p<0.05$) and supported by peers ($p<0.01$) than their more affluent peers in this age group. Moreover, 63.5% feel pressurised by schoolwork, with 36.3% being in complete agreement. The great majority of students however do not miss school, with only 8.1% missing school frequently.

Examining the data for 11 to 15-year-olds reveals that younger students had more favourable views of their teachers compared to their older peers ($p<0.05$ to $p<0.001$), while students with a disability ($p<0.01$) indicated that they were more likely to receive help from teachers when in difficulty compared to their peers. Most students of this age feel safe at school (72.2%) but one third agree that there are lots of peer arguments in class. Students in state schools scored significantly higher on how safe they feel at school ($p<0.01$), but also scored higher on whether there are a lot of arguments between children in their class ($p<0.05$).

When asked about the frequency of fights between students at school, 36% of children in this cohort reported that there were fights every day or on most days of the week, while another 25.7% said that fights took place at least once a week. When asked about bullying at school in the past month, the majority of these older children reported that they were never hit (87.5%), called unkind names (58.4%) or left out by other children (61.4%) (Figure 4.15). However, 23.2% said that they were called names 2 or 3 times or more, and 19.5% were excluded by their peers. Crosstabs show that younger students in this cohort (11 to 12-year-olds), non-Maltese speaking, male, students with a disability, and students attending state schools were more likely to experience frequent verbal bullying than their respective peers. Relational bullying was reported more frequently amongst the younger students, those not born in Malta and those with a disability.

In the 11 to 15 cohort, cyberbullying appears to be slightly less frequent than among the younger group, with 86.3% of participants reporting never receiving any mean messages, emails or text messages, or having private pictures posted or shared online without their permission.

3.5 My neighbourhood

Neighbourhood 7 to 8-year-olds

Figure 25 illustrates that overall, 91% of young children interviewed are satisfied with the area where they live, with most being satisfied on issues like safety, cleanliness, nature and play areas, and friendly and caring adults. The responses in **Figure 26** do raise several concerns however, on some of the specific aspects of the participants' neighbourhood. Notably, fewer than 50% totally agree that there are enough nature areas and places to play and have a good time, or that their neighbourhood is clean and quiet. Moreover, a substantial number of participants are not satisfied (or just a little) with cleanliness (25.3%); nature areas (38.4%), play areas (16.9%), safety (14.1%), peer bullying (21.5%) and helpful adults (17.4%). Those born in Malta scored significantly higher than those not born in Malta on satisfaction with nature areas ($p<0.001$) and cleanliness ($p<0.05$). Participants with a disability held more favourable views of their neighbourhood such as places to play and nature areas ($p<0.05$), and a lack of peer bullying ($p<0.001$).

Figure 25 – Satisfaction with area where you live (7 to 8 years)

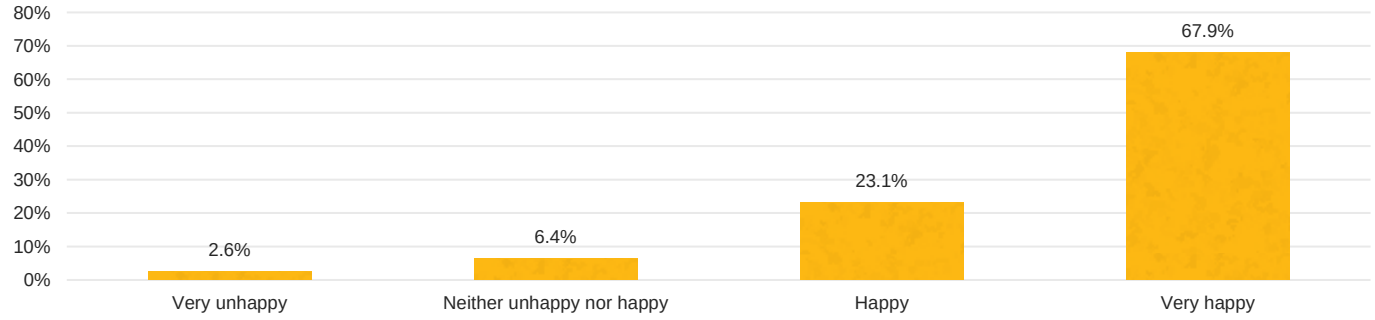
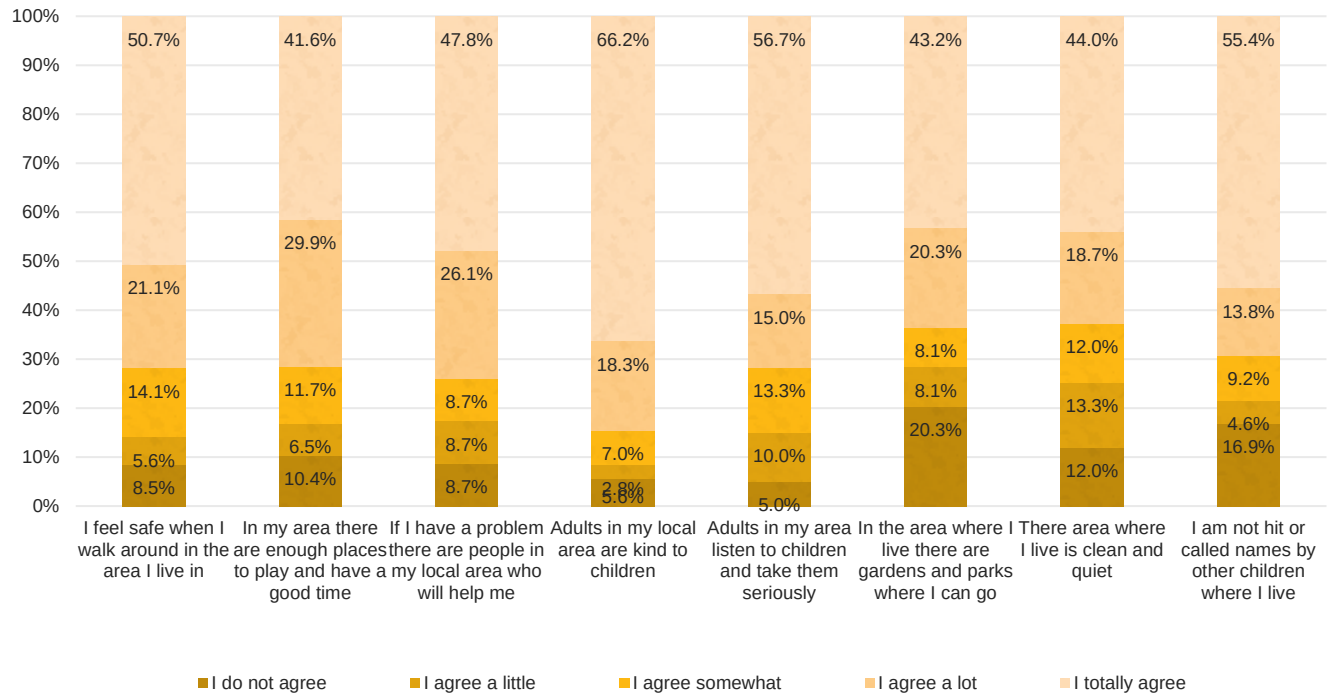


Figure 26 – Satisfaction with various neighbourhood aspects (7 to 8 years)

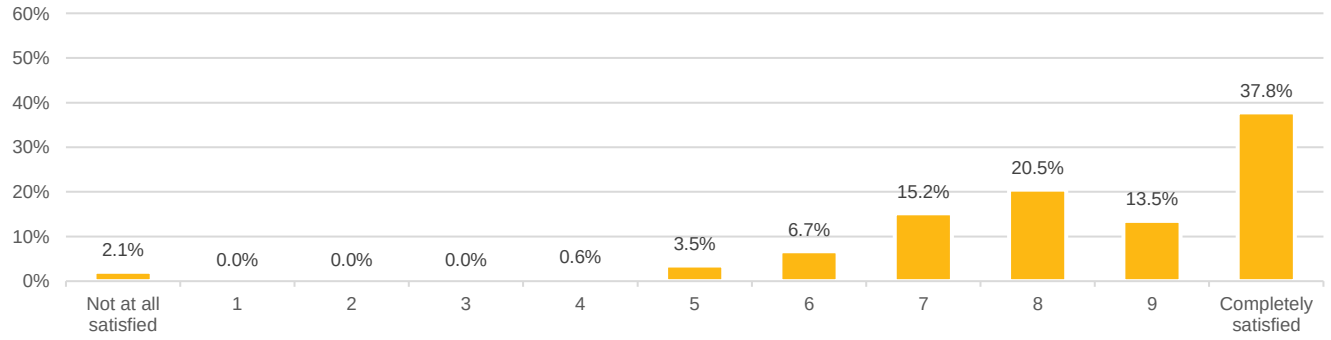


Neighbourhood 8 to 11-year-olds

As indicated in **Figure 27**, overall, participants of this age group are also satisfied with the area where they live (80.3%), although t-test and ANOVA indicate that those with a disability ($p<0.05$) are less satisfied, while those who speak Maltese only ($p<0.05$) are more satisfied.

Figure 27 - Satisfaction with the area where you live (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

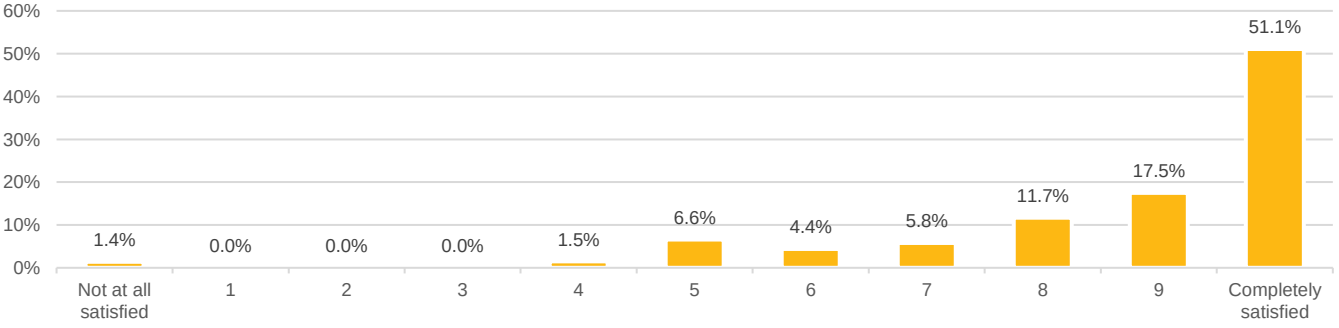
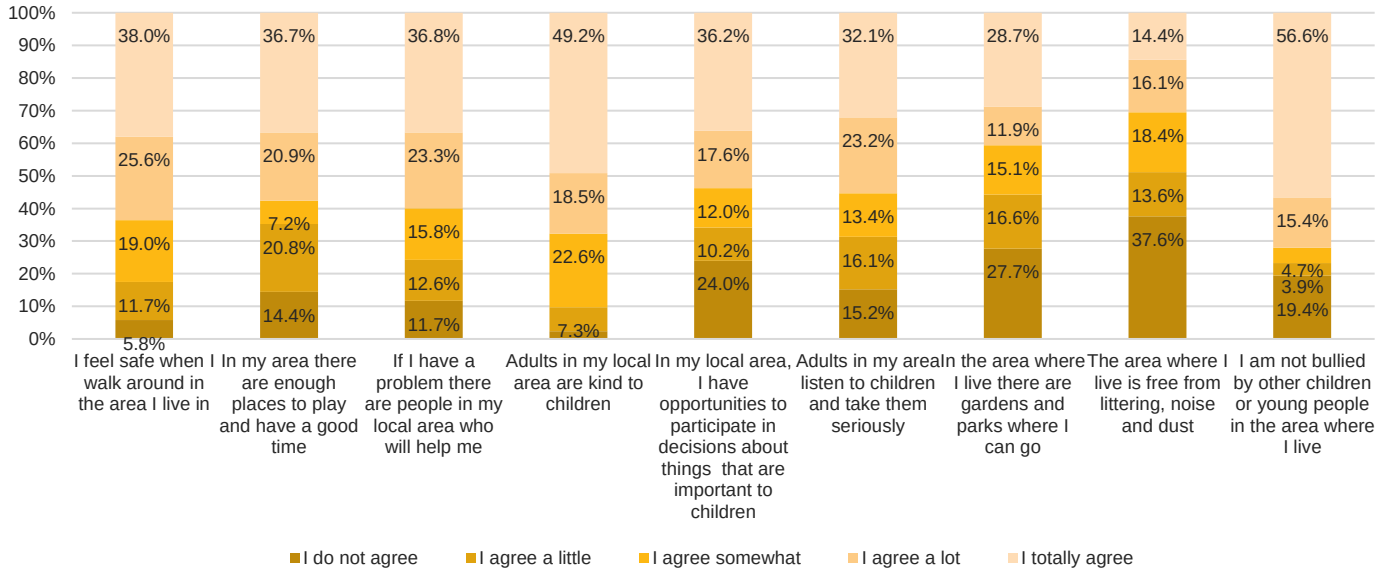


Figure 28 - Satisfaction with various aspects of the local area (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

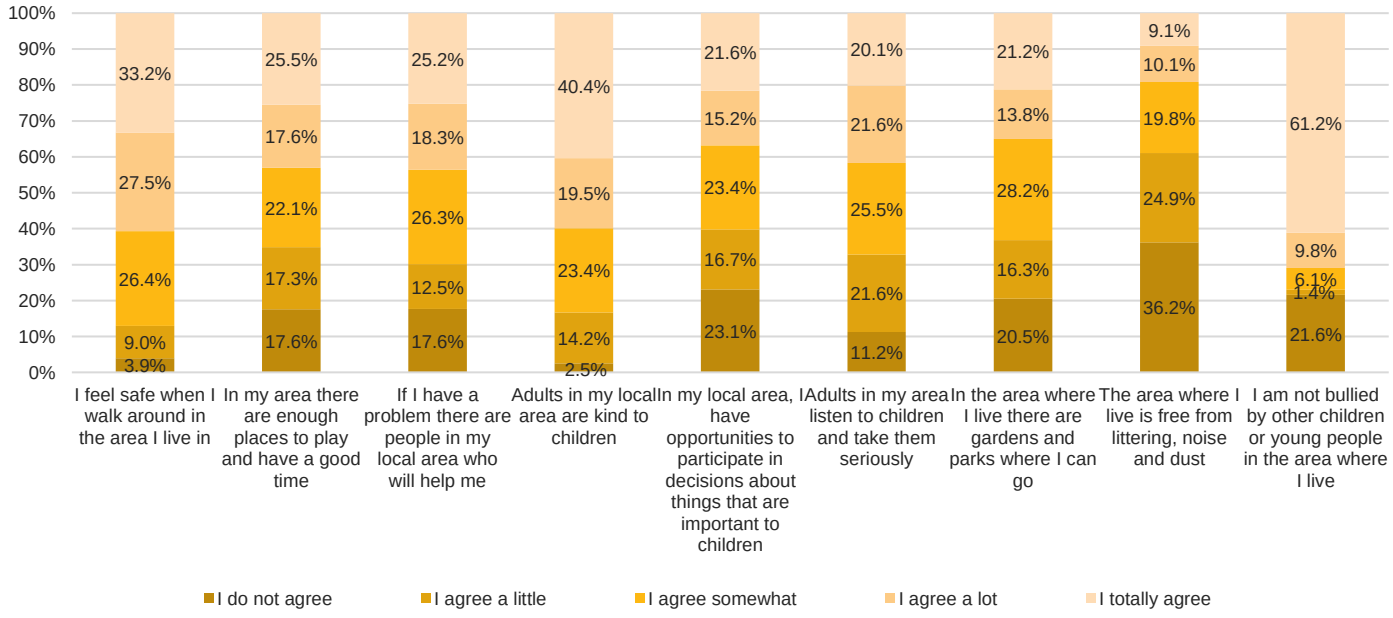
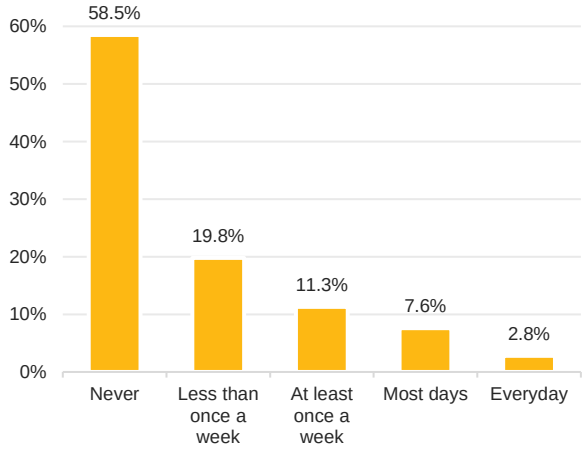


Figure 28 shows that participants are more satisfied with particular aspects of their neighbourhood such as kind and helpful adults and safety, and less satisfied with other aspects such as cleanliness, nature and play areas and their participation in decisions. More than 50% do not agree that their area is free of pollution, 44.3% do not agree they have enough nature areas and 35.2% do not agree that they enough play and social areas. Around one third do not agree that they have enough opportunities to participate in decisions in their area (34.2%), 31.3% and that adults in their area listen to them and take them seriously (31.3%). Further analysis reveals that those who do not speak Maltese are less satisfied than Maltese speaking participants on most of the areas ($p<0.05$ to $p<0.001$), while those not born in Malta scored higher on safety ($p<0.01$) than those born locally.

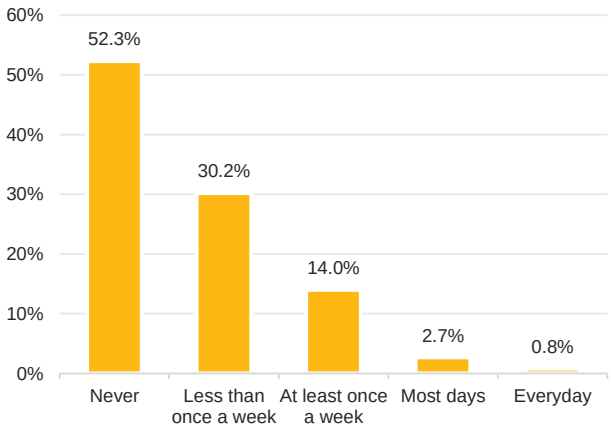
Finally, in this age group, just over a fifth (21.7%) report that there is one fight or more every week by adults in their locality **(Figure 29).**

Figure 29 - Fights in the local area (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



Neighbourhood 11 to 15-year-olds

Although overall most of the 11 to 15-year-old participants are satisfied with the area where they live (71.8%) (**Figure 27**), their level of satisfaction diverges from one aspect to another of their respective neighbourhood (**Figure 28**). Many (71%) do not feel bullied by peers in their locality, feel safe when walking around (60.7%) and agree that adults are kind to children 59.9%. By corollary, 23% agree that they are bullied by other children or young people in their locality, while only one third completely agree that they feel safe. Moreover, while 43.5% agree that if they have a problem people in their local area will help them, 30.1% do not agree or agree only a little with this. While around one half there are never fights by adults in their area, 17.5% report that there is one fight or more every week (**Figure 29**).

On the whole, adolescents are not satisfied with their voice in their locality, with more disagreeing (39.8%) than agreeing (36.8%) that they have opportunities to participate in decisions about things that are important to them. Moreover, one third do not agree that adults in their area listen to them and take them seriously. Many participants are also not happy about the recreational spaces and cleanliness in their locality, such as enough spaces to play and have a good time (34.9%) and parks and gardens where they live (36.8%). In fact, 61.1% do not agree that the area where they live is free from littering, noise and dust.

In this group, younger participants (11-year-olds) scored significantly higher than the older participants (14-15-years-olds) on having enough places to play and have a good time, opportunities to participate in decisions and being listened to and taken seriously by adults ($p<0.001$). Girls feel less safe than boys ($p<0.001$), yet boys are more bullied than girls ($p<0.05$). Those worried about family income, attend state schools and were not born in Malta are more likely to disagree that they are *not* bullied by peers than their respective peers ($p<0.05$).

3.6 Things I have

Material goods 7 to 8-year-olds

Figure 30 shows that the vast majority of participants reported having clothes and shoes in good condition, equipment/things needed for school, money for school trips, equipment/things needed for sports and hobbies, and access to the internet at home (90.9% - 96.2%). In this age group, 71.8% already reported having pocket money and 42.9% owned a mobile phone. Almost all (97%) participants are happy with the things they have

(84% very happy) (**Figure 31**). Notably, participants *not* born in Malta ($p<0.05$) and those with a disability ($p<0.01$) being significantly happier.

In this section, it is perhaps worrying to note that 15% of did not tick 'always' when asked if they had enough food to eat (**Figure 32**). Moreover, 44% of 7 to 8-year-olds occasionally worry about how much money their family has, with 12% stating they are always worried (**Figure 33**). Participants attending state schools are more frequently worried than those in non-state schools ($p<0.05$).

Figure 30 - List of basic goods (7 to 8 years)

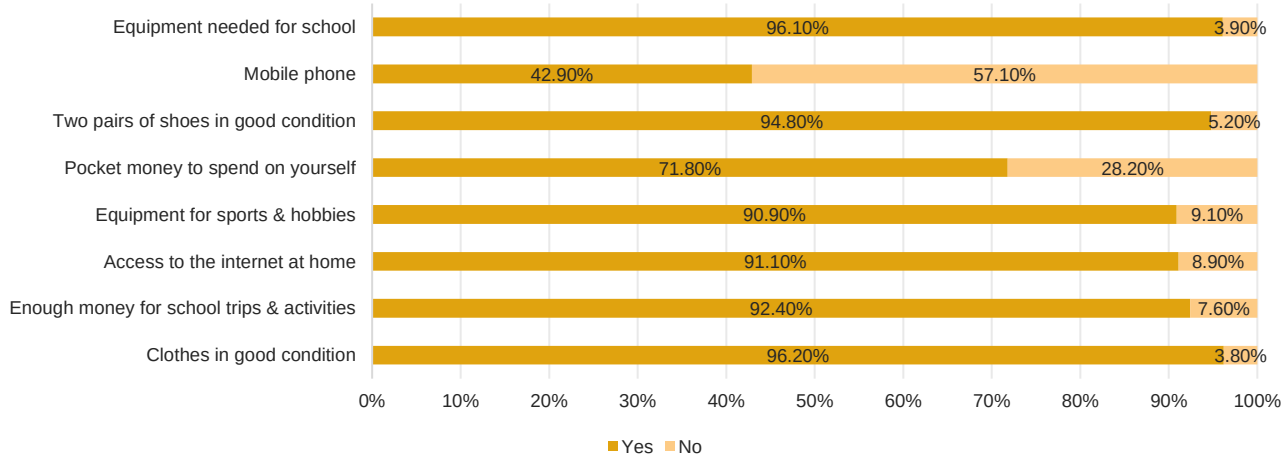


Figure 31 - How satisfied are you with all the things you have? (7 to 8 years)

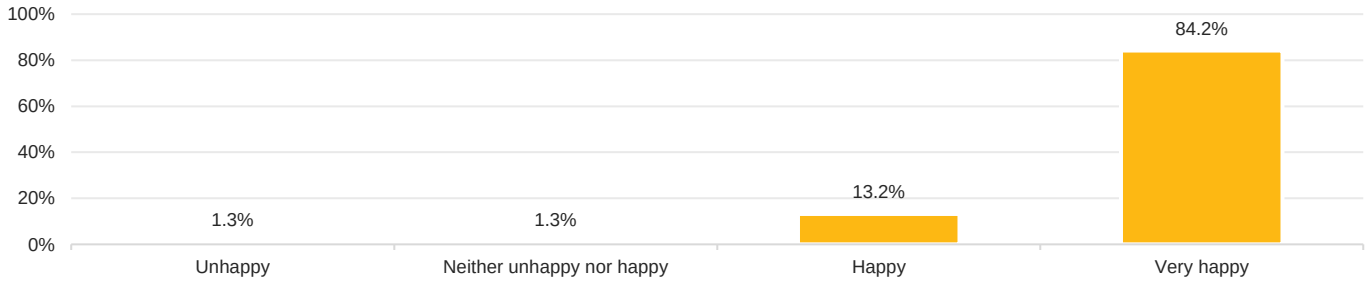


Figure 32 - Do you have enough food to eat each day? (7 to 8 years)

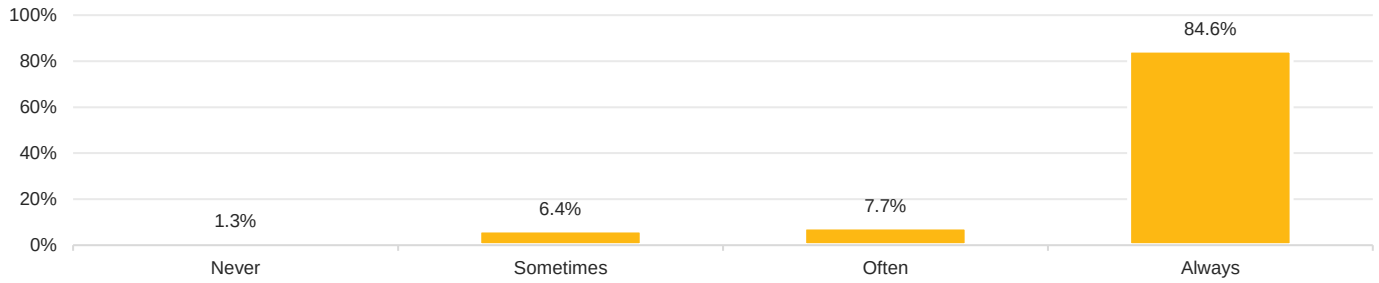
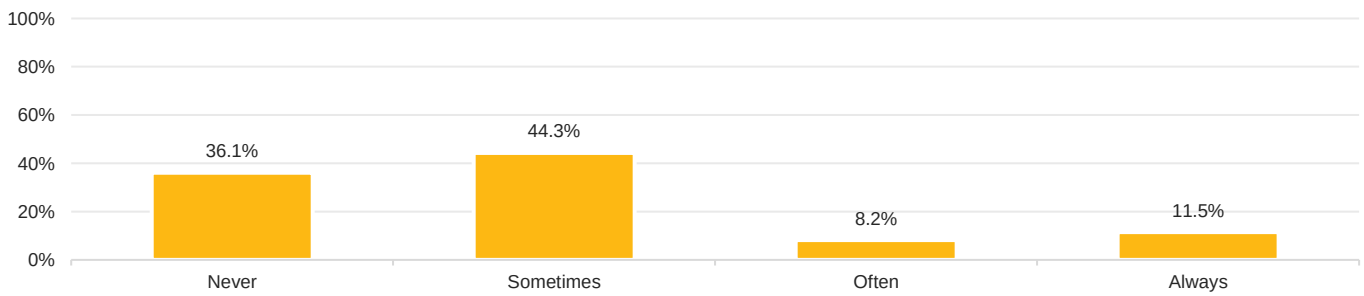


Figure 33 - Worrying about family income (7 to 8 years)



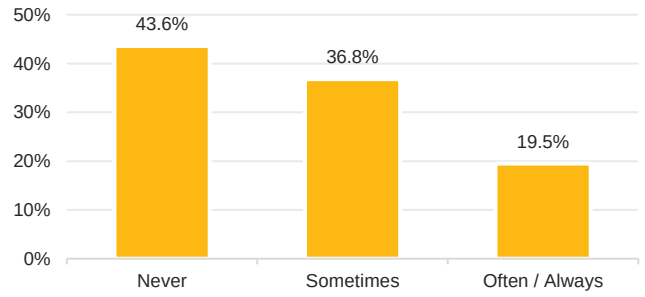
Material goods 8 to 11-year-olds

While 43.6% of participants are never worried about how much money their family has,19.5% of 8 to 11-year -olds do worry often or always (**Figure 34**). Many (90.9%) are satisfied with the things they have (**Figure 35**), with girls being more satisfied (p<0.05). **Figure 36** shows that nearly all families have at least one car or other means of private transport (98.7%), with 56.5% having two cars. During the last twelve months, 30.1% of children in this age group went on one holiday with their families and 51% went twice or more. However, one in five (18.8%) did not. Practically all participants have a computer at home (95.7% having two or more).

All participants reported (**Figure 37**) having internet access at home, while the vast majority have clothes and shoes in good condition, enough money for school trips, equipment/things needed for school (97.9%- 96.5%) as well as equipment needed for sports and hobbies (89.5%) and pocket money (84.7%). A slightly higher percentage than the 7 to 8 year-olds (55.9%) reported having a mobile phone. In this age range only 13.9% do not have pocket money and 10.5% do not have money to buy equipment for sports and hobbies. Once again, while the great majority of 8 to 11 year-olds always have enough food to eat everyday (89.9%), 9.4% reported that they only sometimes have enough food. Girls tend to have more their pocket money (p<0.05). Further crosstab analysis revealed that younger participants are less likely to have a mobile phone than older peers and those worried about family income are less likely to have equipment for sports and hobbies.

Figure 34 - Worrying about family income (8-11, 11-15 years)

8 – 11-year-olds



11 – 15-year-olds

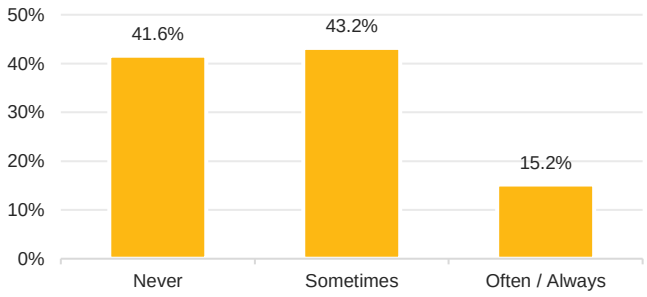
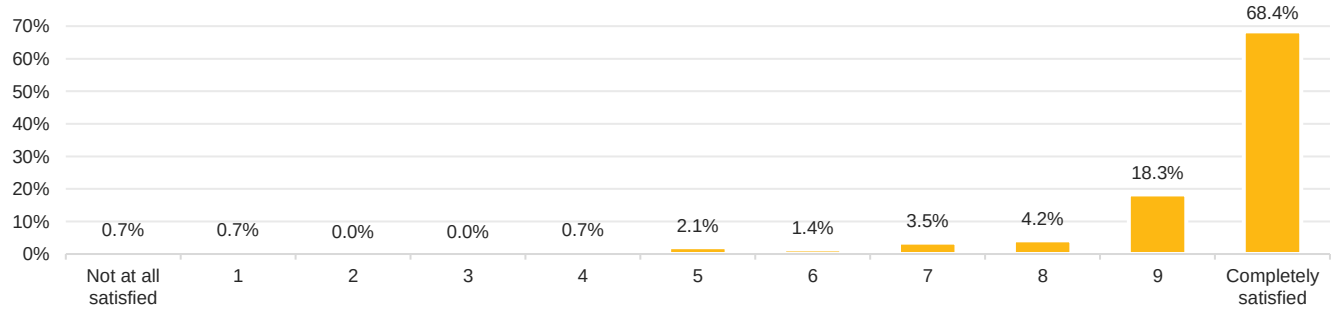


Figure 35 - Satisfaction with things children have (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

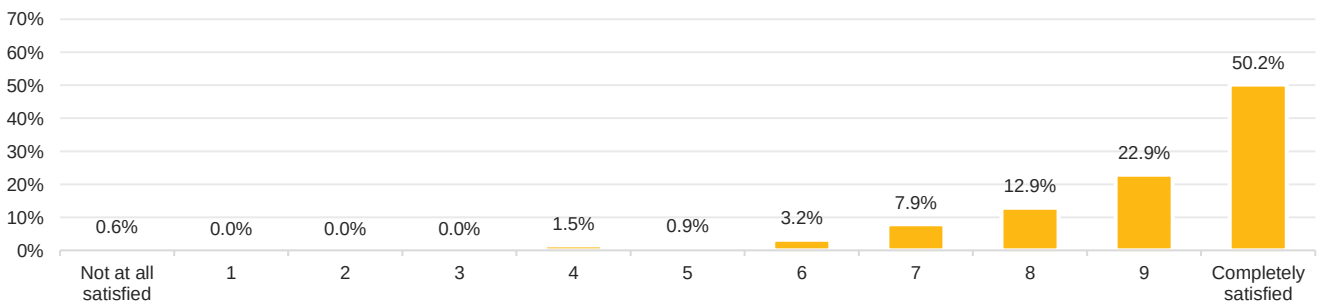
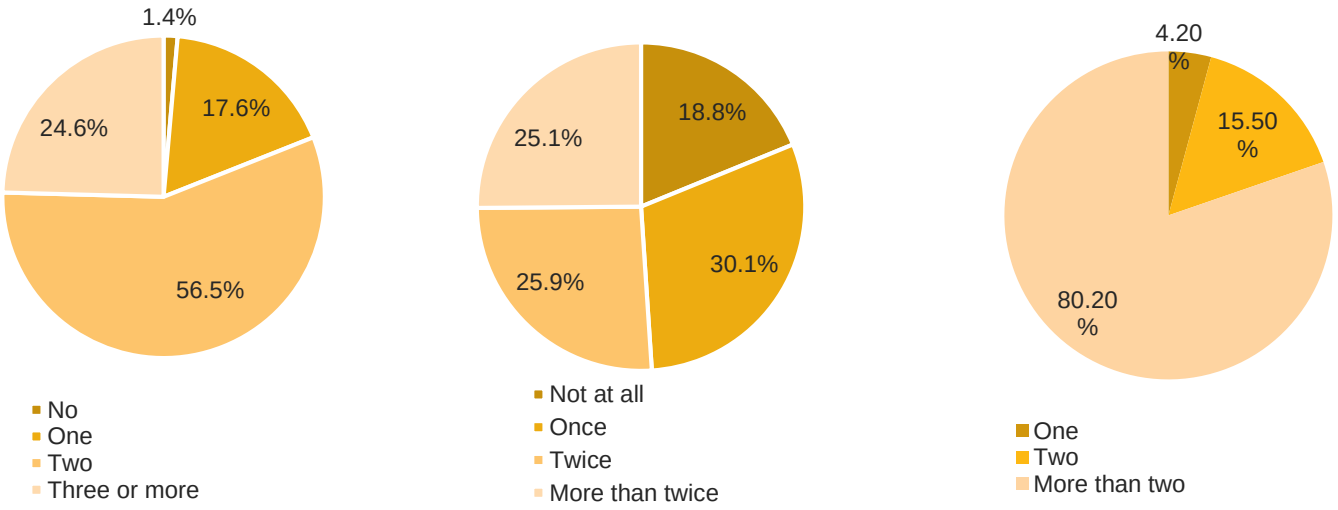


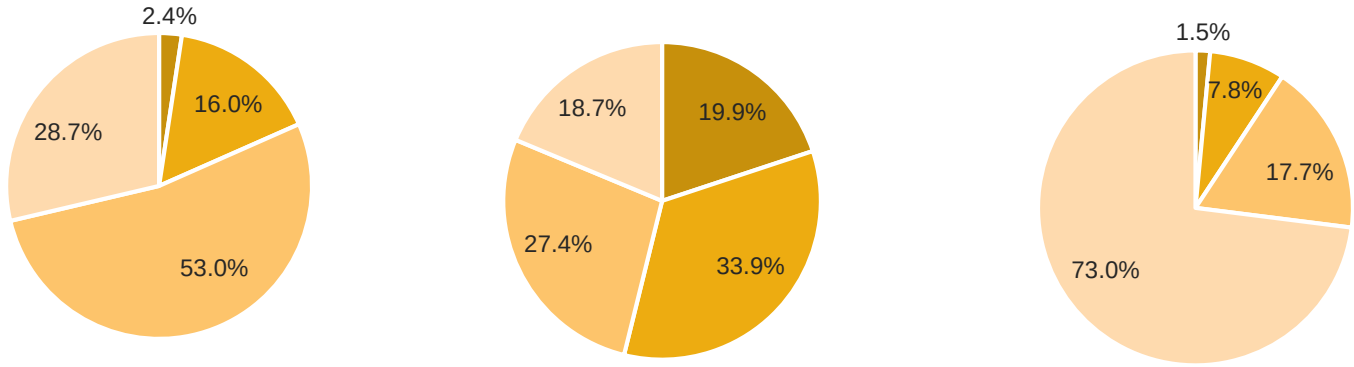
Figure 36 – Vehicles, holidays and computers (8-11, 11-15 years)

Car/van/truck owned by family **Holiday with family in past year** **Computers at home**

8 to 11-year-olds



11 – 15-year-olds



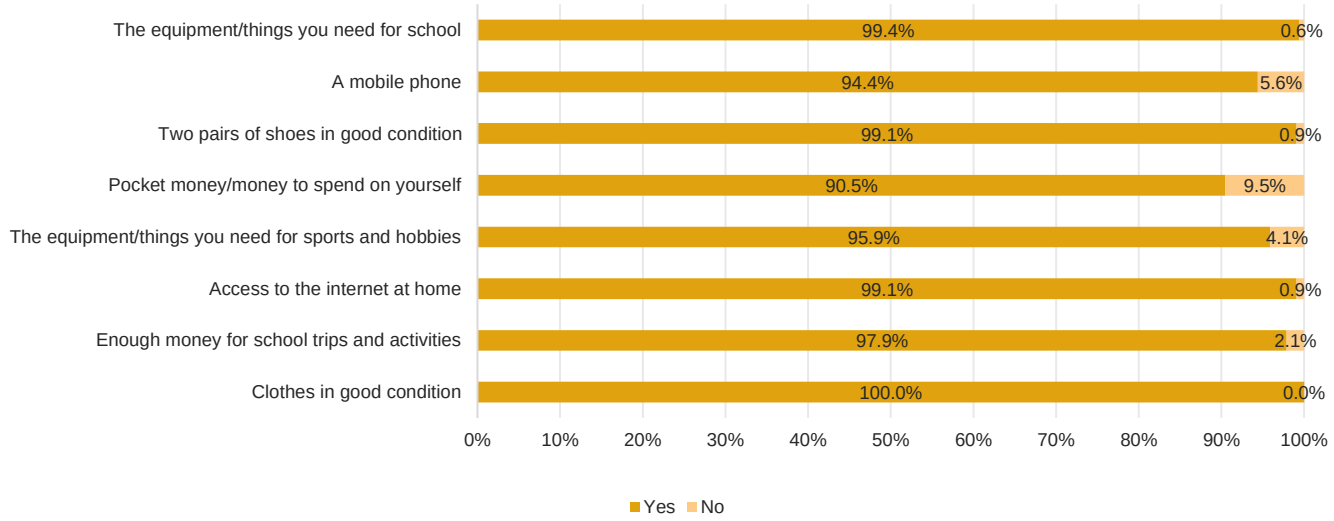
Material goods 11 to 15-year-olds

Figure 34 shows that whilst 41.6% of participants are never worried about how much money their family has, 43.2% worry sometimes whilst 15.2% are often or always worried. Students attending state schools ($p<0.05$) and those with a disability ($p<0.05$) worry more often than those in non-state schools and those without disability. On the other hand, 86% are satisfied with the things they have (**Figure 35**). **Figure 36** shows that nearly all families have at least one car or other means of private transport (97.7%) and 53% have two cars. Many (90.7%) have two or more computers and only 1.5% do not possess any computer. During the past year, 33.9% of adolescents went on a holiday with their families once, 46.1% twice or more, while one in five (19.9%) never did. **Figure 37** shows that nearly all participants reported having clothes and clothes in good condition, access to the internet at home, and the equipment/things needed for school. Between 90% and 98% reported having money for school trips, a mobile phone, pocket money and the equipment/things needed for sports and hobbies. However, 9.5% do not have pocket money and 4.1% do not have the required equipment for sports and hobbies.

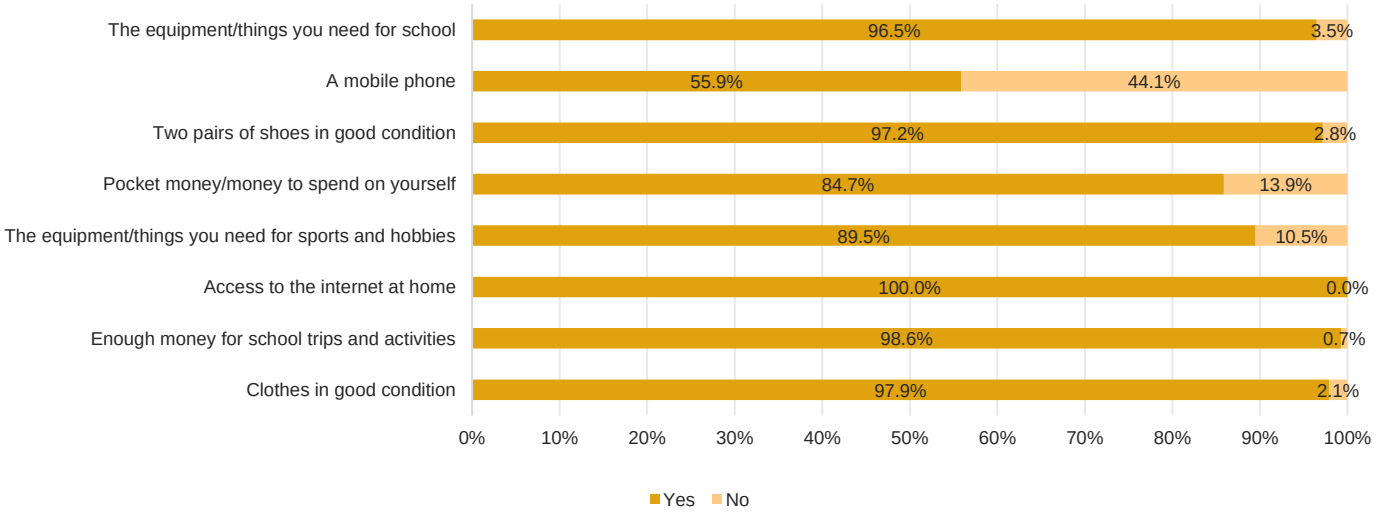
Finally, while the great majority of participants indicated that they always have enough food to eat everyday (90.8%), 8.3% reported that they only sometimes have enough food to eat every day. Boys are more likely than girls to report that they do not always have enough food to eat everyday ($p<0.01$).

Figure 37 - List of basic goods (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-old



3.7 How I spend my time

Time use 7 to 8-year-olds

No fewer than 89% of young participants are satisfied with their use of time (**Figure 38**). Figures 39 reveals that the activity that participants do daily are homework and studying (67.1%) and spending time with their families (61.3%). Playing electronic games, watching TV, using social media also occur on a daily basis for around one-third of the children interviewed. Caring for family members and helping with family chores is a daily event for just under a third of children in this age group. Notably, fewer than one third play or spend their time outside everyday (30.8%) or engage in daily sports or physical exercise (29.9%). More than one fourth of children (26.3%) spend some time “doing nothing or resting” daily.

Figure 38 - Satisfaction with use of time (7 to 8 years)

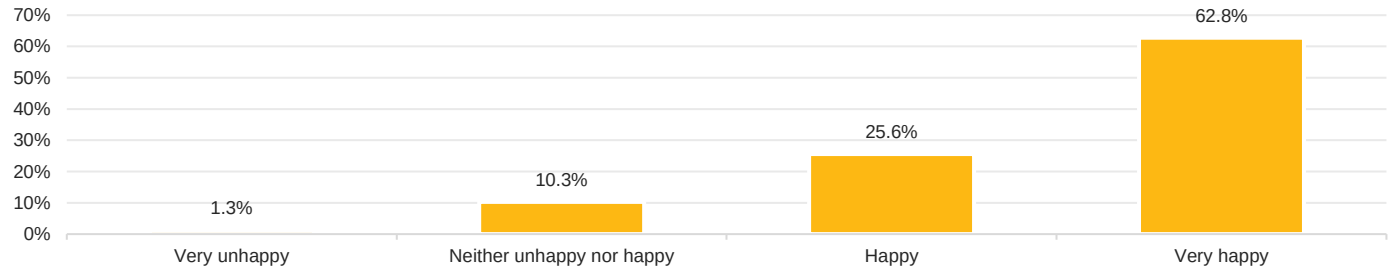
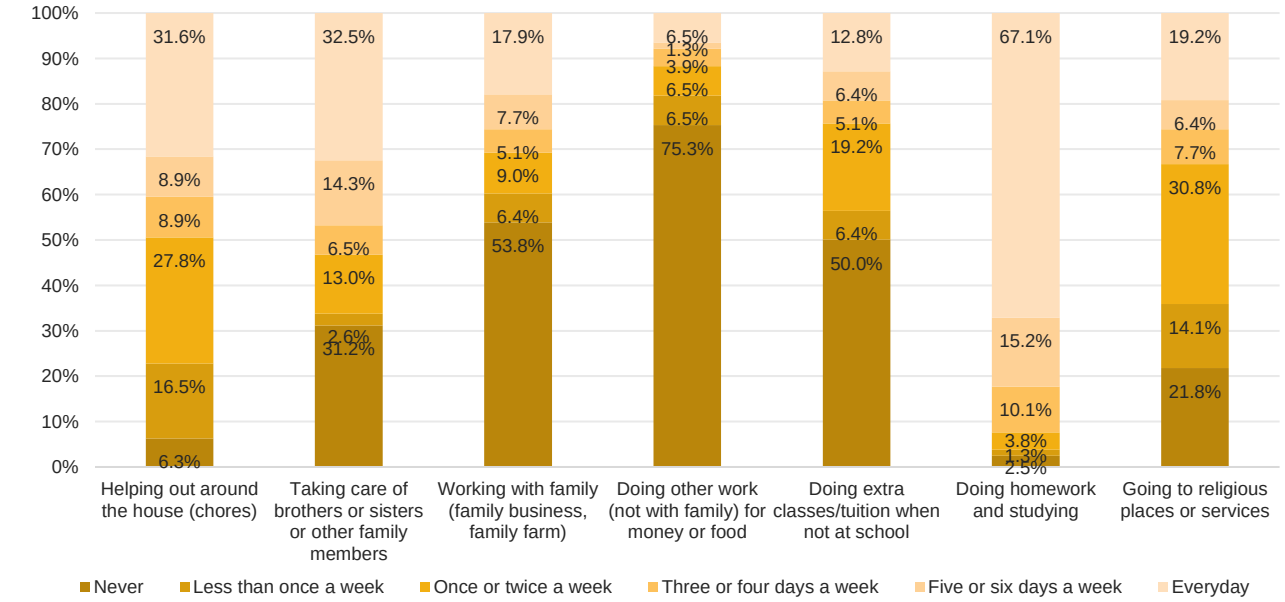
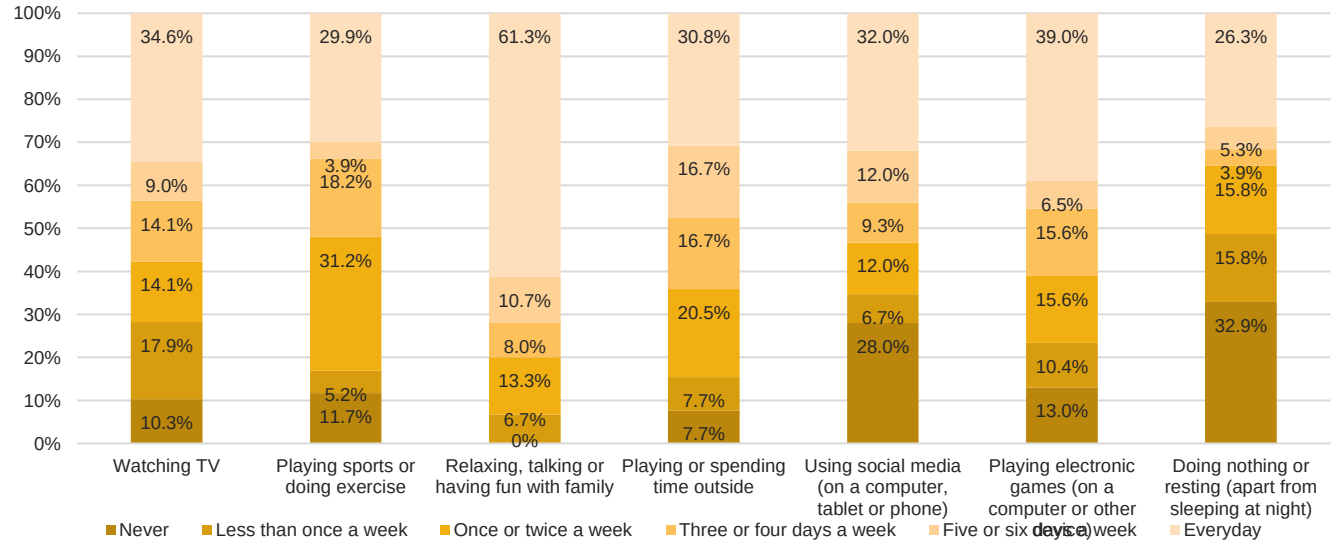


Figure 39 - List of daily activities (7 to 8 years)





Time use 8 to 11-year-olds

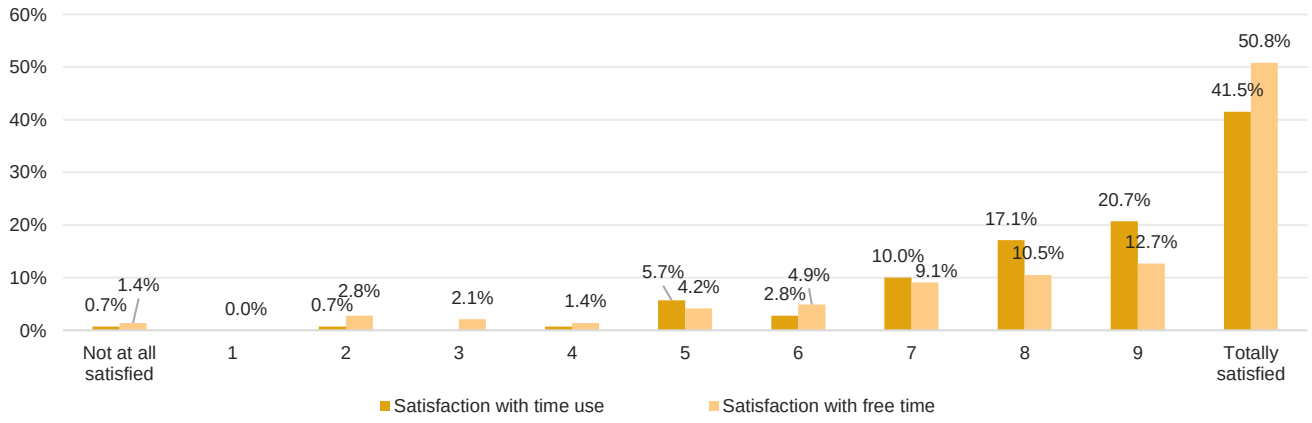
The great majority of 8 to 11-year-olds are satisfied with their use of time (79.3%) and with the free time they have (74%) (**Figure 40**). **Figure 41** shows that most participants regularly spend time doing homework and studying (87.5%), spending time with family (76.2%) and playing electronic games (70.4%). Daily TV (43%) and social media (48.2%) are other frequent activities the participants of this age group engage in. These frequencies are significantly higher than the time spent playing outside (26% do this daily) or engaging in

sports and physical exercise (16.9%) daily. Other frequent activities include taking care of family and helping around the house. It is interesting to note that even in this age group, around 21.3% engage in doing nothing or resting on a daily basis. Also noteworthy is the finding that 14.2% work frequently for money or food (not with family). Boys are less likely than girls to help around the house, but more likely to care for siblings, and spend time on homework or studying.

As indicated in **Figure 42,** many go to sleep between 8pm and 10pm (74.5%), but 19.2% sleep between 10pm and midnight. Waking time is between 6am and 7am for around half the children in this age group (49%) and later than 7am for just under half (42.3%), with the rest waking up before 6am. **Figure 43** shows that during weekdays, 52.2% of participants spend between half an hour to one hour watching TV and 26.4% spend 2 to 3 hours; while longer hours are spent during weekends (34.1% spend between 2 to 3 hours watching TV and 18.8% between 6 to 7 hours). On weekdays, 40% spend between half an hour to one hour playing games on computers or game consoles, and 19.2% spend between 2 to 3 hours, while in the weekend 22.7% spend between 2 to 3 hours and 34% 4 hours or more. Boys are more likely than girls to spend longer hours on games at the weekend. Finally, 47.9% of participants spend between half an hour to one hour making use of computers on weekdays (for chatting online, internet, emailing and homework), 21.1% spend between 2 to 3 hours, and 11.9% spend 4 hours or more. On weekends, 39.1% spend between half an hour to one hour on their computers, 18% spend between 2 to 3 hours, and 17.3% spend 4 hours or more.

Figure 40 - Satisfaction with use of time and free time (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

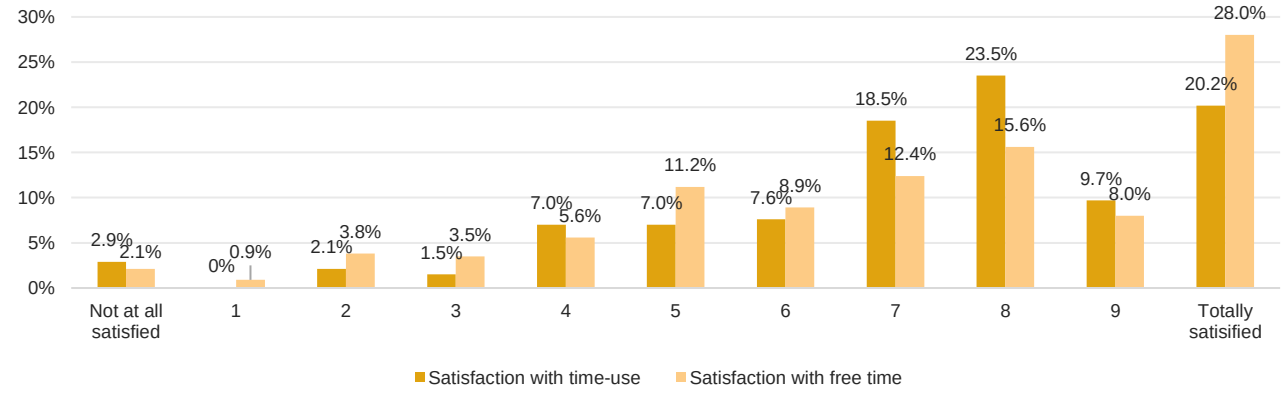


Figure 41 - List of daily activities (8 to 11 years)

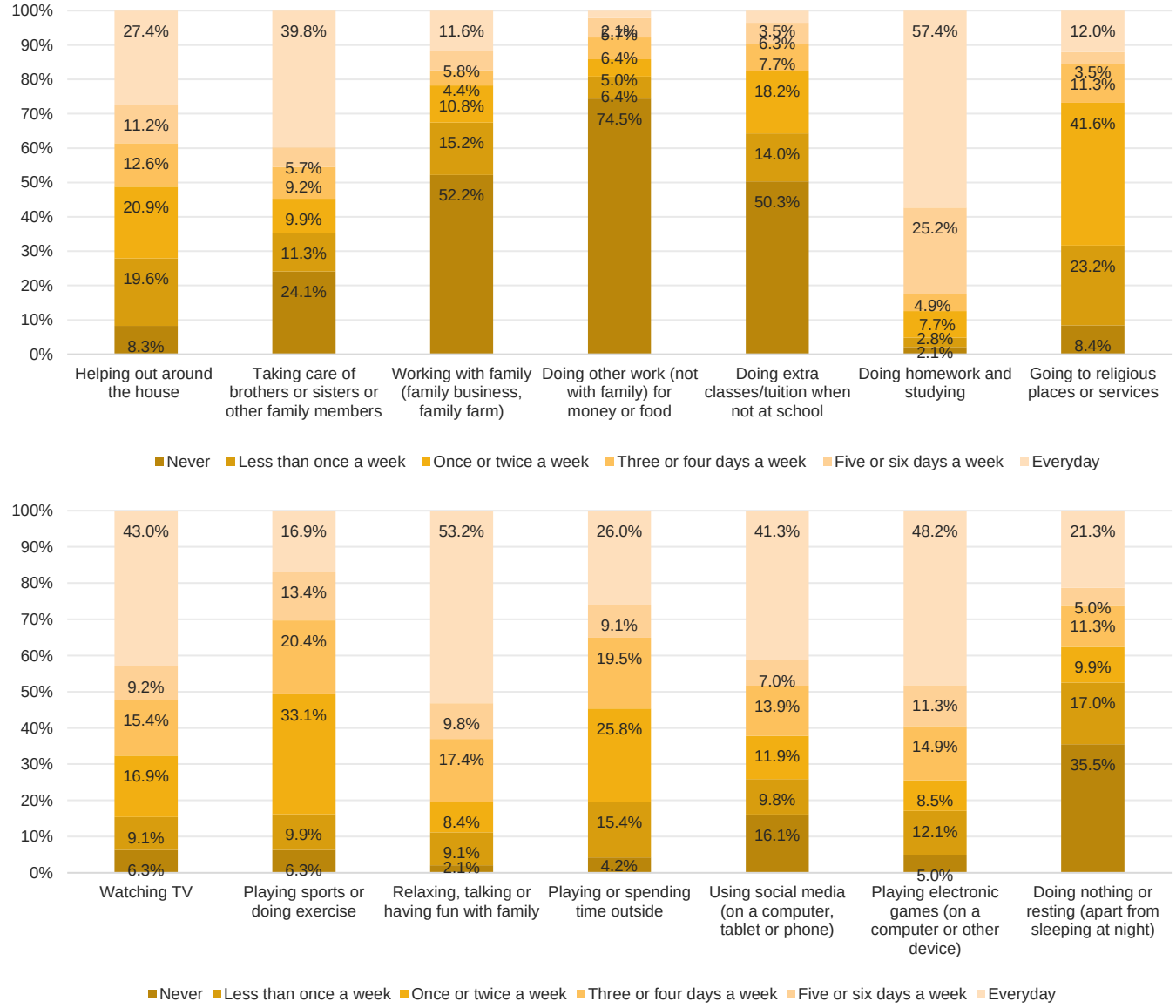
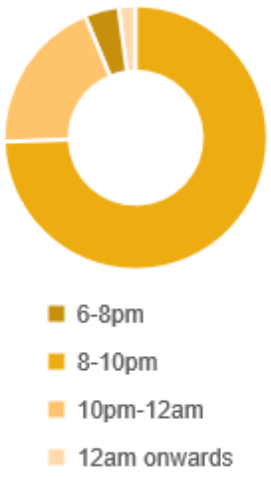
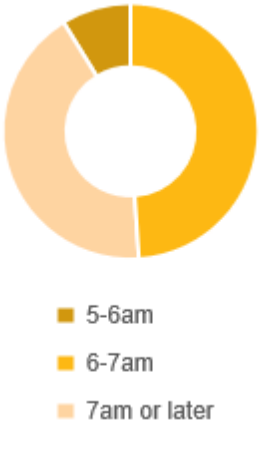


Figure 42 - Sleeping and waking time (8-11, 11-15 years)

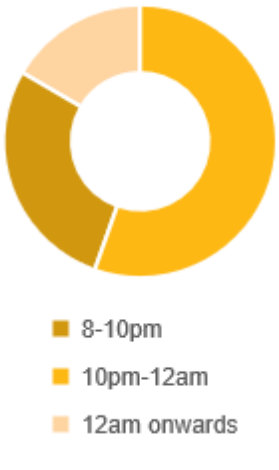
8 to 11-year-olds, sleep



8 to 11-year-olds, wake



11 to 15-year-olds, sleep



11 to 15-year-olds, wake

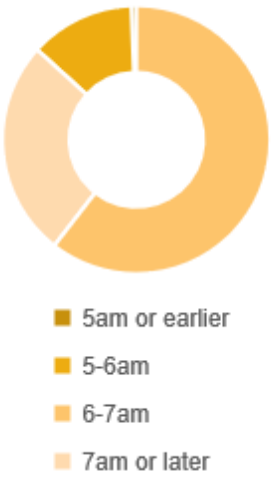
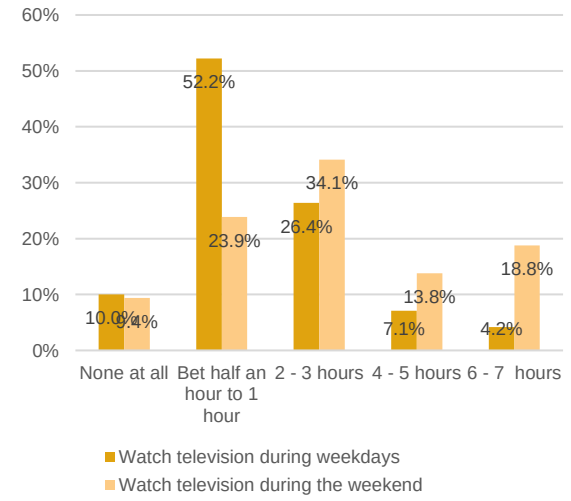


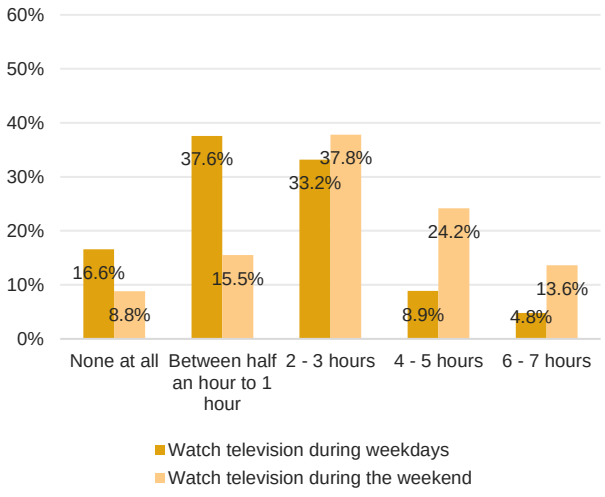
Figure 43 - Hours of screen time (8-11, 11-15 years)

8 to 11-year-olds

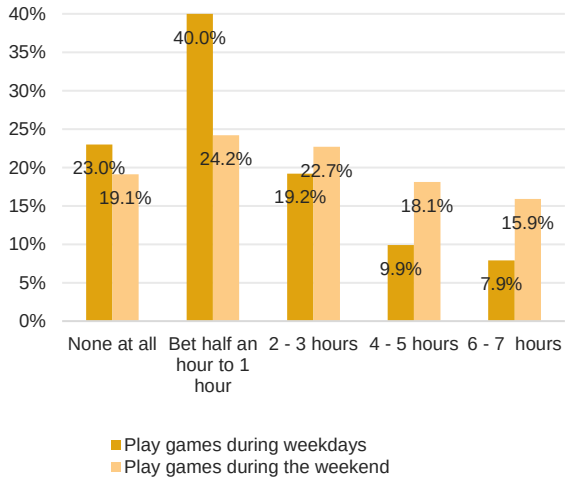
11 to 15-year-olds

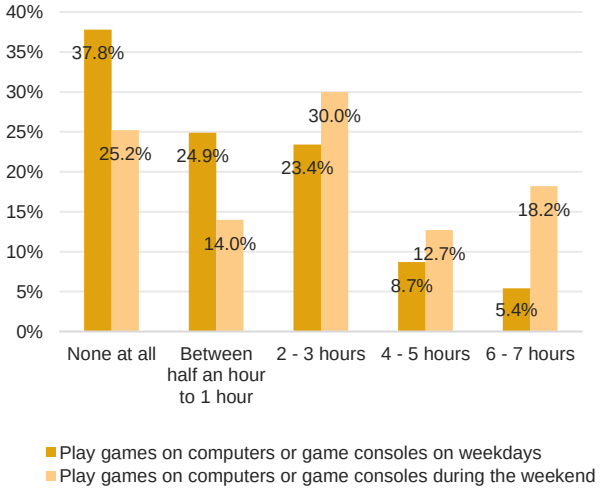
Television



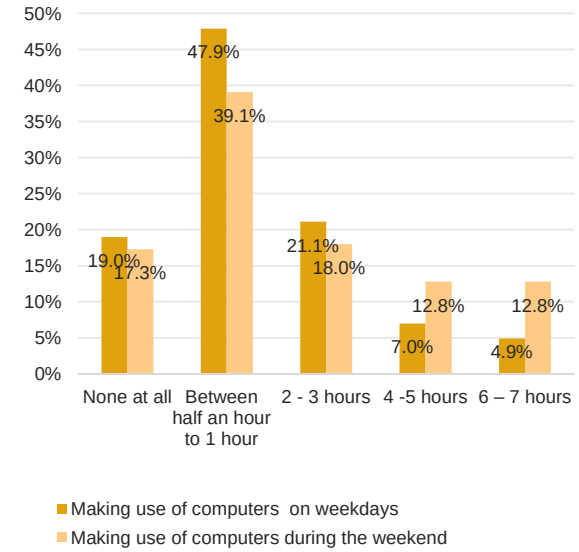


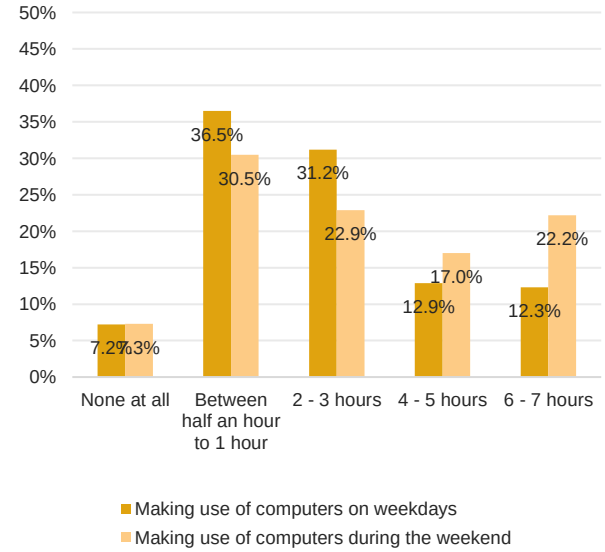
Computer games/consoles





Computers





Time use 11 to 15-year-olds

Turning to adolescents, only slightly more than half are satisfied with their use of time (53.4%) and with the free time they have (51.6%) (**Figure 40**). **Figure 41** shows that the majority of participants regularly engage (3 days per week to everyday) in social media (94.1%), doing homework and studying (90.8%), followed by spending time with family (76.2%) and playing electronic games (70.4%). Three out of four children of this age (75.8%) spend time on social media every day and 50% play electronic games every day. Interestingly, these figures eclipse the frequency with which children spent time with family (46.4%), doing homework or studying (49.9%), playing or spending time outside (19.8%) or engaging in physical exercise (15.1%). Other frequent activities participants engage in regularly (3 days a week or more) include helping around the house (51.4%), taking care of siblings and other family members (41.8%), watching TV (46%), playing sports or exercise (50.6%), and playing or spending time outside (47.1%). However, 41.5% frequently spend time doing nothing (of these, 24.9% on a daily basis), while 17.5% reported doing other work for money or food.

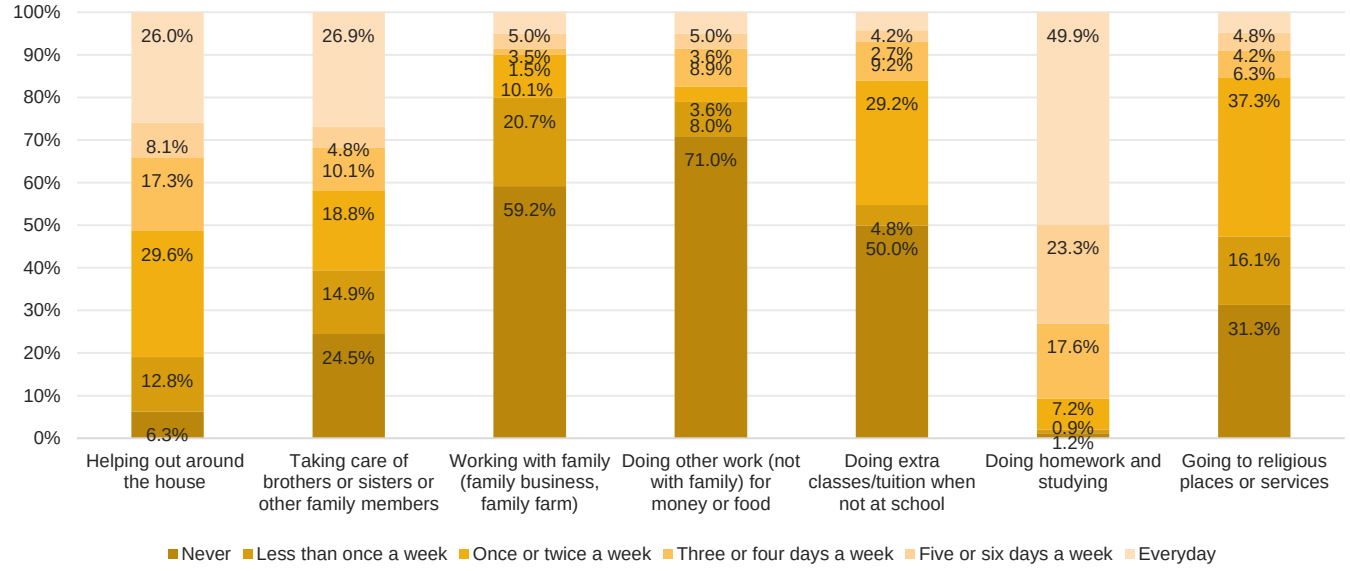
We also noted a statistically significant relationship between the number of days adolescents were physically active for at least 1 hour and their subjective wellbeing ($p<0.05$), domain based subjective wellbeing ($p<0.01$) and positive affectivity ($p>0.05$). The more adolescents engage in physical activity the higher their wellbeing scores.

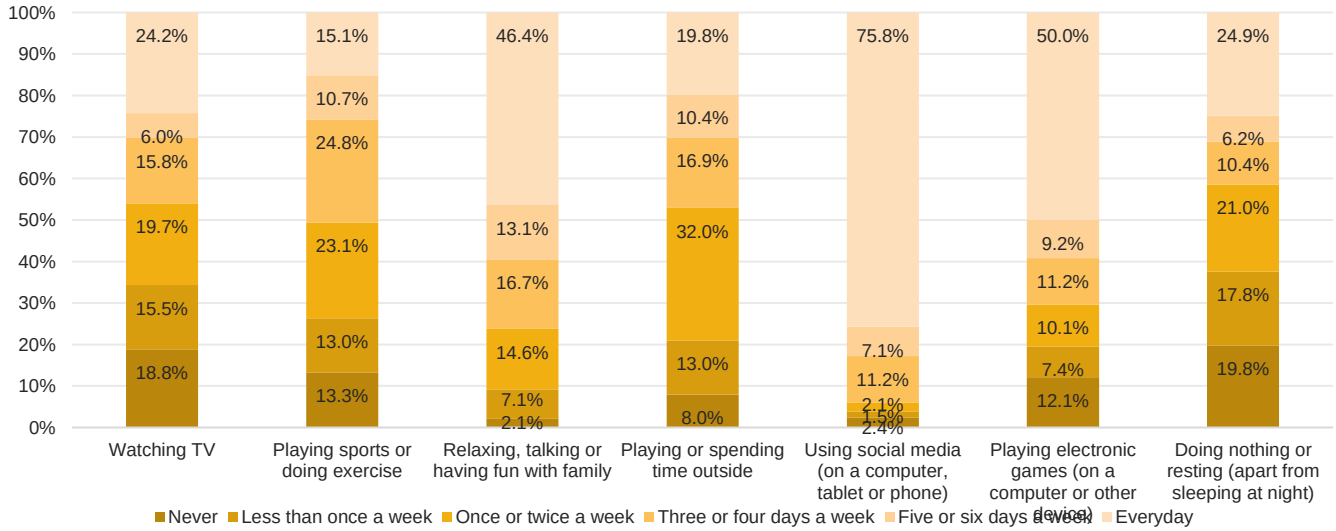
Around 55.4% go to sleep between 10pm and 12am, while 16.6% go to sleep at midnight or later. Most participants wake up between 6am and 7am (60.5%), whilst 12.7% wake up between 5am and 6am (**Figure 42**).

Crosstab analysis also showed that younger participants report spending more time taking care of siblings or other family members every day than older participants in this cohort. Girls are more likely to spend daily time with family than boys, and boys are more likely to pay computer games daily. Children born in Malta tend to help more frequently with household chores and to work more frequently outside home (not with family) than those not born in Malta.

As can be seen in **Figure 44**, during weekdays, 37.6% of participants spend between half an hour to one hour a day watching TV, and 33.2% 2 to 3 hours, while during weekends 37.8% spend between 2 to 3 hours a day watching TV. Notably 24.2% of 11 to 15-year-olds spend 4 to 5 hours, and 13.6% spend 6 to 7 hours watching TV on the weekends. On weekdays, 24.9% spend between half an hour to one hour a day playing games on computers or game consoles, 23.4% 2 to 3 hours, and 14.1% 4 hours or more. In the weekend, 30% spend between 2 to 3 hours a day, and 30.9% spend 4 hours or more. Boys spend more time than girls playing games ($p<0.001$). Finally, during weekdays, 67.7% of participants spend between half an hour to 3 hours making on computers (chatting online, internet, emailing and homework), and 25.2% spend 4 hours or more but in the weekend 53.4% spending between half an hour to 3 hours, and 39.2% spending 4 hours or more.

Figure 44 - List of daily activities (11 to 15 years)





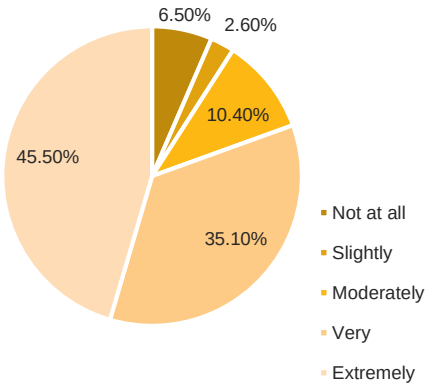
3.8 My physical health

Physical health 7 to 8-year-olds

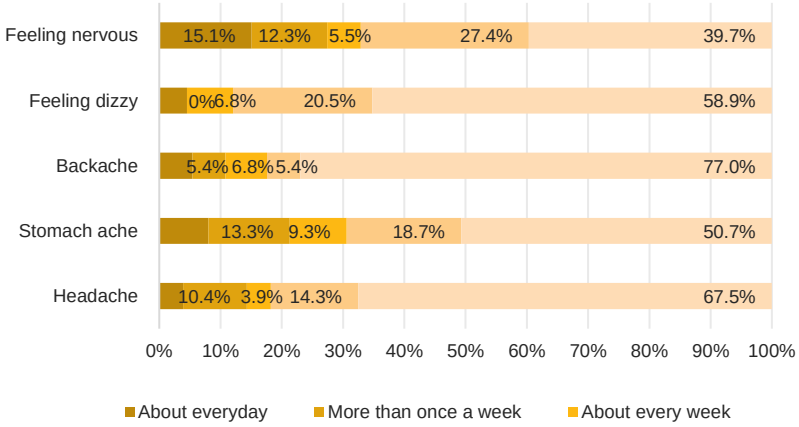
Figure 9.1 shows that most young participants enjoy good physical health, with 89% reported feeling fit and well during the last week, and more than 50% never or rarely experiencing physical symptoms such as headaches, backaches, stomach-aches or dizziness in the prior six months. However, between 10% to 20% suffer from frequent headaches, stomach-aches, and backaches, while 27.4% suffer from frequent nervousness (**Figure 45**).

Figure 45 – Feeling well, symptoms (7 to 8 years)

Feeling fit and healthy



Symptoms experienced



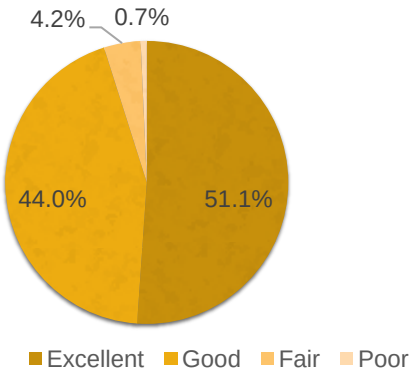
Physical health 8 to 11-year-olds

A total of 95.1% of the participants reported being in very good health (**Figure 46**). The majority (82.3%) agree that they get enough sleep to feel awake and concentrated on their schoolwork, but 17.7% do not sleep enough. C hi-square test analysis reveals that those who never worry about family income are more likely to get enough sleep than those worried about family income ($p<0.05$). A more detailed look at physical and psychosomatic symptoms in the past six months shows that a considerable number of participants report various symptoms on a frequent basis: 22.6% experience headaches more than once a week, 20% stomach-aches and 15.2% backaches. Up to 31.9% have difficulties going to sleep daily. More than once a week, 23.4% of these children feel nervous, 19.4% feel low, 15% feel dizzy and 13.7% feel irritable/bad tempered (**Figure 47**).

When 8 to 11-year-olds were asked about their body image, 73.9% reported being about the right size, whereas 11.3% reported being too fat and 14.8% as too thin. Those who do not worry about family income are more likely to think that they have the right body size than those worried about family income.

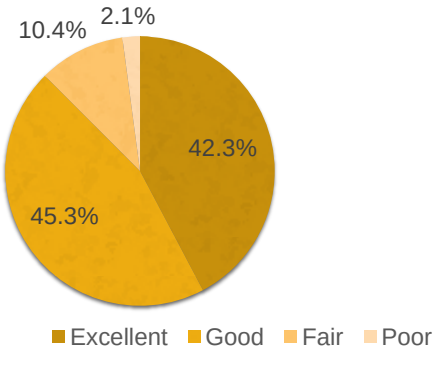
Figure 46 – General health and body image (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

Perceived General Health



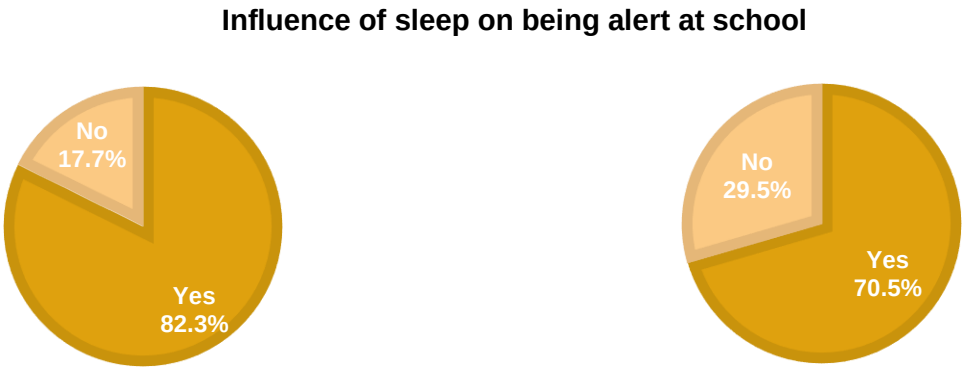
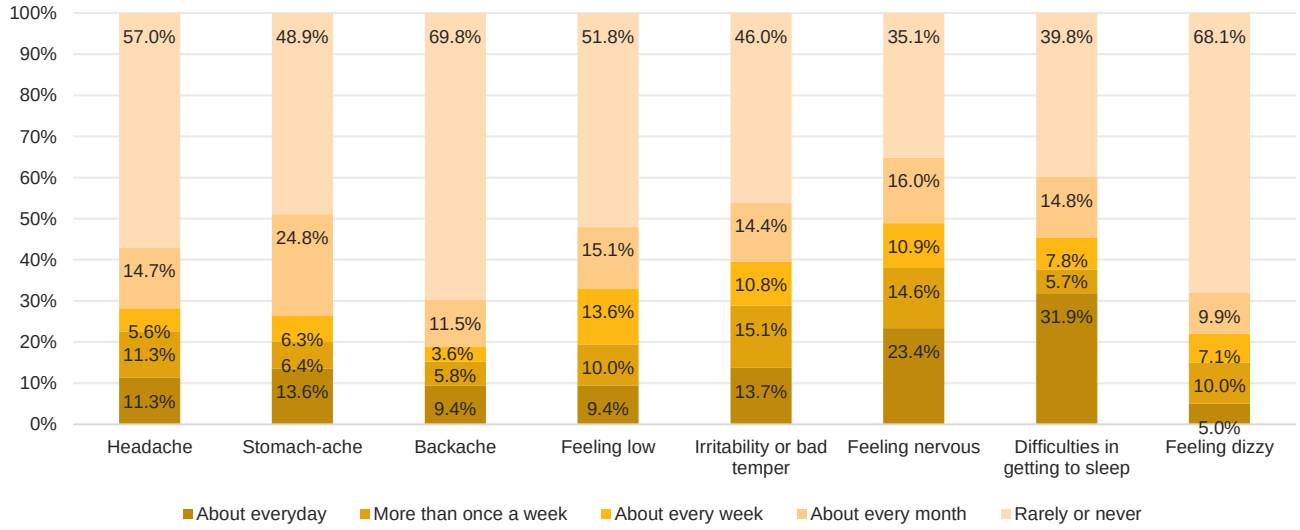
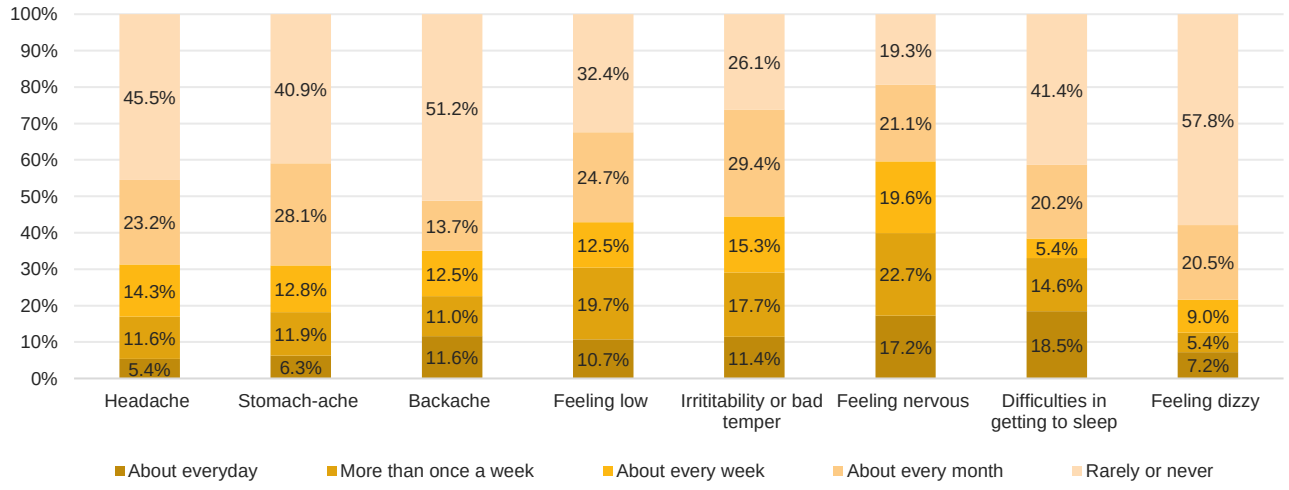


Figure 47 – Figure physical symptoms during the past six months (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



Physical health 11 to 15-year-olds

Most 11 to 15-year-olds (87.6%) reported being in very good health (**Figure 46**) and 70.5% report getting enough sleep to feel awake and concentrated on their schoolwork. A more detailed look at physical symptoms in the past six months provides a less healthy portrait, however. While the majority still report to be free of symptoms, a considerable percentage complain of various physical symptoms on a frequent basis. **Figure 47** shows that between 37% and 31% frequently suffer from headaches, stomach-aches and backaches, 38.5% experience sleep difficulties, 18.5% daily. Psychological symptoms are more frequent, ranging from

59.5% feeling nervous on a weekly basis or more frequently (17.2% everyday), 44.4% feeling irritable and bad tempered, and 42.9% feeling low.

Within this cohort, crosstab analysis reveals that younger students (11-year-olds) experience sleep problems more frequently than 15-year-olds. Those who frequently worry about family income are more likely to feel low and nervous daily compared to their more affluent peers. Similarly, those with a disability are more likely to feel low daily than peers without disabilities.

Figure 48 reveals that the great majority of adolescents stated that they do not smoke cigarettes (95.3%). It is interesting to note that no difference by age was found, but this could be due to the relatively small number of participants in the study. Similarly, 84.2% reported not having drunk alcohol in the last 30 days and that they were never drunk (82.9%). However, in the last 30 days, 5% did say they consumed alcohol frequently while 14.1% reported being drunk between one to three times (3% more frequently). Though 93.6% never took cannabis in their lifetime, among those aged 11 to 15, 6.5% reported doing so (3% quite frequently).

Finally, as shown in **Figure 49,** 16.8% of adolescents admitted to self-harm, with 4.9% self-harming a few times a month and 3.9% several times a week; no difference in age and gender were found (Figure 49).

Figure 48 – Smoking cigarettes and/or drinking alcohol in past month (11 to 15 years)

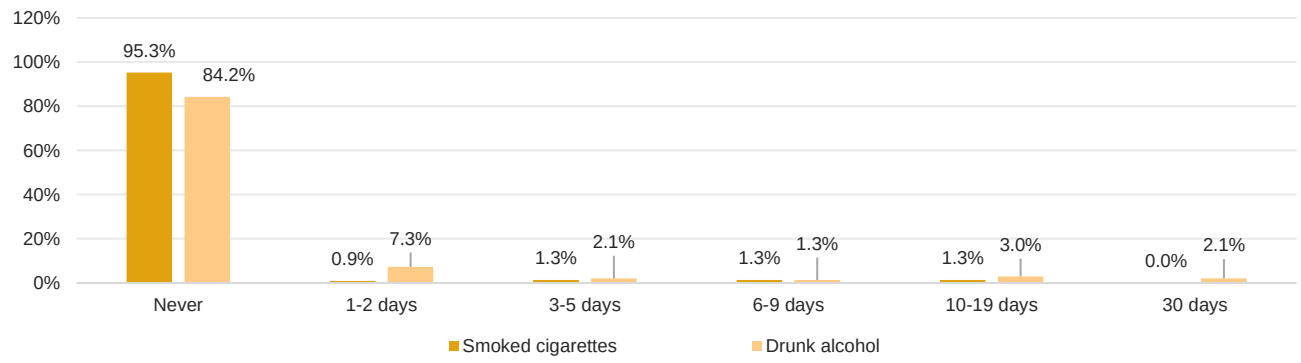
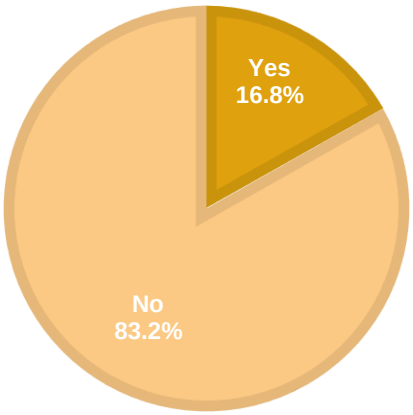
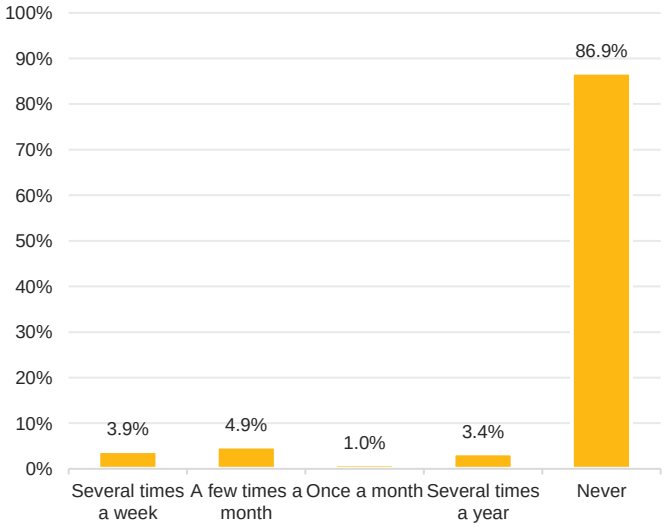


Figure 49 – Self-harm (11 to 15 years)

Ever deliberately hurt yourself in some way, such as cut or hit yourself on purpose



If so, how often do you self-harm

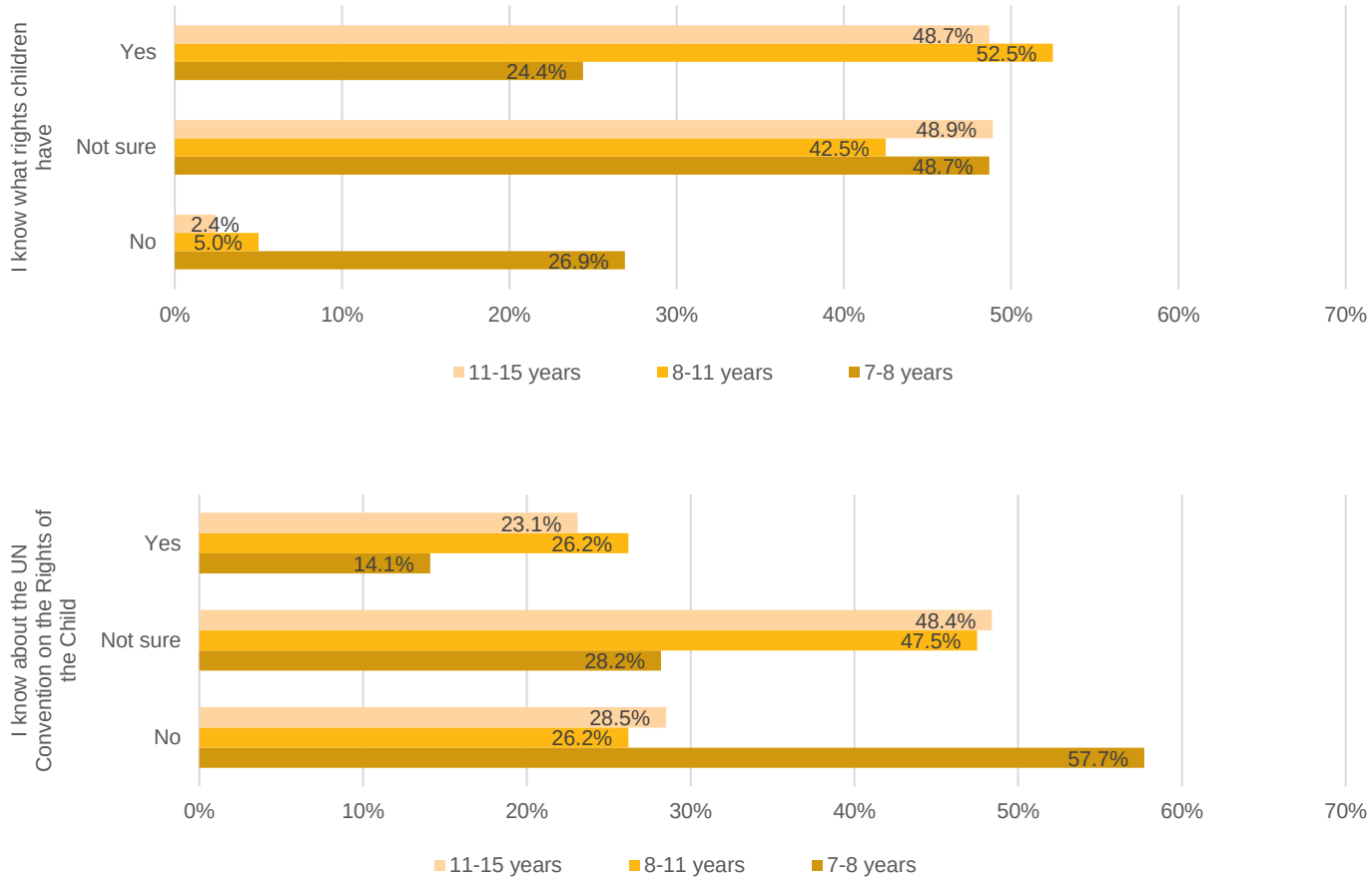


3.9 My rights as a child living in Malta

Rights 7 to 8-year-olds

Only 14.1% of participants aged 7 to 8 have heard about the UN Convention on the Rights of the Child and only 24.4% are aware of the rights that children have (**Figure 50**). It is interesting to note that children with a disability are more likely to know what their rights are than others.

Figure 50 – Awareness about children's rights, convention (7-8, 8-11, 11-15 years)

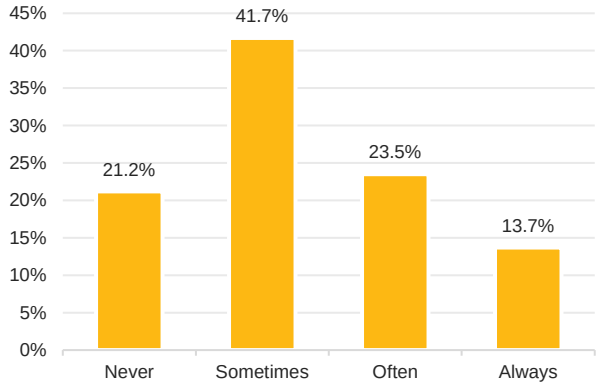


Rights 8 to 11-year-olds

Among 8 to 11-year-olds, just over one half of the participants (52.5%) are aware of their rights as children while just over one fourth (26.2%) know about the UN Convention on the Rights of the Child (**Figure 50**). Yet, notable 47.2% frequently worry about what they hear about their country (**Figure 51**). This notwithstanding, **Figure 52** shows that the majority of participants agree that Malta is a good place to live in as a child, namely it is a safe place for children (73.8%), that adults care about children (74.6%) and respect their rights (78.5%), and that children are allowed to participate in decisions that are important to them (77.9%). Those worried about family income are less likely to believe that Malta is a safe and caring place, compared to their more affluent peers ($p<0.01$).

Figure 51 – Worry about things they hear happening in Malta (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

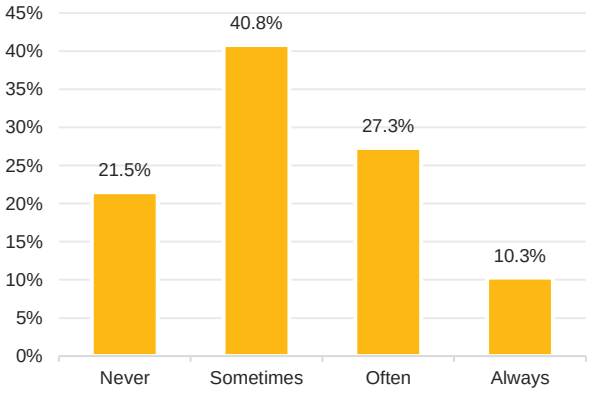
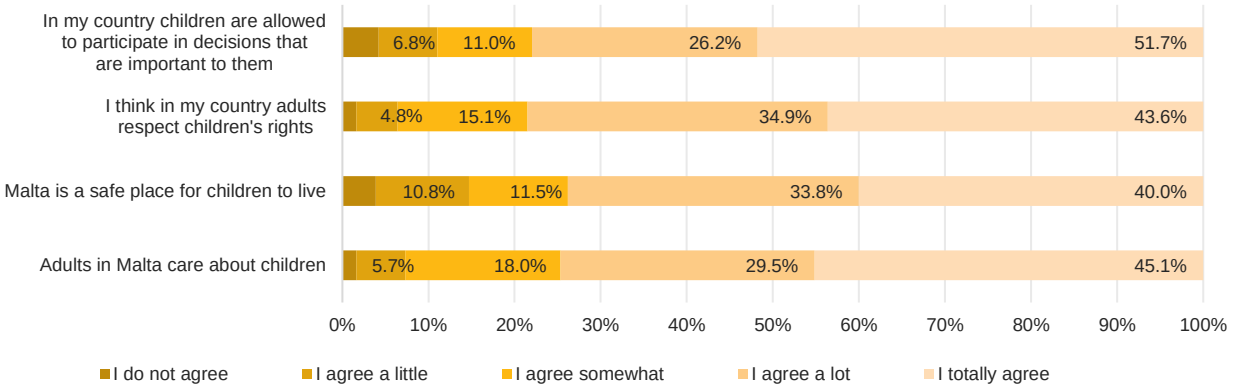
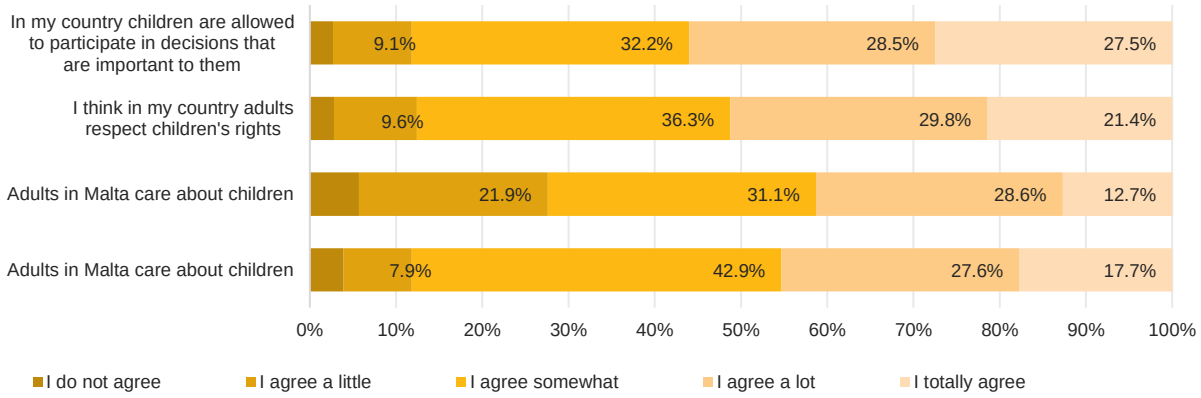


Figure 52 – Perception about living in Malta (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



Rights 11 to 15-year-olds

Among the oldest group surveyed, close to one half are aware of their rights as children but only 31% are aware of the UN Convention on the Rights of the Child (**Figure 50**). It is interesting that the younger participants (11/12-year-olds) are more aware of their rights than their older peers.

Figure 51 shows that 37.6% frequently worry about what happens in the country. In fact **Figure 52** reveals that while the majority of participants appear to have positive views about living in Malta, namely that adults care about children (45.3%) and respect their rights (51.2%), that children are allowed to participate in decisions (56%), and that Malta is a safe place to live in (41.3%), there are indications of concerns from a

substantial number of participants in this age group. Some 27.6% do not feel quite safe, and 32.2% only somewhat agree about the opportunities for participation in decisions.

Analysis of means using t-test and ANOVA reveals that older children are less likely to agree that adults are caring while girls, children who do not speak Maltese and those worried about family income appear more concerned about what is happening in Malta than their respective peers ($p<0.05$). Participants who were not born in Malta are more likely to believe that adults care about children compared to those born in Malta ($p<0.05$), while students attending state schools are more likely to agree that adults care about children ($p<0.01$) and that children are allowed to participate in decisions, compared to those attending non-state schools ($p<0.05$).

3.10 My wellbeing

Wellbeing 7 to 8-year-olds

Overall, most of the 7-8-year-old participants enjoy a high level of subjective wellbeing. **Figure 53** shows that the great majority of participants (98.8% to 88.6%) feel good about their life as a whole, with high scores on statements such as liking and enjoying life, believing that life is going well, feeling happy with their life, and having a good life (completely agree ranging from 88.5% to 69.2%). They are relatively fewer who are likely to agree that things in their life are excellent.

Figure 54 shows that most of the participants are very satisfied with the various aspects of their lives, such as safety, body image, health, and life as a whole, with 79.7% to 70.1% being completely satisfied. Analysis of means using t-test and ANOVA revealed that participants attending non-state schools scored significantly higher than their state school peers on body image ($p<0.001$), health and life in general ($p<0.01$), while those who speak Maltese scored significantly higher on safety than non-Maltese speaking participants ($p<0.05$).

In terms of affective wellbeing, **Figure 55** shows that participants enjoy a high level of positive affectivity, with 81% feeling happy (54.4% always), 87.6% full of energy (73.8% always), and 59.5% calm in the previous two weeks. On the other hand, in the previous two weeks 20.3% frequently felt sad, and 30.4% felt frequently bored (17.7% daily).

Figure 53 – Cognitive wellbeing (7 to 8 years)

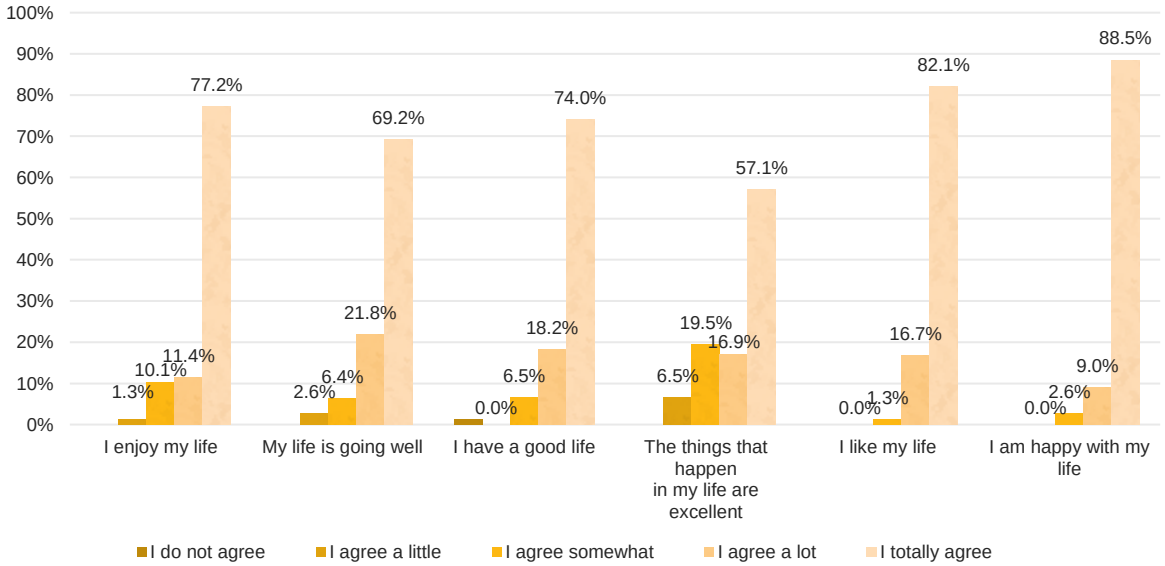


Figure 54 – Areas of Life Satisfaction (7 to 8 years)

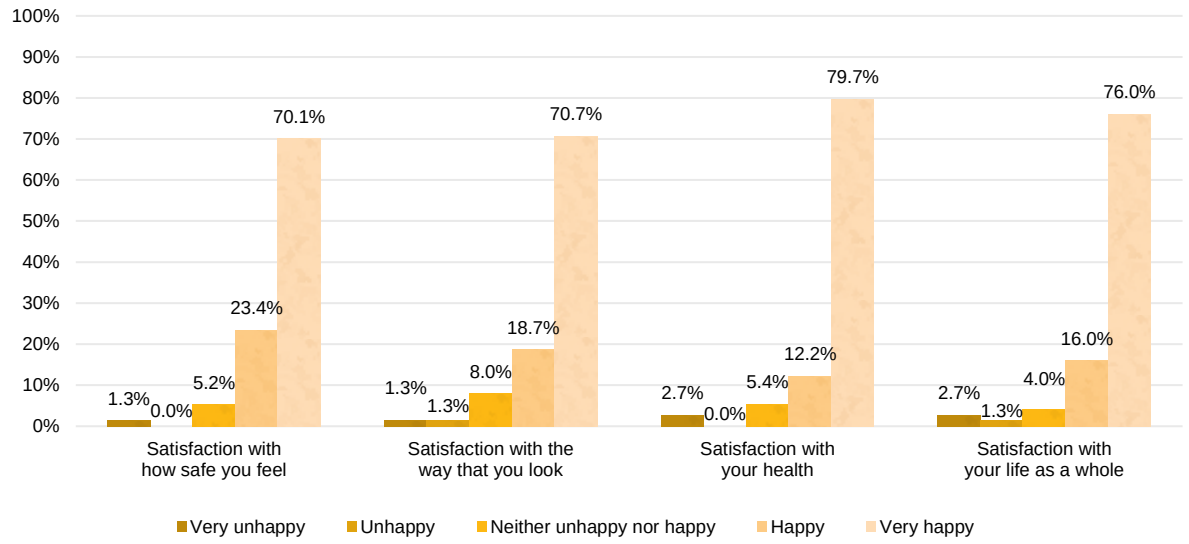
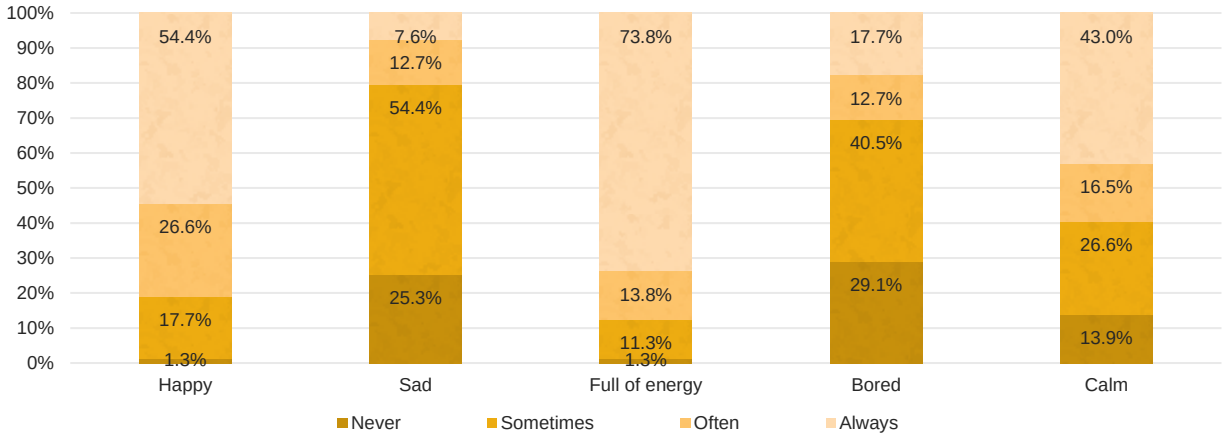


Figure 55 – Affect (7 to 8 years)



Wellbeing 8 to 11-year-olds

Figure 56 shows that the great majority of 8 to 11-year-olds are very satisfied with the different aspects of their lives, ranging from 84.8% (I have a good life) to 71.1% (the things that happen in my life are excellent). More than 50% completely agree that their life is going well and that they are enjoying life. The figure also shows that 70% to 52.3% of participants are also very satisfied with the different aspects of their lives. Participants are most satisfied with having a good life and being happy with their lives, whilst they reported least satisfaction with things "happening in their lives".

Figure 57 shows that most of the participants are very satisfied with the various aspects of their lives, such as safety, body image, health, and freedom, ranging from 83.4% to 67.9%. They are most satisfied with their health, life in general and safety, but relatively less satisfied with their appearance and with the future. Analysis of means using t-test and ANOVA reveals that participants with a disability and those worried about family income are less satisfied than their relative peers, the former about their body image, health and life in general, and the latter on most of the items ($p<0.05$). Girls are more satisfied than boys with their safety and being listened to by adults ($p<0.01$).

Figure 58 shows that most of the participants reported a high level of positive affect, ranging from 75.5% (full of energy) to 56.5% (calm). On the other hand, 35.3% felt bored, 22.8% stressed, 14% lonely and 11.9% sad. T-test and ANOVA show that participants worried about family income scored significantly higher on all negative affectivity items ($p<0.05$ to $p<0.001$) and lower on all positive affectivity items ($p<0.05$ to $p<0.001$) compared to their more affluent peers; that participants with a disability scored significantly higher on

loneliness, sadness and boredom, and lower on happiness than their peers with no disability ($p<0.05$); that those in non-state schools scored higher on sadness than their state school peers ($p<0.05$), that those not born in Malta/who do not speak Maltese scored higher on boredom than their peers who were born in Malta ($p<0.05$); and that those who do not speak Maltese scored significantly lower on most of the positive affectivity items ($p<0.05$ to $p<0.01$).

As illustrated in **Figure 60**, the majority of the participants enjoy a high level of psychological wellbeing, ranging from 76.1% (*I like being the way I am*) to 68.3% (*I am good at managing my daily responsibilities*). Analysis of means using t-test and ANOVA reveals that girls scored significantly higher than boys on '*I am good at managing my daily responsibilities'* ($p<0.001$), and on '*I have enough choice about how I spend my time'* ($p<0.05$), while 11-year-olds scored higher on '*people are generally friendly towards me'* than the older age groups ($p<0.05$). Participants with a disability and those who worry about family income appear to have a lower level of psychological wellbeing, with the former scoring significantly lower than their peers with no disability on managing daily responsibilities ($p<0.001$), people being generally friendly towards them ($p<0.01$), and having enough choice about how to spend their time ($p<0.05$); and the latter scoring lower than peers who are not worried about family income on managing daily responsibilities, people being generally friendly towards them and feeling positive about the future ($p<0.05$).

Overall, those worried about family income scored significantly lower than their non-worried peers on most of the wellbeing scales, including domain-based subjective wellbeing ($p<0.01$), negative affectivity (lower in positive affectivity) ($p<0.001$) and psychological wellbeing ($p<0.05$). Participants with a disability had lower levels of domain-based subjective wellbeing ($p<0.05$) and psychological wellbeing ($p<0.05$) and a higher level of negative affectivity ($p<0.05$). Boys scored significantly lower than girls on psychological wellbeing ($p<0.05$) and 10-year-olds scored lower on positive affectivity than the other age groups ($p<0.05$), those who speak Maltese scored higher on domain-based subjective wellbeing than their bilingual or non-Maltese speaking peers ($p<0.01$).

Wellbeing 11 to 15-year-olds

In general, the different measures of children's subjective wellbeing show that Maltese children are quite satisfied with their lives. **Figure 56** shows that 70% to 52.3% of participants are very satisfied with the different aspects of their lives. Participants are most satisfied with havinng a good life and being happy with their lives, whilst they reported least satisfaction with 'the things that happen in my life are excellent'. Analysis of means using ANOVA reveals that those frequently worried about family income have a lower level of subjective wellbeing than their more affluent peers.

Figure 57 shows that most participants are very satisfied with the various aspects of their lives, such as how safe they feel, the way they look, their health, their freedom, being listened to by adults, and life as a whole, ranging from 75.8% to 51.3%. They are most satisfied with their safety (75.8% expressed a high level of satisfaction) and life as a whole (70.3%), but they are relatively less satisfied with their appearance (51.3%), being listened to by adults (53%), and their future (57.8%).

Analysis of means using t-test and ANOVA reveals that those worried about family income are less satisfied than their non-worried peers about the way they look, their future, and their health ($p<0.05$), and being listened to by adults ($p<0.01$); they also have a lower level of overall subjective wellbeing ($p<0.05$). Those not born in Malta reported being more worried about their future than those born in Malta ($p<0.05$), while adolescents with a disability are more worried than their peers about their appearance, their future and listened to by adults ($p<0.05$).

Figure 59 shows that most adolescent participants scored high on positive affect, with 61.3% feeling happy, 44.7% cheerful, 44% full of energy, and 40% calm. On the other hand, there is more variation in negative

affectivity, with the predominant feelings being stress (29.8%) and boredom (27.9%) followed by anxiety (17.9%), loneliness (16.7%) and sadness (9.7%).

Analysis of means using t-test and ANOVA reveals that thirteen-year-olds ($p<0.05$) and girls ($p<0.01$) reported a higher level of sadness when compared to their respective peers. Participants not do not speak Maltese are more bored than those who do ($p<0.001$); while those who only speak Maltese reported lower levels of sadness ($p<0.05$) and loneliness ($p<0.001$) than bilingual or non-Maltese speakers. Participants who frequently worry about family income reported higher levels of sadness and stress ($p<0.05$) than their more affluent peers; while those with a disability feel more stressed, bored and lonely ($p<0.001$) than their peers.

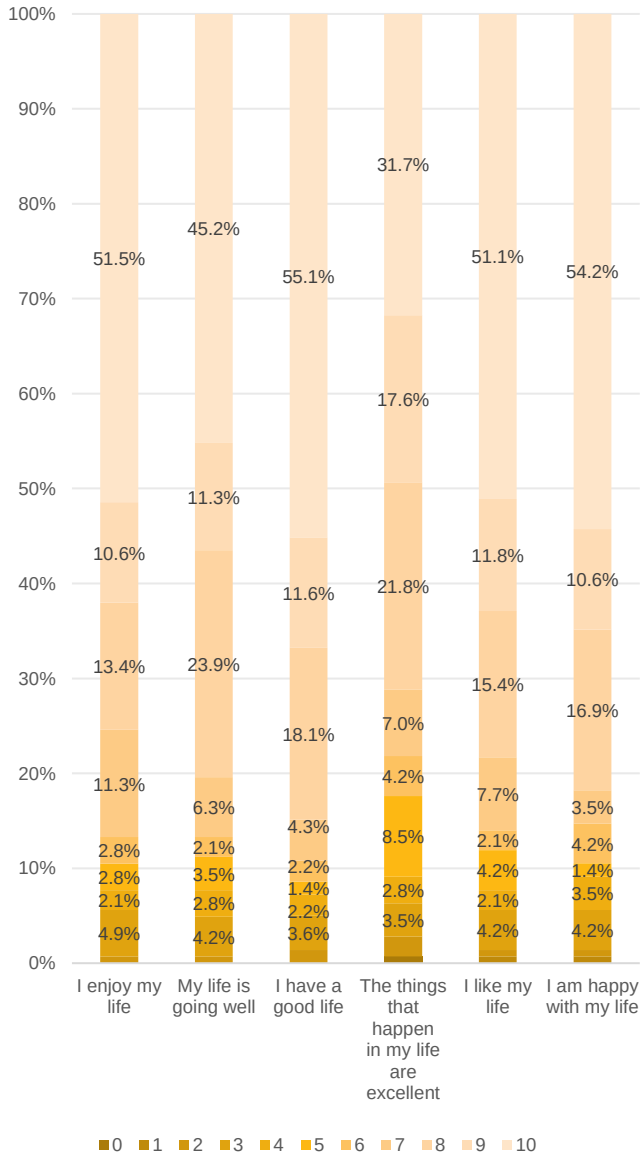
Finally, **Figure 60** shows that the majority of the participants are very satisfied with different aspects of their psychological wellbeing, such as the way they are, their future, people being friendly towards them, managing their responsibilities, learning a lot, and having enough choice about how to spend their time (61.7% to 52.5%). Participants reported the highest level of satisfaction in liking the way they are and people being friendly, and lower on learning a lot and managing daily responsibilities (52.5%).

Analysis of means using t-test and ANOVA reveals that eleven-year-olds scored higher than the other age groups on having enough choice about how to spend their time ($p<0.05$), while 14-year-olds scored lower on learning a lot when compared to the other age groups ($p<0.01$). Students with no disability obtained significantly higher scores on managing their daily responsibilities ($p<0.01$) and people being friendly when compared to their peers ($p<0.05$). Finally, the scores of those who frequently worry about their family income were significantly lower than their more affluent peers on all items ($p<0.05$ to $p<0.001$) except having enough choice on how to spend their time, while overall the results showed that they have a lower level of psychological wellbeing ($p<0.05$) and positive affectivity ($p<0.01$) and higher level of negativity ($p<0.01$).

In general, participants aged 13 years scored significantly higher than other age groups on negative affectivity, while 14-year-olds scored lowest ($p<0.05$). Participants with no reported disability ($p<0.05$) and those who speak Maltese ($p<0.01$) scored significantly lower on negative affectivity compared with their respective peers. Those who never worry about family income scored higher on domain-based subjective wellbeing ($p<0.01$) and on the psychological wellbeing scale ($p<0.01$), and lower on the negative affect scale ($p<0.05$), compared with their more worried peers.

Figure 56 – Cognitive wellbeing (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds

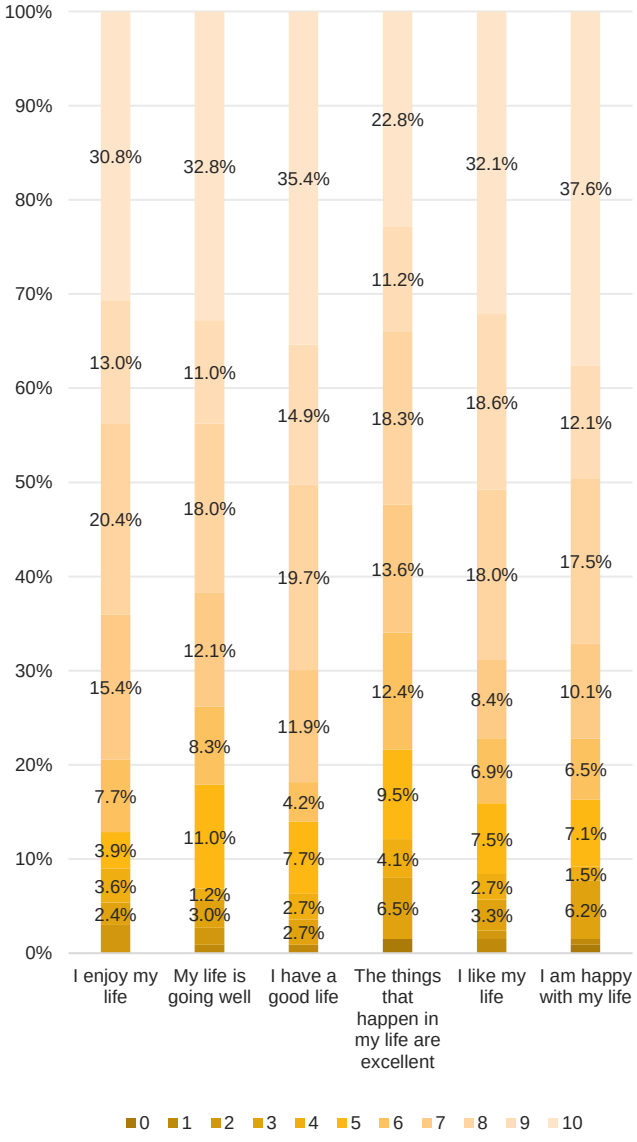
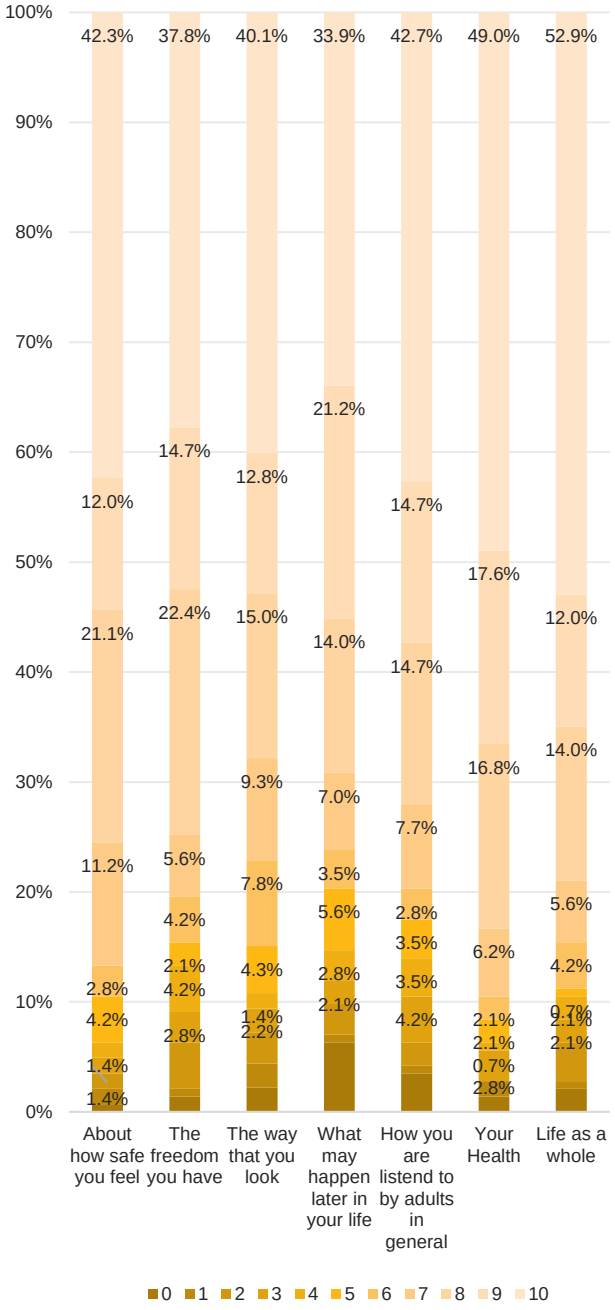


Figure 57 – Areas of Life Satisfaction (8-11, 11-15 years)

8 to 11-years-old



11 to 15-year-olds

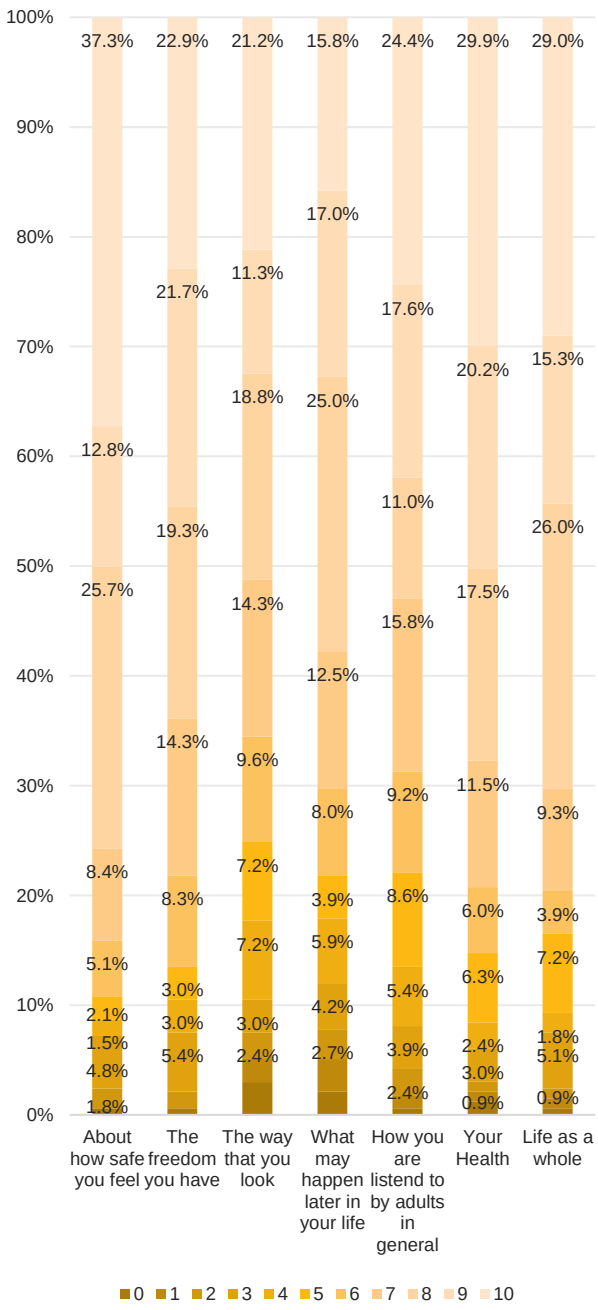


Figure 58 – Feelings (8 to 11 years)

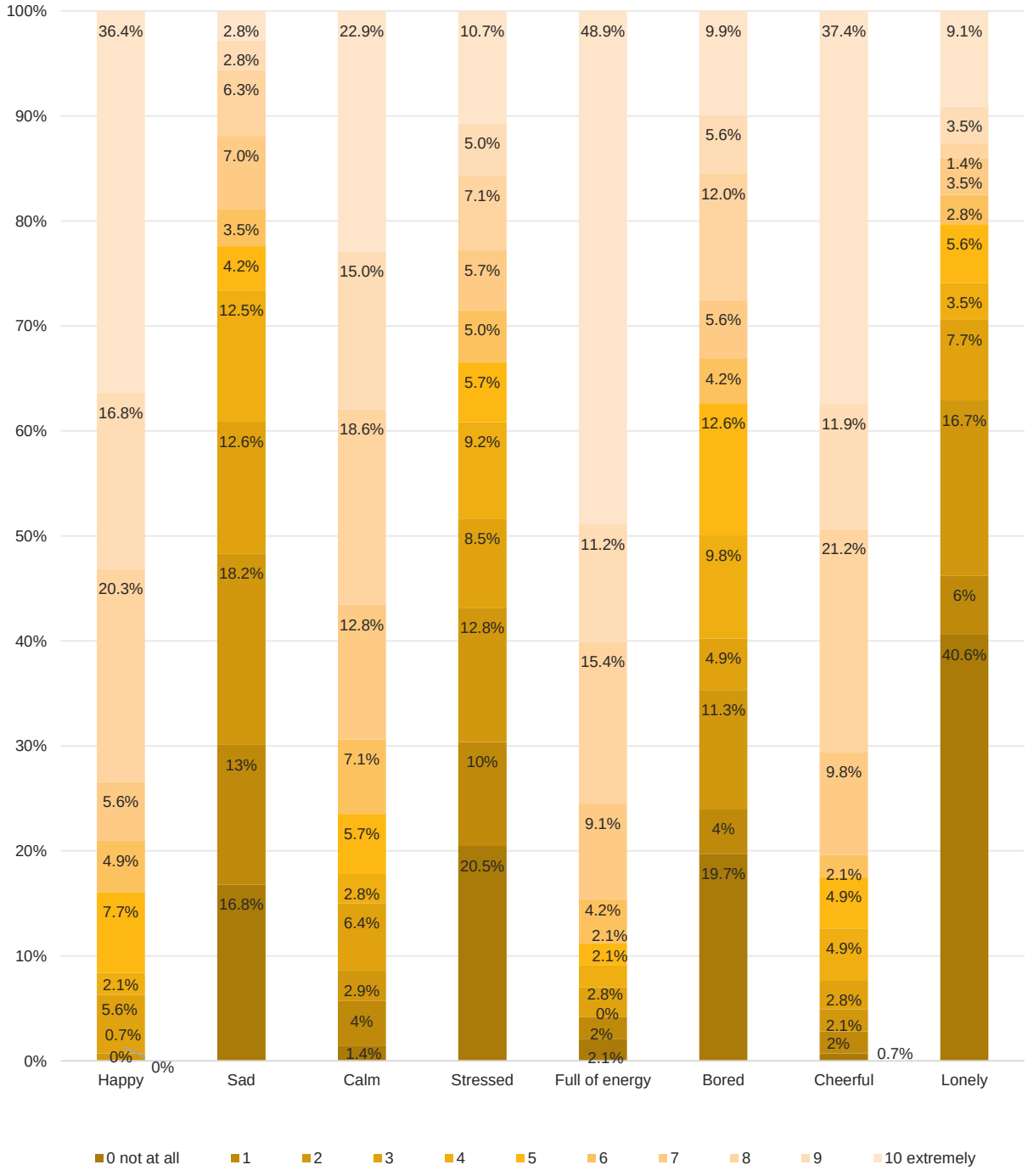


Figure 59 – Feelings (11 to 15 years)

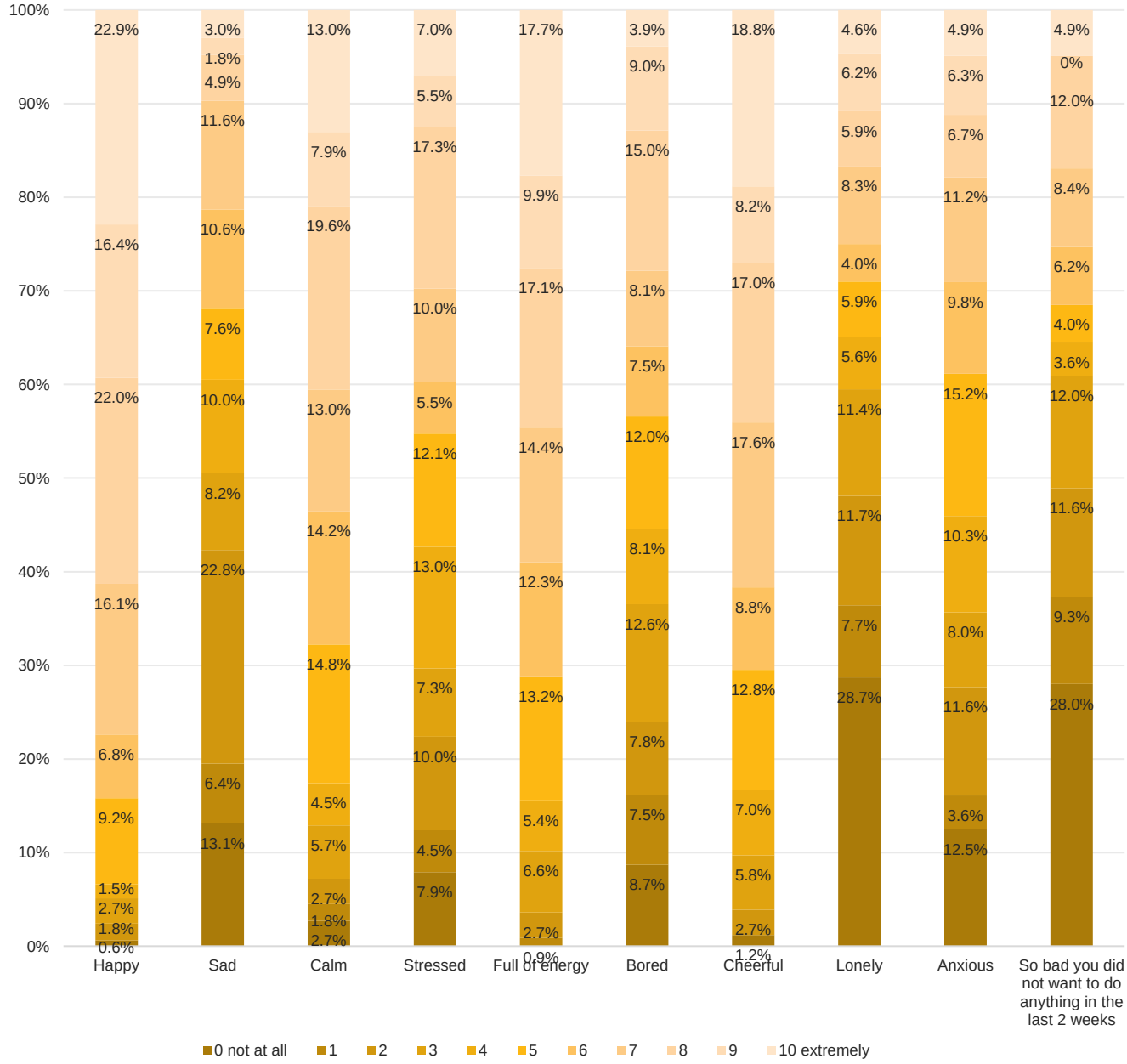
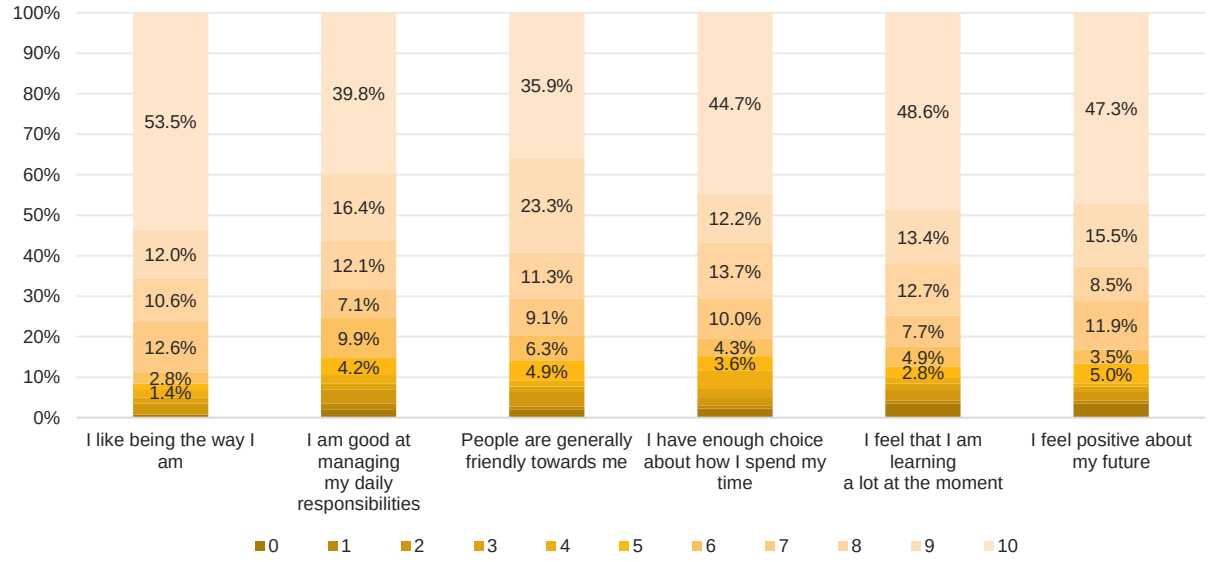
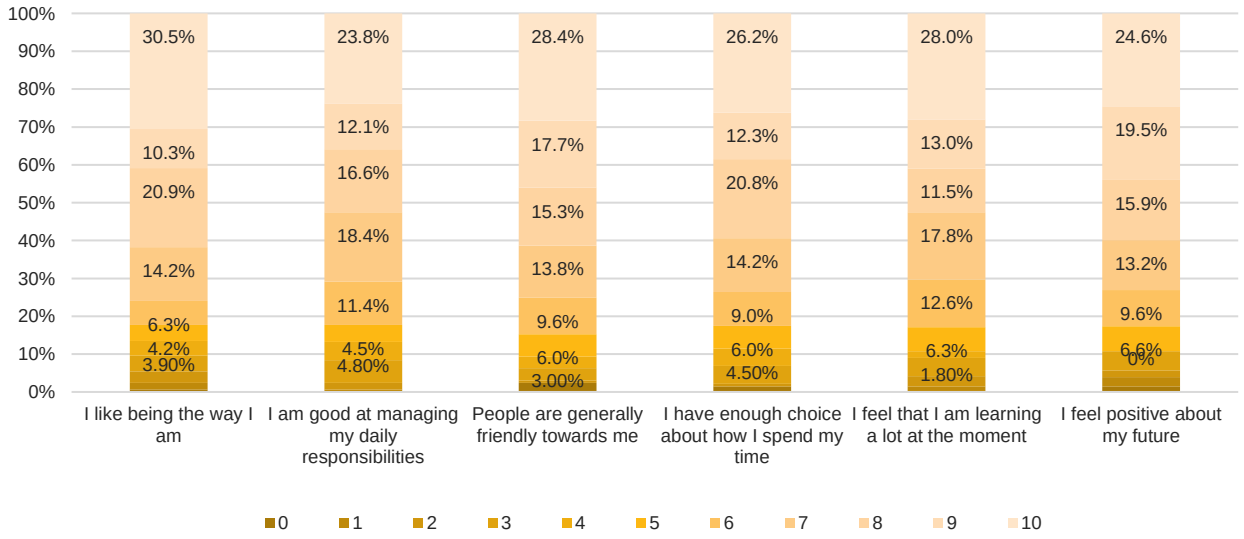


Figure 60 – Psychological wellbeing (8-11, 11-15 years)

8 to 11-year-olds



11 to 15-year-olds



4. Discussion

4.1 Synthesis of the main findings and links to literature

Family and home

The vast majority of the participants in the study, both children and adolescents, reported living in a stable home environment with their parents. A small percentage of participants, however, live and sleep in different homes, live with a single parent (typically the mother) or have parents working away from home on a regular basis. These findings show that though the family structure in Malta overall remains strong and stable, the traditional family in Malta is becoming more diverse, with different forms of family structures**.**

The great majority of children are happy with the people they live with, the younger children being more so than others. Overall, they have positive feelings towards other family members, reporting that they feel safe at home, that there are people who care about them, that they have a good time with their family, that if they have a problem their family will help and that their parents listen to them and take what they say seriously. Overall, girls and participants from more affluent families are more likely to express positive feelings about their family life. The older participants, however, appear to be less satisfied than their younger counterparts on being listened to and participating actively in family affairs and decisions. These findings reflect a similar trend to those in the earlier study, where Maltese 10/12-year-olds reported high levels of care and protection but relatively lower levels of autonomy, particularly when compared with other countries (Cefai & Galea, 2020). Our findings indicate that there is a positive relationship between children and adolescents being listened to and participating in family decisions, and subjective wellbeing, a finding resonating with international literature (Rees et al., 2000). Most participants are also satisfied with their relationships with their siblings and other family members not living at home, but between one fifth to one fourth reported being frequently hit or called names by their siblings. This is especially so among older children, those from lower income families and those not born in Malta. As discussed later, children from these types of backgrounds may be experiencing difficulties in other aspects of their wellbeing too.

The vast majority of participants are satisfied with the home they live in, with younger participants and those not worried about family income being more satisfied than older ones. Most of the participants live in spacious homes, with three or more bedrooms, and at least one bathroom. Adolescents from more affluent families and those attending non-state schools are more likely to have more spacious homes than their respective peers. One half of older children and three fourths of adolescents have their own bedroom and the great majority have their own place to study. The data indicates that the older they get, the more privacy and own space they have. Participants born in Malta are more likely to have their own bedroom and study place than those who are not. This reflects findings from other studies suggesting that children from a migrant background, particularly those coming from Africa and the Middle East, live in more crowded homes (Cefai et al., 2018). Interestingly, participants attending state schools are also more likely to have their own bedroom and study space than others.

Friends

The majority of both children and adolescents are satisfied with their friends, but satisfaction decreases significantly from middle to late childhood to adolescence. Indeed, only one third of adolescent participants are very happy with their friends, at a time when friends become a crucial determinant of wellbeing and mental health. Adolescents born in Malta or who speak Maltese are more likely to be satisfied with their friendships, while those with a disability are generally less satisfied. Overall, most participants reported positive relationships with friends, but girls, children coming from a more affluent background, and those without a disability reporting more supportive friendships. It is also pertinent to note that while most participants have

friends, over one third see their friends less often than once a week. Some would like to have more friends. These findings provide a mixed portrait of friendship in childhood and adolescence, with positive experiences for the majority, but a substantial number of children not having enough friends and not seeing their friends frequently enough. Less satisfying relationships are observed among boys, participants from a low socio-economic background, participants with a disability and migrants. Maltese 13 and 15-year-old boys are among the loneliest in Europe while girls are amongst the top half of the countries with the highest rate of loneliness (Cosma et al., 2023), underlying the need for close friendships which matter for their wellbeing and mental health at this critical stage in their development.

School

The majority of the primary school participants are happy with their lives as students, their learning, and the other children in their class. Girls and younger children appear to be more satisfied than boys and older participants with their school life. As children grow older, they become less satisfied with school (Cosma et al., 2023; Cefai & Galea, 2020) and this is clearly evident in adolescence (middle and secondary school), - with fewer than half of the participants being highly satisfied. Adolescents born in Malta/who speak Maltese, coming from more affluent families and without a disability are more satisfied with different aspects of school life. A sense of school belonging is crucial for students' academic engagement and social and emotional wellbeing (OECD, 2023) and the present study suggests that marginalised and vulnerable students may be at risk in this respect.

The great majority of the participants have very positive views of their teachers, agreeing that teachers care about them, help them with problems at school, and listen to them and take them seriously. The high level of satisfaction decreases as children grow older, however, even if the majority still hold positive views of their teachers. This contrasts with the recent OECD study in 44 countries, where on average, almost 40% of students across OECD countries reported that, in most lessons, the teacher does not show an interest in every student's learning or does not continue teaching until students understand the material. Girls have more positive views of teachers, particularly those in primary school. Most participants also have positive views of their peers at school, but the rate of agreement is lower when compared with the perceived relationships with the teachers. Children from less affluent family backgrounds feel less supported by their teachers and peers when compared to their more affluent peers. It is interesting to note that peer support at school, such as peer-to-peer tutoring, is related to an enhanced sense of wellbeing at school, but in Malta's case this is below the OECD average and has shown the most decrease since 2018 (by more than 10 percentage points) (OECD, 2023).

The great majority attend school regularly, but several participants miss school frequently, posing a potential risk for their academic achievement and healthy development (OECD, 2023). Furthermore, close to two thirds of secondary school students feel the pressure of schoolwork, reflecting other studies where Maltese school children appear to be amongst the most pressured school students (Cefai & Galea, 2020; Rees al, 2020; Cosma et al., 2023). Overemphasis on academic achievement is a stressor for young people, becoming a risk factor for their wellbeing and mental health.

The great majority of participants feel safe at school and on their way to school, though similar to other countries (OECD, 2023) a small percentage reported not feeling safe. Perceived lack of safety is related to lowered wellbeing (cf. OECD, 2023). Around one third of older children and adolescents reported frequent peer fighting at school, with indications that this may be higher than at schools in other countries (OECD, 2023). Peer bullying remains an issue in Maltese schools even if there are indications that it has decreased in recent years (OECD, 2023) with the present study indicating that physical bullying impacting one sixth to one fifth of primary school children, and over one fifth of participants experiencing frequent psychological and relational bullying. Cyberbullying appears to be less frequent. In general, bullying appears to be more common amongst boys and at its highest in middle school. Particular students appear to be more at risk of some form of bullying, namely students with a disability (physical, psychological and cyberbullying), students from low-income families (physical, psychological and relational); non-Maltese speaking and non-state school

students (physical, psychological and/or relational bullying). Victimisation, physical and relational bullying is related to lower affective and psychological wellbeing, reflecting the findings of international studies on the negative impact of bullying on wellbeing and mental health (Källmén & Hallgren, 2021; Man et al., 2022). In other studies, Maltese young persons with mental health issues referred to unaddressed bullying at school as one of the issues which led to or exacerbated their mental health issues when they were still at school (Cefai et al., 2023). Adolescence is a critical developmental period where increasing risk factors such as bullying may lead to the onset of mental health issues. Indeed, half of mental health issues develop before the age of 14 years. The relative high level of bullying amongst 11 to 12-year-olds in this study underlines the need to prevent and curb bullying at this critical stage and to provide timely and adequate support to victims.

Neighbourhood

The majority of participants in the study are satisfied with the area where they live, including with issues like safety, cleanliness, nature and play areas, and friendly and caring adults. There was a relatively lower level of satisfaction with particular aspects such as adequate play and nature areas, spaces to socialise, and a clean, pollution-free environment. The overall satisfaction, also decreases with age. In the case of older participants, there seems to be a lack of opportunity to participate in decision-making pertaining to neighbourhood issues. Adolescents, in particular, expressed concern regarding issues such as bullying, safety, a lack of spaces for young people, and a lack of voice in their community. Among older children, those not born in Malta or who do not speak Maltese tend hold more favourable views of their neighbourhood. Among adolescents, girls tend feel less safe than boys – even though boys are more likely to be bullied than girls.

These findings resonate with other local studies which underlined the need for more adequate, safe, pollution-free, and child and adolescent friendly spaces in towns and villages in Malta, and for children and young people to have more say in their communities (Cefai et al., 2022; Cefai, 2018; Satariano et al., 2021). The provision of such spaces is related to enhanced wellbeing and mental health (UNICEF, 2020). These findings also reflect another related issue, namely the increasing concern of children and young people in Malta about the state of the environment and how this impacts their daily life and wellbeing. For instance, 44% of young people in Malta believe that the environment is one of Malta's biggest challenges, while 93% believe that the state of Malta's nature is getting worse (EY, 2022).

Material Goods

The vast majority of the participants in the study are satisfied with the things they have at home, and appear to enjoy good material wellbeing. They reported that they have adequate food, clothing, shelter, home appliances, family transport, communication facilities such as the internet, and necessary accessories and equipment for school, sports and hobbies. Girls appear to be more satisfied with the things they have than boys. Between 12% to 20% of children however, are worried about family income. Adolescents attending state schools and those with a disability worry more often about family income than their respective peers. Only a small percentage of older children and adolescents indicated issues linked to relative poverty, such as not having pocket money or money to buy equipment for school. Statistics from Eurostat however indicate that in 2022, one fourth of Maltese children were at risk of poverty and social exclusion (Eurostat, 2023), and that poverty issues among children may be more severe than those represented in this study. The findings in the present study indicate that students from a low-income family have a lower level of wellbeing when compared to their more affluent peers. This echoes studies on wellbeing with Maltese adults who found a relationship between lower wellbeing and economic deprivation such as unemployment (Briguglio et al., 2021; Sammut et al., 2021).

Time

Children surveyed in this study are broadly satisfied with their use of time. The younger children spend most of their daily lives doing homework and studying, with their family, playing electronic games, watching TV and using social media, and supporting family. Less popular activities include playing or spending time outside and engaging in daily sports or physical exercise. Among the older children, boys are less likely than girls to help in the house while the opposite is true of caring for siblings, spending time on homework or studying. On the other hand, adolescents spend most of their time on social media, doing homework and studying, followed by spending time with family and playing electronic games. Three fourths use social media every day and one half play electronic games every day. These rates are higher than those for daily time spent with family, doing homework, studying, playing, spending time outside or engaging in physical exercise. Other frequent activities adolescents engage in include helping family, watching TV, playing sports or exercise (only one half), and playing or spending time outside (less than one half). Participants who do not speak Maltese spend less time on social media than those who speak Maltese.

There are distinctions between weekdays and weekends in the time spend watching TV, computer or social media. During weekdays, one fourth of older children and one third of adolescents spend 2 to 3 hours watching TV. During weekends, this increases substantially, with 19% of children and 38% of adolescents spending between 6-7 hours watching TV. Around 12% of older children and one fourth of adolescents spend at least 4 hours on the computer during weekdays, going up to 17.4% and more than one third respectively during the weekend. It is clear that when compared with international peers, Maltese children and adolescents spend less time on physical exercise and sports, and more time on TV and social media, particularly as children move into adolescence. This can have a negative impact on their wellbeing (see UNICEF, 2020; Cefai et al., 2022). Maltese children have one of the highest rates of problematic use of the internet particularly amongst 13 and 15-year-olds (Inchley et al, 2020). Research has documented negative impacts of extended and problematic use of social media on children and young people, particularly at a time when the brain is still developing (Riehm et al., 2019; Alonzo et al., 2021). Indeed a study with over 6,500 adolescents aged 12 to 15 reported that adolescents who spent more than 3 hours per day on social media faced twice the risk of experiencing poor mental health, including symptoms of depression and anxiety (Riehm et al., 2019), while another study with over 10,000 14-year-olds found that greater social media use was related to poor sleep, online harassment, negative body image, low self-esteem, and higher symptoms of depression - with girls being more vulnerable (Kelly et al, 2019). A recent OECD study (2023) also shows that the use of digital devices at school may have a distracting effect on their academic learning.

On the other hand, research illustrates the positive impact of physical exercise, sports and being close to nature on mental health and wellbeing. In a review of 114 studies, Rodriguez-Ayllon et al. (2019) reported that young people who engage in more regular exercise have lower levels of depression and psychological distress, and higher levels of positive self-image, life satisfaction and psychological wellbeing. This is particularly salient in the Maltese context, where for the past decades, Maltese children have been at the top of the league of countries as the most obese children in the world (Inchley et al., 2020), with around 40% of children being overweight or obese (Grech et al., 2017). Another review of 300 studies (Fyfe-Johnson et al., 2021) found a strong relationship between green spaces near homes and schools and positive mental health in children, as well as improved physical activity. Studies on the wellbeing of adults living in Malta similarly found that wellbeing is related to active social engagement and environmental quality (Briguglio, 2019; Sammut et al., 2021).

Physical health

The great majority of the participants reported enjoying good physical health and feeling fit and well. A more detailed examination of their physical symptoms over the past six months, however, suggests a less healthy portrait. Frequent headaches, stomach-ache and backaches are experienced by a considerable number of participants ranging from 10% to 20% of young children to 31% to 37% of adolescents, while one third and

over of older children and adolescents have difficulties going to sleep. Among older children, girls are more likely to experience daily headaches, stomach-aches and feeling low than boys, while boys are more likely than girls to have problems in going to sleep. Health problems increase significantly in adolescence with 60% to 43% experiencing frequent psychological symptoms such as feeling low, irritable, nervous, and bad tempered. Regardless of their gender, adolescent participants with a disability and who frequently worry about family income are even more likely to feel low and/or nervous daily. These figures are quite comparable with those of other recent studies in Malta such as the WHO HBSC study (Cosma et al., 2023), which indicates that Maltese 11, 13 and 15-year-olds compare with the top 15 countries on multiple health complaints, with the top 10 countries on backaches and feeling low and nervous, and with the top 6 countries on headaches (Maltese 15-year-olds have the highest score on headaches amongst all countries). Girls are particularly vulnerable to both physical and psychological symptoms.

The great majority of adolescent participants report that they do not smoke cigarettes, drink alcohol, get drunk or use illegal drugs, with only a very small minority doing so. Five percent engaged in self-harm behaviour a few times a month and 4% several times a week. Other studies with Maltese adolescents, however, indicate that the prevalence of substance use is much higher than that admitted by the participants in the present study (e.g. Inchely et al., 2020; Arpa & Borg, 2020).

Rights

Neither children nor adolescents score highly on rights-awareness. Only one fourth of the youngest participants are aware of children's rights, increasing to around one half of older children and adolescents, a result similar to that of previous studies (Cefai & Galea, 2016; 2020). It is interesting to note that among the younger children, those with a disability are more aware of their rights; while adolescents attending state schools and middle school are more aware than those attending non-state and secondary schools.

Around three fourths of older children have positive views of living in Malta, believing that is a safe place for children, that adults care about children and respect their rights, and that children are allowed to participate in decisions. Those worried about family income are less likely to believe that Malta is a safe and caring place than their more affluent peers. Positive views also become less pronounced among adolescent participants, with fewer than one half firmly agreeing that Malta is a safe place for children to live in and that adults care about children. Over one third of the children interviewed frequently worry about what happens in Malta, with girls, children who do not speak Maltese and those who frequently worry about family income tending to be more concerned**.**

Subjective wellbeing

Overall, the great majority of participants in the study enjoy a high level of subjective wellbeing, feeling good about and happy with their life. They are also satisfied with safety, with their body image, their health and their future. Participants are most satisfied about their health, and safety, but relatively less satisfied about their appearance, their future, and being listened to (adolescents). As expected, children are more satisfied and happier with their lives than adolescents (Cefai & Galea, 2020; Rees et al., 2020; Cosma et al., 2023), while girls in the late primary school years are more likely to agree that they have a good life compared to boys. Older children and adolescents with a disability and those worried about family income are less satisfied than their relative peers with their body image, their health, their future and their life in general, while adolescent participants with a disability and low family income are less satisfied with the way they look, their future, their health and being listened to by adults.

Overall, the majority of participants in the study enjoy a high level of positive affectivity, such as happiness, energy, and feeling calm, with higher levels amongst children in contrast to adolescents. On the other hand, there is also a relatively high level of negativity amongst both children and adolescents. For instance, around one third of children feel bored, one fifth of younger children are sad, while close to one fourth of older children

feel stressed. Between one fourth to one third of adolescents feel stressed and bored, and one sixth feel anxious and lonely. As with the other aspects of wellbeing, participants with a disability, lower income households and from a migrant background are more likely to report lower levels of affective wellbeing, with lower scores on positive affectivity and higher scores on negative affectivity. Adolescent girls have higher levels of sadness than boys, with indications showing that they are also more stressed and bored. These findings reflect the increasing concern about the mental health and wellbeing of children and young people in recent years, exacerbated by the COVID-19 pandemic (OECD, 2020; Cefai & Galea, 2020). In a recent study with 800 Maltese school children, Sacco et al. (2022) reported that 40% of Maltese children and adolescents aged between 5 and 16 years show symptoms of mental health issues, with 15% of them meeting the criteria to be diagnosed with a mental health issue. The study found that one fourth of 5 to 16-year-old participants were at risk of having conduct and anxiety problems, while 39% of 11 to 16-year-olds were at risk of emotional problems and 9% reported self-harming behaviour. Only 10% of those at risk were referred to mental health services. The recent WHO HBSC study (Cosma et al., 2023) showed that from 2002 to 2022 there was a decline in life satisfaction and an increase in loneliness in young people (11 to 15-year-olds) in Europe.

The majority of the older children and adolescents in the present study are very satisfied with different aspects of their psychological wellbeing, such as the way they are, managing their responsibilities, learning, and the choices they have on how to spend their time. The highest level of satisfaction is observed in terms of liking the way they are and people being friendly, while the lowest level of satisfaction is with learning and managing daily responsibilities. Again, participants with a disability and those who worry about family income appear to have a lower level of psychological wellbeing than their peers, such as in managing daily responsibilities and having enough choice about how to spend their time.

Overall, those worried about family income scored significantly lower than their non-worried peers on most of the wellbeing scales, including domain-based subjective wellbeing, negative affectivity and psychological wellbeing. Participants with a disability had lower levels of domain-based subjective wellbeing and psychological wellbeing and a higher level of negative affectivity. There is also an expected trend in decrease in wellbeing and satisfaction from childhood to adolescence (cf. WHO, 2023). The international trend in gender differences did not feature so clearly in the present study, though adolescent girls did have significantly higher levels of sadness and a tendency to be more stressed. The WHO HBSC study (Cosma et al., 2023) shows that Maltese 13 and 15-year-old females scored significantly higher than boys on loneliness, health complaints, and feeling low and nervous. For instance, 15-year-old Maltese girls are among the bottom 6 countries with regards to wellbeing.

These figures present a concerning portrait of the mental health and wellbeing of Maltese children and adolescents, with indications that as children are making the transition to puberty and secondary school, a substantial number of them are experiencing physical and psychological difficulties, putting them at risk of developing more complex and long-standing mental health issues. Half of mental health issues develop before the age of 14 years, and this provides families, schools, and services with a window of opportunity to prevent the onset of mental health issues among adolescents at risk. This calls for a dual focus on removing the systemic factors which are leading to these physical and psychological symptoms in children, such as undue academic pressure, long hours and problematic use of social media, bullying and cyberbullying, low level of physical exercise and sports, lack of adequate play and natural areas, and a lack of socialising in health-promoting environments. On the other hand, parents may provide more opportunities for children and adolescents to express themselves and their emotions and to have more say in decision-making, while schools need to ensure a caring, safe, inclusive and supportive environment and provide opportunities for students to develop the requisite social and emotional competences and resilience skills to navigate the academic, social and emotional challenges they face as they are growing up.

4.2 Limitations and recommendations for further research

Shortcomings are inevitable in a study like this. The first consideration relates to the possibility of sampling bias. While every effort was made to obtain a representative sample, it is likely that the sample is biased towards children of higher socio-economic status, given the need for parental consent. This suggests that the situation depicted in the report may, in fact, be rosier than the actual situation on the ground. Although weightings were adopted for the groups of 8 to 11-year-olds and 11 to 15-year-olds to ensure that the results are as representative as possible of the population of children in mainstream schools, data for the group of 7 to 8-year-olds was not weighted due to the smaller sample size, hence the findings for this group must be interpreted with caution. An element of social desirability may also have been present given that data was collected in schools - even if this was done confidentially and the questionnaires were anonymous.

A related limitation of the present study is the relatively small sample size, particularly in the cohort of younger children. The findings thus need to be supported, or otherwise, by a more representative and larger sample size, which captures well the different groups of children living in Malta, including those living in poverty, refugees and children from a migrant background, children with a disability, children in problematic families, LGBTIQ children, and other minorities. The study collected data from participants aged 7 to 15 – a larger sample may enable analysis by specific years rather than age groups (young children, older children, adolescents).

Another limitation in the study is that it only collected data from children aged 7 years and over. In order to include and capture the views of younger children, more illuminative, participatory and iterative data collection methods may be used, combining oral, visual and written activities, such as use of drawings and pictures, puppets, storytelling and story completion, mapping, photo elicitation, and drama. The mosaic approach (Clark & Moss, 2011) is a frequently used research method with young children.

The questionnaires employed in this study were based on the International Study on Children's Subjective Wellbeing questionnaires, with some adaptations to the local context. Future studies may also be refined using participatory techniques with children and young people themselves, which will also enhance the ecological validity of the study. The length of the questionnaire posed constraints on adding further questions and limited qualitative responses. An accompanying qualitative and participatory study, making use of child-friendly tools, and including children and young people as co-researchers, will help to capture the lived wellbeing experiences of children and young people living in Malta.

This study is also limited by its cross-sectional nature and we stop short of inferring causality in the relationships observed. Adding a longitudinal design to cross-sectional data, will provide a stronger basis for understanding children's and young people's wellbeing at different points and transitions in their lives. We therefore suggest that this study be replicated every two to three years, given the dynamic and changing reality of Maltese society which influences the state of wellbeing of children and young people living in Malta. Such a regular exercise will ensure that the developing needs of children and young people are identified and addressed as early as possible.

By and large, the results of the study echoed and substantiated those of other studies in Malta, save for the discrepancy noted in gender differences arguably due to different instruments and age groups. The present study examined children's subjective wellbeing, encompassing both hedonic and eudaimonic perspectives, while exploring children's views of different aspects of their lives. It was also informed by the children's rights perspective, positioning children as key agents in their lives, with their voices serving as the centrepiece of the study. We consider this approach to be the main strength of the present and future studies on children's wellbeing. This does not exclude however, the use of objective measures to also measure children's objective wellbeing as part of an integrated approach to children's wellbeing.

5. Recommendations and conclusions

5.1 Recommendations for Policy and Practice

A national policy for the promotion of wellbeing in children and young people.

In view of the frequent psychosomatic and psychological hegalth complaints, including loneliness, by a relatively high number of children and adolescents at critical periods in their development, compounded by other issues such as the problematic use of the internet, a national policy on the promotion of mental health in children and adolescents in Malta may be drawn by an inter-ministerial committee together with the children and young people themselves, and in consultation with parents, schools, the community and mental health services. Such a policy needs to recognise that mental health is a right for all children and young people and that they have the right to be adequately supported to enjoy wellbeing.

This policy may also include a strategy to promote physical exercise, sports and nature-based activities for children and young people. This strategy needs to be developed and implemented with the children and young people themselves and complemented by continued efforts to create safe, adequate, accessible, developmentally appropriate and free exercise, sports, play, nature and social spaces for children and young people in designated areas in the local communities. This will help to nurture a culture of sports amongst Maltese children and adolescents from an early age so that sports and exercise will become ingrained in their lifestyle. It will also help to address the issue of extended and problematic use of social media, particularly amongst adolescents, as well as the apparent lack of friends and the loneliness experienced by a substantial number of adolescents.

A more inclusive and welcoming environment for children with diverse needs.

Children with a disability, children from a migrant background and from low SES, amongst others, appear to face more difficulty in making friends and have more concerns about their future. They may also be more at risk of bullying, and in the case of those from a migrant background and low socio-economic status, feel less safe and cared for in their communities. Local communities, services and schools may seek to provide more accessible and inclusive environments for such children, including multidisciplinary, community-based support centres in communities and shared intercultural, communal spaces for connection in local towns and villages. Some children and families living on the poverty line would also benefit from additional economic, educational, and psychosocial support.

A strategic focus on the wellbeing of children and young people at risk.

One of the most consistent findings of the present study is that while most participants enjoyed a high level of wellbeing in various aspects of their lives, particular groups of children reported a lower level of wellbeing. These included children from a lower socio-economic status, children with a disability, and children from a migrant background, among others. Age and gender are other factors that needs to be considered in such a strategy as older and female adolescents enjoy relatively lower levels of wellbeing and may be more at risk of mental health issues. A lower level of wellbeing (languishing) puts children at risk for the development of mental health issues if their needs are not addressed adequately and in a timely manner. Given that most young adolescents are still at school until the age of 16, schools have a crucial role, in collaboration with other stakeholders and agencies, to support students at risk through interventions implemented in an inclusive, non-stigmatising environment. Such an investment will also be cost effective, as research shows that preventive measures have strong financial return on investment, in contrast to interventions to support mental health issues, substance use rehabilitation, and social benefits, among others. However, this requires that schools and other agencies and services are provided with the required physical and human resources and training to provide such services effectively.

Curbing bullying at school, at home and in the community

At least one in five of the participants complained of peer bullying at school or in the neighbourhood, and sibling bullying at home. While considerable work is being undertaken in schools and by various agencies services and non-governmental organisations to address peer bullying, we recommend further efforts on raising awareness on what to do when experiencing victimisation, on how systems such as schools, homes and community spaces may become safer and more inclusive, and how bystanders (peers, friends, siblings) may become upstanders in discouraging and preventing perpetrators. Children with a disability, from a migrant background, and from other diverse backgrounds are more at risk of peer bullying and there also needs to be a particular strategic focus on addressing bullying against such minorities.

Wellbeing and mental health as a key educational objective

Current socio-economic challenges are challenging schools to move beyond limited sectoral goals and build new collaborations with other sectors to reimagine education to become more relevant and compassionate, promoting wellbeing, mental health and inclusion as core educational objectives. This is particularly relevant as about two thirds of adolescent participants in the study complained about the high level of academic pressure and stress they experience at school. A whole school, systemic approach to wellbeing and mental health (Cefai et al., 2021) requires the mobilisation of the whole school community in collaboration with other stakeholders, in promoting the wellbeing of all its members. It is thus very encouraging to note that the recently launched consultation document National Education Strategy 2024-2030 for Malta (Ministry for Education, Sport, Youth, Research & Innovation, 2023) includes wellbeing as the first of three pillars of the strategy, encompassing learners' physical, socio-emotional, mental and digital wellbeing.

Need for stronger role for children's voices

While there is increasing awareness on the need to listen to and consult with children and young people, in many instances this may not be accomplished in actual practice, such as at home, life in the community, use of services, local governance, and at school, amongst others. The participants in the study, particularly the older ones, are asking for more attention from adults to what they are saying and for more active participation in decisions that affect their lives and wellbeing. The findings of the study, supported by international literature, show that autonomy and sense of agency are highly related to children's and adolescents' subjective wellbeing.

Children and young people themselves should be at the centre in the planning and implementation of these and other initiatives to promote and support their wellbeing. As Lundy (2007) put it, having a voice is not enough; children and young people need to be part of the implementing team as well, in order to ensure that their suggestions and recommendations are being put into practice.

5.2 Conclusion

Having lived through the COVID-19 pandemic, Maltese children and adolescents face long standing and emerging challenges: bullying and cyberbullying, problematic use of social media, substance use, loneliness, academic pressures, concerns about the future, as well environmental issues, are some of the challenges they have to grapple with. Children and young people, however, need to grow up in safe, healthy, supportive, and caring environments. Prioritising children's wellbeing in our national agenda will not only be respecting the UN enshrined children's right to wellbeing and mental health but will also be equipping our children to effectively address and prevent the challenges they are presently facing as they grow into adulthood, helping to create a better future for future generations. We need to do this, however, with the children and young people themselves, with children actively participating in the development and implementation of policies and actions shaping their future and destiny.

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