

# Childhood Wellbeing: A brief overview



June Statham and Elaine Chase  
Childhood Wellbeing Research Centre

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## **Executive Summary**

The aim of this briefing paper is to provide an overview of recent evidence in the field of childhood wellbeing. Relevant material was identified through literature and web searching during March/ April 2010, and selected for its potential to illustrate how childhood wellbeing has been defined and understood. The paper provides a summary of how wellbeing is conceptualised; the domains and measures employed to assess child wellbeing within the UK and internationally; how the views of children and young people are incorporated into work on child wellbeing; and some conclusions from key studies relevant to the wellbeing of children and young people in the UK. It concludes by highlighting some of the issues and challenges in taking this work forward.

### **What is wellbeing?**

Wellbeing is generally understood as the quality of people's lives. It is a dynamic state that is enhanced when people can fulfil their personal and social goals. It is understood both in relation to objective measures, such as household income, educational resources and health status; and subjective indicators such as happiness, perceptions of quality of life and life satisfaction.

### **Domains and measures of childhood wellbeing**

- Childhood wellbeing is defined in many different ways.
- A wide variety of domains and measures are used to assess levels of childhood wellbeing.
- The different domains and measures employed make it difficult to make meaningful comparisons of childhood wellbeing across different studies and different contexts.
- The different foci of wellbeing initiatives (for example on needs, poverty, quality of life, social exclusion or children's rights) has implications for the type of policies and programmes that are supported.
- There is some emerging consensus that childhood wellbeing is multi-dimensional, should include dimensions of physical, emotional and social wellbeing; should focus on the immediate lives of children but also consider their future lives; and should incorporate some subjective as well as objective measures.

### **Children and young people's views on wellbeing**

There has been a gradual shift in the last few years away from being over reliant on objective measures of child wellbeing towards engaging children and young people in defining the parameters around what constitutes wellbeing. This move has revealed some important differences in how adults and children define wellbeing and the aspects of wellbeing that children prioritise compared to adults.

### **Conclusions from current research relevant to childhood wellbeing in the UK**

- The UK performs poorly in some international 'league tables' of children's wellbeing discussed in this paper, although the limitations of such de-contextualised comparisons need to be borne in mind, as well as differences in definitions and in data availability that may penalise those countries (like the UK) with more data available for comparison.
- International comparisons indicate that wellbeing is negatively associated with income inequality and positively associated with spending on family benefits and services.
- There is no direct association between poor childhood wellbeing and the prevalence of 'broken families'.
- There is a close association between childhood wellbeing and positive family relationships.

## Issues and challenges

- Wellbeing and childhood wellbeing in particular, are widely used concepts but have a weak theoretical basis.
- There are currently limited data on child wellbeing and particularly a lack of data which is disaggregated according to age, gender, disability, ethnicity, sexuality or by wider socio-economic or inclusion markers such as migrant status.
- Cultural and class implications of wellbeing are not well understood.
- There are evident difficulties in making comparisons in child wellbeing using indicators across widely variable contexts.

## Future work

From the literature reviewed, improvements in theorising and operationalising childhood wellbeing are likely to emerge from a shared understanding that childhood wellbeing:

- Is multidimensional
- Considers measures offering both objective and subjective perspectives on quality of life
- Incorporates the views and perspectives of children and young people themselves
- Focuses on attributes and strengths as well as difficulties and deficiencies
- Considers the wellbeing of children in the 'here and now' and does not focus exclusively on long-term outcomes
- Incorporates measures of individual physical and emotional/mental wellbeing
- Incorporates measures which take account of the context of children and young people's lives
- Is considered at different stages of children and young people's lives (from in-utero through to the transition to adulthood)
- Pays attention to culture, gender, age and other personal characteristics and how these factors may influence feelings of wellbeing as well as objective child wellbeing outcomes
- Is not overly focused on mainstream contexts of young people's lives – such as home and school – but also considers the wellbeing of young people who are excluded from these environments, and differences across contexts.

## Introduction

There is considerable ongoing work in relation to the definition and measurement of childhood wellbeing in the UK. This has included both objective indicators and measurements and an increasing focus on subjective wellbeing measures. There has also been a focus on how wellbeing is understood within different policy contexts (Ereaut and Whiting, 2008) and across different policy jurisdictions within the UK (Pedace, 2008). Other work has attempted to clarify the different conceptual frameworks that can be applied to the notion of wellbeing, including needs, rights, poverty, quality of life and social exclusion (Axford, 2009).

Internationally, too, there has been substantial interest in developing a set of indicators which can be used to monitor childhood wellbeing across countries and over time (described further below). UNICEF (2007), the European Commission (2008) and the Office for Economic Cooperation and Development (OECD) (2009) have all been active in this area, and the level of interest is indicated by the fact that there is now an International Society for Child Indicators (ISCI)<sup>1</sup> which holds annual conferences and publishes an academic journal, *Child Indicators Research*. In addition, Wikichild<sup>2</sup> is a newly developed interactive online source for child wellbeing research and data, managed in its start-up phase by a consortium including OECD, ISCI and the UNICEF Innocenti Research Centre.

Yet despite considerable academic and policy interest in wellbeing to date, the concept of wellbeing is difficult to pin down. It has been described as 'intangible, difficult to define and even harder to measure' (Thomas, 2009, p11), and as 'conceptually muddy...[but] pervasive' (Morrow and Mayall, 2009, p221).

## Aims and scope of this briefing

The aim of this briefing paper is to summarise current thinking and debate surrounding the concept of childhood wellbeing and to bring together information about current and recent activity, including major reviews and reports, approaches to measurement, headline findings and key issues. It is *not* intended to be a comprehensive mapping or review of individual research studies and their findings. Instead, the aim is to provide a high-level briefing which describes the current state of play in the field, discusses the concept of childhood wellbeing and highlights issues that need to be taken into account in developing policy and practice. Relevant material was identified through literature and web searching during March/ April 2010, and selected for its potential to illustrate how childhood wellbeing has been defined and understood. There is a predominant focus on the UK, but significant international work is included where particularly relevant. In keeping with the aim of outlining the current state of play, the majority of references are to studies published in the last two to three years, although the paper also draws on a systematic review published in 2003 (Pollard and Lee) which incorporated 415 papers on childhood wellbeing. Current policy relevant to childhood wellbeing across England, Ireland, Scotland and Wales was also briefly reviewed to consider how childhood wellbeing is conceptualised within different areas of UK policy jurisdiction.

The rest of this briefing paper covers:

- What is wellbeing?
- Domains and measures of wellbeing
- Policy frameworks for childhood wellbeing within the UK
- Children's views on wellbeing
- Some conclusions drawn from childhood wellbeing studies
- Issues and challenges
- Future work on child wellbeing

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<sup>1</sup> <http://www.childindicators.org/>

<sup>2</sup> [http://www.wikichild.org/index.php/Main\\_Page](http://www.wikichild.org/index.php/Main_Page)

## What is wellbeing?

Early conceptions of 'wellbeing' emerged from a more general movement to de-medicalise health and encourage governments to consider a wider range of factors which contributed to poor health beyond disease or its absence. The Alma Alta definition of health (WHO 1978) defined health as '*a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*'. Since then, wellbeing has evolved as an overarching concept which is generally held to describe the quality of people's lives (Rees et al, 2010). The Government Office for Science Foresight Report on Mental Capital and Wellbeing (2008) suggests that wellbeing is a dynamic state that is enhanced when people can fulfil their personal and social goals and achieve a sense of purpose in society. Rather than being static, wellbeing emerges from how people interact with the world around them at different points in their lives. It is not necessarily the same as being happy, since anxiety, depression and anger are sometimes to be expected in life.

Concepts such as 'wellbeing', 'life satisfaction' and 'quality of life' are often used interchangeably, and incorporate both objective and subjective aspects of a person's life – both observable facts (such as household income, family structure, educational achievement, health status) and an individual's own feelings about these things and their life in general. Wellbeing indicators, especially those used for cross-national comparisons, have tended to focus on **objective** data collected by most countries and available in administrative records. For example the UNICEF (2007) comparative study of child wellbeing in rich countries included children living in homes below the poverty line, children in homes where there was no employed adult, and children in homes where there were few education resources, as indicators of low wellbeing within the domain of 'material wellbeing'. However, there has been increasing recognition that objective measures of wellbeing are not sufficient for the development of policy, and that **subjective** indicators based on individuals' self reports of aspects of life such as happiness, social connectedness, perceived quality of life and life satisfaction are also needed.

Another important distinction in the literature is between understandings of childhood wellbeing which adopt a **developmental** perspective and those that adopt a **children's rights** perspective (Pollard and Lee, 2003). A developmentalist outlook is more likely to adopt measures associated with deficits, such as poverty, ignorance, and physical illness. While such indicators are important to begin to redress issues of inequalities and social exclusion which negatively impact on children's health and wellbeing, they tend to ignore the potential, attributes and strengths of children. Where an understanding of children's rights is central to a concept of wellbeing, indicators and measures tend to focus more on factors which provide opportunities and help them reach aspirations, and which focus on the quality of their lives *now* rather than just in the future (Morrow and Mayall, 2009).

## Domains and measures of wellbeing

- Childhood wellbeing is defined in many different ways
- A wide variety of domains and measures are used to assess levels of childhood wellbeing
- The different domains and measures employed make it difficult to make meaningful comparisons of childhood wellbeing across different studies and different contexts
- The different ways in which childhood wellbeing is defined and measured lead to different policy and programme initiatives
- There is some emerging consensus that childhood wellbeing is multi-dimensional, should include dimensions of physical, emotional and social wellbeing; should focus on the immediate lives of children but also consider their future lives; and should incorporate some subjective as well as objective measures.

This section of the report examines some examples of the different dimensions (or domains) of child wellbeing that have been chosen for measurement in different contexts. These offer useful insights into how childhood wellbeing is understood and illustrate the complexity of the field. There is a general consensus in the literature that childhood wellbeing is multi-dimensional; that it needs to be contextualised; and that it needs to be considered in a holistic way, taking account of both changes at different stages of children and young people's development and of transitions in other aspects of their lives. However, there is still limited agreement on what the constituent components of child wellbeing are, or of how they should be weighted in terms of importance or priority.

The examples of studies and indices below, some international and some national, illustrate the many different ways in which childhood wellbeing has been conceptualised, and the variety of methods that have been used to attempt to measure it. For example, the domain of children's health may be understood as physical health, including aspects such as fitness levels, diet, nutrition and risky behaviour; and it may or may not include psychological and/or emotional health (in many cases this is a separate domain). Children's safety and accident levels may be included within the domain of health, or treated separately. Subjective wellbeing is sometimes identified as a separate domain, but in other cases is included within other domains or not considered at all. Subjective wellbeing may be treated as synonymous with psychological wellbeing, or as a separate concept. There may be indicators for 'community connectedness' (Land, 2007), 'civic participation' (in the Chapin-Hall Multi-National project), and concerns about national and global issues (Rees et al., 2009).

Some measures, such as the New Economics Foundation's *Happy Planet Index* (which does not focus specifically on children, but has relevance to their lives) place particular emphasis on environmental impact and sustainability<sup>3</sup>. Recent work by the Family and Parenting Institute has been attempting to develop ways of understanding and measuring *family* wellbeing, recognising that the wellbeing of children - especially young children - is closely tied to their lives within their family (Wollny, Apps and Henricson, 2010). Measures usually contain a number of broad domains, with indicators addressing particular aspects of wellbeing. These measures have been developed for different purposes, such as cross-national comparisons, local planning, and measuring individual child wellbeing (the latter is particularly common in health-related quality of life approaches). They draw on a range of data sources, some combining subjective and objective measures, others using either one or the other.

As will be considered in the following section, the different foci of wellbeing initiatives have resulted in different policy and programme outcomes. Research by the Dartington Social Research Unit (Axford, 2009), for example, identified five different 'lenses' through which child wellbeing was viewed by government policy makers, and drew connections between these perspectives and the types of initiatives supported. It is argued that they are all useful concepts, but that the differences between them are rarely articulated and they do not form a 'cohesive mix' (Axford 2009, p370). The focus may be on **needs**, usually involving assessing the needs of children and families within specific communities, or on eradicating **poverty** (with a focus on child poverty). It may be a more positive focus on improving the **quality of life** of children, through a range of initiatives such as having safe places to play and introducing social and emotional learning in school. A fourth lens is **social exclusion**, leading for example to efforts to reduce teenage pregnancy and improve attendance at school. The final lens is that of children's **rights**, where it is suggested that current policy is more patchy and inconsistent.

Despite the differences in emphasis and approach, there is some degree of consensus emerging from these different studies/indices. All measure multiple dimensions of children's lives, and most include domains which relate to their physical, psychological and social wellbeing in one form or another. They also incorporate, to varying degrees, measures of socio-economic and environmental wellbeing such as educational attainment, economic and material resources, housing and the local environment, quality of school life and access to leisure activities.

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<sup>3</sup> <http://www.happyplanetindex.org/>

The broad dimensions used to measure the wellbeing of children and young people are similar to those used for adults (see Keyes et al., 2003), although the specific indices may differ to reflect the circumstances of children's lives, such as attending school and being dependent on parents/carers for the provision of material necessities.

### **Examples of international comparisons of child wellbeing**

The **Multi-National Project for Monitoring and Measuring Children's Wellbeing** was first established in 1996 and is coordinated by the Chapin Hall Centre at the University of Chicago<sup>4</sup>. It involves experts from 28 countries and aims to improve ability to monitor and measure the status of children around the world, and to create a multi-national network of partners and archive of comparable data. A set of around 60 indicators has been organised under five overarching domains: safety and physical status; personal life; civic life; children's economic resources/contributions; and children's activities. Indicators to measure these draw on data from national and international surveys (such as PISA, HBSC and SILC<sup>5</sup>) as well as information collected for administrative purposes by each country. An ongoing difficulty is gaps in comparable data.

The **UNICEF report on child poverty** and child wellbeing in 'rich' countries (UNICEF, 2007) compared data relevant to childhood wellbeing from 21 countries across six dimensions: material wellbeing; educational wellbeing; health and safety; family and peer relationships; behaviour and risks; and subjective wellbeing. The limitations of the data on which the study was based have been widely noted, including a bias towards information on older children; data not disaggregated by child characteristics such as age, sex and ethnicity; key information (for example on child protection and children's mental health) being unavailable for many countries; no attempt to weight different aspects of a child's wellbeing; and the assumption of a causal relationship between the factors studied and wellbeing.

A follow-on to the UNICEF study compared **children's wellbeing across all thirty OECD countries** (OECD, 2009). The domains being measured were altered to focus on indicators with the most potential to be influenced by government policies. Housing, environment and quality of school life were added, but children's subjective wellbeing was removed. This report avoided ranking countries on a single composite score, as the earlier UNICEF report had done. However, the OECD comparison was subject to some of the same criticisms. The OECD is continuing its work in this area, including ongoing development of a child wellbeing database which will include outcomes sensitive to different age groups and to contextual variables (Richardson, 2009).

Yet another cross-national comparison used an **Index of Child Wellbeing in Europe** to compare 27 EU Member States, plus Norway and Iceland (Bradshaw and Richardson, 2009). This index had seven domains: child health, subjective wellbeing, personal relationships, material resources, education, behaviour & risk, and housing & the environment. Again, the UK scored poorly given its level of national wealth, especially in domains such as material resources (because of a high number of families with no parent in work) and education (on the basis of school attendance and NEETs rather than educational attainment).

**Kidscreen-52** was developed to facilitate cross-national comparisons, but unlike the measures above is based solely on children and young people's self-reporting of their wellbeing (Ravens-Sieberer et al., 2005). This health-related quality of life questionnaire was developed with European Commission funding to provide a measure that could be used to assess quality of life among all children, not just those with health difficulties (which is the usual focus of such a measure). It contains 52 items organised into 10

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<sup>4</sup> <http://multinational-indicators.chapinhall.org/Index.html>

<sup>5</sup> Program for International Student Assessment (PISA); Health Behaviour in School Aged Children (HBSC); Statistics on Income and Living Conditions (SILC)

domains including factors such as physical health; moods and emotions, home life, school environment, social acceptance (including bullying) and the child's perception of their financial resources. The questionnaire was tested in a survey of more than 22,000 children aged 8 to 18 across 12 European countries (with the survey translated into appropriate languages), and was judged to be a 'promising' measure.

**Young Lives**<sup>6</sup>, an international research project coordinated by Oxford University, emphasises the need to understand children's wellbeing in culturally and locally contextualised circumstances. This project is tracking some 12,000 children growing up in four developing countries over 15 years, examining how poverty affects their wellbeing. It integrates regular questionnaire-based surveys of all the children and their carers every three years, with more in-depth research using participatory methods.

In the United States, a **Child and Youth Wellbeing Index** developed by the Foundation for Child Development is used to track trends over time in the quality of life and wellbeing of America's children from birth to age 18 (Land, 2007). It comprises interrelated composite indices of numerous social indicators of the wellbeing of children and young people, and is produced on an annual basis. The main purpose is to give a sense of the overall direction of change (improvement or deterioration) in the wellbeing of America's children and young people, as compared to two base years of the indicators, 1975 and 1985.

### **Examples of dimensions and measures of child wellbeing in the UK**

Turning to the UK, there have been several recent developments in measuring wellbeing. A **Local Index of Child Wellbeing** was created by researchers at the universities of York and Oxford for the Department for Communities and Local Government, to provide a method for rating child wellbeing at small area level (Lower Super Output Area level, LSOA). This can be used to inform local planning. The Index uses the same approach and methodology as the better known Index of Multiple Deprivation, although the wellbeing indicator is more restricted by lack of relevant data specific to the situation of children. It is made up of seven domains which are populated with existing data (including information on 'children in need') to produce a figure for each LSOA in England (Bradshaw et al, 2009).

The initial results from what has been described as 'the first national survey in England to take a broad and comprehensive view of children and young people's subjective wellbeing' (Rees et al, 2009) were publicised at an 'Understanding Children's Wellbeing' launch in London in January 2010. This **National Survey of Young People's Wellbeing** was undertaken as part of an ongoing programme of work on childhood wellbeing by the Children's Society<sup>7</sup>. Nearly 7,000 young people (aged 10-15) were surveyed in schools by Ipsos MORI in 2008. The questionnaire included three off-the-peg measures of subjective wellbeing: a measure of overall happiness with life and two measures of overall life satisfaction, Cantril's Ladder and Huebner's Life Satisfaction Scale, plus additional indicators of subjective and psychological wellbeing. Under subjective wellbeing were included aspects of self (physical health, emotional health, time use); relationships (with family, friends, people in local areas); and environments (material wellbeing, home, school, local areas, national and global issues). Psychological wellbeing was treated as distinct from subjective wellbeing and focused on aspects such as a sense of purpose; a sense of autonomy; competence; relatedness; locus of control; self image; self-esteem; optimism and aspirations for the future. Further analysis of the data on these components of wellbeing is ongoing, and a second wave of the survey is due to take place in 2010.

The **Avon Longitudinal Study of Parents and Children (ALSPAC)** – a longitudinal study of children born in Avon during 1991 and 1992 – has recently been subjected to some quite extensive secondary analysis to examine changes in childhood wellbeing within a framework of risk and resilience (Gutman et al, 2010). This analysis focuses on what is called 'children's psychosocial wellbeing', looking at four different aspects:

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<sup>6</sup> <http://www.younglives.org.uk/>

<sup>7</sup> [http://www.childrensociety.org.uk/all\\_about\\_us/how\\_we\\_do\\_it/research/19919.html](http://www.childrensociety.org.uk/all_about_us/how_we_do_it/research/19919.html)

emotional, behavioural, social and subjective school wellbeing. Key findings are presented later in this paper.

## Policy frameworks for childhood wellbeing within Great Britain and Ireland

Across England, Wales, Scotland and the Republic of Ireland, there are similarities and differences with respect to how childhood wellbeing has been operationalised within national policies and how it is measured. Table 1 provides an overview of the different domains which have constituted childhood wellbeing in the four countries.

In England, *Every Child Matters* (DfES, 2003) provided the basis for childhood wellbeing policy up until May 2010, through identifying five key outcomes for children: being healthy; staying safe; economic wellbeing; enjoying and achieving; and making a positive contribution. Emotional wellbeing became the focus of a number of national initiatives under the former Department for Children, Schools and Families (DCSF). For example, the Social and Emotional Aspects of Learning (SEAL) programme<sup>8</sup> was operating in 80% of primary schools and 30% of secondary schools across England by 2008.

**Table 1 Components of childhood wellbeing within national policies (as at April 2010)**

Every Child Matters (England)	Getting it Right for Every Child (Scotland)	National Set of Wellbeing Indicators (Ireland)	Wellbeing Monitor (Wales)
Being Healthy	Every child should be healthy	Socio-demographics of children	Physical and mental health
Staying Safe	Every child should be safe	Children's relationships	A good start in life
Economic Wellbeing	Every child should be achieving	Children's outcomes: <ul style="list-style-type: none"> <li>• Education</li> <li>• Health and social</li> <li>• Emotional and behavioural</li> </ul>	Education, training and learning
Enjoying and Achieving	Every child should be nurtured	Formal and informal supports	Play and leisure
Making a positive contribution	Every child should be active		Rights and respect
	Every child should be respected		Safe home and community
	Every child should be responsible		Economic wellbeing
	Every child should be included		

In Scotland, *Getting it right for every child* (Scottish Government, 2008) focuses on eight wellbeing indicators incorporated in the notion that every child should be: safe, healthy, achieving, nurtured, active, respected, responsible and included. This is expected to lead to children who become confident individuals, effective contributors, successful learners and responsible citizens.

Both Ireland and Wales have constructed frameworks which allow them to produce a composite picture of how well children are doing – a 'state of the nation's children' report. This national monitoring inevitably glosses over many of the important differences between the wellbeing of children from different groups (such as differences by age, gender, ethnicity, social class) and between those living in different parts of

<sup>8</sup> <http://nationalstrategies.standards.dcsf.gov.uk/primary/publications/banda/seal>

the country, but it illustrates how information can be brought together from a wide range of existing data sources and government departments. Another example, from the US, is the Federal Interagency Forum on Child and Family Statistics which coordinates data from 22 federal agencies including departments of defence, commerce, housing, justice and transport as well as education, health and human services. An annual report is produced showing key national indicators of children's well-being (Federal Interagency Forum on Child and Family Statistics, 2009).

The national monitoring in Ireland and Wales is more recent. In Ireland, the 2000 National Children's Strategy made a commitment to publish key indicators of child wellbeing on a regular basis. A *National Set of Wellbeing Indicators* was developed focusing on socio-economic indicators of children's lives; children's relationships with others; children's outcomes (including education outcomes, health and social outcomes and emotional and behavioural outcomes); and formal and informal supports (Hanafin and Brooks, 2005). Two 'state of the nation's children' reports have been produced, one in 2006 and the latest in 2008 (Office of the Minister for Children and Youth Affairs, 2008).

In Wales, the Welsh Assembly Government (WAG) has also developed a national children and young people's well-being monitor, which represents 'a first attempt to bring together statistics and research from a range of different sources to present a holistic picture of children's lives' (WAG, 2008). It is based on themes taken from WAG's seven core aims for children and young people, which are themselves based on the UN Convention on the Rights of the Child. They include measures of a good start to life; access to play, sport, leisure and culture; rights and entitlements; safe home and community and not being disadvantaged by poverty. The monitor was published for the first time in 2008, and the next monitor (incorporating views of children and young people) is planned for 2010.

## **Children's views on wellbeing**

There has been a gradual shift in the last few years away from being over reliant on objective measures of child wellbeing towards engaging children and young people in defining the parameters around what constitutes wellbeing. This latter approach has revealed the importance that children and young people place on their subjective wellbeing, and has highlighted some important differences in how children and adults view and define wellbeing. The following studies provide some important illustrations of these points. In Ireland, children's views were sought to inform the development of the set of national wellbeing indicators (Nic Gabhainn and Sixsmith, 2005). Central to these 8-12 year-old children's views of wellbeing were interpersonal relations with family and friends (including pets), and positive activities or things to do. There were notable differences between children's, parents' and teachers' views of what was most important for children's wellbeing (Sixsmith et al, 2007).

*The Good Childhood Inquiry* (Layard and Dunn, 2009) surveyed around 8,000 young people (14-16 years) across 16 areas in England and within school or educational establishments, asking them what they thought were the most important things that make for a good life for young people, and what in their view prevented young people from having a good life. An analysis of their replies revealed three overarching themes with respect to how young people perceived a 'good childhood': the quality of relationships they had with others, safety, and freedom. Aside from these themes there were 10 components identified as important for a 'good life': family; friends; leisure opportunities; school, education and learning; their own behaviour; their local (physical) environment; their local community; money; their own attitudes; and health, particularly mental and emotional aspects of health.

Research commissioned by the then Department for Children Schools and Families (Counterpoint Research, 2008) also focused on determining children and young people's own views of wellbeing; and the views of their parents. This study highlighted the difficulties of reaching a consensus on what constitutes a 'good childhood' and how it can become a highly subjective measure. The study did reveal however that the family was fundamentally important to a sense of wellbeing for children and young people.

In Australia, researchers worked extensively with 126 children (aged 8-15 years) in rural and urban locations to develop wellbeing indicators from children and young people's perspectives (Box 1). The study concluded that the three over-riding concepts of wellbeing as defined by children were a positive sense of self, security and agency. Emotional and relational wellbeing were integral to these concepts (Fattore et al, 2007, 2009).

**Box 1: Wellbeing from children's perspective – an Australian study**

- Feelings of happiness but also the ability to integrate sadness into one's life and be able to deal with it.
- Feeling secure in social relations.
- Being a moral actor in relation to oneself, making decisions in one's own best interests and behaving well in relation to others.
- Having autonomy and agency and being able to act freely, exert choices and exert influence but being able to do so within strong social relations.
- Keeping safe and feeling secure. This was understood in relation to personal safety; feeling secure within families, and global safety.
- Having a positive sense of self including being valued by others; and having a positive self; taking time out / having your own space to reflect.
- Having material resources which linked to having enough money for a decent standard of living for the family. Such needs were not viewed on an individual basis but were centred on the family having enough money.
- Having a good physical environment and home to be in. Young people valued open spaces in which they felt safe; the home as a place of safety and security; the family as a place for having fun and having time out.

Source: Fattore et al. (2007)

## Some conclusions drawn from child wellbeing studies

This section of the briefing paper summarises some of the conclusions drawn from key studies in relation to the wellbeing of children in the UK compared to other countries; the factors associated with children's wellbeing; and evidence for change in wellbeing over time.

### Cross national comparisons

The UK performs poorly in some international 'league tables' of children's wellbeing such as those discussed above, although the limitations of such de-contextualised comparisons need to be acknowledged. The most significant of these is differences in data availability across the countries and differences in definitions that could mean that data for the same indicator across two countries might not be comparable. There is potential for international 'league tables' to penalise countries with better data systems because there is data available on more indicators than for other countries. Bearing these caveats in mind, the Index of Child Wellbeing in Europe (Bradshaw and Richardson, 2009) ranked the UK as:

- 24<sup>th</sup> of 29 countries for child health (although doing quite well on health behaviours such as exercise, eating fruit and brushing teeth, the UK scored badly on immunisation rates);
- 21<sup>st</sup> out of 28 countries for subjective wellbeing;
- 24<sup>th</sup> out of 26 countries for material resources (because of the high number of children living in families where neither parent is employed) and
- 22<sup>nd</sup> out of 27 countries for education (although in the sub-domain of educational attainment, the UK was slightly above average).

The UNICEF (2007) comparative study of rich countries received considerable media attention after ranking child wellbeing in the UK the lowest of the 21 countries included in the research, based on data mostly collected around the years 2001 and 2002. The UK was in the bottom third of the rankings for five of the six dimensions and outside the bottom third only on the sixth domain, health and safety.

The OECD (2009) report of 30 countries ranked the UK across the six comparative domains, mostly using data from 2005 or 2006, as follows: 12<sup>th</sup> for material wellbeing; 15<sup>th</sup> for housing and environment; 22<sup>nd</sup> for educational wellbeing; 20<sup>th</sup> for health and safety; 28<sup>th</sup> for risk behaviours and 4<sup>th</sup> for quality of school life.

Although cross-country comparisons are based on national figures, there are unsurprisingly substantial variations within countries on a geographical basis. For example, calculations using the Local Child Wellbeing Index (Bradshaw et al 2008) showed considerable local authority and regional differences. The South East region had 20 per cent of its Lower Super Output Areas with the highest child wellbeing (the greatest proportion in England), whereas London had the lowest proportion at just nine per cent.

### Factors linked to children's wellbeing

Bradshaw and Richardson (2009), using the Index of Child Wellbeing in Europe, found positive associations between child wellbeing and spending on family benefits and services and on Gross Domestic Product (GDP) per capita. Wellbeing was negatively associated with income inequality, a finding also reported by Pickett and Wilkinson (2007) who examined associations between child wellbeing, as measured by the UNICEF index, and three income measures: material living standards (average income), the scale of differentiation in social status (income inequality) and social exclusion (children living in relative poverty). The overall index of child wellbeing was *not* related to average income, but was negatively correlated with both income inequality and the percentage of children living in relative poverty (Pickett and Wilkinson, 2007).

Analysis within (rather than between) countries has also investigated the link between poverty and wellbeing. Tomlinson et al (2008) analysed data from the British Household Panel Survey (BHPS) and specifically the self-completed questionnaires by 11-15 year olds (British Youth Panel) which formed the basis for the measurement models of child-wellbeing. Four dimensions of child wellbeing were included in this analysis: home life (a measure of the child's relationship with their parents); educational orientation (a measure of how well the child is doing at school); low self worth (a single indicator of subjective wellbeing or lack of wellbeing); and risky behaviour (as a measure of risk-taking or anti-social behaviour). Combining these data with general indicators of household poverty (financial strain, material deprivation, environment, social isolation, civic participation and psycho-social strain), the study concluded that irrespective of the long-term impact of poverty, growing up in impoverished households directly impacted on the wellbeing of children and young people. Children who were poor were more likely than those who were not poor to have a more difficult home life, have negative attitudes towards school, to feel isolated and anxious and to engage in antisocial and risky behaviour.

The Child Wellbeing in Europe study found that there was no association between poor child wellbeing and the prevalence of 'broken' families, a conclusion also reached in a recent review of the evidence on family breakdown and children's wellbeing (Mooney et al., 2009). What seems to be more important to children's subjective wellbeing than family structure is the extent to which parents and children 'get along'. The Children's Society survey of schoolchildren (Rees et al, 2009) found that family conflict had the strongest association with child unhappiness, and a simple measure of how families were getting on was able to explain 20% of the variation in children's subjective wellbeing. Similarly, the Gutman et al (2010) analysis of longitudinal data indicated that positive family relationships were associated with improvements in children's wellbeing.

Although not investigated for this paper, there is also some evidence of a genetic influence on subjective wellbeing, modified by environmental factors (Roysamb et al., 2002)

### **Changes in wellbeing over time**

Is children's wellbeing improving or getting worse? Time series data from the American Child and Youth Wellbeing Index, which focuses on tracking changes in children's wellbeing over time, found a marked decline in overall wellbeing from 1980 to 1994, followed by an increase to pre-1975 levels by 2000 and a continuing increase to 2007. However, the researchers expected a significant decline in the family and economic wellbeing domain (triggered by financial recession) and predicted that this would have a negative ripple effect across other domains, such as social relationships, health and community connectedness (Land, 2007).

An analysis of evidence on changes in the wellbeing of children in the UK, commissioned by Save the Children Fund (Bradshaw, 2005) found mixed results: most income/living standard indicators were improving as were most indicators of educational attainment, but some indicators were moving in the opposite direction, such as children's use of space, exclusion from schools and health.

The most recent Tellus survey of school children in England, Tellus4, gathered data from over 250,000 children in 3,699 schools in 2009. Compared to Tellus 3 conducted the previous year, substantial progress had been made in terms of satisfaction with parks and play areas. However, there had been a clear decline in emotional health and wellbeing, largely due to a fall in the number of children who felt they could talk to an adult other than their parent if they were worried about something. There had also been a slight drop in the measure for participation in positive activities (DCSF, 2010).

The wellbeing of individual children can also change over time. For example, the Children's Society survey (Rees et al., 2009) noted decreases in many aspects of subjective wellbeing as children became older, with happiness with school and family shown to decline, while happiness with friends tended to remain more constant. Analysis of the ALSPAC data (Gutman et al, 2010) showed changes in children's wellbeing

both upwards and downwards between two age periods, mid childhood (7.5-10.5 years) and early adolescence (10.5-13.8 years). About 50% of children reported a change in their wellbeing over these time periods, with half identifying an increase in their wellbeing and half a decrease. The dimension of school wellbeing showed a marked decline, but changes in the other three dimensions (emotional, behavioural and social) were for the most part fairly small. Positive relationships with parents were closely associated with reported improvements in wellbeing over time. There was also a positive association between educational attainment and wellbeing and (to a lesser extent) a positive association with friendships.

### **The link between education and wellbeing**

Learning is closely intertwined with wellbeing. The school environment, as a context of learning, has been found to play an important role in children's social, emotional and behavioural wellbeing (Gutman and Feinstein, 2008). The positive association between learning and wellbeing has also been shown to be longitudinal – predicting change from childhood to adolescence. Children's learning and enjoyment in primary school predicts their later wellbeing in secondary school, with some gender differences. For boys, learning in primary school has the strongest influence on behavioural aspects of their later wellbeing, whereas for girls it is more predictive of social wellbeing (Gutman et al., 2010).

### **Variation in wellbeing between groups**

Increasing recognition is being given to the need to consider how wellbeing might vary for different groups of children and in different contexts, but there is little data on this in the large multi-national comparative studies. A particular concern is the relative lack of information about the wellbeing of younger children, since most surveys used in such comparisons are undertaken with children of secondary school age. It has been argued that the weighting of indicators should differ between children and young people. For example, the impact of a nurturing family background is likely to be especially important to young children's wellbeing, while older children are more influenced by their peers and so relatively poverty is likely to become a more influential factor (Thomas, 2009). An ongoing study by the National Children's Bureau and London Metropolitan University (using focus groups and seminars with early years practitioners and small-scale research with young children) is examining the concept of well-being in early childhood and how it can best be supported. This should contribute to the debate on appropriate dimensions of wellbeing for very young children. A conference and final report from this study is planned for early 2011.

Some cohorts of children and young people in the Children's Society survey (Rees et al, 2009) reported substantially lower than average levels of subjective wellbeing, including those not living with parents and young people with self-reported learning difficulties. Girls were more likely to identify unhappiness with respect to appearance than boys (21% compared to 13%), and such unhappiness increased to 28% of females when they reached 14-15 years of age. However, young people of African-Caribbean and Pakistani/Bangladeshi origin were significantly happier with these aspects of their lives.

### **Issues and challenges**

This briefing paper has described some of the key reports and activities, and in doing so drawn attention to the multiple ways in which child wellbeing is conceptualised and operationalised. In particular it has highlighted the complexities of arriving at a shared definition of child wellbeing, the difficulties of establishing domains which are comparable across time and place, and the lack of current consensus as to how child wellbeing might best be measured. Some of the key gaps in current conceptions and understandings of child wellbeing can be summarised as follows:

- Wellbeing, and child wellbeing in particular, are widely used concepts but have a weak theoretical basis. Theories surrounding child wellbeing have, however, become an increasing focus of research.

- There are currently limited data on child wellbeing. This gap results from the fact that until recently, data have not been collected specifically to measure wellbeing but have drawn together and interpreted existing data sets (such as household surveys, economic indices) to draw some conclusions about child wellbeing. Such approaches have adopted different time scales and different definitions, making comparisons across data sets difficult.
- There is still a gap in relevant data for child wellbeing at different stages of development. Younger children (below the age of eight years) tend to be excluded from surveys. There is limited data available on the wellbeing of babies in-utero, or on young babies and children (other than social or deficit indices of injury, poverty, illness etc).
- Very limited data are available disaggregated by age, gender, disability, ethnicity, sexuality or by wider socio-economic or inclusion markers such as migrant status.
- Similarly, there is limited understanding of how 'culture' affects and interacts with notions of 'wellbeing' and of the cross cultural and cross class implications of wellbeing, particularly in relation to different expectations of childhood and what constitutes a 'good' childhood.
- There are evident difficulties in making comparisons in child wellbeing using indicators across widely variable contexts (as in the case of UNICEF Innocenti report, 2007).
- There are also difficulties in applying indicators of adult wellbeing to measure wellbeing among children, although there are attempts to address this. The research outlining young people's perceptions suggests that children and young people prioritise different aspects of wellbeing to those included in some of the traditional measures.
- There are evident risks of the pendulum swaying too far away from objective measures of wellbeing (using for example social indicators) towards very individualised concepts of child wellbeing, where the focus is exclusively on personal happiness and satisfaction. This risks 'wellbeing' becoming another form of consumption.
- There is still a lack of clarity with respect to how concepts of 'wellbeing' translate between different philosophical and professional disciplines such as critical sociology, political or social theory, psychology and health, and across different cultures and languages.
- In relation to subjective wellbeing, there are questions as to whether measures of subjective wellbeing can ever be robust enough to inform policy.

## **Future work on child wellbeing**

Building on recent work in this field, consolidation of workable definitions of childhood wellbeing and its constituent parts will help to take forward whatever approach is developed by Government or international bodies. From the literature and documentation reviewed, improvements in theorising and operationalising childhood wellbeing are likely to emerge from a shared understanding that childhood wellbeing:

- Is multidimensional
- Considers measures offering both objective and subjective perspectives on quality of life
- Incorporates the views and perspectives of children and young people themselves
- Focuses on attributes and strengths as well as difficulties and deficiencies

- Considers the wellbeing of children in the 'here and now' and does not focus exclusively on long-term outcomes
- Incorporates measures of individual physical and emotional/mental wellbeing
- Incorporates measures which take account of the context of children and young people's lives
- Is considered at different stages of children and young people's lives (from in-utero through to the transition to adulthood)
- Pays attention to culture, gender, age and other personal characteristics and how these factors may influence feelings of wellbeing as well as objective child wellbeing outcomes
- Is not overly focused on mainstream contexts of young people's lives – such as home and school – but also considers the wellbeing of young people who are excluded from these environments, and differences across contexts.

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