How should child well-being be measured in view of future development frameworks?

Synthesis of the Wikichild online discussion
19 June to 2 July 2013

Introduction

Wikichild organised a two-week online discussion on child well-being in partnership with Health Behaviour in School-Aged Children (HBSC), World Health Organization (WHO) Regional Office for Europe, Wikiprogress and Wikigender from 19 June to 2 July 2013. The discussion was launched at the HBSC 30th Anniversary Meeting in order to provide the HBSC Network of child well-being researchers and experts an opportunity to participate in the discussion from the outset. The discussion gathered 51 comments.

This paper provides a synthesis of the comments made during the discussion. It will be distributed to the global networks of child well-being researchers, experts, policy makers and practitioners via HBSC, WHO and Wikichild.

The following questions were asked:
What is the actual state of child well-being today?
What are the most important domains of well-being for children?
Should there be a child development goal in the Post 2015 framework?
What policies have had the most impact on children in the past? Provide examples of successful initiatives.

Rationale for the discussion

Measuring well-being, including that of children, has traditionally rested on economic measures such as Gross Domestic Product (GDP); however, it is now widely accepted that the well-being of a nation is influenced by a broad range of factors including material conditions, quality of life and sustainability. Over the past decade, organisations around the world have been developing new indicators of progress that look beyond GDP when measuring child well-being.

The well-being of children is high on the agenda for policy makers. The purpose of this online discussion was to bring a diversity of voices to the discussion highlighting factors which affect child well-being, as well as the challenges in measurement and the best practices in the field.

Main messages from the discussion

1. It is challenging to obtain a clear picture of the state of child well-being today, due to data quality and timeliness issues, making it difficult for policy makers to address the related issues.
2. Excluded groups of children should be targeted to ensure that disparities are captured and generalisations are avoided.
3. Participants highlighted the following five domains as important for measuring a child’s overall well-being: health; material and emotional security; education; community support; subjective well-being.
4. Children’s voices must be included, and they should be involved in the development and implementation of well-being measures.
5. Measurements will be of most use if a) core indicators are agreed on and harmonised across surveys, b) data is disaggregated and c) surveys capture the multiple, inter-related dimensions which impact child well-being.
6. The Post-2015 development framework should not only incorporate child well-being indicators into its health and education goals, but also include quality, access and participation measures.

For 30 years, HBSC has been a pioneer cross-national study gaining insight into young people’s well-being, health behaviours and social contexts. This research collaboration with the WHO Regional Office for Europe brings together a network of over 350 experts and covers 42 different countries across Europe and North America. For more information, visit www.hbsc.org.

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1 HBSC World Health Organization Collaborative Cross-National Survey
2 Attendees at the event left comments on this discussion as ‘HBSC Event Participant’, for more information see http://bit.ly/15IyyWO
Participants’ views

In the following sections, the aforementioned main messages are presented in more detail. The full transcript of the discussion is available on the Wikichild site.

‘Child’ and the state of child well-being today

Participants raised various doubts about our understanding of the current state of child well-being. Highlighted issues included the lack of clarity in definitions, differences in measurement methods and tools which affect the reporting of progress, and the time gap between data collection and its availability for use.

In terms of definitions, participants raised the following inconsistencies. According to the Convention on the Rights of the Child, a ‘child’ is defined as a person younger than 18 years. The WHO categories ‘adolescence’ as the period between 10 and 19 years, while the United Nations (UN) defines ‘youth’ as people aged between 15 and 24 years. It was recommended that these definitions be harmonised.

It was noted that reported progress differs according to the measures one adopts. Examples were provided in the areas of child poverty and the Millennium Development Goals framework, where some countries perform better than others depending on the measures chosen.

One participant explained that there is typically a 2 to 3 year time-lag between the collection of data and its publication in a quality-controlled and internationally-comparable form; therefore, today’s picture of child well-being is already a few years out of date. One participant stated, “considering the recent economic downturn which has resulted in rising unemployment and falls in government spending on child benefits, there may have already been changes in child well-being in the focus countries that this year’s report fails to encapsulate.” Closing this gap is crucial if we intend to make timely and informed policy decisions.

‘Child’ and excluded groups

During the discussion, participants suggested certain child and adolescent groups who are often overlooked in current measures and should receive special attention in the future. It was noted that, while some of these groups are included in the sample, it would be helpful to disaggregate the data in order to see the differences between groups. In this way, policies could be tailored to locate and target the most disadvantaged or vulnerable children. This may require sampling outside of schools in order to capture those children who may not be attending school full time or at all.

Groups that were cited in the discussion as requiring particular attention include the following:

- **Very young children** should be measured separately from youth or adolescents in terms of well-being. There is a lack of measurement tools for this age-group, as many indicators are collected at birth (e.g. infant mortality rate; low-birth weight; congenital anomaly; etc.).

> “Many child health and health inequality outcomes and determinants are already well established at birth and related to maternal and paternal health and context. We need to better understand the trajectories from in utero development to adolescence.”
> Helen McAvoy

- **Adolescents** were mentioned as a group whose needs are difficult to invest in, due to the fact that they are often hidden under the umbrella term “young”. The health of young people, ages 10 to 24, has improved far less than that of younger children over the past 50 years, owing to the inadequate identification of adolescents by researchers and policy makers as an individual group.

- **Vulnerable children** were highlighted as a group that requires special attention. One participant mentioned that according to the World Bank’s Orphans and Vulnerable Children Toolkit, “child vulnerability is a downward spiral where each shock leads to a new level of vulnerability, and each new level opens up a host of new risks.”

- **Disabled children** were highlighted as those who should be more targeted in surveys by posing specific questions which would provide information about their experiences and the potential difficulties they face.

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• **Migrant children**’s data should be compared with non-migrant children’s in order to determine if there are inequalities between these groups. One participant referred to a report\(^6\) which asserts that migrant girls are especially at risk of compromised health and physical integrity if they become domestic workers, child brides or sexually exploited.

• **Indigenous children** were mentioned as a group whose well-being is greatly affected by their school environment. Furthermore, participants called on policy makers to provide additional support for the aspects which are unique to indigenous children’s culture and development, such as language.

> The Australia National University’s Centre for Aboriginal Economic Policy Research found that indigenous children demonstrate improved learning outcomes when the school environment reinforces their home culture.

> “Measures of wellbeing for Indigenous children”

**Domains and determinants of child well-being**

During the course of the discussion, participants considered some of the key drivers of child well-being. They stressed the importance of assessing inequalities and disparities among children for every domain. Below is the list of domains mentioned by participants (the order does not reflect a certain priority):

**Health**

Health was a prominent issue discussed among participants. Measuring health is important because it has a direct impact on the child’s physical, cognitive and psychosocial development. It was noted that health is not determined simply by the presence or absence of somatic symptoms, but rather it is a multifaceted construct. Children’s overall health can be seen by observing many variables, including:

- access to quality health services;
- mental health and depression;
- adequate sleep;
- spirituality;
- safety;
- nutrition – specifically addressing malnutrition and obesity.

It was further emphasised that the health domain is important given the fact that health issues can have multi-generational implications (e.g. parents’ health affects their children’s health). Health issues can remain with the child through adulthood and be passed on to their children.

Participants highlighted early health monitoring as a way to anticipate health issues in infants. It was further noted that early monitoring can produce a wide range of benefits both through preventive measures and well-timed clinical interventions, enhancing well-being in adulthood. Children’s health should be steadily monitored starting at birth, because many health outcomes which may appear later in life are already well-established at birth.

**Material and emotional security**

The strong sense of security, both material and emotional, was a domain that many participants stressed as essential for child well-being. Regarding material security, it was noted that food, family income, and accommodation should be taken into account in child well-being measures.

Several comments focused on the various facets of emotional security which are provided through positive relationships with family members, peers, teachers, significant adults and even animals. One participant pointed out that these determinants of well-being are likely to differ between younger children and adolescents. Social capital will be an important factor in adolescence, whereas the quality of family relationships is likely to be of over-riding importance in younger children. The family structure and the quality of relationships children have with their parents also play a role in their well-being. It was noted that the child’s resilience was an important determinant when considering the lack or removal of certain securities. One participant noted that studies show that young people with a strong sense of spirituality have more resilience to life’s challenges than those who have weak or no spiritual base.

**Education**

Participants noted that education has a strong effect on child well-being, impacting aspects of cognitive and social-emotional development. However, more emphasis was placed on children’s learning outcomes, such as literacy and skills obtained, rather than on their enrolment and attendance. Regardless, access to quality education was underlined as an important first step.

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\(^6\) Girls on the Move: Adolescent Girls & Migration in the Developing World
Community support

During the discussion, the support children receive from their community as a determinant of well-being was raised. Issues such as a child’s requirements for assistance and connectedness were mentioned as important attributes for a child to become a healthy adult. Additionally, the role children play in their political system has a great influence on their well-being, since it determines their access to justice, political voice and rights. A rights-based approach was proposed in order to establish a sound analytical child well-being framework.

Subjective well-being

In addition to the numerous objective determinants of well-being, participants recognised subjective well-being (e.g. satisfaction; aspirations; optimism for the future) as an important factor for a child’s overall well-being. Participant Theodore Joloza stated that measuring subjective well-being “will provide a clear view of what children think about themselves and their surroundings.” Participant Felicity Wild felt that if subjective well-being was not included, then “there will be little opportunity to really assess and understand the benefits of policy approaches and service interventions.”

How should child well-being be measured?

Several participants mentioned that the best way to know and measure how children and young people are doing, especially when measuring subjective well-being, is to ask them. The surveys and interviews in which children speak for themselves have provided interesting findings and have shed light on previously unknown areas. However, it was noted that data could be improved by asking young people in a more systematic and constructive way. One participant suggested that the UK Office for National Statistics’ subjective well-being survey questions be addressed to children in addition to adults.7

“We need to ask young people in a more systematic and constructive way. They need to be involved in the development and the implementation of well-being measures.”

HBSC Event Participant

It was further highlighted that assessments which show the cross-national differences and average level of well-being in young people would be more useful if paired with cross-national trends in the disparity of these outcomes between various socio-economic groups, races, regions and genders. Also, in order to see what is happening at the individual level, measurements must be taken within households to account for variation among family members. In this way, the possible unequal investment decisions made due to gender differences (e.g. differing the amount of food boys receive versus girls) and the amount of time children are allowed to allocate to certain activities (e.g. leisure time; education; caring responsibilities for others; household chores) can be observed.

A number of participants believed in the same way that the ability to compare child well-being data across countries is crucial for knowledge sharing and progress. It was stated that current measures should be better co-ordinated between countries and that international comparisons may require the use of more robust tools. It was further noted that measurements will provide the greatest utility if there were a) agreement on core indicators, b) harmonisation across surveys and c) country level reports.

In 13 European countries, 3 KIDSCREEN instruments assess quality of life in terms of their physical, mental and social well-being from the child’s perspective, covering 10 dimensions. They aim to identify children at risk in terms of their subjective health and to suggest appropriate early interventions by including the instrument in health services research and health reporting.

www.kidscreen.org

Participants identified the barriers that currently hinder better measurements of child well-being today. As previously mentioned, the current state of child well-being is not clear due to the questionable quality of the available data. It was noted that many national statistical systems, especially in developing countries, lack the necessary tools and capacity to collect the data to measure progress.

The Partnership in Statistics for Development in the 21st Century (PARIS21) and the World Bank have developed the Busan Action Plan for Statistics (BAPS) as a framework for strengthening statistical systems to support national development needs.

“Beyond the Millennium Development Goals: Towards an OECD contribution to the post-2015 agenda” 4

Moreover, important child populations and age groups are often overlooked when measuring due to inadequate tools or survey structures, resulting in generalisations across children and childhood. One participant pointed out, that the sensitivity and the positioning of certain questions could lead to a non-response bias in the surveys, resulting in lower data quality.

7 UK Office for National Statistics http://www.ons.gov.uk/ons/index.html
Most current indicators measure the presence or absence of negative variables in children’s lives. One participant outlined that, although determining the negative conditions is important, measuring positive variables is essential as well. However, it was further noted the indicators which measure the positive state of well-being are more complex and require more work to create than indicators measuring negative circumstances.

Participants found that challenges arise from narrow indicators and single-topic focus surveys. For example, it was noted that the use of single-item scales is not a strong enough measure of children’s subjective well-being. While there are several multi-item scales available, they are not currently being used to collect data in several countries. Also, existing evidence highlights the multidimensional nature of a child’s disadvantages, with links between material well-being, health, education, risk behaviours and relationships. However, one participant stated that present surveys do not adequately measure multiple domains at once, making it difficult to value one measure over another at various periods throughout childhood. If there was a better understanding of the connection between domains (e.g. how preventative or primary healthcare can support education engagement), then social policies could be formed in a way to better support one another.

**Child development goal in the post-2015 framework?**

Participants suggested that the post-2015 framework should include child well-being measures specifically for health, education and security, which could be incorporated into specific goals in these sectors, as well as inequalities across these domains. The current Millennium Development Goals (MDGs) already contain targets and indicators for child health and education; however, they do not address the quality of those services. The new development framework should address the quality, access and participation issues for children, particularly in relation to services which provide health, education and security (material and emotional).

“It in relation to the post 2015 environment, the shift towards addressing education quality is really important. Finding a way to identify and address low education quality; and to estimate how it varies across social groups in society is an important ‘pro-poor’ challenge.”

Paul Dornan

It was additionally noted that development goals, targets and indicators in the new framework should apply to all children of all ages in all countries. Furthermore, as mentioned above, it is important to include the groups that are easily overlooked (e.g. adolescents; very young; vulnerable; disabled; migrant; indigenous).

**Conclusion**

In order to ensure children have access to services and to the support they require to become healthy adults and members of society, factors which affect their well-being should be measured. This discussion achieved its aim in bringing together a diverse range of voices to highlight some of the most important determinants of child well-being, examples of good practice and the challenges in measurement.

The discussion also brought together a range of perspectives from various countries, including: Australia, Belgium, Canada, Germany, Hungary, France, Italy, Mexico, Morocco, Senegal, the United Kingdom and the United States of America. The list of participants included policy analysts, child well-being experts, researchers and practitioners from international and local institutions, Government and Non-government Organisations, and Universities.

For more details and to read all contributions to the online discussion, please see the online discussion page on Wikichild:

http://www.wikiprogress.org/index.php/Online_Discussion:_How_should_child_well-being_be_measured_in_view_of_future_development_frameworks%3F

For past Wikiprogress online discussions please visit: http://www.wikiprogress.org/index.php/Online_Discussions.

Any questions, suggestions for online discussions? Email us at info@wikiprogress.org

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Resources shared by the participants

Tools and projects

Australian Early Development Index (EDI) [http://www.rch.org.au/aedi/]
Crime Survey for England and Wales [http://www.crimesurvey.co.uk/]
Health Behaviour in School-Aged Children [http://www hbsc.org/]
KIDSCREEN questionnaire [http://www.kidscreen.org/]
Multiple Indicator Cluster Surveys (MICS) [http://www.childinfo.org/mics.html]
RICHE project (Research Inventory for Child Health in Europe) [http://www.childhealthresearch.eu/]
The Sen-Nussbaum capabilities’ framework
The UK Longitudinal Household Survey “Understanding Society” [https://www.understandingsociety.ac.uk/]
USAID’s Demographic and Health Surveys [http://www.measuredhs.com/]
The OECD’s Programme for International Student Assessment (PISA) [http://www.oecd.org/pisa/ and PISA for Development [http://www.oecd.org/pisa/pisafordevelopment/]
Wikigender [http://www.wikigender.org]
Wikiprogress [http://www.wikiprogress.org]
World Health Organization (WHO) Regional Office for Europe [http://www.euro.who.int/]
The World Bank’s Orphans and Other Vulnerable (OVC) Children Toolkit [http://go.worldbank.org/Q8NH745GN0]
Young Lives [http://www.younglives.org.uk]

Articles

“Adolescent Well-Being in Focus” [http://theblogprogress.blogspot.fr/2013/06/adolescent-well-being-in-focus.html]

“Bolivia’s child workers unite to end exploitation” [http://www.theguardian.com/world/2012/nov/27/child-workers-bolivia-unite]


Campaigns

A UK twitter campaign #Yes2NC20 promoting age appropriate sex and relationship education [http://obruk.wordpress.com/2013/06/07/lets-teach-the-children-well-5-days-to-put-sexual-consent-into-the-national-curriculum/]
Papers

“Adolescence: a foundation for future health” The Lancet

“Age, Gender, Race, Socioeconomic Status, and Birth Cohort Differences on the Children’s Depression Inventory: A Meta-Analysis” HBSC Hungarian Team
http://www.yale.edu/shlab/Gender%20Differences_files/Twenge%20%26%20Nolen-Hoeksema%202002.pdf

“Beyond Headcount: Measures that Reflect the Breadth and Components of Child Poverty”


http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60606-0/abstract

“Measures of wellbeing for Indigenous children” The Australian National University

“The Power of Numbers: A Critical Review of MDG Targets and Indicators from the Perspectives of Human Development and Human Rights” Center for Health and Human Rights
http://harvardfxbcenter.org/power-of-numbers/

http://www.unicef.org/publications/index_69379.html

“Suicide mortality in India: a nationally representative survey” The Lancet

Conferences, forums and presentations


The 2013 ASCD Whole Child Virtual Conference
http://www.ascd.org/conferences/whole-child-virtual-conference/agenda.aspx#European_Panel

Presentation on improving child well-being, Telethon Institute for Child Health Research

Reports

Alliance for Sustainability and Prosperity http://natcapsolutions.org/asap4all/

A study to assess how to promote a duty of care to animals in young people

Girls on the Move: Adolescent Girls & Migration in the Developing World

The Millennium Development Goals Report 2012

UNICEF 2013 rankings of child well-being in the 29 most developed countries