



EUROPE

European Network
of National Observatories
on Childhood

Child0NEurope Series 2

The on-going debate on the assessment of children's conditions of life

The proceedings of the Child0NEurope Seminar
on Child Well-Being Indicators

(Florence, Istituto degli Innocenti, 29 January 2009)

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Summary

Preface.....	1
Editorial	3
<i>Benoît Parmentier</i>	
Indicators of children well-being: trends, status and perspectives for the future	5
<i>Asher Ben-Arieh</i>	
A comparison of child well-being in the EU29.....	9
<i>Jonathan Bradshaw</i>	
Enhancing child well-being in OECD countries.....	19
<i>Dominic Richardson</i>	
Developing indicators to measure children’s rights in the European Union.....	31
<i>Helen Stalford, Helmut Sax, Ioannis Dimitrakopoulos</i>	
Indicators of child health as a key component of child well-being	41
<i>Michael Rigby</i>	
Children in Italy. Towards maps of indicators on the condition and on the well-being of children and adolescents in Italy	49
<i>Valerio Belotti</i>	
The Development of a National Set of Child Well-Being Indicators: Ireland.....	63
<i>Sinéad Hanafin, Anne-Marie Brooks</i>	
What children mean by well-being.....	69
<i>Michel Vandekeere</i>	
Every Child Matters and the National Indicator Set	75
<i>Isabella Craig</i>	
How can child well-being indicators impact on child policies?.....	79
<i>Helmut Wintersberger</i>	
The impact of child well-being indicators on child policies in Portugal.....	85
<i>Fausto Amaro</i>	
Concluding remarks	89
<i>Asher Ben-Arieh</i>	
References	91

Preface

Like it is increasingly happening with policy makers in different countries around the world, also the partners of the European Network of National Observatories on Childhood (ChildONEurope) turned their attention to child well-being. On the basis of a decision of the ChildONEurope Assembly the European Seminar on Child Well-Being Indicators, held on 29 January 2009 at the Istituto degli Innocenti in Florence, was organized by ChildONEurope Secretariat in the context of network activities aimed at favoring the exchange of knowledge and information on childhood policies and interventions.

Addressing children well-being is overall important today to ensure that their rights and needs are adequately fulfilled, as stated in the United Nations Convention on the Rights of the Child (UNCRC). Furthermore, assessing the quality of children's life is more and more acknowledged to be a crucial factor for the implementation and monitoring of childhood policies able to contribute to the social well-being taken as a whole.

The actual trend of the discussion over child well-being indicators seems to strike a balance between standard (traditional) indicators such, as those measuring the levels of education and health and other new indicators more child-centered. These latter are conceived in a child perspective, as for example those taking into consideration the participation of the child itself in an effective consultation activities. The aim of this compromise is trying to holistically assess the quality of children's life.

The European Seminar on Child Well-Being Indicators succeeded in gathering the most eminent experts on this subject at the international level, giving to all participants a clear overview of the major issues at stake. It also put together some of the most relevant national experiences with regard to the data collection and analysis on children well-being in Europe. As ChildONEurope is a network whose research and analysis activities are policy making-oriented, the approach of the seminar was focused on the impact of child well-being indicators on childhood policies and in particular on how such indicators could support the drafting and implementation of effective interventions in favor of childhood and adolescence.

The discussion over the indicators on child well-being started at the beginning of the '90s; since then a lot of changes happened in our knowledge over childhood and in our thinking and approach toward children's condition and rights. At present, the importance of the monitoring of the children's well being is not in question anymore, in particular because, as argued in the conclusions of this publication, the field under observation – childhood condition - represents a reality of steady development and change. Thus, even though the so called "child indicators movement" developed noticeably in the last two decades, there are still to be faced a number of old and new questions.

The ChildONEurope Seminar represents an important moment of assessment of the *status of the art*: the way done and the foreseeable directions that the movement is undertaking.

Editorial

*Benoît Parmentier*¹

In the last few years, the notion of children's well-being indicators has gained remarkable importance in the discussions about public policies for childhood in Europe. Recently several projects or initiatives have led to children's well-being indicators becoming a fully acknowledged instrument for following childhood policies.

Certainly, for several years now, there have been numerous studies and research initiatives generally concerning social indicators, under the aegis of international organisms (OECD, EU, UN, Council of Europe, etc.), both in the form of exhaustive data (administrative collection, census, etc.), and from the results of international surveys (PISA, ESS, EQLS, SILC, HBSC, etc.).

A new dimension is emerging however through children's well-being indicators. The choice of indicators and reference figures is explicitly supported by the International Convention on the Rights of the Child and partakes with an explicit will to promote the latter and the rights which it embodies. There have been developments and changes in perspective which offer new sets of parameters for the notion of children's well-being:

- consideration not only of the primary needs but also of other needs in relation to the child's growth and personal development;
- a shift from a concern concentrating on (negative) risk factors, towards a positive approach to the child's development;
- a vision which concentrates on the present (the child's specific needs) and no longer on the future adult;
- consideration of the subjective factors (the child's perspective) going beyond the "objective" factors alone and taking into account the daily dimension of children's life.

Internationally, the work of Professor Ben-Arieh and of the International Society for Child Indicators (ISCI) are of course used for reference. The Unicef publication (UNICEF 2007) also contributes to these developments. We should add that, in various final remarks, the United Nations Committee on the Rights of the Child recommends that the States parties "should establish a national system enabling disaggregated data to be collected in all the domains covered by the Convention with regard to all persons under 18 years of age, including those who belong to the most vulnerable groups (for example migrant children, children with handicaps, children in economically disadvantaged families, children who are in conflict with the law, etc.) and to ensure that the information thus collected shall be used to assess the progress made in the application of the Convention and to define appropriate policies".

In Europe, several countries are also carrying out pioneering work. For example we could mention the work done in Ireland (development of a series of national well-being indicators (National Children Office) or again in the United Kingdom ('Every Child Matter?' and the work done at the University of York).

The instances of European commitment have not been outdone in this regard: in its communication 'Towards an EU strategy on the Rights of the Child' in 2006, the EU Commission called for the collection of comparable data on children's rights in all the member states. Thus, many initiatives have been undertaken (task-force on poverty and well-being in children; with the task of making a report of the available data on the subject in the various member states to the Directorate for Employment, Social Affairs and Equal Opportunities, under the auspices of the indicators sub-group (ISG) of the Social Protection Committee (SPC) – 'Indicators on children's rights in the EU' Helen Stalford, University of Liverpool, Ludwig Boltzmann, Institute of Human Rights).

The definition and the preparation of a system of children's well-being indicators reveals the political will to reinvest in the area of childhood and to report on the results of the efforts made. Thus it can be hoped that such systems aim to measure the effects and the impact of the policies and not just

¹ President of ChildONEurope Assembly.

to implement them.

In this context, in January 2009, the European Network of National Observatories on Childhood (ChildONEurope) organized a seminar on the subject of children's well-being indicators. Insofar as this idea is clearly linked to the political decisions taken in our respective countries concerning childhood, ChildONEurope could not leave out this subject. On the contrary, we need to gather the existing information and encourage the different States to continue in the direction that has been launched, to make further progress on the issue of children's rights.

The seminar has then been an ideal occasion to provide a place for reflection and debate among different experiences, as well as to collect ideas and proposals to bring to the attention of the States that are members of ChildONEurope Network.

In this regard, one of the lines of thought that emerged in the conclusions to the seminar concerning the future work of the Network was to know whether it was appropriate to invest in a study, not so much on preparing indicators as on their real impact on decisions.

All the future reflection and, in general, our work and research on indicators should be inspired and driven by constantly asking ourselves this crucial question: "Is this really useful to improve children's condition?". This has to be kept in mind in order not to forget that our reflection is policy-oriented and should produce concrete results.

It is difficult to summarise all the contributions of such an intense seminar, but I hope that this publication will be a good instrument for you to understand the main lines of the debate. I also express my wish that ChildONEurope may continue in the future to contribute and to promote within the European Union the research and work contributing to the improvement of children's rights, in particular – as the ultimate goal of research in the children's well-being field is to spread a culture of monitoring and collecting information on children's conditions.

Finally, I heartily thank the speakers, who accepted the invitation to speak and made quality contributions during this seminar, all the participants and also the Network's Secretariat which has provided its support in the preparation and organization of the meeting.

Indicators of children well-being: trends, status and perspectives for the future

Asher Ben-Arieh,¹ Ph.D.

The rapidly growing use of and interest in childhood social indicators is in many ways a reaction to the rapid changes in family life and the growing demand from child development professionals, social scientists, and the public for a better picture of children's well-being. It is also the consequence of both the demands for more accurate measures of the conditions children face and the quest for outcome measures designed to address those conditions (Ben-Arieh and Wintersberger, 1997; Casas 2000; Forssén, Ritakallio, 2006; Lee, 1997).

Beyond these general explanations, I would argue that since the early 1970s, three major normative or theoretical developments have contributed to the emergence and rapid development of the child indicators movement: (1) the ecological theories of child development; (2) the normative concept of children's rights; and (3) the new sociology of childhood as a stage in and of itself.

In addition, three methodological issues supported the development of the child indicators movement: (1) the emerging importance of subjective perspectives; (2) the call for using the child as the unit of observation; and (3) the expanded use of administrative data and the growing variety of data sources.

Finally, the call for more policy-oriented research contributed to the child indicators movement (For a thorough description of all these theoretical, methodological, and policy impetuses please see Ben-Arieh, 2008).

The Development of the Child Indicators Movement

The child indicators movement went through six major changes during the past 25 years:

1. early indicators tended to focus on child survival, whereas recent indicators look beyond survival to child well-being;
2. early indicators primarily focused on negative outcomes in life, while recent indicators look at positive outcomes in a child's life;
3. early indicators emphasized children's "well-becoming," that is, their futuristic achievement or well-being; recent indicators on the other hand, focus on children's current well-being;
4. early indicators were derived from 'traditional' domains of child well-being, primarily those of professions, while recent indicators are emerging from new domains that cut across professions;
5. early indicators focused on the adult's perspective, whereas new indicators consider the child's perspective as well;
6. recent years have seen efforts to develop various composite indices of children's well-being (Bradshaw *et al.*, 2007; Lippman, 2007). This evolution of child well-being indicators has occurred virtually everywhere, although at varying paces (Ben-Arieh, 2002, 2006). I detail these changes below.

From Survival to Well-Being

Much attention has been paid to children's physical survival and basic needs, often focusing on threats to children's survival, and the use of such indicators has affect programs to save children's lives (Ben-Arieh, 2000; Bradshaw *et al.*, 2007). Infant and child mortality, immunizations and childhood diseases, school enrollment and dropout are all examples of indicators of basic needs. However, a fundamental shift occurred when the focus moved from survival to well-being. In the late 1990s, researchers raise the need for indicators that moved beyond basic needs of development and beyond the phenomenon of deviance to indicators that promote child development (Aber, 1997; Pittman and

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Irby, 1997). Indeed, the field moved from efforts to determine minimums, as in saving a life, to those that focus on quality of life. This move was supported by efforts to understand what counts for “quality of life” and what are its implications for children (Casas, 2000; Hubner, 1997, 2004).

From Negative to Positive

Measures of risk factors or negative behaviors are not the same as measures of protective factors or positive behaviors (Aber and Jones, 1997). The absence of problems or failures does not necessarily indicate proper growth and success (Ben-Arieh, 2005; Moore, Lipmann and Brown, 2004). Thus, the challenge became the developing of indicators that hold societies accountable for more than the safe warehousing of children and youth (Pittman and Irby 1997). As Resnick (1995, p. 3) states: “children’s well-being indicators are on the move from concentrating only on trends of dying, distress, disability, and discomfort to tackling the issue of indicators of sparkle, satisfaction, and well-being.”

However, children’s positive outcomes are not static. They result from interplay of resources and risk factors of the child, his or her family, friends, school, and in the wider society. These factors are constantly changing, and children, with their evolving capacities, actively create their well-being by mediating these different factors.

From Well-Becoming to Well-Being

In contrast to the immediacy of *well-being*, *well-becoming* describes a future focus (i.e., preparing children to be productive and happy adults). Qvortrup (1999) laid the foundation for considering children’s well-being, rather than only well-becoming, arguing that the conventional preoccupation with the next generation is a preoccupation of adults. Although not a necessarily harmful view, anyone interested in children and childhood should also be interested in the present as well as future childhood. In other words, children are objectified by the forward-looking perspectives in the sense that their ‘good life’ is postponed until adulthood. As such, perspectives of well-becoming emphasize focus on opportunities rather than provisions (De Lone, 1979).

Accepting the arguments of Qvortrup and others to concentrate on the well-being of children does not deny the relevance of a child’s development toward adulthood. However, focusing on preparing children to become citizens suggests that they are not citizens during childhood, a concept that is hard to reconcile with a belief in children’s rights. It is not uncommon to find in the literature reference to the importance of nurturing children to become creative, ethical, and moral adult members of community. It is harder to find reference to children’s well-being in their childhood. Even indicators of poverty or health, which on the surface are indicators of current well-being, are discussed in a context that is forward-looking: the outcomes of child poverty are diminished future prospects. Indeed, both perspectives are legitimate and necessary, for both social science and public policy. However, the emergence of the child-centered perspective, and its focus on children’s well-being, introduced new ideas and energy to the child indicators movement.

From Traditional to New Domains

Studies have shown that the above three shifts are interrelated and are both the reason and the outcome of each other (Ben-Arieh, 2006). Until recently when measuring the state of children, researchers concerned themselves with traditional domains, those which were defined either by profession or by a social service (i.e., education, health, foster care). Looking at children’s well-being rather than only well-becoming naturally brings into focus new domains of child-well being, such as children’s life skills, children’s civic involvement and participation, and children’s culture (Ben-Arieh, 2000).

From an adult to a child perspective

When we take into account the four changes outlined above, efforts to study children’s well-being must ask at least some of the following questions: What are children doing? What do children need? What do children have? What do children think and feel? To whom or what are children connected and related? What do children contribute to?

Answering such questions will create a better picture of children as human beings in their present

life, the positive aspects of their life, and it will do so in a way that values them as legitimate members of their community and the broader society (Ben-Arieh *et al.*, 2001).

It is, however, evident that most of the data that already exist or data we collect using traditional methods do not help us very much in seeking answers to this set of questions. A good example would be the remarkable work by Land and colleagues, who studied children's well-being in the United States during the last quarter of the twentieth century (Land, Lamb and Mustillo, 2001). Their reliance on existing databases led them to use traditional indicators of children's well-being, and thus their work has limited potential in answering such questions as outlined above. To better answer such questions, we must focus on children's daily lives, which is something that children know the most about. Studies have found, for example, that parents do not really know how children spend their time or what they are worried about (Ben-Arieh and Ofir, 2002). Hence, to answer such questions, we must involve children in such studies, at least as our primary source of information.

Toward a Composite Index of Child Well-Being

Although expanding data on children provides policy makers and the media with important information (Brown and Moore, 2003), this increasing supply of information has also led to calls for a single summary number to capture the circumstances of children. It is argued that such a composite would allow easier assessment of progress or decline. Moreover, it might be easier to hold policy makers accountable if a single number will be used. In addition, it would be simpler to compare trends across demographic groups and different localities and regions (UNICEF, 2007).

As noted above, the latter half of the twentieth century witnessed enormous growth in the data available to track and compare trends in children's development over time. As a result, researchers have attempted to develop summary indices (Ben-Arieh, 2008; Moore, Vandivere, Lippman, McPhee and Bloch, 2007).

The Current Status of the Child Indicators Movement

It is time now to address to where the field of child indicators stands today. I would argue that the current field can be generally characterized by ten features:

1. indicators, their measurement, and use are driven by the universal acceptance of the CRC;
2. indicators have broadened beyond children's immediate survival to their well-being (without necessarily neglecting the survival indicators). Yet, in this regard, developing countries (appropriately) tend to focus more on survival indicators, while more developed countries tend to focus on other aspects of children's lives;
3. efforts are combining a focus on both negative and positive aspects of children's lives;
4. the well-becoming perspective – a focus on the future success of the generation – while still dominant, is no longer the only perspective. Well-being – children's current status – is now considered legitimate as well;
5. new domains of child well-being have emerged. Thus, a focus on children's life or civic skills, for example, is more common, fewer efforts are profession- or service-oriented, and many more are child-centered;
6. the child as the unit of observation is now common. Efforts to measure and monitor children's well-being today start from the child and move outward;
7. efforts to include subjective perceptions, including the child's perceptions, are growing. Recent efforts acknowledge the usefulness of both quantitative and qualitative studies, as well as multiple methods;
8. local and regional reports are multiplying, and this trend seems here to stay. Although especially notable in North America and other Western countries, this geographic focus will eventually (and probably already) penetrate to non-Western regions and countries;
9. numerous efforts to develop composite indices are occurring at all geographic levels (local, national, and international);

10. there is an evident shift toward an emphasis on policy-oriented efforts. A major criterion for selecting indicators is their usefulness to community workers and policymakers. Policymakers are often included in the process of developing the indicators and discussing the usefulness of various choices.

The child indicators field has evolved. The various reviews of the field support this claim. The volume of activity is clearly rising, and new indicators, composite indices and State of the Child reports are emerging.

Future Perspectives

The field of child indicators is clearly growing. The doubling in the number of “State of the Child” reports alone since the 1980s is a sign of this growth. (Ben-Arieh, 2006). Although the growth of these reports may be nearing its peak in the West, it is safe to say that its growth will likely continue in non-Western and non-English-speaking countries, where the emergence of State of the Child reports is still relatively new.

Studies have also found that most of these reports are a one-time affair. Although there are several long-standing and well-known periodicals (such as *The State of the World's Children*, *Kids Count*), they are still the minority. It is possible that, eventually, the growing number of reports will lead to establishing long-standing periodicals, rather than a series of one-time reports (Ben-Arieh, 2006). Similarly, perhaps more local and regional reports will emerge in these countries, as they have in the West (O'Hare and Branstedt, 2003).

Although the field has indeed changed dramatically during the last 30 years, we are still in the midst of the process. None of the above shifts has reached its final destination. However, all have definitely left the station. Therefore, the first reasonable conclusion is that the field of child indicators will continue to move in these directions. Some have claimed that the continuation of the trends described here will eventually lead to the creation of a new role for children in measuring and monitoring their own well-being. In a field that looks beyond survival and to the full range of child well-being, including children and their own perspectives would be a natural evolution. Indeed, incorporating children's subjective perceptions is both a prerequisite and a consequence of the changing field of measuring and monitoring child well-being. This in turn will lead to making children active actors in the effort to measure and monitor their own well-being rather than being an object to study (Ben-Arieh, 2005).

Finally, a second conclusion is that the field is maturing and getting more organized. What started in the last decades of the twentieth century with several international and national projects (see for example <http://multinational-indicators.chapinhall.org>; Hauser, Brown, and Presser, 1997; Ben-Arieh *et al.*, 2001) had developed by 2006 into the International Society for Child Indicators (ISCI) (www.childindicators.org) and the launch of the *Child Indicators Research* journal. These accomplishments and advances will no doubt continue full steam ahead.

A comparison of child well-being in the EU29

Jonathan Bradshaw¹

This is a comparison of child well-being in the 27 countries of the European Union and Norway and Iceland. It is based on 43 indicators forming 19 components derived from administrative and survey data around 2006. It covers seven domains: health, subjective well-being, personal relationships, material resources, education, behaviour and risks, housing and the environment. Comparisons are made of countries performance on each of the domains and components. Overall child well-being is highest in the Netherlands which is also the only country to perform in the top third of countries across all domains. Child well-being is worst in the former Eastern bloc countries with the exception of Slovenia. Lithuania performs in the bottom third on all domains. The United Kingdom does notably badly given its level of national wealth.

Background

Tackling child poverty is high on the European Union's political agenda. It was a priority in the March 2006 European Council, a focus of many of the National Reports on Social Protection and Social Inclusion 2006-2008, the main work of the EU experts on the National Action Plans in 2007, and the subject of a report by the European Commission (2008), which reflected much work by the indicators sub-committee. The Commission is now engaged in establishing a set of indicators that could be used to monitor child well-being and is introducing a raft of new questions into the EU Survey of Income and Living Conditions in 2009.

When the UK was President of the EU in 2006, and in response to the call during the Luxembourg Presidency of the Atkinson Committee to 'mainstream' child well-being in EU social indicators (Atkinson *et al.*, 2005), we developed an index of child well-being for the EU25 countries (Bradshaw, Hoelscher and Richardson 2007). When UNICEF heard about this work we were commissioned to develop a similar index for OECD countries which was published as Innocenti Report Card 7 (UNICEF 2007 and Bradshaw, Hoelscher, Richardson 2006). We have subsequently produced a similar index for the CEE/CIS countries (Richardson, Hoelscher, Bradshaw 2008).

The first EU index was derived from data collected around 2001. This article:

- updates the EU25 index with more recent data that has come available, including the EU Survey of Incomes and Living Conditions 2006, the PISA Survey 2006 and the Health Behaviour of School Children survey 2005/2006;
- extends the comparison to the EU27 countries plus Norway and Iceland;
- makes some changes and improvements in the indicators used in the light of criticisms and reflections on the earlier indices.

Method

The well-being of children cannot be represented by a single domain or indicator. Their lives are lived through multiple domains and each has an influence on their well-being (Ben-Arieh *et al.* 2001; Hanafin and Brooks 2005a, b; Bradshaw and Mayhew 2005; Land *et al.* 2001, 2007). Therefore our index seeks to represent the following seven domains of children's lives:

- health;
- subjective well-being;
- personal relationships;
- material resources;

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- education;
- behaviour and risks;
- housing and the environment.

In the earlier EU25 index we also included a domain on citizenship using data from the Citizenship Education Survey (CIVED). However there is no more up-to-date data and we have dropped it from this version.

In choosing indicators to represent these domains we have sought to:

- use indicators of outcome rather than input, and direct rather than indirect measure of well-being, as far as is possible;
- make the child, rather than the parent, family or household, the unit of analysis;
- give priority to indicators of child well-being now, rather than indicators of well-becoming – how a child might do in adulthood - on the grounds that childhood is a life stage to be valued in its own terms;
- use indicators which represent what children say they think and feel about their lives. This is in response the enjoiner of the United Nations Convention on the Rights of the Child “the primary consideration in all actions concerning children must be in their best interest *and their views must be taken into account*”.

The index was constructed by taking 43 indicators from the most up-to-date survey and administrative sources and combines them to represent 19 components, before combining them into the 7 domains. The main sources of the data were:

Surveys

- Health Behaviour of School Aged Children (HBSC) at 2005 (Currie *et al.* 2008);
- Programme for International Student Assessment (PISA) at 2006 (OECD 2008b);
- Survey of Income and Living Conditions (EU) at 2006.

Series

- WHO mortality data base;
- World Bank World Development Indicators;
- OECD Health Indicators;
- EU Health for All Data base;
- OECD Education at a Glance.

Results

Table 1 ranks the countries by the average of their domain z scores (distributed around a mean of 100 using a standard deviation of 10) and the rank of each domain is given. The countries have been divided into three groups using colour coding – top third, middle third and bottom third. The Netherlands comes top of the league table as it did on the earlier EU index and it is the only country in the top third of the distribution on all domains of child well-being – though Norway, Sweden, Iceland and Finland come close. The Nordic countries are all in the top third. Slovenia is notable for doing better than the other former Eastern bloc countries. Spain does better than the other southern European countries. No countries are consistently middle third. Only Lithuania has a consistently bottom third performance. Estonia does better than Lithuania and the other new Baltic EU country - Latvia. Notable in the bottom group is the United Kingdom, one of the richest countries in the EU - in the midst of some of the poorest. The UK came bottom of the OECD league table and fourth from bottom of the EU25 league table, and this ranking indicates that British government efforts to eradicate child poverty and improve child well-being have yet to improve its comparative position.

However the EU25 index and this one are not strictly comparable. The general ranking of countries is quite consistent. Not until a consistent index has been established and agreed, possibly by the EU, can this exercise be used for tracing changes over time.

Table 1. Overall child well-being index

Rank	Country	Child well-being in the EU 29	Health	Subjective	Relationships	Material	Risk	Education	Housing
1	Netherlands	117.3	2	1	1	7	4	4	9
2	Sweden	114.8	1	7	3	10	1	9	3
3	Norway	114.8	6	8	6	2	2	10	1
4	Iceland	112.7	4	9	4	1	3	14	8
5	Finland	111.0	12	6	9	4	7	7	4
6	Denmark	109.6	3	5	10	9	15	12	5
7	Slovenia	107.1	15	16	2	5	13	11	19
8	Germany	106.1	17	12	8	12	5	6	16
9	Ireland	105.3	14	10	14	20	12	5	2
10	Luxembourg	104.8	5	17	19	3	11	16	7
11	Austria	104.2	26	2	7	8	19	19	6
12	Cyprus	103.7	10			13			11
13	Spain	103.6	13	4	17	18	6	20	13
14	Belgium	103.0	18	13	18	15	21	1	12
15	France	100.9	20	14	28	11	10	13	10
16	Czech Republic	98.9	9	22	27	6	20	3	22
17	Slovakia	98.7	7	11	22	16	23	17	15
18	Estonia	96.9	11	20	12	14	25	2	25
19	Italy	96.1	19	18	20	17	8	23	20
20	Poland	94.6	8	26	16	26	17	8	23
21	Portugal	94.5	21	23	13	21	9	25	18
22	Hungary	94.3	23	25	11	23	16	15	21
23	Greece	94.0	29	3	23	19	22	21	14
24	United Kingdom	92.9	24	21	15	24	18	22	17
25	Romania	87.0	27	19	5		24	27	
26	Bulgaria	84.9	25	15	24		26	26	
27	Latvia	84.1	16	24	26	22	27	18	26
28	Lithuania	82.3	22	27	25	25	28	24	24
29	Malta	81.9	28	28	21		14		

The detailed results are presented in the published article (Bradshaw and Richardson, 2009). The next section of the article is an attempt to explain the variations in well-being observed and in the final section some (self) criticisms are presented.

Explanations for variations in child well-being

There are two ways to explore the reasons for the variations we observe. One is to examine the internal relationships between domains and indicators. The other is to relate the results to other independent factors.

Figure 1 shows the relationship between child well-being and an indicator of deprivation – economic strain. There is quite a strong relationship. Economic strain explains two thirds of the variation in overall child well-being. But there are some outliers. The Netherlands, Slovakia and Ireland do better than expected on child well-being given their economic strain and the UK and Italy do worse.

Figure 1. Overall well-being by economic strain

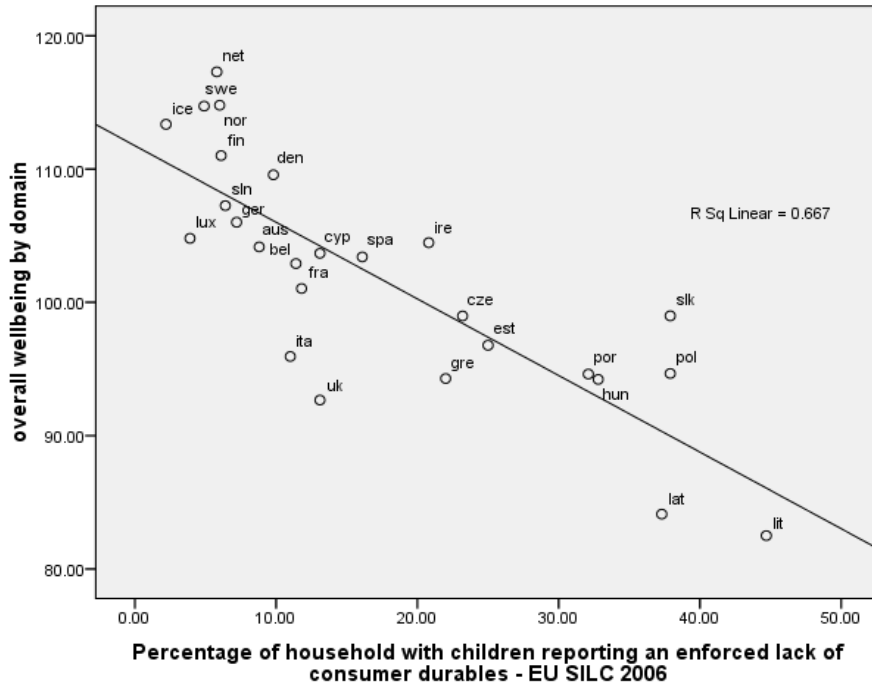
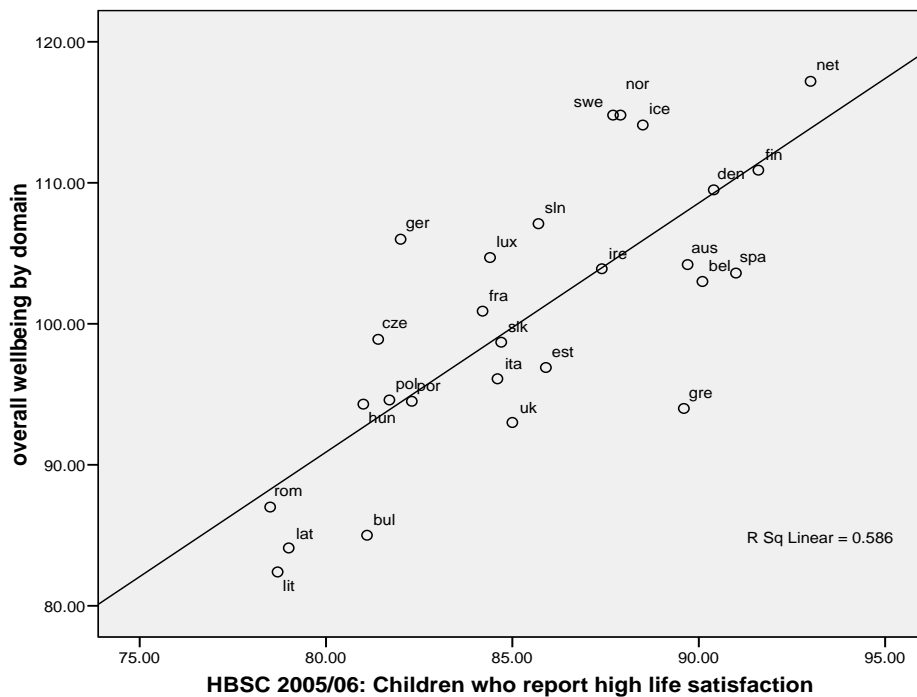


Figure 2 shows the association between overall well-being and the proportion of children reporting high life satisfaction. Again there is quite a strong association with about 59 per cent of variation in the one explained by the other, but there are outlying countries – Norway, Sweden and Germany have higher overall well-being than you would expect given their life satisfaction and Greece, the UK and Lithuania have lower child well-being than you would expect given their life satisfaction.

Figure 2. Overall well-being and life satisfaction



It is also useful to point to the indicators that are not associated. They contribute to well-being in that they contribute to the index but they are not associated with it and don't explain it. There are many such indicators but the following have been selected because they may help to answer specific hypotheses.

The proportion of children liking school a lot does not seem to contribute to the overall child well-being index (although bullying and finding friends kind and helpful does). Children in Finland have low proportions liking school a lot and yet very high overall child well-being. Children the Czech Republic, Slovakia and Italy do fairly well on overall child well-being despite not liking school. It may be that demanding school regimes explain these results. Certainly Finland does best on attainment despite few children liking school a lot. Or the question may not be producing valid or reliable answers.

Finding it easy to talk to parents (at 11, 13 and 15) does not seem to matter, though again finding friends kind and helpful does. It may be that at this age young people's well-being is more associated with their relationship with their friends than their parents.

It does not seem to matter if no parents are working. That is there is no association with overall child well-being of living in a jobless household. However there is an association between living in a poor household and overall well-being. Which suggests that worklessness only matters if it results in poverty or deprivation.

The hypothesis that countries with high rates of pre-primary children have better outcomes for children is not upheld, at least for overall well-being at international level. This maybe because pre primary enrolment rate is not a very satisfactory indicator of the experience and quality of pre-school childcare experience.

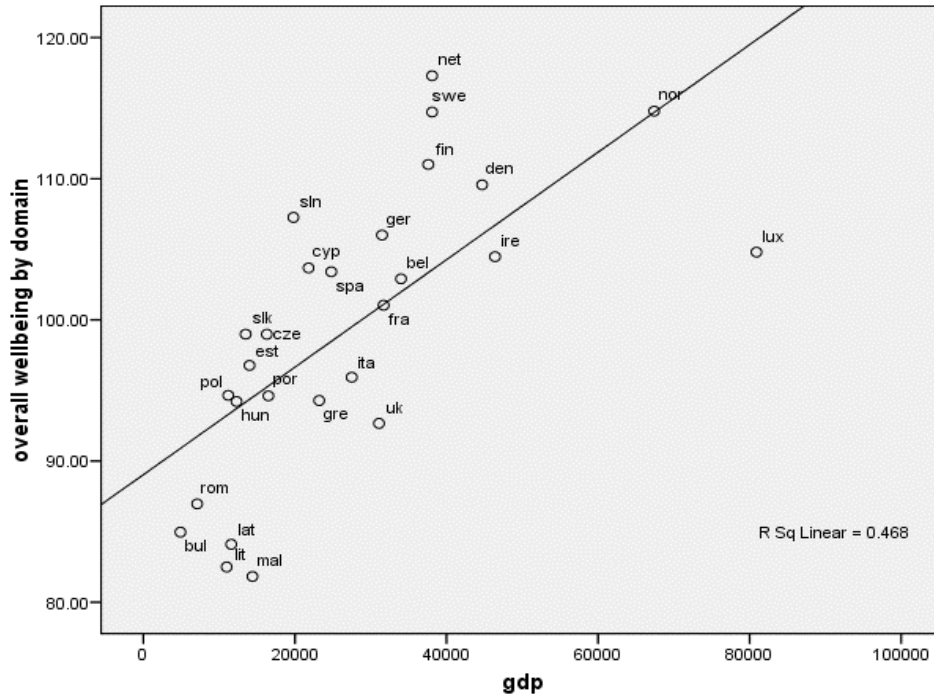
There is no evidence here that countries with higher staying on rates have higher overall child well-being. This maybe because staying on at school enhances chances in adulthood – well becoming rather than necessarily well-being.

Table 2. Correlations of selected single indicators with overall well-being

Indicators	Correlation coefficients
Young people liking school a lot 11, 13 and 15 years	0.05
Child who find it easy to talk to their mothers	0.12
Children aged 0-17 living in jobless households	-0.30
Full-time and part-time students in all institutions	0.06
Pre-primary school enrolment	0.18

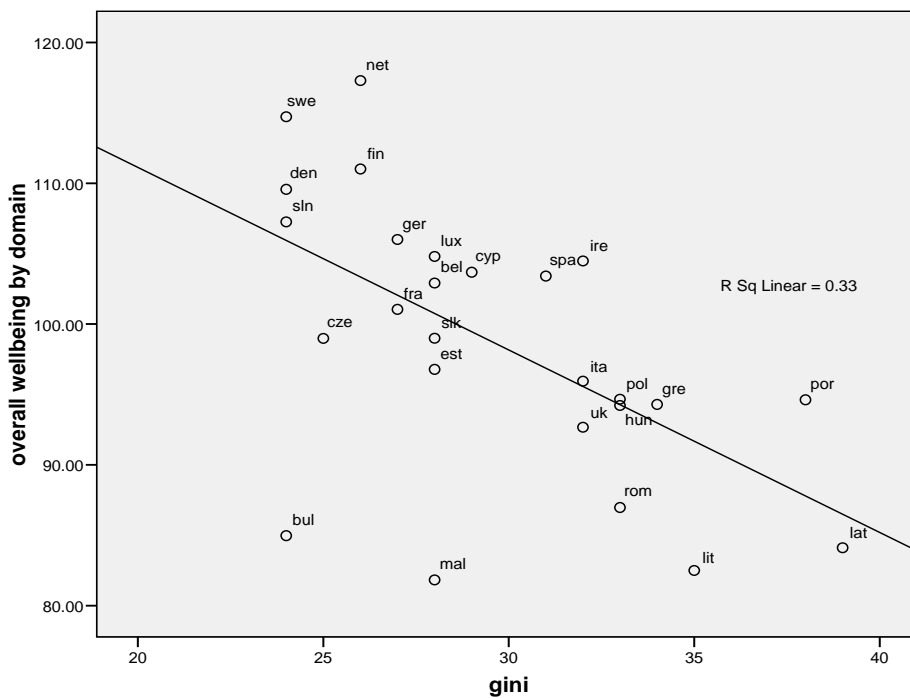
Is child well-being merely a function of national wealth? Figure 3 shows that there is a positive relationship between overall well-being in the EU and GDP per capita. Indeed national wealth explains 47 per cent of the variation in child well being (and 62 per cent if Luxembourg is excluded). However there are some notable outliers – in particular the UK and Luxembourg have lower well-being and Slovenia and the Netherlands have higher well-being than their national wealth might indicate.

Figure 3. Overall child well-being by GDP per capita Euro purchasing power parities



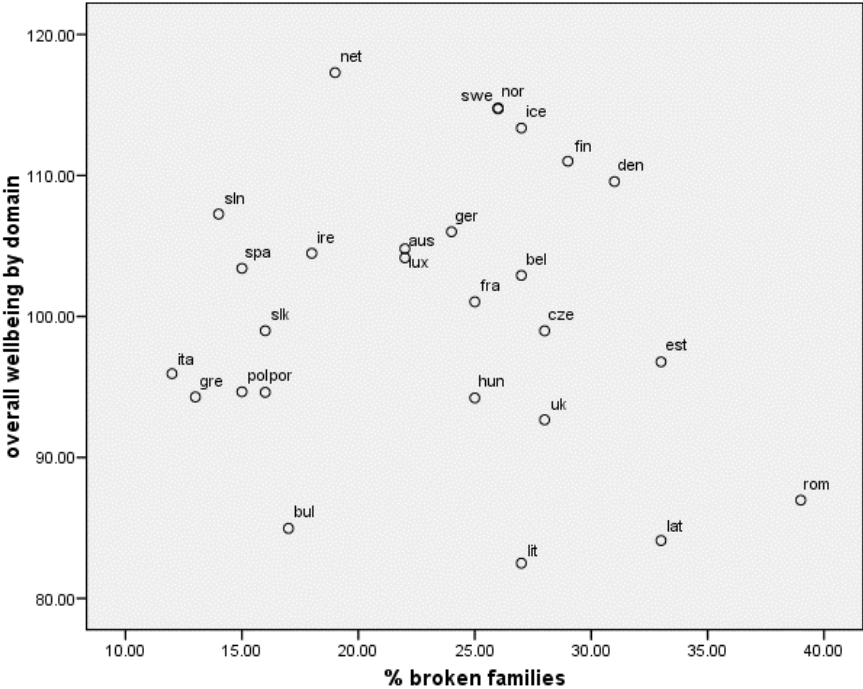
Child well-being is associated with inequality. Generally more unequal countries have lower child well-being. This association was also observed for the UNICEF index (Pickett and Wilkinson 2008). In Figure 4 we plot the relationship between the Gini coefficient and overall well-being. Inequality explains 32 per cent of the variation in child well-being but if Malta, Romania and Bulgaria are excluded on the grounds of missing data that increases to 63 per cent of the variation. Ireland and the Netherlands have better child well-being than their Gini coefficient would suggest and the Czech Republic and Lithuania have worse.

Figure 4. Overall child well-being by inequality (Gini coefficient)



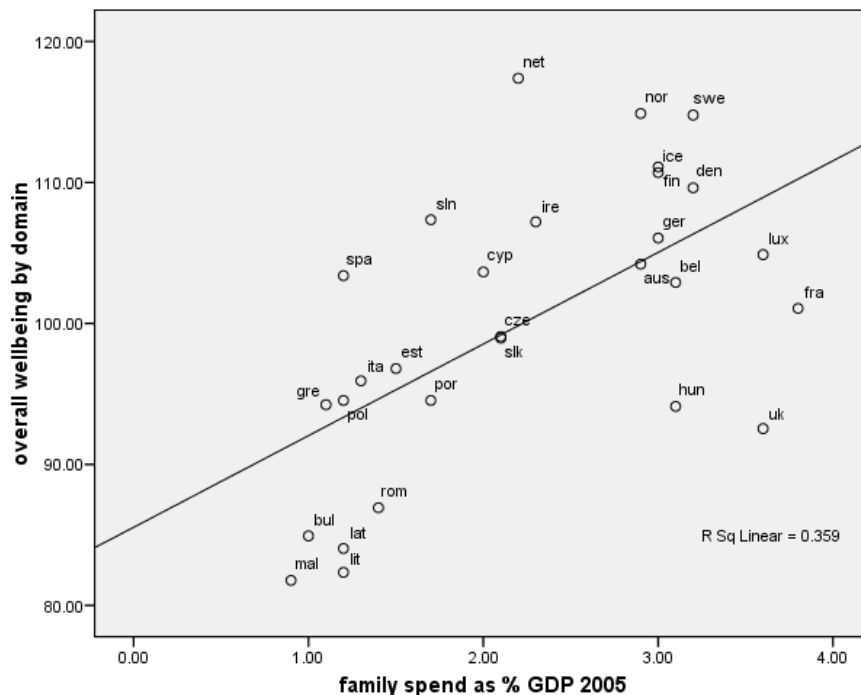
When the UNICEF (2007) report was published some newspapers and politicians in the UK attributed the position of the UK at the bottom of the league table to so called ‘broken families’. This claim is just wrong. Countries with high proportions of new family forms do not have low child well-being. Figure 5 plots the relationship between overall child well-being and ‘broken families’ (actually the proportion of 11, 13 and 15 year olds living in lone or step parent families in the HBSC (Currie, 2008). The correlation is -0.09. We cannot conclude that child well-being is not affected by experience of family disruption. Rather at the international level countries with high levels of family disruption do not necessarily have lower over all child well-being. The Nordic countries with high levels of disruption and high child well-being may be achieving this because they have social policies that prevent or compensate for the effects of disruption.

Figure 5. Overall child- well-being by per cent 11, 13 and 15 year olds living in lone or step parent families



Does social spending on families and children have an impact on child well-being? In Figure 6 social expenditure data is derived from the OECD series for 2005 and unusually includes tax benefits which are an increasingly important element of the child benefit package in some countries.

Figure 6. Overall child well-being by spending on family benefits and services as a % GDP in 2005



Final discussion

Here is an example of the kind of conclusion that can be drawn from this work in relations to a country – Italy. Italy is middling/low on child well-being overall. Italy is not good on well-being at school, youth inactivity, poverty, education, housing. Italy is better on self defined health and risk and safety. Italy has a weak family package. Is Italy relying on strong families - which are weakening and possibly spending too much on the elderly?

There is now a considerable body of good quality and comparable data on child well-being covering European countries, and the coverage and quality will be improved - when Bulgaria, Romania and Malta are covered by EU SILC, and also when the questions on children are improved in the EU SILC survey in 2009. However we are still lacking indicators covering some domains important to child well-being: in particular children as carers; children as victims and perpetrators of crime; children in substitute care or abandoned by their parents. We also lack evidence on existing domains that we would like: children who are homeless for the housing domain; child mental illness and disability for the health domain; the quality of preschool experiences for children for the education domain. The coverage of subjective well-being does not cover what children think about their housing and neighborhoods, or their access to transport, play space, recreation and other services.

We could do with more data on dispersion within countries. This is probably too much to hope for with the administrative data. However for data derived from surveys it is already available with EU SILC in that Eurostat releases the raw data to approved analysts, and the PISA data is also available for secondary analysis by all users. The major problem here is the HBSC, which is a very important data source. Although the most recent report was excellent in focusing on dispersion (Curries *et al.*, 2008) and it is advertised that the HBSC data is available from the Bergen data archive, in fact it is impossible to get access until the data has been fully exploited by HBSC researchers which may be many years. This is a major problem with the survey and may eventually undermine support for it internationally.

Even if we had access to HBSC there are problems with these general indices in representing the circumstances of children in minority groups – ethnic, Roma, refugee/asylum seeker, disabled children – groups who are too small in numbers to be represented by general samples of the population. There is also a tendency for too many of the indicators to relate to the circumstances of older children because older children are the ones interviewed in the PISA and HBSC surveys.

There is a great deal more work to be done testing out and developing this index. Other methods of combining, summarising and weighting the data could be tried. There is also a great deal more work to be done in attempting to explain these results. For example why is it that the Netherlands does so well for its children across the domains? How can other countries aspire to become more like the Netherlands? Do they need to change their schools, services, financial support systems, and/or socio-cultural interactions?

Policy makers will no doubt want to focus on those domains where they are doing less well than other countries. Some policy response to these findings might be fairly straightforward. For example Austria could improve its child health by dealing with its low immunisation rates. In other countries, improvements in child well-being can be expected to follow economic developments. Perhaps the biggest challenge is in a country like the UK where neo-liberal policies have resulted in decades of under investment in children's services and benefits, and big increases in child poverty and inequality. The UK government is now committed to abolishing child poverty and has an 'Every Child Matters' agenda, massive extra investment in family benefits and health, education and childcare services. That the UK is making such slow progress out of the bottom of this league table is an indication of the long term damage that can be done by neglecting children, especially in a recession.

Enhancing child well-being in OECD countries¹

Dominic Richardson²

Introduction

Policy makers the world over are turning their attention to child well-being. Joint analyses of standard indicators such as child income poverty, education and health are being complemented with new child outcome measures to holistically assess the quality of children's lives – or in other words child well-being – across countries.

Understanding child well-being is essential for optimal societal development. Childhood is the time with the highest levels of public investment before old-age and for good reasons. Children will mould the society in which today's adults will age. Children are the workers, the tax-payers, the law-makers, and the carers of the future. Every hour and every dollar invested on child development is designed to make a difference. Moreover child well-being issues are important for children today. Children have universal rights and needs, and to ensure these are met equitably, monitoring of inputs and outcomes is required.

The presentation to the European Seminar on Child Well-being Indicators in January 2009 gave an overview of the OECD Child well-being report *Doing Better for Children*. The report brings together research and analysis of policy spending and structures, intergenerational transmission of inequality, analysis of family structures, as well as policy-amenable indicators of child well-being outcomes.

The following paper summarises the presentation in sections. The first section starts by introducing the policy-amenable framework for measuring child well-being in OECD countries, and goes on to explain how it differs from the UNICEF child well-being framework (UNICEF, 2007), before addressing some of the shared methodological considerations of the frameworks. The second section of this paper will look more closely at one of the dimensions reported in the OECD child well-being framework – education well-being – and explain the data selection processes undertaken in the development of the framework. The third section of this paper introduces one of the empirical advances of *Doing Better for Children*: the analysis of public spending on children of different ages, in the forms of age-spending profiles and tax and benefits analysis by age. Section four summarises briefly the content of chapter 4 of *Doing Better for Children* on policies from conception to kindergarten. Section five of the paper briefly summarises the two parts of the presentation that addressed the 'contextual' indicators of: the effects of sole parenthood on child outcomes; and intergenerational inequality in OECD countries. The final section of the paper revisits the policy recommendations presented in Florence for enhancing child well-being (or doing better for children) in OECD countries.

Section 1 – OECD child well-being outcome frameworks

Child well-being indicator frameworks are multi-dimensional in nature, but data is often incomplete, not up-to-date, or simply not available. Child well-being as a multidimensional concept is important for researchers and policy makers who seek to draw policy lessons that follow ministerial remits on health, education, or welfare and work policies. But with data limitations, the collection and selection of indicators into frameworks requires careful management to ensure frameworks are as comprehensive and robust as possible.

This section presents the policy-amenable framework for measuring child well-being in OECD countries, addressing as it goes the differences between it the UNICEF child well-being framework

¹ The OECD published the report *Doing Better for Children* on September 1st 2009. For more information about the publication, please visit the report homepage at www.oecd.org/els/social/childwell-being. This conference paper draws heavily on the work prepared for *Doing Better for Children* to use data or cite from this paper please refer to source.

² OECD Social Policy Division. The views expressed in this paper are those of the authors alone, and not of the OECD or any of its Member countries.

(UNICEF, 2007), and some of the shared methodological considerations that are critical for the appropriate interpretation of results.

An overview of policy-amenable child well-being

Table 1 presents an overview of the dimensions of child well-being for a selection of OECD countries. In the *Doing Better for Children* all 30 countries are included. Each well-being dimension includes a rank score (ranging from out of 25 to out of 30 depending upon available data) and a high, low and medium grouping category (indicated by shading - light grey for high and dark grey for low). Groups record which countries are at least half a standard deviation above or below the OECD average for each dimension.

What is clear from the table is that no country is a high performing across all dimensions. Every OECD country has room to improve in terms of child well-being outcomes. Indeed some countries can be doing very well on one indicator but very poorly in another area – for Finland this would be educational well-being and risk-taking. Overall the Italian results do not compare favourably: educational well-being is particularly poor, driven as it is by low rates of educational achievement, and high rates of educational inequality (see below).

Table 1. Policy-focused child well-being in a selection of OECD countries (1 ranks the best performing country)

	Material well-being	Housing and environment	Educational well-being	Health and safety	Risky behaviours	Quality of school life
Belgium	11	11	20	25	13	19
Finland	4	7	1	7	26	18
France	10	10	23	20	12	22
Greece	26	19	27	22	7	24
Ireland	17	5	5	24	19	10
Italy	19	23	28	16	11	20
Korea	13	n.a.	2	10	2	n.a.
Luxembourg	3	8	17	5	14	23
New Zealand	21	14	13	29	24	n.a.
Norway	1	1	16	17	4	2
Poland	28	22	8	15	20	15
Sweden	6	3	9	3	1	5
United States	23	12	25	26	15	14

Note: To create the table, each indicator was converted into a standardised distribution. Then a within-dimension average was taken. This within-dimension standardised average was then used to rank countries in each dimension. Using standardised figures each country with half a standard deviation higher than the OECD average is coloured blue on that dimension, whilst countries in dark grey are at least a half standard deviation lower.

n.a.: no country data.
Source: OECD (2009)

Comparing frameworks: UNICEF and OECD

The OECD child well-being framework is the second attempt to compare child well-being outcomes cross-nationally in the OECD group. The first is the well-cited UNICEF Innocenti Report Card 7 on child well-being. It is important at this point to compare the two in order to provide a clear steer about how comparable the frameworks are, and to highlight the value added new research undertaken by the OECD.

The first and most important difference between the frameworks is that UNICEF attempted to capture child well-being in a holistic or comprehensive fashion. The OECD framework, on the other hand, attempts only to identify well-being indicators that have close links to policy-choices and government interventions. The reason is that policy-amenable makes it clear who has the main responsibility for supporting children's outcomes in these areas. Moreover the policy-amenable focus results in the OECD framework not attempting an overall well-being index, which although an excellent advocacy tool indexing can detract for indicators level policy responses.

Policy amenability has also led to changes in the dimensions selected for each frameworks. The OECD framework does not include the child and family relationships or subjective well-being

dimensions of the UNICEF report. Both dimensions were viewed as having causal links that are too far from policy interventions (although arguably subjective life quality measures, such as life satisfaction, may respond to group policy *packages* as oppose single policy *levers*), also family relationships included measures of family structure which were deemed as contexts for children and not outcomes *per se*. The OECD report took advantage of new available data to include a housing and environment dimension. What remained of subjective well-being measures – rates of children liking school – became with bullying, a quality of school life dimension.

Both the UNICEF IRC child well-being Framework (2007) and the OECD child well-being Framework (2009) applied the same broad statistical methods. Both frameworks use only scale indicators and both objective and subjective measures (although the OECD framework has fewer subjective measures). The OECD framework uses around half of the indicators in the UNICEF framework: fewer indicators overall has meant calculating the OECD results is much simpler (and also which indicators are driving results at dimension-levels are easier to follow).

In both cases the selection of indicators and dimensions has its roots in the international standards agreed for children in the United Nations Convention on the Rights of the Child (United Nations, 1989). To identify an indicator of child well-being for a cross-national framework there has to be international consensus on the importance of those indicators for children's lives. All OECD countries have signed up to the United Nation Convention on the Rights of the Child (UNCRC), and only the United States has yet to ratify the document.

Some shared methodological considerations

In developing any composite indicator – whether it is an index of child well-being or a human development index – some basic methodological questions must be asked. Questions include: Are all indicators valued the same within our composite? Do we expect our indicators to associate, or do composites require internal reliability? And do we value consistency in results, and so should penalise variations? Are we fully capturing both terms 'child' and 'well-being'?

To address the last question first, both the OECD and UNICEF frameworks – by their own admissions – are to some degree driven by the data that is available cross-nationally. Because data availability drives what can be measured, the frameworks tend to draw from surveys and series data from different disciplines where cross-national comparisons are already being undertaken (health or education for instance); and so important issues for well-being – such as neglect, protection, mental health, civic participation are all missing. Both frameworks are also too adolescent-focussed (data is more commonly collected for older children due to assumptions regarding capabilities, and political interest in the school to work [or child to adult] transmission). In short not all children are captured equally, and neither framework can be said to represent a comprehensive picture of child well-being. An advance made by the OECD framework is that where available, indicators are disaggregated by age, sex, and ethnicity, to include the experiences of children from different demographic backgrounds.

When collating a set of indicators, be it 20 or 40, into fewer measures or a single index it is possible to give more value to one measure over another, and so set weights (so the more important indicators drives more of the variation in the composite measure). In both the OECD and UNICEF frameworks it is acknowledged that some indicators may be more important to overall well-being than others, but given the range of indicators and the countries covered, developing a consensus as to which (and by how much) would be task beyond the limits of the research. Equal weights were applied in both frameworks, and justified using precedence in the national literatures (see Land 2007 for a longitudinal example).

Expecting indicators within a composite to correlate – and seen to be measuring the same thing – is generally expected. However the literature on composite development tells us that is only one half of the story. Bollen and Lennox (1991) differentiate between the effect model (one where a change in the composite is deemed to effect changes in the indicators) and a casual model (where the composite is caused by the indicators). Child well-being is caused by various, and sometimes unrelated, life outcomes – and so both the OECD and UNICEF frameworks do not attempt to measure internal reliability at any point in the framework development. Analysis that makes use of principal components methods is arguably inappropriate for such a concept.

Finally it is possible, using methods such as harmonic means calculations for instance, to penalise a case that has two polar opposite results in a composite when compared to a case with two average results. So a valid question for using composite measures of child well-being is should calculations penalise variation, or as child well-being researchers – do we value consistency? A country with wildly different outcomes can be ranked equally to a country with average outcomes across the board. Not weighting indicators, and so not accounting for which measures are most important for driving overall well-being, compounds the potential error of this equal-value assumption. However, until appropriate weighting schemes are devised penalising variation may further muddy interpretation. At present no child well-being index penalises variation and so avoids these difficult questions. In this respect the OECD or the UNICEF framework are no different.³

Section 2 – Examples of selecting indicators of well-being

This section of the paper looks more closely at one of the dimensions reported in child well-being outcomes framework in *Doing Better for Children* – education well-being – to give a working example of the data selection process undertaken in the development of the framework.⁴

Selection of indicators within dimensions

Each of these six dimensions of the OECD child well-being framework has been populated with indicators. Across the six dimensions, 21 indicators of child well-being have been selected. A number of ideal selection requirements were borne in mind in choosing indicators:

- *the child is taken as the desirable unit of analysis, rather than the family.* A child-centered approach is now the norm in studies of child poverty and child well-being;
- *indicators should be as up-to-date as possible.* Indicators cannot reliably inform comparative policy unless they paint a picture of child well-being reasonably close to the here-and-now;
- *indicators should be taken from standardised data collections which collect comparable cross-country information.* If data is not reasonably comparable, it will fail to meet one of the most basic needs of a cross-country, data-driven study;
- *indicators should cover all children from birth to 17 years inclusive.* The United Nations definition of a child as a person under age 18 is used here. Given evidence about the importance of the in-utero environment for the child's future health and development and the fact that in most countries a foetus legally becomes a child in utero, it may also be desirable to extend the definition of childhood to the period before birth;
- *indicators need a policy focus.* As child well-being measures in this chapter are policy-focused, indicators with a relatively short causal chain from government action to improvements in well-being are favoured over indicators for which relationships between policy actions and outcomes were more speculative and the causal chain was longer;
- *indicators should cover as many OECD member countries as possible.*

Within each of the six child well-being dimensions, the selection of indicators emphasises complementarity. This complementarity comes in a number of distinct forms:

- *child age.* If one indicator focuses on children of a certain age, other indicators within the dimension should provide information about children of other ages;
- *efficiency and equity considerations.* Indicators within a dimension should use some measure of the spread of outcomes within a country, which gives an indication of equity, but also provide average country outcomes, which give a complementary indication of efficiency;
- *child well-being for today and development for the future.* Indicators within each dimension should have regard to both current child well-being and developmentalist perspectives of child well-

³ Interested readers should review analysis by Dijkstra (2009) on UNICEF rankings for the potential effects of penalising variation in composite measures (among other experiments).

⁴ This section draws directly from OECD 2009, pp. 29-31. The presentation introduced two examples – material well-being and education well-being. Only Educational well-being is presented here.

being, to assess both living standards today and how well a society is preparing for its children's futures;

- *coverage of outcomes within a dimension.* It is desirable to cover a range of important subdimensions within each dimension, such as both mental and physical health within the health dimension. There is little more information on the extent to which these selection criteria were met can be found in *Doing Better for Children*, which presents a summary table of the extent to which each indicator met the selection requirements (OECD 2009: p. 31).

Educational well-being

To give a working example of the indicator selection process the following section introduces the example of the educational well-being dimension and presents examples of educational inequality results for the child population at age 15, and the child migrant population at the same age.

Three indicators are chosen to make up the educational well-being dimension: the PISA 2006 country score for education performance, averaged across reading, mathematics and science literacy test scores; inequality in achievement around these scores using the ratio of the score at the 90th percentile to the 10th percentile averaged across the three PISA literacy measures; and the proportions of 15-19 year-olds not in education and not in employment or training (NEET). The UNCRC states that each child has the right to an education, and that this right should be developed on the basis of equal opportunity (art. 28). The UNCRC also commits signatories to providing an education system to develop the child's personality, talents and mental and physical abilities to their fullest potential (art. 29a). Ensuring high levels of educational achievement for all children addresses this commitment.

All three indicators are *child centred* in that the child is the unit of analysis, and outcomes are directly those of the child. Data for educational achievement is collected directly from children, however coverage is limited to children attending schools and those without physical or learning disabilities.

Data for each of the *indicators are up-to-date*, being from 2006. PISA data is standardised, and it comes from an OECD-managed survey, meaning *country coverage is complete*. NEET data come from national labour force surveys, which are intended to be internationally comparable, but typically have their own national idiosyncrasies. Data for Iceland and Korea are missing.

Unfortunately, *cross-national data on educational achievement in OECD countries is still too adolescent focused*. PISA surveys only children at age 15. Nonetheless, the timing of the survey in the child's life cycle means that accumulated learning from a compulsory school career is well represented by this cohort.

There are a number of intervention points for governments to address the educational outcomes of children. Schools provide an important environment for children to prepare for adult life, both socially and economically. School environments are strongly influenced by government policy. In all OECD countries, by the time a child reaches age 15, a considerable amount of government investment has been spent on a child's education. *There is a very short chain of causal logic from government educational policy to child educational outcomes*. In terms of the policy amenability of NEET, all OECD countries have made policy decisions about the age of compulsory school completion and about the provision of post-compulsory education and training and active labour market policies regarding youth. Furthermore, family benefits may continue for youth, conditional on their taking up post-compulsory education and training.

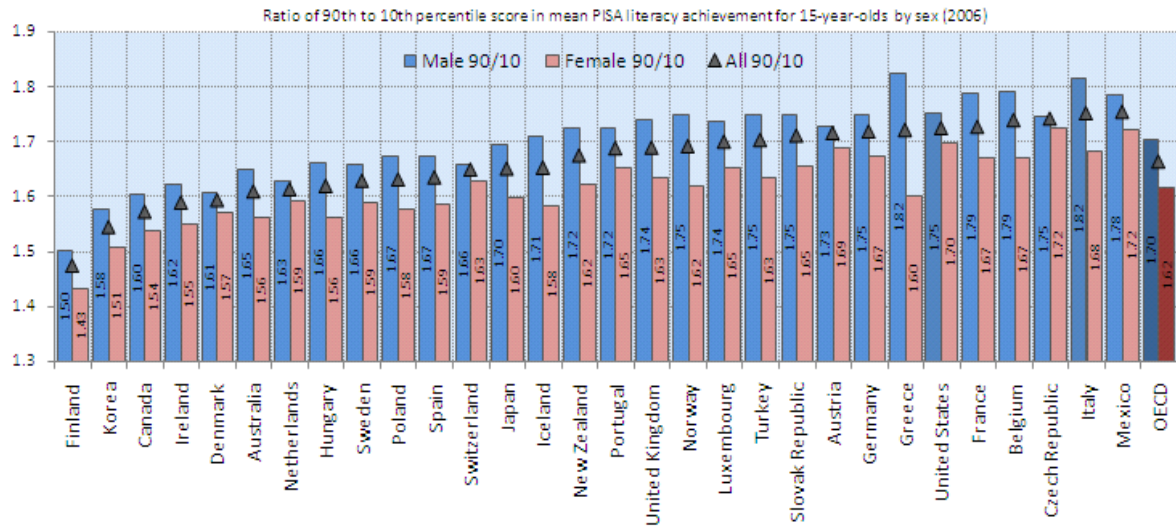
In the educational well-being dimension *indicators complement each other in terms of efficiency and equity*. The inclusion of two indicators derived from PISA cover efficiency via the average country performance and also equity, by looking at the inequality of outcomes within the country. Complementarity between the well-being of children today and in the future is achieved by including school performance and measures of NEET immediately following post-compulsory education. That said education data is predominantly focused on children's future well-being.

Example results from Educational Well-being: Educational inequality

Figure 1 below reports the levels of educational inequality PISA test scores by sex in OECD countries. Notably inequality amongst boys' scores are considerably higher than inequality in girls'

scores in all OECD countries. Inequality in educational performance overall is highest in Mexico and Italy, and lowest in Finland, Korea and Canada (the countries with the highest average achievements). The result for Italy is driven by very high inequality amongst boys (second only to Greece).

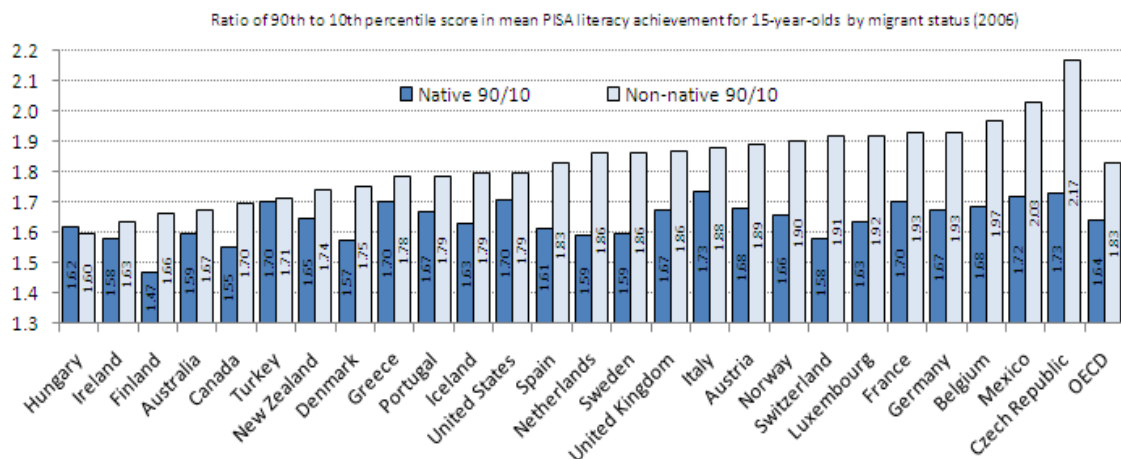
Figure 1. In every OECD country girls average literacy outcomes vary less than boys' outcomes



Note: The measure is of country inequality in scores, averaged across the three literacy dimensions. The measure of inequality used is the ratio of the score at the 90th percentile to that at the 10th percentile. Data is for 15-year-old students. Reading literacy data was not available for the United States in 2006 results. United States results are therefore averages for mathematics and science literacy only. Source: OECD – Programme for International Student Assessment (2008)

As mentioned above, analysis of child well-being outcomes in the OECD framework include a breakdown of children's outcomes by age, sex and migrant status where data is available. Figures 2 reports inequality in educational achievement for migrant children (those born outside of the country of test) and non-migrant children. Inequalities in literacy scores are most marked amongst non-native children, in virtually all countries.

Figure 2. In most OECD countries native students' literacy outcomes are more likely to be equal



Note: The measure is of country inequality in scores, averaged across the three literacy dimensions. The measure of inequality used is the ratio of the score at the 90th percentile to that at the 10th percentile. Data is for 15-year-old students. Reading literacy data was not available for the United States in 2006 results. United States results are therefore averages for mathematics and science literacy only. Source: OECD (2008)

Section 3 – Public spending for children of different ages

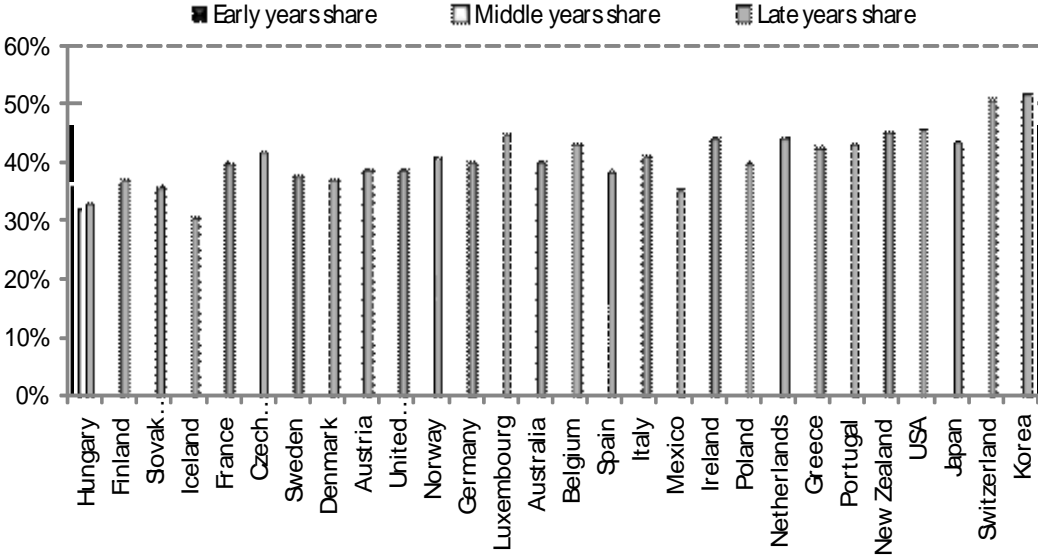
The third section of this paper introduces one of the empirical advances of *Doing Better for Children*: the analysis of public spending for children of different ages, namely age spending profiles and tax and benefits analysis by age.

A rationale for looking at child spending by age is that childhood, due to the development of children and the families work life balance, has periods which require more investment than others. For instance the youngest children in Europe are most likely to be the poorest children. This may be due to parents having to rely on leave payments, and having restricted access to the labour market during this period. Evidence in the presentation reported age-related poverty rates in Europe using EU SILC data from 2005. Children aged 0-5 (in early childhood) are more likely to be poor in the majority of the EU 27 countries (15 in total). Belgium, Denmark, Finland, Luxembourg, Sweden and the Netherlands have rates of child poverty at least 3% higher than rates in other age groups (ages 6-14 and 15-17 inclusive).

Furthermore, little is currently known about the comparative composition and amount of government spending and transfers through the child’s life cycle. All countries organise differently the social support provided around birth, early year’s childcare, primary school and secondary school, and the range of in-kind services and cash and tax break rules which overarch the whole child lifecycle. By analysing the different compositions of social expenditure some light can be shed on how best to provide for children as they grow.

Figure 3 presents age related spending on children by three major stages of childhood in OECD countries. Twenty-three countries spend more on middle childhood than on early childhood, only four spend more on early than middle childhood. Even more countries – 26 in total out of 28 – spend more on late childhood than early childhood, and no OECD country incrementally decreases public social expenditure by stage of childhood.

Figure 3. Early childhood spending in Italy is low in comparison to other stages of childhood



Source: OECD (2009)

Age spending profiles

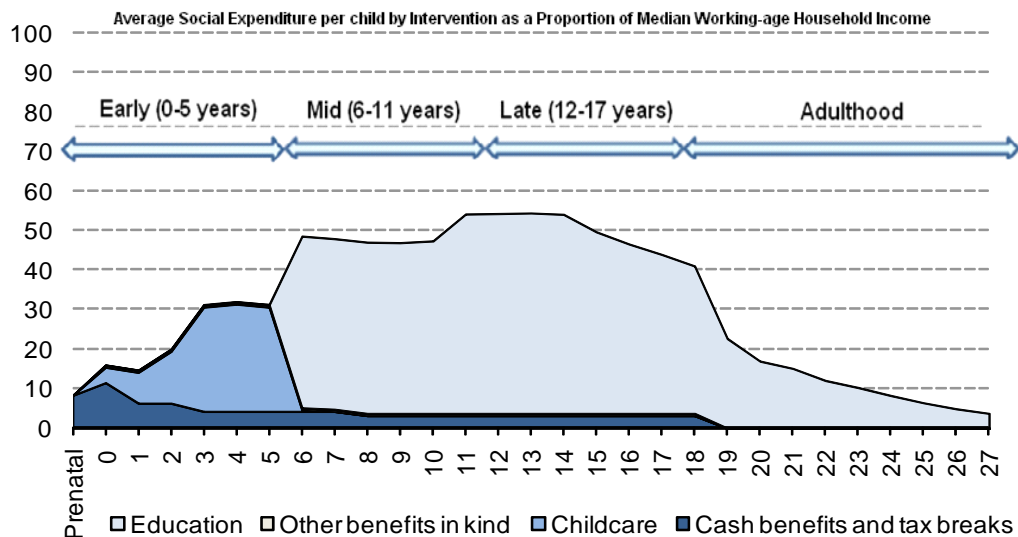
Each country’s age-spending profile maps public social and education expenditure by year of age for the first 18 years of life and the pre-natal period of nine months. Profiles for 28 OECD countries are available in the report (Canada and Turkey are not modelled).

Expenditure is allocated by benefit rules, and population data by age (or reported receipt of services by age where this data is available). The social and education expenditure, benefit rules, child population and educational enrolment figures are for 2003. Each profile is made up of four types of public spending: cash benefits and tax breaks for social purposes, services in-kind, childcare, and

education spending. For more details regarding limitations and assumptions please refer to OECD 2009, Chapter 3 (and annexes).

Figure 4 present the Italian age-spending profile. The bulk of Italian spending, like in most OECD countries, comes in during middle and late childhood in the form of education spending. Very little Italian public spending is transferred in the form of in-kind benefits and services, at any point in the life cycle. And cash spending is highest in the early years - reflecting leave policies, although cash spending at this point is still much lower than in many other OECD countries.

Figure 4. In Italy cash spending is low, childcare and education dominate spending across childhood



Source: OECD (2009)

There are some important limitations with the age-spending profiles. First, the profiles does not include health spending, this would be particularly important for spending around the time of birth, but it is difficult to get age related health spending for children, and then disentangle the spending directed towards the mother. Second, figures do not include private spending, whether promoted through mandatory systems, paid by families, or paid by local voluntary or professional services. This is most likely to affect countries that have (relatively) large private education market, such as Japan and Korea. Third, although government expenditure in theory should be in the social expenditure database, it is easier to collect federal spending than regional spending because regional governments do not always report how money is spent to national governments. If regional spending is not reported to national governments the spending cannot be reliably modelled in the profiles.⁵

Finally, and most importantly the profiles only report spending on the average child. To appropriately inform policies for at-risk groups, more needs to be understood about differences by: family structure, family size, and household income levels.

A more detailed exploration of cash transfers in the United Kingdom

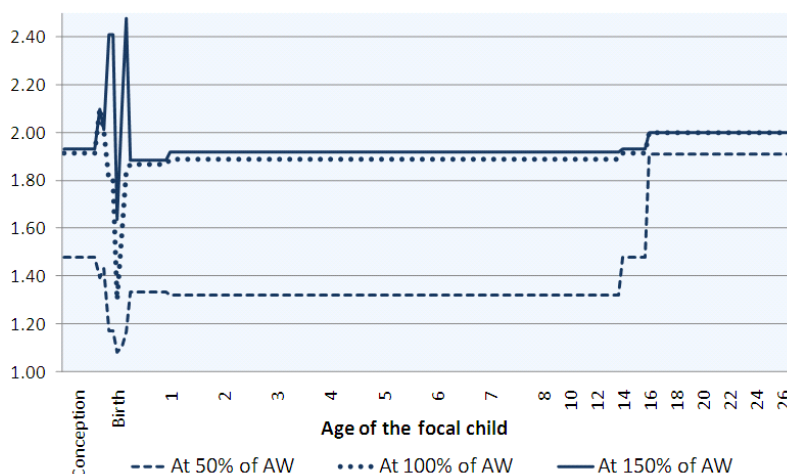
To address the ‘average amounts’ limitation in the age-spending profiles, analysis of the variation in the tax benefit treatment of different family types by the age of children was undertaken. The approach taken was to examine net transfers to families of different types as their children age is by dynamically adapting⁶ the OECD Social Policy Division’s 2003 static tax-benefit models to allow the birth and ageing of children. The dynamic model shows how tax-benefit systems respond to risk at different stages of the child life cycle; risk was defined by different levels of gross earned income, family size, or family structure.

⁵ For a more detailed review of the limitations of the profiles, and country notes, please see annex 1 of Chapter 3 of OECD (2009), online at www.oecd.org/els/social/childwellbeing.

⁶ The models were adjusted to allow new children to be born into the model every two years. And new benefits were added to the tax benefit models: maternity and paternity benefits, parental leave and birth grants.

Profiling the cash and tax break rules for at-risk groups is a way to get behind average spending patterns, and select policies specifically designed to address income poverty. Analysis of EUROSTAT data since 2000 clearly shows that lone-parent and large families are over represented in European poverty figures, a trend that has increased over recent years. Figure 5 provides an example of the cash transfers in the United Kingdom as children age in two-parent families compared to sole parent families. As with all of the profiles examined using tax benefit analysis in the full report, the largest variations in income are seen during the early years. For more data and analysis of tax and benefit treatments of families in 8 OECD countries please see Chapter 3 of *Doing Better for Children*.

Figure 5. Ratio of two-parent to sole-parent net income, by proportions of the average wage (AW) over the child life cycle, 2003



Source: OECD (2009)

Section 4 – From conception to kindergarten: Social policies for the under 3’s

This section summarises briefly the content of chapter 4 in *Doing Better for Children* on policies from conception to kindergarten. In what is an under-researched area, the purpose of the chapter is to compare the different policy approaches taken by OECD countries to enhance child well-being during the very earliest part of the life cycle.

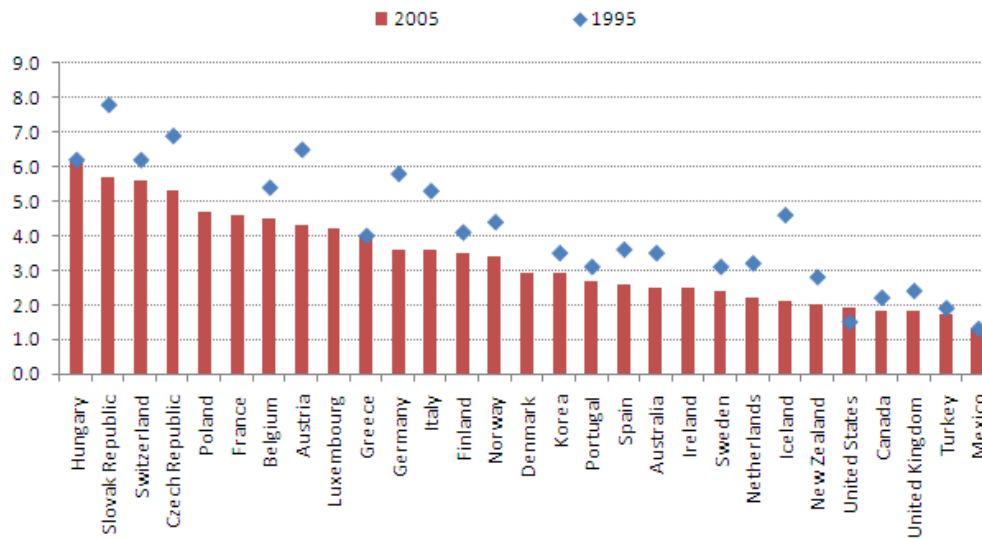
Policies include interventions (with a child well-being focus) that take place for mothers and children in the pre-natal, birth and post-natal periods of a child’s life. Public health and nutrition, child-care and education, and various tax and benefit policies are considered. Four main conclusions are drawn:

- many OECD countries provide excessive amounts of universal pre-natal care, and there is an argument for a greater evidence-based focus on services for those at-risk during pre-natal care;
- there is little evidence that expensive post-natal hospital stays in many OECD countries for normal births (on average, four days or more in a third of OECD countries) benefit children. Spending these resources elsewhere may do more good;
- over-investment may also occur in universal post-natal care. Resources could be more focused on young children at higher risk at this point of the life cycle;
- the evidence for vaccinations and other early interventions suggests that conditional cash transfers may have an important role to play by increasing take-up of universal services by those at-risk (OECD, 2009, p. 8).⁷

Figure 6 shows the variation in the average length of hospital stay for normal delivery births in OECD countries. Since 1995 most countries have reduced the amount of time mothers stay in hospital after a normal birth. The shortest stays are in the United Kingdom and the United States. In Eastern Europe and Switzerland the average length of hospital stays can be as long as five days or more.

⁷ For more information please see OECD (2009), Chapter 4.

Figure 6. Days hospitalisation at birth varies widely across OECD countries



Note: 2005 data for Greece and New Zealand are from 2004, for Turkey data is from 2003. 1995 data for Italy and Iceland are from 1994, for Korea data is from 1996. Data is missing for Japan for both years, and missing for Poland, France, Luxembourg, Denmark and Ireland for 1995.

Data source: OECD (2008a)

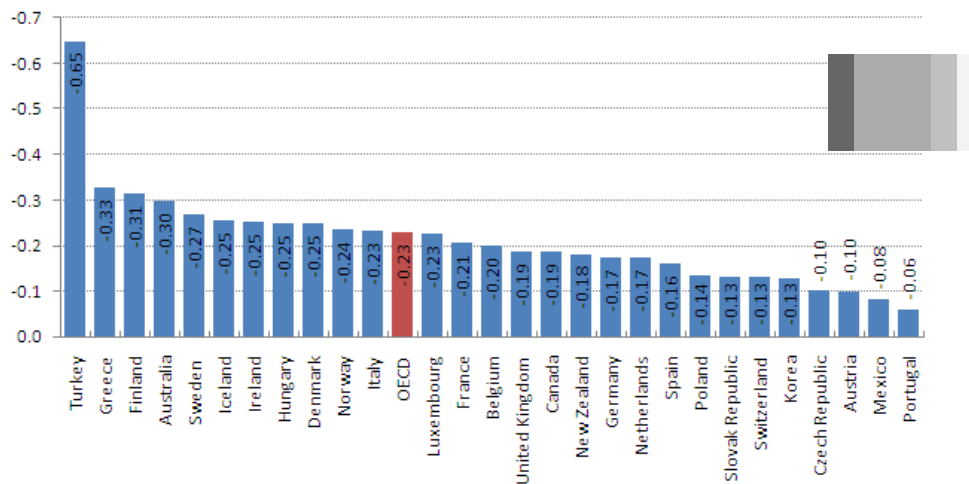
Section 5 – Child well-being contexts for policies and outcomes

Section five of the paper briefly summarises the two parts of the presentation that addressed the ‘contextual’ indicators the effects of sole parenthood on child outcomes, and intergenerational inequality in OECD countries.

Child well-being and sole parenthood

Chapter 5 of *Doing Better for Children* analyses whether sole parenthood can be viewed as a cause of poorer child well-being outcomes. The chapter undertakes a cross-OECD meta-analysis and literature survey to examine the outcomes in terms of education performance, conduct and depression, and self concept and social relationships. The conclusion is that at best the impact of sole parenthood on child well-being is small, and questions still remain about issues of *causation in the associations found between* single parenthood and child well-being.

Figure 7. The effects of sole parenthood on CWB are always negative, but not always significant.



Source: OECD (2009)

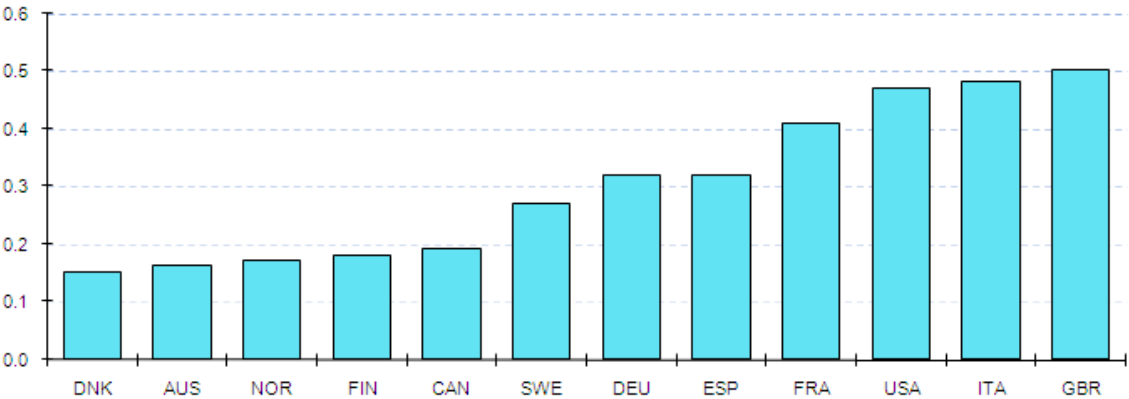
Figure 7 reports the average negative effects of living in a single parent family on outcomes reported in analysis by country. The lowest average negative effects are seen in the Czech Republic, Austria, Mexico and Portugal, the highest negative effects are seen in Australia, Finland, Greece, and by a margin, Turkey. Notably several Nordic countries see above average negative effects, including: Denmark, Norway, Sweden and Finland: each of these countries contributed at least 20 separate studies to the analysis.

Intergenerational mobility

The presentation also introduced work that assessed the inter-generational inequality in OECD countries in terms of earnings and education. The main question asked here was: Are parents’ outcomes and children’ outcomes when they become adults related? The chapter finds that mobility varies widely within the OECD: with earnings mobility being higher in Nordics & Canada than in France, the UK and the USA. The conclusion drawn is that policies directed at the early years interventions and directed at equalising educational opportunities can help raise mobility.

Figure 8 gives an example of the analysis undertaken, and shows that inter-generational mobility varies considerably across OECD countries: it is low in the Nordic countries, Australia and Canada and high in Italy, the United States and the United Kingdom. (OECD, 2009, p. 150). For more data and analysis of intergenerational income mobility in OECD countries please see Chapter 6 of *Doing Better for Children*.

Figure 8. In the USA, the UK and Italy on average half the relative difference of parental earnings are passed on to children



Note: The height of each bar represents the best point estimate of the intergenerational earnings elasticity resulting from the meta-analysis carried out by Corak (2006), integrated with estimates from national studies for a few countries. Higher parameters indicate a higher persistence of earnings across generations (i.e. lower intergenerational mobility). Source: OECD (2009)

Section 6 – Recommendations for child well-being

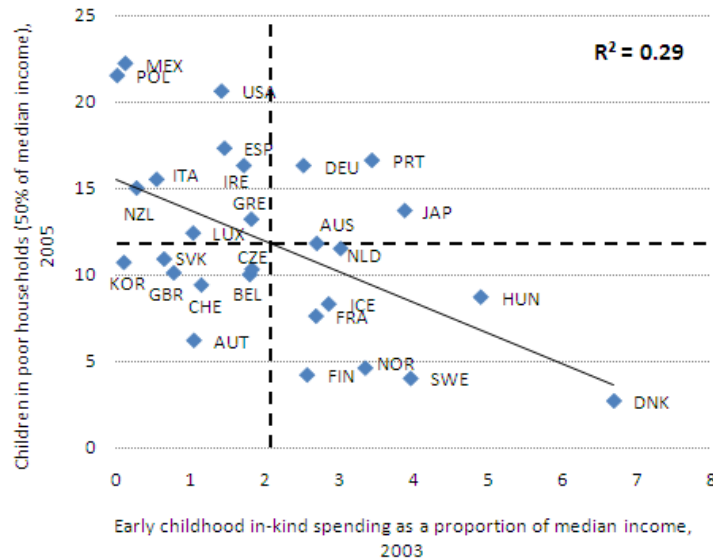
The final section of the paper revisits the policy recommendations presented at the meeting, and included in the final publication, for enhancing child well-being (or doing better for children) in OECD countries. Firstly though, the paper turns to analysis presented at the meeting in Florence in January, but not published in *Doing Better for Children*: associations between spending and child well-being outcomes.

Associations between policy effort and CWB indicators

The breakdown of social spending on children by ages and types means it is possible to undertake analysis of the associations between age-related spending and children’s outcomes. As an example of the analysis possible, figure 9 reports an association between early spending on in-kind benefits and child poverty. Results show that countries who spend more on in-kind services in the early years as a proportion of national median household income, also report lower poverty rates. Each indicator’s

average value is marked by broken lines in the figure. Only three country's spending higher than average proportions of income on in-kind services on the under 6's have higher than average poverty rates (Germany, Portugal and Japan).

Figure 9. Early spending on in-kind benefits is associated with lower poverty rates



Source: Author's calculations of data in OECD (2009).

What are the appropriate policies to improve child well-being?

Though not reported in the presentation, more recent work defining recommendations for doing better for children has highlighted seven areas countries should consider exploring to enhance child well-being:

- early investment in children is vital. Investment needs to rise during the years of early childhood relative to the years of later childhood;
- for fairness and effectiveness, investment needs to concentrate on improving the lot of vulnerable children. Investment in the vulnerable early years needs to be reinforced through later parts of childhood;
- concentrating investment early and on the vulnerable is also most likely to be effective in breaking the dependence of children's outcomes on those of their parents, and so intergenerational inequality;
- interventions for children should be designed to reinforce positive development across the child's life cycle and across a range of well-being outcomes. Policy should coherently support the present and future well-being of children across a range of dimensions of well-being;
- targets for child well-being outcomes should be established. Targets create positive incentives for politicians and policy makers to meet their stated goals. Targets need to be clear, achievable through policy change and attainable within the specified time period. Well-being targets should be well aligned with the information collected for monitoring child well-being;
- children are too often statistically invisible. Countries need to regularly collect more high-quality information on children's well-being that is nationally and internationally comparable;
- governments should continuously experiment with policies and programmes for children, rigorously evaluate them to see whether they enhance child well-being, and reallocate money from programmes that don't work to those that do (OECD, 2009, p. 11).

Developing indicators to measure children's rights in the European Union

Helen Stalford,¹ Helmut Sax,² Ioannis Dimitrakopoulos³

This paper presents some key findings of a 15-month project of the EU Fundamental Rights Agency to develop an initial set of indicators aimed at assessing the impact of EU law and policy on children's status and experiences⁴ following a specific request by the European Commission in the context of the development of the EU Strategy on the Rights of the Child.⁵ The work was carried out between December 2007 and March 2009 by researchers at the Centre for the Study of the Child, the Family and the Law, the University of Liverpool, in collaboration with the Ludwig Boltzmann Institute in Vienna.⁶ These indicators are a 'toolkit' for guiding future data collection, research and monitoring activities relating to the impact of EU activities on children and their rights. Due to their nature, as indicators, they will be under constant review and improvement by a group of key stakeholders and international experts.

This paper provides a brief overview of the research process and presents a sample of the indicators. It is structured as follows: Section 1 sets out the key phases of the research; Section 2 summarises the scope of the indicators and the process by which they were formulated; Section 3 presents a snap-shot of the indicators in one key area (trafficking); Section 4 concludes by considering the future application of the indicators and highlights some of the methodological and ideological challenges that have to be overcome if this process is to be a success.

Section 1 – Overview of Research Process

The indicators were developed during the course of a three-phased process consisting of:

Analysis of the Conceptual Framework

In order to set the framework for the development of the indicators, the first phase of the work involved a detailed analysis of the international legal framework governing children's rights, of EU legal and policy measures relating to different aspects of children's lives, of existing research in the field of children's rights and well-being indicators, and of sociological theories of children's rights. This analysis allowed the construction of a conceptual template for the indicators, which is characterised by the following:

The indicators are child rights-based indicators

In order to determine whether children's rights are appropriately accommodated within and upheld by EU law and policy, the natural and definitive reference point is the 1989 UN Convention on the Rights of the Child (CRC). The essential aim of this study, therefore, is to develop indicators that can be used to test whether the key principles and standards enshrined in the CRC are reflected in EU provision; in essence, using the CRC as an 'auditing tool'. Given the long-standing discussion already about child/well-being indicators, it is necessary to stress the clear complementary link between *child*

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⁴ A summary report detailing the findings of this project is available in all official languages of the EU from the EU Fundamental Rights Agency: http://fra.europa.eu/fraWebsite/home/home_en.htm. The full report will also be published in May and is available on request from either the FRA or the authors.

⁵ Commission Communication "Towards an EU Strategy on the Rights of the Child", COM (2006) 367 Final. See also the Commission Staff Working Document Accompanying the Communication from the Commission - Towards an EU Strategy on the Rights of the Child - Impact assessment [COM(2006) 367 final], at p.19 explicitly refers to the need to formulate a set of indicators to review the impact of EU legal and policy activity on children.

⁶ Sub-contractors to the project have been the European Centre for Social Welfare Policy and Research, Vienna, and the German Youth Institute, Munich; further support to the project was provided by the European Children's Network (EURONET) and ChildONEurope.

rights indicators and *child well-being indicators*, whilst acknowledging their distinctiveness. Rights-based indicators aim to address two major dimensions of child living conditions: empowerment of the child as the holder of rights to actually claim those rights; and accountability of duty bearers to take all steps to ensure child right protection. Thus, they add a strong structural and process-oriented perspective to assessment and monitoring, which is often not adequately addressed by well-being indicators.

To make this task achievable and simple, the four general principles of the CRC were adopted as a guide to determining the extent to which EU measures relevant to children protect and promote: the *non-discrimination* principle (Article 2); the *best interests* principle (Article 3); the right to life, survival and development (Article 6); and the right to *participate* (Article 12).

The indicators respond to the EU legal and policy context and respect the limits of EU competence

The aim, in applying these indicators, is to assess the impact of EU law and policy on children across the Member States. In adopting the EU framework for the development of these indicators, the selection of the areas focused on those, in which the EU is competent to enact provision and in which there is already an identifiable body of law and policy of which the impact can be measured. In doing so, the ultimate function of the application of the indicators will be to inform EU legal and policy development in a manner that upholds and promotes children's rights.

The indicators adopt children as the primary unit of analysis

Consistent with contemporary sociological approaches to researching childhood, these indicators adopt children and childhood as their primary focus. In doing so, their principal aim is to highlight the distinct experiences and status of children as compared to those of the adults ('generational dimension'), and to reveal diversities of status and experience *between* children in the light of variables such as age, gender, ethnic origin, disability and other differences. This approach also focuses on the extent to which EU law empowers children to exercise their rights *here and now* rather than simply investing in children as future potential economically active adults.

In-depth consultation with key experts in the field

The next phase of the research involved extensive and structured consultation with more than 300 experts at international, EU and national level. These experts had experience of either developing indicators or of conducting research and campaigns, and developing policies involving children and young people.

This consultation was conducted through a range of media, including an online discussion forum, an electronic survey, a closed consultation meeting, and one-to-one key informant interviews.⁷

Development and Refinement of the Indicators

The expert consultation continued throughout the project and heavily informed the development of the indicators. Equally, the indicators were selected and formulated to reflect the detailed conceptual analysis conducted in phase one. The following section explains this process further.

Section 2 – The Selection, Scope and Format of the Indicators

Given the time limitations imposed on this project, it was impossible to develop an exhaustive set of indicators that would cover all areas of EU law and policy relevant to children. The following criteria were therefore developed to assist in identifying 'priority' areas in which to develop the indicators:

- the issue is grounded in the child rights framework, as developed under the 1989 UN Convention on the Rights of the Child;
- the issue falls within EU competence;
- there is significant EU added value to developing indicators in this area;

⁷ A separate report detailing the preliminary findings of the online discussion forum is available on request from the Fundamental Rights Agency or the authors.

- there is indication of policy interest at EU level for indicators in this area.
- the issue has been identified by children as being of importance;⁸
- the area affects a significant proportion of the child population in the EU or raises issues that require an urgent response;
- there is an appreciable and accessible body of existing research and data on which to draw in the application of the indicators.

In relation to the last criterion it has to be reiterated that data availability was an important aspect, but not a decisive one, because it would have significantly limited further development of indicators in this project. Instead the indicators aim at balancing the use of well-established data sets and concerns for cost effectiveness with measures that call for more specific child-focused data collection. For instance, in the field of child trafficking in many countries even the most basic statistics of children affected are still missing. Nonetheless, indicators on child trafficking have been proposed in this project, which clearly will require considerably improved data and information collection. This is simply because without facts from the ground, no effective response/policy development to address child trafficking will be possible – and no effective monitoring thereof.

These criteria assisted in identifying the following four core areas of analysis which together capture a significant proportion of existing EU provision of direct relevance to children:

- family environment and alternative care;
- protection from exploitation and violence;
- education, citizenship and cultural activities;
- adequate standard of living.

Consistent with the child-rights approach to indicator development, these groups of indicators correspond largely to the reporting clusters developed by the Committee on the Rights of the Child.⁹ It should be noted, however, that in order to adhere as closely as possible to EU competence and to reflect existing EU activity, not all of the areas in the CRC clusters are represented fully or systematically. For instance, the indicators on protection from exploitation and violence correspond partly to family care (abuse and neglect, rehabilitation, Arts 19, 39 CRC) and special protection measures (sexual and economic exploitation, rehabilitation Arts 32-36, 39), but have been grouped into one domain. This reflects the fact that EU activity on abuse, violence, exploitation and trafficking is often interrelated and legislation at EU level is adopted on the same legal bases.¹⁰

The process of constructing the indicators drew on a number of approaches established in existing children's rights and child well-being indicators research. As stated above, the CRC is adopted as the definitive conceptual framework for the project, with particular reference to the four general principles. Thus:

- non-discrimination (Article 2 UN CRC) - The indicators seek to explore how accessible formal provision of services and processes are to all children, financially, physically and culturally, and also whether they are sufficiently adaptable to meet the evolving capacities of the child. The indicators aim to achieve this by integrating specific target groups such as Roma and asylum-seeking children, and by drawing on (and requesting) appropriately disaggregated data;
- in adhering to the best interests principle (Article 3 CRC) the potential effects of EU decisions and processes on children should be considered on a routine basis, and should be mainstreamed

⁸ This is an important factor notwithstanding the fact that only a limited amount of research eliciting the views of children on issues of EU relevance has been conducted. See in particular the Youth and European Social Work (Y.E.S.) Forum survey on youth participation, social exclusion and mobility (www.yes-forum.eu/uploads/media/Y-E-S.final.report_en.pdf); the EUROBAROMETER survey on youth (www.up2youth.org/content/view/132/2/); and the Save the Children Child Participation Project (Feinstein and Lind Haldorsson, 2007).

⁹ See General Guidelines Regarding the Form and Contents of Initial Reports (CRC/C/5) and Revised Guidelines Regarding the Form and Contents of Periodic Reports CRC/C/58/Rev.1. See also Article 44 CRC.

¹⁰ Similarly, the indicators relating to education exclude consideration of leisure and play as these are outside the scope of EU competence. Citizenship is included within this group instead to reflect the activities of DG Education and Culture in promoting youth participation and civic responsibility – notions integral to the articulation of citizenship.

across all areas of EU activity. Moreover, Member States (as well as the EU institutions) should be held accountable for interventions that compromise children's welfare;

- right to life, survival and development (Article 6 CRC) - Linked to this, any efforts for rights protection become void if the framework ensuring the child right to life, survival and development is not ensured. This goes far beyond the 'classical' civil right to life (ex. protection from arbitrary killings etc.) and implies guaranteeing to the child the best possible conditions for their personal development. This broad perspective is reflected in the indicators, by considering the extent to which EU provision promotes access to services and quality of life for children in the EU;
- child participation (Article 12 UN CRC) – this principle is reflected in the indicators in two main ways: by developing indicators that measure the extent to which EU provision facilitates child participation in legal, political and civil processes; and by developing indicators that require attention to data that is driven and generated by participatory and age-sensitive methods of research.

The indicators are designed to reflect a range of structural, process and outcome measures that are regarded as conducive to the protection and promotion of children's rights.¹¹

The *Structural* indicators reveal whether Member States have ratified and adopted legal instruments so that the children's rights aspirations set out in EU law and policy can be achieved. Structural indicators also expose whether basic institutional and budgetary mechanisms are in place at national level for facilitating realisation of the particular children's rights provision.

Process indicators measure efforts made at state and regional level to implement the structural provisions. These include the implementation of policy measures, programmes of action, training initiatives, campaigns and other activities that are aimed at realising particular children's rights through the operation of EU law and policy.

Finally, *Outcome* indicators capture individual and collective attainments that reflect the status of realisation of children's rights in a given context, as well as the extent to which children have benefited from interventions and programmes of action. These are generally expressed in statistical terms (e.g. "the proportion of children living below the poverty threshold") and are the standard method for measuring and comparing child well-being cross-nationally. Given the acknowledged limitations of comparative data in the EU context, however,¹² these indicators also seek to rely on more qualitative data to reflect the lived and distinct experiences of children.

Core areas of indicators developed

The indicators developed during the course of the study constitute a first robust sample that should be piloted and refined. Each indicator is accompanied by a summary of the specific area of EU law and policy to which the indicator relates, the specific UN CRC principles that the indicator seeks to measure (as well as other relevant UN CRC provisions), and the specific data sources that can be used to respond to the indicator. Unless otherwise indicated, disaggregation includes: by gender, age group, ethnicity (Roma children), location (urban/rural), as well as in relation to children with disabilities and asylum-seeking children.

The scope of each core area/indicator group is as follows:

Consistent with the child-rights based approach to the indicators, the indicator groups correspond as closely as is achievable to the reporting clusters developed by the Committee on the Rights of the Child.¹³

¹¹ This model has been widely used in the human rights context already, see, e.g. UN OHCHR's Report On Indicators For Promoting And Monitoring The Implementation Of Human Rights, HRI/MC/2008/3, 6 June 2008.

¹² Most data of relevance to this study is not disaggregated to reveal the specific situation of children, and certainly does not reveal the distinct experiences of children in accordance with variables such as age, gender, nationality etc.

¹³ Again, see General Guidelines Regarding the Form and Contents of Initial Reports (CRC/C/5) and Revised Guidelines Regarding the Form and Contents of Periodic Reports CRC/C/58/Rev.1. See also Article 44 CRC. For more detailed examples of datasheets for indicators, see the samples annexed to the UN Treaty Monitoring Bodies report on human rights indicators, UN Doc. HRI/MC/2008/3, Annex II.

The focus of each core area/indicator group is as follows:

CORE AREAS	INDICATOR GROUPS			
Family environment and alternative care	Family justice	Rights and welfare of children separated from their family due to migration		Family reunification
Protection from exploitation and violence	Child trafficking	Sexual and economic exploitation		Violence against children
		<ul style="list-style-type: none"> • Identification of victims • Victim protection • Prosecution of perpetrators • Prevention 		
Adequate standard of living	Child income poverty	Impact of government response		Aspects beyond income poverty as well as children's subjective perceptions
Education, citizenship and cultural activities	Accessibility of education	Adaptability of education	Personal development	Citizenship and participation

The section below presents the indicators developed in the context of “Protection from Exploitation and Violence”, focusing on the specific theme of ‘Child Trafficking’.

Section 3 – Presentation of Sample Indicators: Child Trafficking

Trafficking in human beings is an extensively-debated issue at both international and European level (OSCE, EU, CoE). The adoption of the Palermo Protocol and of the CRC Optional Protocol on Sale of Children in 2000, the OSCE Trafficking Action Plan in 2003, the CoE Convention on Action Against Trafficking in Human Beings in 2005 and relevant EU Framework Decisions and Directives in the field of trafficking in human beings, including children, have all helped to ensure that this issue retains a high profile on the international and the European agenda.

Further effort is needed, however, to address more specifically the situation of trafficked children, and to engage stakeholders at the national and local level in addressing persistent problems.¹⁴ Such problems include: identifying trafficked children (as distinct from separated children/refugee children/those who have been smuggled); lack of awareness among professionals of the locus and extent of intra-country trafficking; the role of families/relatives as traffickers; the diversity of child trafficking and exploitative arrangements; the gender dynamics of such abuses; the widespread lack of data;¹⁵ and the poor inter-agency co-ordination and weak referral systems.

The following set of indicators is based on a child rights approach, which combines assessment of trafficked child-centred protection measures with prevention of child trafficking and prosecution/criminal justice aspects. This framework is also informed by a number of existing international, European and EU implementation guidelines and monitoring projects relating to trafficking.¹⁶

¹⁴ See UNICEF (2007), Child Trafficking in Europe – A broad Vision to Put Children First, available at http://www.unicef-irc.org/publications/pdf/ct_in_europe_full.pdf

¹⁵ The Fundamental Rights Agency, through FRALEX, has embarked in 2008 on a EU-wide assessment of the situation of trafficked children, including availability of data; further research on trafficking data collection is ongoing in the framework of UN.GIFT, UNODC, IOM, ICMPD, ILO and other actors.

¹⁶ Including the UNICEF Reference Guide on protecting the rights of child victims of trafficking in Europe, 2006 (www.unicef.org/ceecis/UNICEF_Child_Trafficking_low.pdf); UNHCR Guidelines on Formal Determination of the Best Interests of the Child, Final Release, 2008 (www.unhcr.org/protect/PROTECTION/4566b16b2.pdf); OSCE/ODIHR Handbook on National Referral Mechanisms (NRM) – Joining Efforts to Protect the Rights of Trafficked Persons, 2004 (available at: http://www.osce.org/publications/odihr/2004/05/12351_131_en.pdf; and in light of the OSCE Action Plan to Combat Trafficking in Human Beings, in particular its 2005 Addendum addressing the Special Needs of Child Victims of Trafficking for Protection and Assistance, PC.DEC/685 of 7 July 2005); and, Measuring Responses to Trafficking in Human

Why it is important to develop EU indicators in the field of child trafficking?

The EU has adopted (on the legal basis of Article 29 TEU) a number of measures aimed at combating human trafficking, including child trafficking, in recent years. The most notable include:

- Framework Decision 2002/629/JHA of 19 July 2002 on combating trafficking in human beings (currently under revision);¹⁷
- Council Directive 2004/81/EC of 29 April 2004 on the residence permit issued to third-country nationals who are victims of trafficking in human beings or who have been the subject of an action to facilitate illegal immigration, who cooperate with the competent authorities;
- Council Framework Decision 2004/68/JHA on combating the sexual exploitation of children and child pornography;
- Council Framework Decision 2001/220/JHA on the standing of victims in criminal proceedings;
- Council Resolution 2001/C 283/01 on the contribution of civil society in finding missing or sexually exploited children.

EU intervention in this area is welcomed, as it addresses particularly the distinctly cross-national aspects of the phenomenon, which demands a co-ordinated multi-sectoral response. However, the EU measures adopted primarily reflect a criminal justice/law enforcement response to the issue, aimed mainly at strengthening co-ordination and co-operation between investigative authorities. A comprehensive child rights perspective, on the other hand, demands that specific attention is paid to the victim protection perspective, i.e. whether EU measures incorporate sufficient protection and care for child victims of trafficking, and support prevention efforts on the national and European level, in line with relevant human/child rights instruments.¹⁸

beings in the European Union: an Assessment Manual, written by Mike Dottridge as a consultant to the European Commission, in consultation with the EU Experts Group on Trafficking in Human Beings, October 2007 (available at: http://ec.europa.eu/justice_home/news/events/events_2007_en.htm).

¹⁷ See the Commission Proposal for a Framework Decision on preventing and combating trafficking in human beings, and protecting victims, repealing Framework Decision 2002/629/JHA of 25 March 2009, at http://ec.europa.eu/justice_home/news/intro/news_intro_en.htm

¹⁸ UN Convention on the Rights of the Child (1989) and Optional Protocol on the sale of children, child prostitution and child pornography (2000); ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999); the CoE Convention on Action Against Trafficking in Human Beings (2005); the CoE Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007); the CoE Convention on the Exercise of Children's Rights (1996); and the European Convention on Human Rights (1950).

The Child trafficking indicators¹

Indicator Sub-group	IDENTIFICATION OF VICTIMS
Indicator type	Structural/Process/Outcome
Indicators	<p>EXV1: Total number of children trafficked per EU MS per year, in relation to forms of trafficking and with further disaggregation²</p> <p>EXV2: Existence of a data collection mechanism, which is based on a comprehensive definition of trafficking, incl. child trafficking for sexual exploitation, economic exploitation (incl. begging of children), trafficking for illegal activities (e.g. petty crimes, drug dealing), trafficking for forced marriages of children, trafficking for adoption of children, trafficking of organs</p> <p>EXV3: Evidence of specialised training for identification of trafficked children, incl. for police forces (incl. border police), youth welfare officers and social workers (incl. those involved in inter-country adoption procedures), health professionals, NGO staff active in areas such as refugee protection and migration</p> <p>EXV4: Existence of a policy on age assessment of children, which includes presumption of status as a child in case of doubt</p> <p>EXV5: Existence of legal provisions aimed at immediate appointment of legal guardian (e.g. by youth welfare authority/court) for every separated child</p> <p>EXV6: Existence of Guidelines for the protection of personal data of the trafficked child for youth welfare authorities, police, shelter organizations and other involved actors</p>
Indicator Sub-group	PROTECTION OF VICTIMS
Indicator type	Structural/Process
Indicators	<p>EXV7: Existence of legal provisions ensuring a right to stay to trafficking victims, irrespective of cooperation with police/courts</p> <p>EXV8: Existence of legal provisions prohibiting administrative detention/detention pending deportation for children</p> <p>EXV9: Evidence of a formalised best interest determination process, which directly involves the child concerned, for identification of appropriate interim care and of durable solutions, including risk and security assessment prior to a possible return of the child to the country of origin</p> <p>EXV10: Existence of assessment mechanisms on quality of services (accommodation, access to health care, access to education, meaningful occupation), which directly involves the children concerned in its assessment</p> <p>EXV11: Existence of a comprehensive formalised National Referral Mechanism (or similar systematic, formalised and standardised instrument) for identification, cooperation and referral of trafficked persons, which specifically addresses the rights of trafficked children.</p>
Indicator Sub-group	PROSECUTION OF PERPETRATORS
Indicator type	Outcome
Indicators	<p>EXV12: Number of convictions based on child trafficking cases per year/over the last five years, in relation to cases reported to the police, with disaggregation³</p> <p>EXV13: Amount of compensation paid to trafficked children, on average of cases per year, with disaggregation⁴</p>
Indicator Sub-group	PREVENTION OF CHILD TRAFFICKING
Indicator type	Process
Indicators	EXV14: Evidence of support programmes for direct participation of local communities and/or “vulnerable” and minority groups, such as Roma and Travellers, in efforts to prevent child trafficking
Key Data (all sub-groups)	<p>CRC/OPSC State reporting procedure, NGO monitoring (“shadow”) reports, UN OHCHR Treaty bodies database; UNODC 2009 Global Report on Trafficking and other UNODC/UN.GIFT data collection efforts;</p> <p>UNICEF IRC Trafficking Research Hub;</p> <p>ILO/IPEC data on trafficking/worst forms of child labour;</p> <p>Evaluation reports on national implementation of the Trafficking Framework Decision;</p> <p>FRA reports on child trafficking;</p> <p>Review of DAPHNE best practices reports;</p> <p>OSCE Assessments, Legislative database;</p> <p>Information from international Trafficking databases (such as IOM’s Counter Trafficking Module Database), ECPAT International Database and ECPAT National Monitoring Reports;</p> <p>National Rapporteur on Trafficking reports, National trafficking databases (e.g. Romania);</p> <p>National statistics (police, courts, statistical offices – e.g. data on number of trafficked persons, where available and disaggregated by age group, data on residence permits;</p> <p>Review of relevant national laws and policies.</p>

¹ The following table of indicators is extracted from the full report which is available on request from the Fundamental Rights Agency.

² Disaggregated by age; gender; disability/ special needs; separation status; nationality; belonging to a minority group; country of origin; country of (presumed) destination; (presumed) exploitation purpose.

³ Disaggregated by age group, gender, disability, ethnicity/Roma children, asylum-seeking/refugee children, location (living in urban/rural areas).

⁴ Disaggregated by age group, gender, ethnicity/Roma children, asylum-seeking/refugee children.

Section 4 – Conclusions: challenges for the future application and development of the indicators

The indicators, as further developed and refined, will be applied by the FRA as a tool to guide the collection of data through desk and fieldwork research in the EU with a view to developing a body of robust, objective and comparable data that can provide policy makers at EU and national level with the necessary evidence for developing appropriate policies. The research process, however, revealed a number of issues and challenges that need to be addressed if these indicators are to be applied successfully in the future. These can be summarised as follows.

Coverage of issues

These indicators do not touch on all areas of EU activity of relevance to children, nor do the four substantive areas identified claim to present an exhaustive list of all possible indicators. Instead, they provide a starting point. The next step is a rigorous pilot study across the EU to test the feasibility and utility of the indicators. They should then be adapted to respond to EU developments and data availability, and gradually extended to cover other areas of importance and need.

Availability, comparability and disaggregation of data

These indicators, like most indicator sets, rely heavily on existing EU and international comparable data. Central to *children's rights* indicators is sourcing data that reveals the distinct situation of children. Unfortunately, currently there is still a distinct lack of comparative data on children and childhood. This is in spite of a growing body of international statistical evidence relating to child poverty, education and family; such data rarely adopts children as the unit of analysis and when they do, they often focus on young people over the age of 11 to the exclusion of younger children.⁵ Typically, the position of children is routinely subsumed within more general statistical groupings, and any child-related data is rarely disaggregated further to reveal the distinct experiences of different childhood age-groups.

To be operative, these indicators require that significant attention is paid to drafting guidelines in collaboration with statistical bodies such as EUROSTAT to ensure both that existing data is more sensitively disaggregated, and that new data on children is collected afresh in a consistent manner across the Member States. In this respect the FRA will work closely together with the European Commission and Eurostat.

Multitude of indicator efforts

In developing these indicators, particular attention was paid to the proliferation of child indicators at international, European, national and regional level. Drawing on this body of work in the most effective way possible the indicators developed add value to this impressive body of work, while avoiding duplicating work that has already been carried out.

Notwithstanding the very distinct EU focus of these indicators (which seek to assess the compatibility of EU law and policy with key children's rights norms and their impact on children 'on the ground') efforts should be made to dovetail with existing international and European indicator development efforts (e.g. UN OHCHR, UNICEF, ILO, OECD, Eurostat etc.) as well as reporting and monitoring mechanisms (in particular those under the CRC State reporting process and those of the Council of Europe), to pool data resources and skills, and to enhance data gathering techniques collaboratively.

Further use of indicators and expected policy impact

The FRA are committed to driving the indicators forward in the coming years. A 'Rights of the Child Team', led by Dr Maria Amor Martin Estebanez, Programme Manager Research, has already been created at the Agency within the Department Equality & Citizens Rights. In its future work the

⁵ See for instance the EU Statistics on Income and Living Conditions (SILC) and the WHO Health Behaviour in School-Age Children (HBSC) data sets. The EU is in the process of extending SILC data to incorporate younger age-groups but gathering sufficient information across the Member States may take some years yet.

Agency will gradually develop through an initial piloting phase their long term application in close cooperation with its key stakeholder group that includes the European Commission, the Council of Europe, UNICEF, ChildONEurope and international experts that will be supporting the work.

Involving young people in the process

A final, and perhaps the most critical, point to make relates to the involvement of young people in the development and application of these indicators, and of child rights monitoring in the EU in general. Despite the participatory ethic underpinning of the indicators, regrettably time and resource constraints not allowed the direct and meaningful involvement of children and young people in this initial study. Now that the framework has been established for developing the indicators, more will be done in the future by the FRA to engage with children and young people in identifying further areas of priority and need. Consistent with this, a number of indicators seek to draw on the direct experiences and views of young people but, as yet, there is little in the way of comparable information of this nature. This reinforces the need for more investment in participatory qualitative and quantitative research with children from all backgrounds, enhanced dialogue with civil society, and more effective exploitation of the findings of relevant academic and other research.

Indicators of child health as a key component of child well-being

Michael Rigby¹

Health and wellbeing are inextricably linked – a child cannot have full well-being without good health, whilst the likelihood of good health is severely compromised if other aspects of wellbeing are sub-optimal. Moreover, health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, so deficit models of measuring illness and health processes alone are inadequate. One integrated European project has been undertaken to devise a holistic spread of child health indicators across child age-groups and spanning from illness upstream to health determinants. This project and its results are described, and their use by the World Health Organisation reported, while other complementary health indicator projects were identified.

Introduction

In the assessment of children's well-being, health has to be considered a central component. Whilst other aspects of well-being are recognised as important, including safety, security, and sustenance, attainment of these alone cannot ensure a child's optimal life and development if their health is poor. Conversely, the possibility of good health is compromised if social or societal well-being are sub-optimal through bad housing, education, or socio-familial setting. A deeper mutual understanding is needed between the health sector, which too often is technically dominated, and the educational and societal sectors which too often see health as autonomous problem-fixing domain.

What is Health and Well-being?

Too often the health sector itself, and other sectors working alongside it, perceive the health sector as being about the treatment of illness, the correction of developmental digressions, and clinical preventative interventions such as immunisation. Consequently, 'health' then gets measured as mortality (death), morbidity (disease), and immunisations given (clinical process). But this is an illness-based model, which is a triple travesty – it focuses on illness and an illness treatment service; it places professionals at the centre while diminishing personal responsibility of citizens for their own and their children's health; and it largely waits for things to go wrong before responding to them with cure or palliation.

What is more important, but much subtler and more challenging, is measuring Health itself. And in turn, in order to promote and protect health, and address causes of ill-health, health determinants need to be similarly addressed and measured through indicators. This takes measurement of health well to the boundaries of the formal health sector and indeed beyond – which is appropriate as children grow up and develop in the real world, not in a health sector protective bubble.

Indeed, the World Health Organisation, as the United Nations body responsible for health, in its Constitution defines Health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Furthermore, it follows this with the declamation that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Thus it seems impossible to consider children's well-being as being adequately addressed unless their health (in this widest definition) is also assured.

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The Right to Health and Well-being

The right to health is itself specifically enshrined as an item in the United Nations Convention on the Rights of the Child (United Nations, 1989). This declares rights to well-being, life and development, and health. Thus while there is a right to health, and that “the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities”, this rightly is interlinked with the wider and holistic rights of well-being and development. The European Union and the Council of Europe are increasingly also reiterating the importance of ensuring children’s rights, while within the Directorate-General for Health and Consumers the health of children is a restated priority.

Thus there are moral, ethical and legal reasons to ensure the health and the well-being of children, with health and wider well-being being inextricably interlinked. Thus indicators of health become an essential component of indicators of child well-being.

Life Course of Children

This said, the next challenge is that in terms of needs, behaviour, and related measures there is no such thing as a homogenous ‘child’ – a newborn infant has little in common with a late teenager. This also is mirrored in parental, societal, and other organisational responsibilities – the child progresses from total dependence to one of not only near-complete autonomy and moreover of personal independence and boundary challenging, while services such as education are stratified into age-related levels.

The health approach to this has to be refined in terms of small progressive steps of development, whilst recognising personal variation in pattern and pace. Overall, this is referred to the life course approach, and in a European context was subsequently well defined in the WHO European Strategy for Child and Adolescent Health and Development (WHO Regional Office for Europe, 2005a). This identifies six stages of the life course of children:

- before and around the time of birth;
- the first year of life;
- early childhood: getting ready to enter school;
- late childhood: healthy development in the approach to puberty;
- adolescence: a healthy adolescent prepared to enter adulthood.

However, given the dependence on routine statistics and the definitions needed to support data collection and analysis, these stages are often formally stratified to:

- antenatal and birth;
- perinatal (first week of life);
- neonatal (first month of life);
- under 1 year (broadly, infants);
- 1-4 years inclusive (broadly, pre-school);
- 5-9 years inclusive (broadly, primary school);
- 10-14 years inclusive (broadly, secondary school);
- 15-17 years inclusive, if available (adolescence); otherwise 15-19 years.

It will be seen from the second list that a compounding factor is the dominance (for practical reasons) of quinquennial year bands in statistical compilations. One perverse effect of these is that children as per the United Nations Convention definition of birth to 17 years of age inclusive are seldom identified as a group.

Initiatives on Indicators of Child Health in Europe

Given this importance of measuring child health according to stages of development, and thus the importance of child health indicators, there have been initiatives within Europe to design indicator sets.

The principal of these occurred under the European Commission's former Health Monitoring Programme of the (then) Directorate-General for Health and Consumer Protection. The only age-group specific project under the whole of this programme was on children, and was the Child Health Indicators of Life and Development (CHILD) project. This commenced in 2000, and reported in 2002 (Rigby and Köhler, 2002; Rigby *et al.*, 2003); it is also available in Spanish (Rigby & Köhler, 2004).

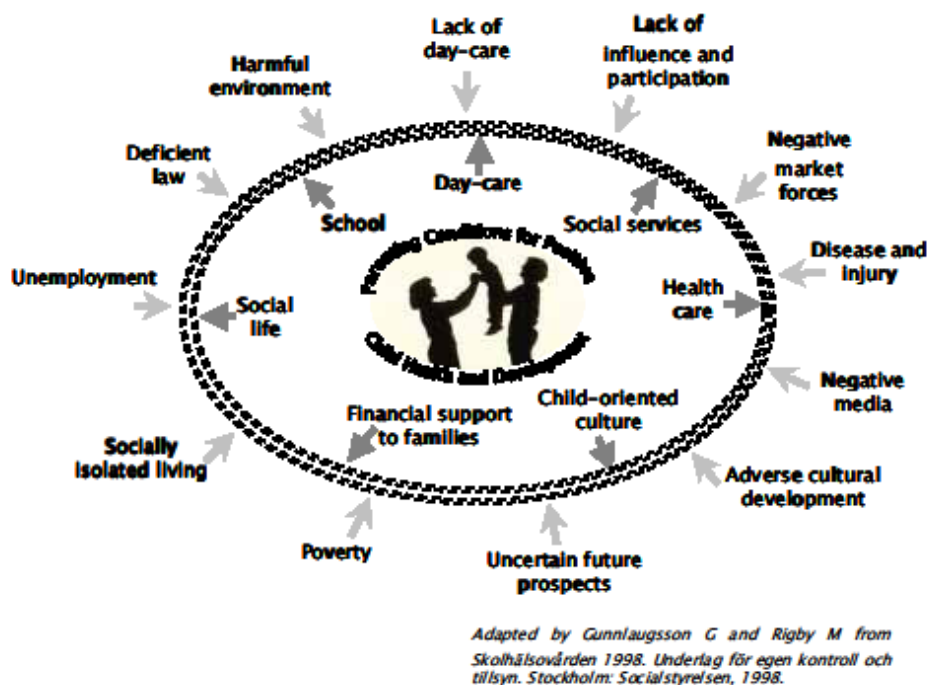
Key Elements of the CHILD Health Indicators project

The CHILD project involved representatives of the then 15 EU Member States, plus two (Iceland and Norway) of the European Economic Area (EEA) countries – it thus had a wide base. The project took a holistic and evidence-based approach. Key principles were that:

- determinants of health were as important as health process measures and health outcomes;
- positive factors should be as important as negative factors and health deficits;
- all stages of the life-course should be equally represented;
- all indicators should be justified on the basis of scientific evidence;
- indicators must be valid and comparable across the countries, cultures, and climates of Europe.

A first task was to map conceptually the dynamics of the child in a family context, within a societal setting. The result of this was represented diagrammatically, as below, in Figure 1.

Figure 1. Determinants of the Child Health and Development Context



Source: Rigby and Köhler (2002)

From this analysis the field was divided into sixteen topic areas, and for each topic a literature review was undertaken to find substantiated measures at the population level. These initial lists of potential indicators were then scrutinised for practicality definitional clarity, including data availability,

and pan-European comparability. The resultant possible indicators were subjected to a further scrutiny, based on scoring against nine equally-weighted criteria:

- evidence-based, underpinned by research;
- significant burden to society;
- significant burden to family;
- significant burden to individual
- representative of significant population groups;
- regularity and repeatability, to enable trend analysis;
- data availability;
- topic amenable to effective action;
- understandable to a broad audience.

The result was identification of a set of indicators that scored the most highly, and a final scrutiny was undertaken to ensure that there was a fair spread across all aspects of health and age-groups.

The CHILD Health Indicator Set

The resultant indicator set was presented in a clustered framework which related to that recommended for other health Monitoring Projects. The four categories adopted were:

- Demographic and Socio-Economic (Upstream Health Determinants);
- Health Status and Well-being;
- Determinants of Health, Risk and Protective Factors;
- Health Systems and Policy.

This grouping underscores the interlinkage between health in the narrow sense and wider child well-being. The resultant set of 38 indicators is shown in Table 1. The full definitions, and detailed data definition templates, can be found in the main report (Rigby and Köhler, 2002), which is also available on line.

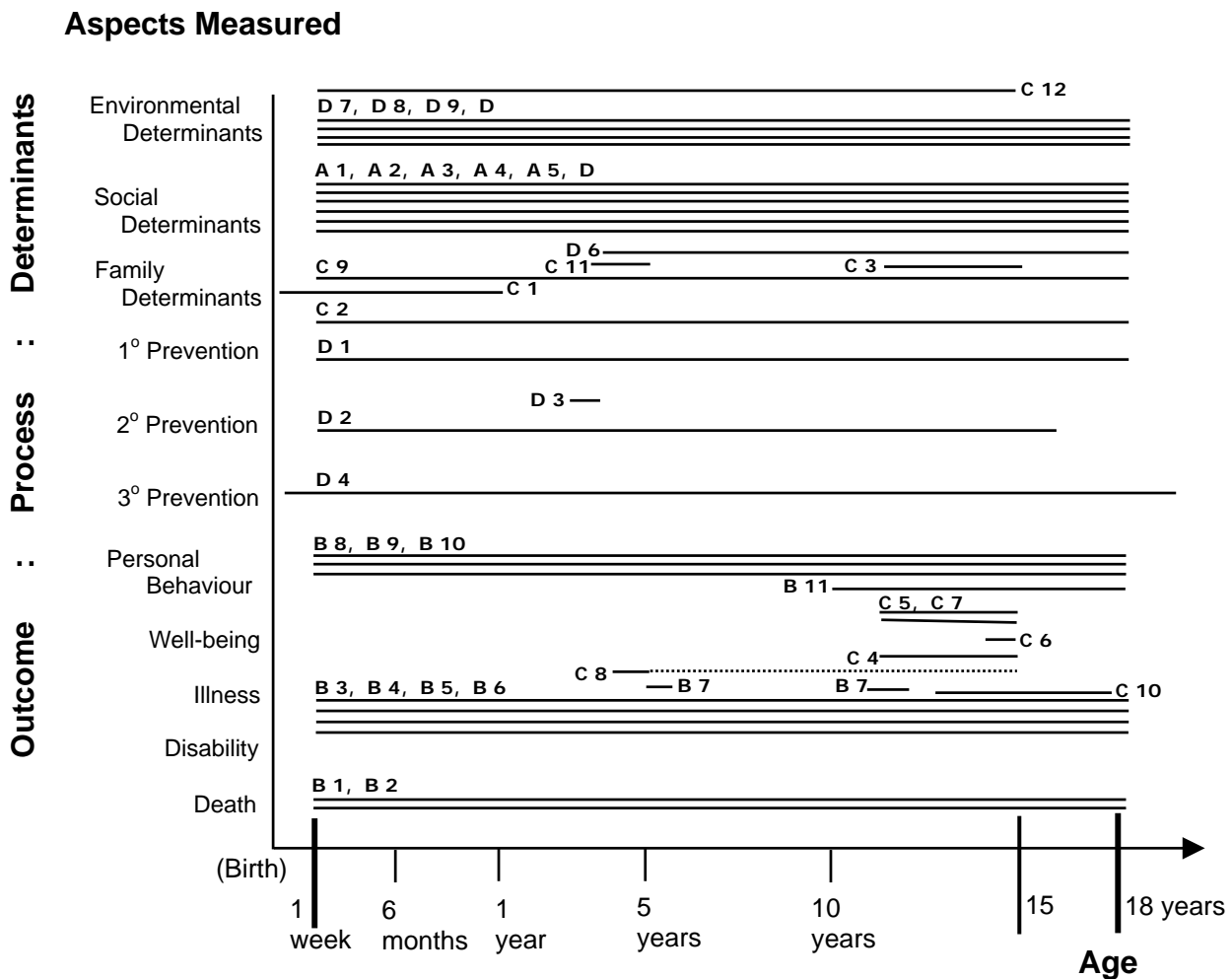
Table 1. The Child Indicator Set

<u>A. Demographic & Socio-Economic</u>	B 9 Poisoning Necessitating Admission	C 10 Early School Leavers
A 1 Socio-economic Circumstances	B 10 Fracture of Long-bones	C 11 Educational Enrolment
A 2 Children in Poverty	Mental Health of Children	C 12 Air Pollution Exposure
A 3 Parental Educational Attainment	B 11 Attempted Suicide	
A 4 Child in Single Parent Households		<u>D. Child Health Systems & Policy</u>
A 5 Asylum Seekers		<u>Health Systems Policy</u>
	<u>C. Health Determinants, Risk, and Protective Factors</u>	D 1 Marginalised Children's Health Care
<u>B. Child Health Status, Well-being</u>	<u>Parental Determinants</u>	D 2 Parental Inpatient Accompaniment
Child Mortality	C 1 Breastfeeding	<u>Health System Quality</u>
B 1 Child Mortality Rates	C 2 Household Environmental Tobacco	D 3 Immunisation Coverage
B 2 Selected Cause-specific Mortality	C 3 Parental Support	D 4 Leukaemia 5-year Survival
Child Morbidity	<u>Child Lifestyle Determinants</u>	<u>Social Policy Indicators</u>
B 3 Cancer	C 4 Physical Activity	D 5 Physical Punishment
B 4 Diabetes	C 5 Tobacco Smoking	D 6 Anti-bullying policies in schools
B 5 Asthma	C 6 Alcohol Abuse	<u>Physical Protection Policy</u>
B 6 Infectious Diseases	C 7 Substance Misuse	D 7 Child Transportation Safety
B 7 Dental Morbidity	<u>Other Factors</u>	D 8 Exposure to Lead
Injuries to Children	C 8 Overweight and Obesity	D 9 Exposure to Hazardous Noise
B 8 Burns Necessitating Admission	C 9 Children in Care	D 10 Environmental Tobacco Smoke

Source: Rigby and Köhler (2002)

The CHILD project team then self-assessed their work against the objective of ensuring a good age-spread across the life stages of childhood, and also across the continuum from Upstream Prevention through Health Processes to Health Outcome. Therefore, the 38 indicators were mapped against these two axes, and the result is reproduced as Figure 2.

Figure 2. Spread and Balance of Proposed Child Health Indicators



Indicator references as per Table 1
Source: Rigby and Köhler (2002)

The result indicates a reasonable achievement of the objectives. In particular, there was some success in addressing health determinants, but some more poorly addressed areas such as disability.

Gaps in the CHILD Health Indicators Coverage

Thus, successful as the general outcome of specifying a comprehensive child health indicator set was shown to be, there were significant gaps. In some important respects, the project felt that it had failed to find authenticated measures of key aspects of children’s health-related well-being, with child abuse and neglect, disability and mental health being three principal examples. Either validated population-level measures underpinned by scientific validation for these did not exist, or if they did then routine data sources were not available.

Therefore, as well as publishing the indicator set, the CHILD project included in its report a list of seventeen areas where it was felt further research was needed in order to be able to create measures of important aspects of health or threats to health and well-being. This list is shown in Table 2.

Table 2. List of Topics Identified as Needing Further Population Measurement Research

Assessment of Children with Special Needs
Child Abuse
Childhood Behaviour Disorders
Children with Permanent or Severe Disability
Educational Development
Family Cohesion and Social Cohesion
Health Care Access
Health Service Access for Socially Restricted Children
Healthy Parenting
Inpatient Service Quality
Integration of Children with Special Needs
Learning Disorders/Intellectual Disability
Medication
Mental Health Education
Nutritional Habits
Perceived Well-being, Quality of Life and Positive Mental Health
Play and Leisure

Source: Rigby and Köhler (2002)

Application of the CHILD Health Indicators

Creation and publication of an indicator set is one thing; the step that matters is its effective use. And in this respect there is both good news and bad news to report.

The prime good news is that the CHILD health indicators report was used by the World Health Organisation's Regional Office for Europe in preparing the triennial European Health Report. The Report for 2005 had the theme of Public Health Action for Healthier Children and Populations, and Table 6 in the statistical Annex compiled for each country in the full geographical Europe most of the CHILD indicator items (WHO Regional Office for Europe, 2005b). This showed the practicality and the value of the indicators; however, it was a one-off exercise for the special report, not a repeated exercise.

Other good news is that the indicator set created wider interest and use. For instance, the National Institute of Child Health in Hungary used key CHILD indicators at regional level to identify comparative areas of child health disadvantage, with a view to implementing positive rectification action. In Sweden, there was sufficient interest in the indicators to create a publication of key items of the indicator set by local municipality, sponsored by the Swedish organisation Rädde Barnen (Köhler, 2004).

Against this is the disappointment that the indicator set has as yet had little impact on the European Community Health Indicators project (Kramer, 2003), and its operational successor the European Community Health Indicators Management (ECHIM) programme. Faced with the challenging task of setting up a comprehensive data collection exercise, ECHIM has focussed on the available rather than the new. The result is that in the current European ECHIM set of indicators children are seriously under-represented, and the child health indicators which are included are mainly process or outcome items, and are not new published data but a compilation of what was already largely available from other public sources.

Other Health Indicator Sets in Child Health in Europe

Finally, it must be emphasised that the CHILD project is not the only project in Europe to produce indicator sets relating to child health and related well-being. This section reports on a number of other important and complementary initiatives.

PERISTAT and PERISTAT II

Perisat was a partner and parallel project to the CHILD project within the EU Health Monitoring Programme. It addressed the period of pregnancy, labour, maternal post-partum health, and the health of the child in the perinatal period (the first week of life). It has been written up in the literature (Zeitlin *et al.*, 2003a, 2003b). By definition, regarding children it only covers the first week of life, and the indicators, while very important, are a reinforcement of previous measures of low birthweight, congenital anomalies observable at birth, and early infant mortality, together with health determinants during pregnancy. This is project now being followed up by a further phase.

Children's Environment and Health Action Plan for Europe (CEHAPE)

The environment is another area where classically children's health and wider well-being are inextricably inter-twined, with the environment being seen as both the external outdoors environment, and the built environment including homes, schools, and public buildings. The Children's Environment and Health Action Plan for Europe (CEHAPE) (WHO Regional Office for Europe, 2009) is a major joint action-orientated initiative of the World Health Organisation Regional Office for Europe, the European Environmental Agency, and the European Commission. Whilst plans for positive action are the main objective of this initiative, measurement to identify priorities is clearly fundamental. Taking an evidence-based approach, a key early document recommended a set of indicators measuring policy, exposure, and health outcome – all dimensions of children's well-being in and caused by their environment (Tamburlini *et al.*, 2002). These are shown in Table 3.

Table 3. CEHAPE Suggested Indicators for Child Environmental Health

Health outcome indicators (in children under 15 years)
<ul style="list-style-type: none">• Acute respiratory infection (ARI) mortality• ARI morbidity including asthma (*)• Diarrhoea mortality• Diarrhoea morbidity (*)• Mortality due to poisoning• Morbidity due to poisoning (*)• Mortality due to external causes• Hospital admissions for injuries• Accidents in working children (ILO)• Incidence of childhood cancer
Exposure Indicators
<ul style="list-style-type: none">• Indoor air pollution (percentage of homes relying on biomass consumption for cooking and heating)• Outdoor air pollution (percentage of cities with concentration > 40 parts per million of PM10)• Excreta disposal facilities (percentage of households with access to)• Safe drinking-water (percentage of houses with access to)• Pesticide use per hectare (major groups such as DDT, organophosphates, PCBs)• Tobacco use (percentage of households with children where parents smoke)• Environmental lead (percentage of children with blood levels above 10 micrograms per decilitre (µg/dl))
Policy Indicators
<ul style="list-style-type: none">• Policies to ensure universal access to safe drinking-water• Policies to ensure universal access to excreta disposal• Safe housing programmes• Lead-free gasoline policy• Food labelling policy• Water monitoring programme• Hazardous waste disposal programme• Sun protection measures/programmes• Smoke-free policy at least for public places attended by children• Safe transport and independent mobility programmes for children• Educational programmes focusing on environmental and health issues• Training programmes in environmental health for child health and public health professionals

(*) hospital admissions

Source: Tamburlini *et al.* (2002)

Child Safety

The main cause of childhood mortality, and of injury to children, is accidents. A major initiative, with European Commission support, is the Child Safety Action Plans project of the Child Safety Alliance (2009). One of the important outcomes of this project is the publication of a populated set of indicators of child safety by EU Member State, together with assessment of risk and safety measures for each of nine aspects of childhood safety:

- passenger safety;
- motor scooter and moped safety;
- pedestrian safety;
- cycling safety;
- water safety/drowning prevention;
- fall prevention;
- burn prevention;
- poisoning prevention;
- choking/strangulation prevention.

The project also produced an indicator assessment of three dimensions of the strategic preparedness of Member States to address the child safety agenda – leadership, infrastructure and capacity.

The initial summary report card, and individual country reports for eighteen countries, were published in 2007 (MacKay and Vincenten, 2007). An update from phase 2 of the project is due in 2009, involving a wider spread of countries as well as assessment of progress in initial participating countries.

Other Projects

Other issue-specific projects are in hand. One is looking at population-level indicators of children's behaviour regarding nutrition (eating patterns) and physical exercise, as principal determinants of overweight and obesity. Another is looking at population measures of violence to children, including neglect and abuse. Both are likely to publish reports in 2009. Both these topics are well-being focused, though grounded within the health field.

Conclusion

Given that children's health and well-being are inseparable, this paper has given opportunity to identify initiatives and their results in seeking to create indicators of child health. The work of creating and defining indicators (and their potential data sources) is reasonably well advanced, though still ongoing, and can be seen as something of a European success. However, populating these indicator sets, and regularly repeating the exercise to measure time trends and degrees of progress, is still a story of very limited action. No doubt this is partly because there are ongoing revenue costs; the exercise crosses organisational boundaries; and sources of data about children at the population level are still disappointingly scarce. More work still needs to be done to paint the picture of children's health-related well-being in Europe, though the sketch to produce the picture is now well advanced.

Children in Italy. Towards maps of indicators on the condition and on the well-being of children and adolescents in Italy

Valerio Belotti¹

This article is about the development of a national system of indicators of context and of well-being concerning the condition of children and adolescents in Italy. In particular, the paper makes a comparative analysis, dating back to 2005-2006, of the index of well-being in the various regions of Italy. The map of indicators is organized in 6 dimensions or domains (relations and bonds; material and cultural well-being/deprivation; health; school inclusion; safety and danger; diffusion and use of services), which are divided into 24 sub-dimensions and formed by 111 indicators. The results show that there are inequalities in children's well-being between the regions in the Centre and North of Italy and the ones in the South. Umbria, Valle d'Aosta, Emilia Romagna and Tuscany are the regions with the best results, while Sicily and Campania are last in the rankings. However, it must be underlined that, despite the overall results, the values of the various synthetic indexes referring to each of the six dimensions can vary considerably for a region, thus influencing to a certain extent the stability of the final ranking. The paper then presents the most representative indicators of the dimensions used to measure well-being.

The national project of the maps of indicators

Beyond a reorganization of the existing Italian data

In Italy there is now a variety of statistical information which has been reorganized from the 'point of view' of childhood and the National Statistical Institute carries out periodical surveys on specific aspects of the condition of children. Nonetheless, these studies do not really make a coherent picture of the condition and of the well-being of children across the country, nor are they specifically and directly intended to analyze the condition, or the different conditions, of children across Italy. They are rather interesting and useful examinations – and this not a minor thing – which, in the first case, provide juxtaposed fragments of the general picture and which, in the second case, shed light on aspects of the daily life which are mostly overlooked by institutional surveys, even the ones promoted in other European countries (use of time, participation, family relations and relations with peers, etc.).

The lack of a coherent strategy of direct surveys is not without ties to the representations of childhood prevailing in the public domain (Belotti, 2005; Riva, 2007; Istituto degli Innocenti, 2007). The reorganization of data thought for certain purposes and their re-publication sometimes favours incredible mistakes in the interpretation of the given data. This occurs for instance with data on missing children, which are erroneously taken from administrative statistics derived from reports to the police, which actually have little to do with the phenomenon; or with data on children having troubles with their families and being cared for by the social services, which are derived from the measures registered in judicial statistics, which are sometimes unreliable.²

The institutional changes brought about at the beginning of this decade by the reform of Title V of the Constitution have helped, among other things, to generate considerable delays and misunderstandings in the development of an organic plan of regional information systems. This occurred despite the notable impetus given by the 'new' season of children's policies, which began in the same years and which was supported by the financial resources made available by Law no. 451/97.³

¹ Scientific coordinator of the Italian National Childhood and Adolescence Documentation and Analysis Centre

² Despite all the attention paid by the media to reports of missing children, experts and the police know that these can only be partially related to the issue of kidnapping. Less known is the weakness of some judicial statistics, such as the ones concerning orders of family placement by the judicial authorities.

³ The law established that each region had to set up a unified system for the collection of data and information on children and adolescents. The economic resources initially made available for this project were used for the creation of some regional "centres" and "observatories" specifically dedicated to childhood. To have an overview on the current state of these initiatives

It is mainly for this reason that it has in some ways become more difficult to have reliable data at a local or at least at a regional level, even if strong differences remain. The problems increase when one considers that, from a statistical point of view, even the vast national surveys on the aspects of daily life cannot give a thorough representation of the differences existing between and inside regions.

Nonetheless, some regional administrations have set up or developed interesting statistical information systems, mostly thanks to the new competencies they have been given in the social and health care fields by the aforesaid constitutional reform. In particular, some regional administrations have developed original and accurate databases, both in the sectors of child care and of child promotion, by directly using children and adolescents as observers.

However, at a local level there are still more grey areas than 'best practices', as several regional administrations do not produce their own statistical data and information. It must be noted that, in the absence of shared national instruments and methods, there is still a lack of systematic analyses and studies on the condition of children and on how to adequately monitor its improvement, deterioration or stability in time.

The objectives of the national project

Based on the considerations made so far, a national project was launched for the elaboration of maps of indicators on the condition and well-being of Italian children.⁴

The project has five main aims:

- to make a review of the statistical indicators on Italian children elaborated in the last decade and to propose their aggregation in dimensions of sense taking into consideration the principles of children's human rights established in the CRC and in line with the analyses made at an international level;
- to identify the main changes which have occurred in the condition of children in the last decade at a national level, on the basis of the selected indicators;
- to elaborate comparative measures of well-being at a regional level;
- to define a national index of well-being to be calculated every three years;
- to make a review of the main available statistical indicators concerning the main European countries – also on the basis of the studies already carried out at an international level – in order to compare the well-being of Italian children with the rest of the EU.

This article will focus on and present the results achieved so far with reference to objectives a) and c).

The review of indicators and the map of dimensions of sense

The data taken into consideration in the review of the available indicators are those which have been developed and periodically updated for a decade by the National Documentation and Analysis Centre for Childhood and Adolescence. The Centre constantly selects data coming from different institutional statistical sources, such as: Istat and the national statistical information system, the information systems of Ministries, international bodies such as the OECD, the WHO and the National Centre itself. Other data and information coming from polls and surveys, mostly carried out on small samples, have not been taken into consideration.

The data and the indicators selected in this review had to fulfil some criteria. The most important and decisive one is that they must directly (and not indirectly) refer to children as the elementary units of the observations and of the available measures, and not generically refer to families or family groups, still less to the communities they belong to. Another criterion is the inclusion, in the set of indicators, not only of information concerning particular situations of trouble for children – data traditionally examined in the information systems linked to the provision of welfare services –, but also of 'positive' information concerning comfort and aspects of daily life, at least to the extent they are provided by the above mentioned sources.

A third criterion is the inclusion both of so-called objective indicators, coming from administrative and financial surveys concerning measurable aspects (such as social expenditure and the provision of services), and of subjective data, coming from specific surveys (Istat, WHO, OECD) in which children

in the various Italian regions, see Belotti (2008).

⁴ The research group that follows the project is composed of Valerio Belotti, Enrico Moretti and Marco Zelano.

were given the opportunity to express their views – as recommended also in one of the basic principles of the CRC.

Finally, another criterion is the ‘fidelity’ and ‘validity’ of the selected information with respect to the concept or aspect of children’s condition measured by the indicator. Based on this criterion, several indicators which were not deemed very appropriate were eliminated, even if they came from institutional sources.

In the selection of the indicators, a lot of attention was paid to the identification and consideration of data referring to the gender and nationality of the children, as well as to the inclusion of indicators available at a local, infranational level.

The selected indicators were organized according to a structure of sense formed by dimensions or domains which, as argued above, had to take into consideration both the view focusing on children’s rights and on their dignity as human beings (*theory-driven development*), and the actual availability of the selected indicators (*data-driven development*). In this way, results were not limited as would have happened with the theoretical adoption of all the CRC principles (Hanafin, Brooks, 2009). But our approach also considered *policy-driven development*, i.e. indicators concerning welfare services for children and the respective issues of the political agenda. In this way, and in the wake of other similar experiences (Micklewright, Stewart, 2000; Unicef, 2007; Bradshaw, Hoscher, Richardson, 2007; Ireland. Office of the Minister for Children and Youth Affairs, 2008; Currie, 2004, 2008; Bradshaw, Richardson, 2009), the following nine dimensions have been elaborated: *relations and bonds, material and cultural well-being/deprivation, subjective well-being, social participation, health, school inclusion, safety and danger, diffusion and use of services, social structure*.

Always following the criterion of the respect for children’s rights and the availability of data, these dimensions have been in their turn divided into 38 sub-dimensions. Overall, the indicators used to represent the dimensions are 326. These have been divided into two categories: indicators of context only and indicators of well-being. The indicators of context derive from data which do not clearly show if the children are ‘doing well’ or ‘poorly’. These are mainly demographic indicators, but not only. The indicators of well-being are the ones which provide assessable information: e.g. child poverty rate, hospitalization rate, school attendance rate, rate of use of early childhood educational services, self-perception of subjective well-being. In the end, 228 indicators of well-being and 98 indicators of context were identified.

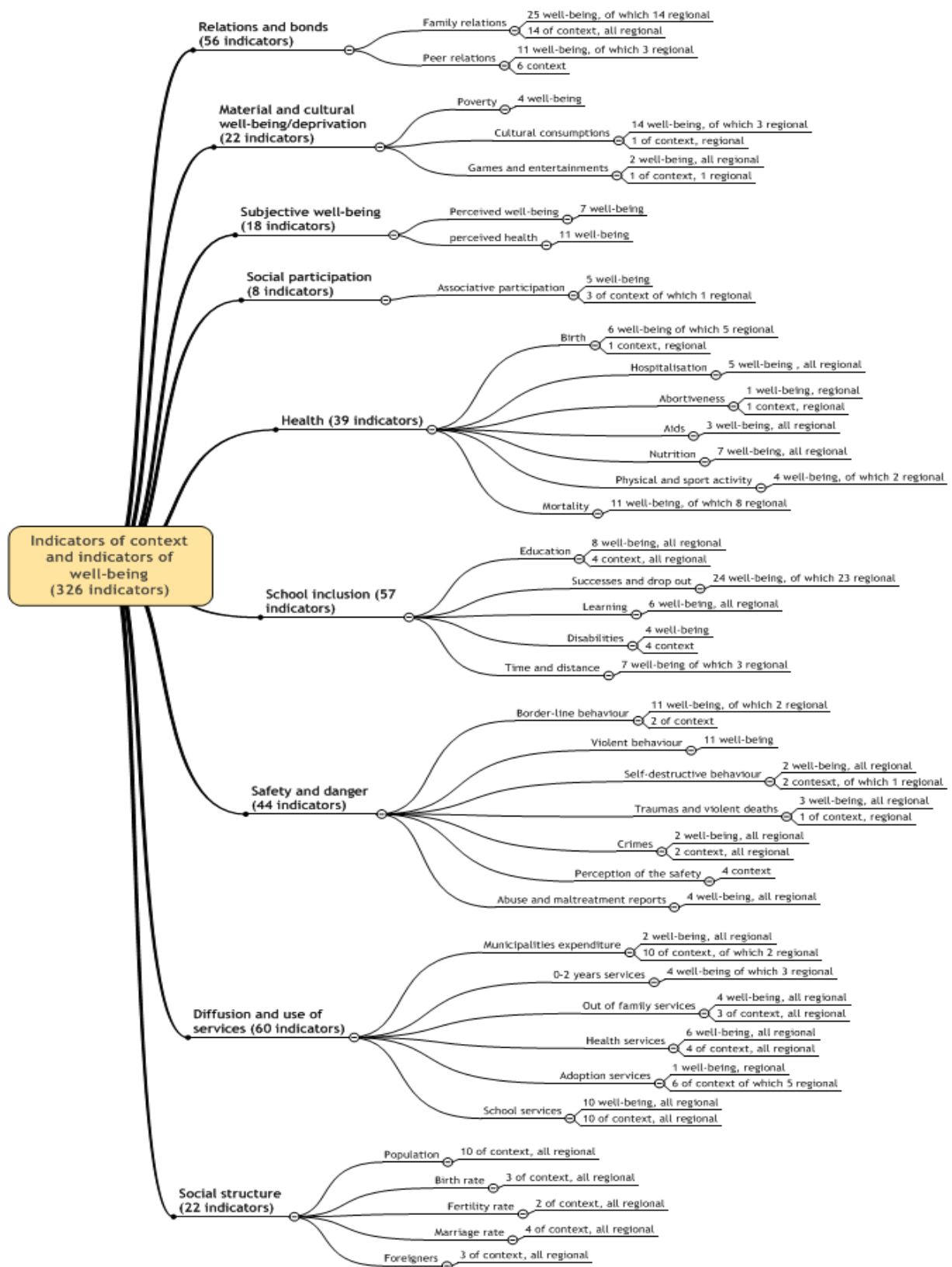
Figure 1 gives a representation of the overall map, including only the dimensions of sense used, the characteristics of the indicators, as well as their availability at a regional level.

There are three main aspects which differentiate the construction of the Italian map from the ones used in other national and international frameworks. These differences have in part already been mentioned above. The first one is the use of a great quantity of mid-size indicators, as a result of the long and methodical work of the National Centre, which made it possible to avoid the usual, inevitable poverty of indicators used at an international level. The second difference is the weight given to the indicators concerning children’s policies, i.e. to the indicators referring to the provision of services recommended by the CRC. This is why a whole dimension was dedicated to the services in favour of children and kept separate from the more individual dimensions of well-being. For instance, this dimension includes indicators on the diffusion of school, health care, social, educational and protection services. The third difference is that this map does not focus merely on well-being, but it also includes data on the context, with indicators which consider childhood as a stage of life in itself, as a social structure and as a permanent element of modern society and of late modernity.

Figure 1 shows that the indicators are not distributed evenly in the different dimensions of sense. Some dimensions are made up of large numbers of indicators (e.g. ‘school inclusion’, formed by 57 indicators, and ‘diffusion of services’, formed by 60 indicators), while others are less rich in information, such as ‘social participation’ (8) and ‘subjective well-being’ (18).

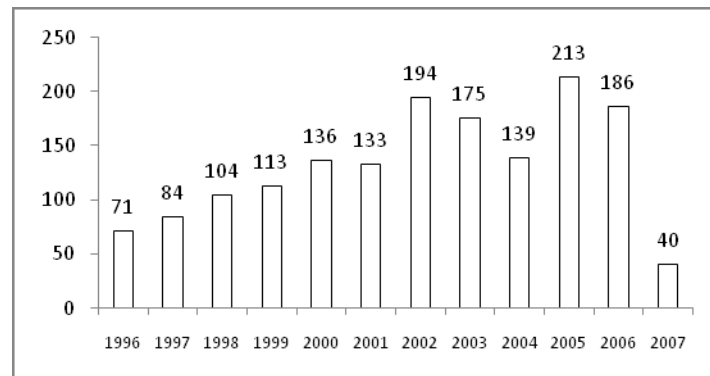
This is a clear effect of the way the information systems of our administrative framework are built, but also a sign of the surveying priorities and of the culture of the systems focusing on childhood, which characterize the national statistical system.

Figure 1. General map of the condition and well-being of children in Italy in June 2009



The general map can constantly evolve, in the sense that the availability of new data or the cessation of some surveying activities may lead to its consolidation or, less probably, to its reduction. The map is flexible not only in relation to the variations which will occur in the future, but also in relation to the ones which have occurred in the recent past. As mentioned above, the map takes into consideration the availability of data in time and the frequency with which they were collected. The map thus gives indications on the availability and content of its indicators starting from 1996/1997. The choice of the date was not casual, as it marks the beginning of a new process, a new emphasis on children – even if sometimes contradictory and not constant in time – in Italy (Ricci, 2005; Gori, 2005). Figure 2 shows how many indicators were available year by year.

Figure 2. Number of indicators (of well-being and of context) available per year (Italy – June 2009)



Leaving out the minimum value of 2007, which is due to the fact that the new surveys still have to be published, it must be noted that in time the number of indicators has had a basically constant growth. In a decade, even considering the setback of 2004, their number has doubled. The peak reached in 2005 is in part related to the availability of data collected through Istat's multi-purpose survey, while the values achieved in 2002 and in 2006 can be ascribed to the availability of data coming from the HBSC sample survey coordinated by the World Health Organization (Currie 2004, 2008).

It should be added that in the first years of the period under consideration, most of the indicators were objective and derived from administrative information systems.

This variability in time – but also in space, given the different availability of data disaggregated by region – considerably influences the way in which the map of indicators can be structured in the various years of reference.

The regional map of well-being indicators 2005-2006

The use of well-being indicators available at a local level makes it possible to build a regional map on the basis of the measures obtained in the various dimensions of sense available for the analysis. The selection of the indicators on the basis of their local availability and of only their well-being component clearly generates a smaller map than the one available at a national level. Sample surveys often cannot provide statistically reliable data and information at a regional level, given that they require large samples. Moreover, the need to identify a point in time to which measures should refer further reduces the number of possible indicators. Despite these limitations, the regional map (Figure 4) based on the most recent indicators, which refer to the years 2005 and 2006, includes 6 dimensions of sense (relations and bonds, material and cultural well-being/deprivation, health, school inclusion, safety and danger, diffusion and use of services), 24 sub-dimensions and 113 indicators.

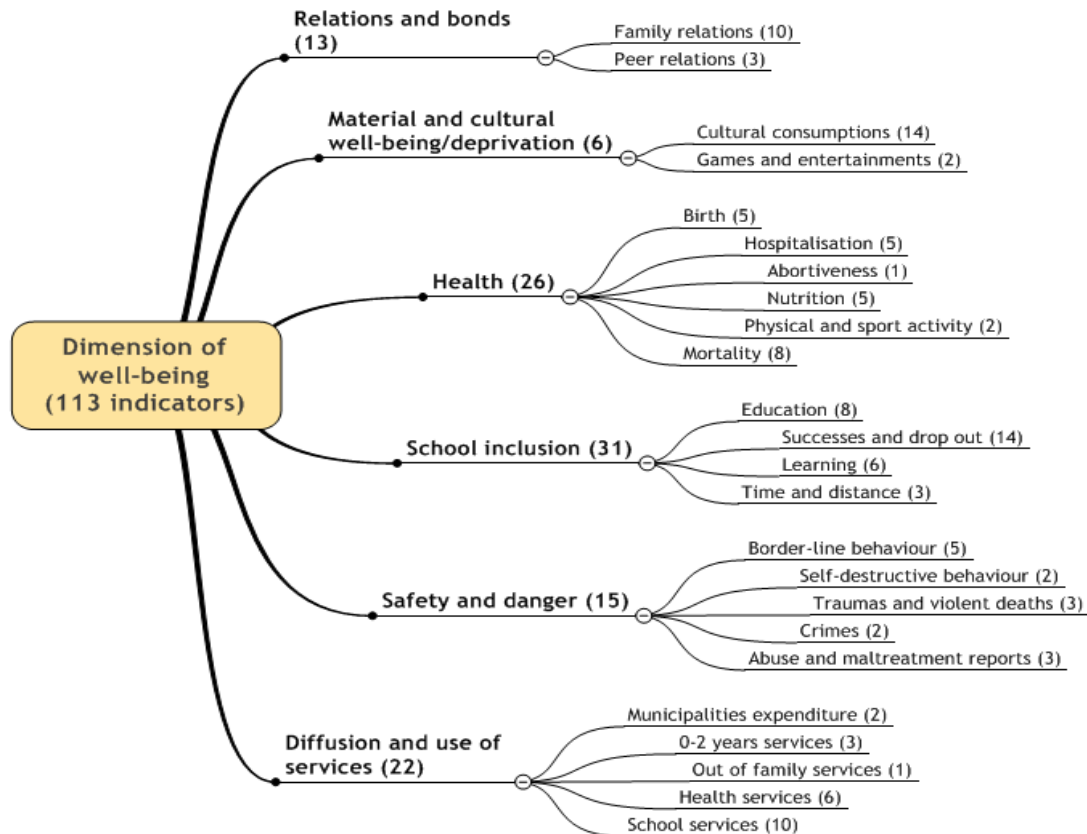
Figure 3 shows the individual dimensions and sub-dimensions of the regional map of well-being, as well as the number of indicators for each of them. The dimension 'relations and bonds', which focuses on significant social relations, is formed by 13 indicators concerning family relations and relations with

peers. The dimension 'material and cultural well-being/deprivation' is made up of 6 indicators concerning reading, the use of a computer and of the internet, as well as the use of public areas for playing and leisure activities. The dimension 'health' includes 26 indicators focusing on important topics such as birth rate, hospitalization and use of medicines, mortality, abortion rate, diet and physical and sports activities. 'School inclusion' is the biggest dimension (31 indicators), as a result of the considerable social investment made on children by every society through schooling; this dimension focuses on attendance rates at all school levels, performance, early school leaving, learning levels and possible problems encountered by families in taking children to school (time and distance from home).

The dimension 'safety and danger', formed by 15 indicators, examines risk behaviours, acts of self-injury such as suicide and attempted suicide, violent deaths, crimes, abuse and maltreatment. Finally, the dimension of the 'provision of welfare services' is also formed by a large number of indicators (22), due to the administrative obligation to keep records of all these interventions; its sub-dimensions concern the social expenditure of Municipalities, the coverage of social and educational services for early childhood, health care and school services.

As already mentioned above, in comparison to the overall national map, the regional map cannot include the dimensions and sub-dimensions mostly formed by subjective indicators, which can only be measured through sample surveys involving children or families with children. Therefore, the dimensions on subjective well-being, based on the HBSC surveys, and on social participation are not present. Of course, the dimension 'social structure' is also missing, given that it is only formed by indicators of context. The indicators of the regional map are for the most part the ones of 'objective' dimensions and they derive from periodical surveys on several aspects of school life and of welfare (social, health and school) services.

Figure 3. Regional map of the indicators of well-being for the years 2005-06.



In order to get to a composite measure of the indicators of well-being for each dimension, it was necessary to transform and combine the individual indicators in such a way to be able to compare and to integrate them. This was necessary because the units of measurement of the indicators are obviously different and, for instance, it is not possible to aggregate or combine the incidence rate of the number of children registered in a social/educational service with the level of coverage of Municipalities of that service. In the literature there are several procedures to transform indicators and to make their measurements comparable: the calculation of z-scores, the construction of index numbers, the use of rankings (Nuvolati, 1998). In this study the chosen method was the calculation of standardized scores for each indicator (z-scores method based on standard deviation), in such a way that each of the indicators could be distributed on a common measurement scale, thus making it possible to build synthetic indexes for each dimension and sub-dimension. This choice was made following the example of other experiences in this field; like all the other options, it also has some disadvantages, concerning in particular the fact that the calculation of indexes is sensitive to the indicators with a bigger range.

Contrary to other similar studies on the measurement of well-being, already cited above, the composite measure of each sub-dimension and dimension, made up of several elementary indicators (such as the synthetic index of the sub-dimension 'mortality' – part of the dimension 'health' – which is formed by 8 elementary indicators) was not calculated by giving them the same statistical weight, but a weight derived from the correlation values between the various series of indicators (see the article by Betti, Moretti and Zelano describing this procedure in Annex 1). This was done to prevent the calculation of the synthetic index from being influenced by the weight of latent variables formed by a common share of information contained in different indicators. In other words, it was a way to reduce the redundancy of closely correlated indicators. This would have not been possible if the synthetic index had been calculated simply by averaging the averages. This choice differentiates this work from the others carried out in the field.

Besides this system of weights, no other weighting was used to give more or less importance to the elementary indicators in the construction of the synthetic index – something which would have been in any case very difficult. So for instance, in the sub-dimension of well-being focusing on family relations, the same importance was given to the measures on playing and exchanges between parents and children and to the number of temporary removals of children from their families by the social services due to serious relational troubles. One may object that the latter is certainly more devastating than the former for the life of a child. Having said that, there is always the problem of how to assign weights to the various aspects: should this measure be double or triple the other? Given the lack of specific studies and the nature of the indicators used, it was not deemed advisable to use other weighting techniques, such as the judgment expressed by a jury of experts.

This paper will only describe the final results of the regional map of well-being.

The final map of regional well-being

The comparable synthetic indexes obtained for each region in the six dimensions make it possible to award a score and to build an overall ranking of well-being.

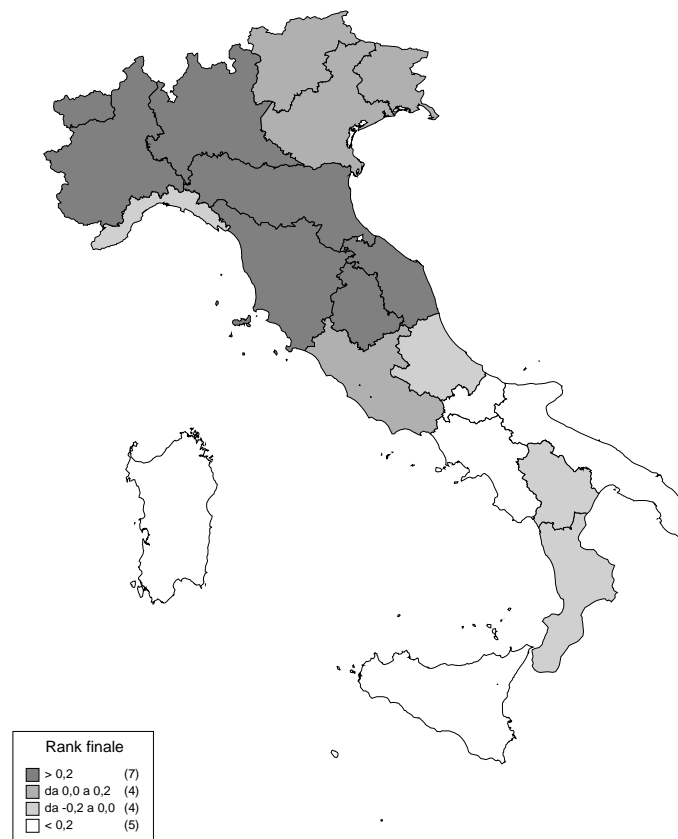
It is important to underline that this comparison is not done in absolute terms, i.e. by making reference to threshold values marking the adequacy or inadequacy of an indicator or index concerning children and adolescents who live in a given region. Reference is made instead to the standardized average value, calculated on the basis of the values registered for every region. In other words, a negative value of the index on the diffusion and use of childhood services does not mean at all that the services do not exist in that region, but that they are less developed and less widespread than the average of the regions. Paradoxically, even if minimum levels or standards of welfare services were guaranteed in all the regions, some regions would still have a negative value for the synthetic index of the dimension: indeed, the comparison is not made with the guaranteed minimum level, but with the average of the levels of welfare services actually provided by the individual regions.

Bearing this in mind, figure 4 shows an aggregation of regions in four groups which is based on the values obtained for the overall synthetic index and on their comparison with the average value. The first group includes the regions with the highest values. It is interesting to note that these regions are located in the Centre and in the North of Italy, while none of them is in the South: (in order of rank)

Umbria, Valle d'Aosta, Emilia Romagna, Lombardy, Tuscany, Marche, Piedmont. The second group, including the range of values slightly above the average, is formed by five regions, always located in the North and in the Centre of Italy: Veneto, Trentino Alto Adige, Friuli Venezia Giulia and Lazio. The third group, slightly below the average, includes: Liguria, Basilicata, Calabria, Abruzzo. Finally, the fourth group, for which the values of the overall index of well-being is least satisfying – of course in relative and not in absolute terms – is formed by five regions in the South: Apulia, Molise, Sardinia, Campania and Sicily.

Figure 5 presents the ranks of all regions for each dimension, as well as the value of the synthetic index of well-being. On the basis of the information shown in figure 5 and in figure 6, it is possible to make at least three considerations. Firstly, the index of well-being shows that there is a clear gap between the main geographical areas of Italy. All the regions in the Centre and in the North have positive values (Liguria is barely under the average with a value of -0,002), whereas the Southern regions all have negative values. This shows that the social inequalities concerning children are marked by a strong geographical gap.

Figure 4. Distribution of regions in four groups on the basis of the values of the synthetic index of well-being of children and adolescents. 2005-06



The second observation is that the position of regions in the rankings can vary considerably from one dimension to the other, i.e. the ranking of almost all the regions changes according to the dimension under study. For instance, Umbria, which is ranked first for overall well-being thanks to the scores obtained in the dimensions of deprivation and school inclusion, only ranks 15th in the dimension 'relations and bonds'. Friuli Venezia Giulia, which ranks first for material and cultural well-being/deprivation and for health, is only 10th in the overall rankings, because its values in the dimension 'safety and danger' are far from the average.

The most critical situation for children, always with reference to the regional average values, is the one of Sicily. This region ranks last in four different dimensions and also in the two other dimensions it remains down in the rankings.

Figure 5. Overall rankings and rankings for each dimension of well-being in the Italian regions. 2005-06 (Provisional data)

	Relations and bonds	Material and cultural well-being/deprivation	Health	School inclusion	Safety and danger	Diffusion and use of services	Synthetic index of well-being
Umbria	15	2	10	2	7	3	0,65
Valle d'Aosta	19	4	11	19	3	1	0,61
Emilia-Romagna	6	5	7	14	19	2	0,48
Lombardy	3	11	8	7	17	4	0,38
Tuscany	8	9	3	6	13	5	0,37
Marche	4	13	4	1	8	10	0,23
Piedmont	14	8	16	4	15	6	0,21
Veneto	1	10	5	16	10	9	0,16
Trentino-Alto Adige	9	12	2	13	16	8	0,11
Friuli Venezia Giulia	11	1	1	5	18	12	0,05
Lazio	2	6	18	3	11	13	0,01
Liguria	13	3	17	9	20	7	0,00
Basilicata	17	18	12	15	4	11	-0,12
Calabria	12	16	13	8	2	15	-0,14
Abruzzo	7	7	6	11	12	17	-0,16
Apulia	10	17	19	10	5	16	-0,26
Molise	5	14	9	17	6	19	-0,36
Sardinia	18	15	14	18	9	14	-0,36
Campania	16	19	15	12	1	20	-0,81
Sicily	20	20	20	20	14	18	-0,95

The third observation, in line with the previous one, is that the values of the synthetic indexes of dimensions are in part disconnected, i.e. a good value of the synthetic index in one dimension does not necessarily go hand in hand with a similar one in another dimension. The correlation values between dimensions are for the most part low or little significant. The only correlation value which can be taken into consideration is the one between the index of material and cultural well-being/deprivation and the index of services (0.661): this means that in the regions where deprivation is inferior, more welfare services are available. If one considers also lower, but still statistically significant, correlation values, it can be noted that material and cultural well-being/deprivation is the only dimension correlated with another four dimensions: this demonstrates in some way the central role played by this dimension in the choice of indicators. But the indicators' structure is not the only element to be correlated with the dimension of deprivation. Also the index of well-being (which in this case is only 'partial', given that its synthetic index has not been taken into consideration in order to avoid redundancy) seems to be significantly influenced by the dimension of deprivation (0.693).

Figure 6. Correlation coefficients between the various dimensions and the index of well-being, 2005-06. (Provisional data)

	Relations	Material and cultural well-being/deprivation	Health	School inclusion	Safety and danger	Services	Partial index of well-being ^o
Relations	1,000	,418	,412	,450*	-,274	,065	,234
Material and cultural well-being/deprivation		1,000	,468*	,457*	-,509*	,661**	,693**
Health			1,000	,235	-,263	,280	,381
School inclusion				1,000	-,187	,218	,349
Safety and danger					1,000	-,337	-,443
Services						1,000	,361
Partial index of well-being ^o							1,000

^o This is the value of the index of well-being calculated without considering the dimension to which it is being correlated.

* Correlation is significant at 0,05.

** Correlation is significant at 0,01.

But are there, and if so, which are the most representative indicators, in terms of correlation values, of the individual dimensions comprising well-being? The answer to this question is given in figure 6. Only in 'relations and bonds' there is no indicator that is statistically correlated to its synthetic index, whereas in the other dimensions the correlation values are from being negligible. The indicator with the highest correlation value belongs once again to the dimension of deprivation and it is the percentage of children and adolescents who have read non-school books during the year. Then there are the indicators concerning child pornography crimes (for the dimension 'safety and danger') and the coverage of social and educational services for early childhood (for the dimension 'services'). Finally, for the dimension "health", the most representative indicator is disability-free life expectancy at age 15 (average number of years an individual is expected to live free of disability), while for 'school inclusion' it is the average level of learning in Italian in the first year of middle school.

Figure 7. Indicators with the highest correlation value with the synthetic index of each dimension. 2005-06. (provisional data)

Dimension	Indicators	Correlation coefficient
Relations and bonds	% of children aged 3-10 who play with their fathers on holidays	(0,41)
Material and cultural well-being/deprivation	% of children aged 6-17 who read books during the year for reasons not strictly linked to school	0,89**
Health	Disability-free life expectancy at age 15	0,78**
School inclusion	Average level of learning in Italian in the first year of middle school	0,60**
Safety and danger	Child pornography crimes for which criminal proceedings were initiated per 100.000 resident minors	-0,874**
Services	% of children in nurseries on the total resident children aged 0-2	0,820**

(The value is not statistically significant).

** Correlation is significant at 0,01.

Partial considerations

Given that the regional system of maps of well-being has been structured in time, it is worth concluding with some partial, rather than final, considerations. The positions of the regions in the rankings of well-being are clearly the result of the map proposed here and of the indicators chosen among others which were less reliable, or, most importantly, not even available. This study has

highlighted the existence of differences between the various geographical areas, thus posing new issues, questions and working hypotheses which need to be further examined in order to improve the monitoring done so far. Hence, it seems appropriate to focus on some of the issues highlighted in this research in order to elaborate a more detailed map of geographical differences.

Firstly, in future similar studies it will be necessary to include the domains which have been excluded from the regional map. As stated above, two domains out of the eight identified at a national level (leaving out the dimension on the social structure, which is entirely formed by indicators of context) have not been included in the regional analysis, because no such information was available at the regional level. These dimensions are mostly formed by subjective indicators, concerning the levels of well-being perceived by the children and adolescents themselves with respect to different aspects of their daily life: family, friends, school, activities, free time, etc. This type of subjective indicators may also refer to the participation of children and adolescents in the life of the community, in associations, in collective activities and in active citizenship initiatives. These aims seem possible to achieve: the resources needed are far from being excessive and, to a certain extent, these objectives are already being pursued through the carrying out of a vast national and regional survey on the various forms of child participation in the construction of their daily life.¹ It is also important to underline that, once a similar action is launched, it must be continued in time, in order to help define long-term maps of well-being.

Secondly, it is necessary to 'reinforce' some domains which are formed by few indicators and to acquire some indicators which 'traditionally' play a decisive role in the construction of a map of well-being and which are absent in this study. This is the case of the dimension formed by the indicators of material and cultural deprivation, in which for instance it was not possible to use the regional data on child poverty, due to their limited statistical significance caused by the restricted samples. Also in this case, the project seems feasible, as the resources needed, even if not minimal, can definitely be found.

Thirdly, it is probably necessary to drop some indicators which, during the analysis, turned out to be less reliable than expected in measuring certain phenomena. Dropping useful, important, yet uncertain indicators is not an easy choice. Let us focus for instance on the indicators concerning reports to the police of crimes committed by minors and of cases of abuse and maltreatment. In this respect, is the situation in Friuli Venezia Giulia really more dangerous for children than in other regions, or, given the dependence of crime reporting behaviours on cultural and environmental factors and on the organization of social and police services, are the different statistics the result of the subjective and organizational peculiarities of each geographical area?

With respect to the approach adopted in this study, it turned out that it is also necessary to analyze more in detail the effects on the measurement of synthetic indexes due more to the combination (z-scores) and calculation methods than to the values of indicators themselves. Other techniques can probably be experimented and elaborated, but I believe that the results achieved so far can already become the object of consideration and assessment.

To digress a bit, I would like to underline that other considerations – at least three – were made while planning this study. Firstly, it is not yet possible, even at a national level, to build maps diversified by groups, especially by gender. Even if we are now aware that life development and childhood in particular play a key role in determining differences, we cannot overlook the need to examine gender differences as well. In this respect, generational analysis and the analysis of relations with peers should go hand in hand with gender analysis. Given the currently available data, it is not even possible to make analyses diversified by cultural groups of origin and to focus for instance on foreign children (or children of foreign parents).

Secondly, in children's studies there is the emerging issue of the direct involvement of children and adolescents in the elaboration of well-being indicators. This is not only an issue of democracy or ethics of social research, but also a practical one: the children can indeed give useful indications on aspects of their daily life which may be invisible or appear secondary to adults.

Thirdly, it is important to examine the connection between the well-being measured through the

¹ This is a survey promoted by the Ministry of Labour, Health and Social Policies and by the National Documentation and Analysis Centre for Childhood and Adolescence. The survey is involving a regionally representative sample of 23,000 children and adolescents.

indicators used in this research and welfare policies. There is no – or only partial – overlapping between the dimensions of sense used here to calculate the index of well-being and the scope of welfare policies – unless we interpret everything strictly in causal terms. Hence, this research does not meet the legitimate and strong need, felt in particular by those who plan welfare policies, to monitor the evolution of relevant phenomena – especially in a comparative view such as the one proposed here, which is fundamental to assess possible actions by the public institutions to improve children's well-being. In this regard, it is thus necessary to carry out further research, also starting from the results achieved in this study. Should the analysis of well-being be kept separate from the one of the efficacy of policies, with the latter being defined by a series of studies (Pecora, Whittaker, Maluccio, Barth, 2000; Canali, Maluccio, Vecchiato, 2003; Canali, Vecchiato, Whittaker, 2008)? Certainly not, if one is convinced that well-being is influenced by environmental factors, even if the two study lines can remain in part autonomous. This leads us to the following question and debate: can well-being be improved through targeted welfare policies? In this case, the answer is clearly influenced by the specific aspects and dimensions taken into consideration for the elaboration of the map of well-being proposed here. The more the map is formed by objective indicators, such as the ones on services and school inclusion, the more welfare policies can have a concrete impact on it. This is the case for instance for the prevention of violent mortality and – in a completely different field – for the promotion of family foster care for children who have been removed from their families: both these actions depend on the availability of economic resources, but also on the political, organizational and welfare culture of a local context, which can thus be changed in time. The case is different for the evaluation of the connection between local political action and subjective well-being. The co-variations obtained between these two aspects in several empirical studies seem to be inconclusive – if not in the long term, but even in this case there are no confirmed certainties. The perception of one's own well-being in relations with family, friends and the environment is influenced by cultural and environmental factors which can be typical of a local context instead of another, or by specific personal situations, as well as by specific points of reference ('comparative standards') in defining levels of subjective satisfaction (Niero, 2002).

In this regard, this research must be considered as an experiment which should not be overshadowed by the 'habitual power' of numbers. This is intended to be a preliminary step for the opening of a debate. Eventually, I hope it will help convince the public institutions to develop information systems on childhood, in order to represent more adequately and organically the naturally multidimensional condition of children – a social group which should constantly remain on the local and national political agendas. It is important to bear in mind that measurement is just one of the possible techniques, together with observation and the discussion of experiences, which can help us understand a stage in life, such as the one of childhood, which has in many respects yet to be understood.

Annex

Aggregation of elementary indicators to calculate an index of well-being for children: the system of weights¹

Gianni Betti, Enrico Moretti, Marco Zelano

Preliminary considerations

This short note aims to provide a system of weights for combining different variables representing different dimensions of child well-being. The weights are determined through objective considerations (a statistical analysis of the data allows us to calculate the single weight for each indicator we use in the various sub-dimensions).

The weighted average is:

$$s_i = \frac{\sum_{k=1}^K w_k \cdot s_{k,i}}{\sum_{k=1}^K w_k} \quad \text{where } s_{k,i} \text{ represents the z-scores}$$

The general principle we follow in the calculation of the various weights, is that every indicator involved in the analysis can be highly or partially correlated with each other, and so the information that brings in the construction of the synthetic index should be redundant. So it is necessary to limit the influence of those characteristics highly correlated with the others.

The model

The weight suggested below for every variables or indicators “k” is obtained as the reciprocal of a mean measure of the correlation of a variable with each other variables forming a given sub-dimension:

$$w_k \propto \left(\frac{1}{1 + \sum_{k'=1}^K \rho_{k,k'} \mid \rho_{k,k'} < \rho_H} \right) \times \left(\frac{1}{\sum_{k'=1}^K \rho_{k,k'} \mid \rho_{k,k'} \geq \rho_H} \right) \quad (1)$$

where $\rho_{k,k'} = \text{corr}(s_{k,i}, s_{k',i})$ is the correlation between two indicators.

In the first term of the right member of (1), the sum consists of all indicators whose correlation with the variable “k” is lower than a certain value ρ_H .

This value-threshold is determined in order to collect the correlations in two cluster: 1) a group with low correlations and 2) a group with high correlations.

The threshold is obtained grading the correlations in an increasing order and then calculating the distance between every two contiguous correlations. The higher distance determines and divides the biggest correlation in the group of the low correlations, from the smallest correlation in the group of the high correlations.

For example, we assume to find 10 correlations so ordered:

0,01 – 0,10 – 0,20 – 0,20 – 0,25 – 0,30 – 0,35 – 0,80 – 0,90 – 1,00

Then we calculate the 9 differences:

0,09 – 0,10 – 0,00 – 0,05 – 0,05 – 0,05 – 0,45 – 0,10 – 0,10

The greatest distance 0,45, between the 7° and the 8° correlation, identifies the two groups.

The value-threshold ρ_H can be defined as every values between 0,35 and 0,80. It's interesting to notice that the second term of the preceding formula (1) always includes the case $k'=k$, when the correlation = 1,00.

The theoretical structure for this model is that: a) w_k is not influenced by the introduction of variables completely

uncorrelated with k; b) w_k is just marginally influenced by small correlation; c) finally w_k decreases when the number of variables highly correlated increases.

¹ The method used to create the system of weights has been developed as part of the activities of the Italian Childhood and Adolescence Documentation and Analysis Centre (body of the Department for Family Policies of the Council of Ministry Presidency and of the Ministry of Labour, Health and Social Policies), which are managed by the Institute of the Innocents of Florence.

An empirical application

An example could be useful to verify the application of the previous methodology. We can consider a matrix of indicator:

Regions	Indicators					
	1	2	3	4	5	6
Piemonte	3,1	2,1	0,4	0,4	0,5	2,6
Valle d'Aosta	3,7	1,6	0,0	0,0	0,0	0,0
Lombardia	4,1	2,3	0,5	0,3	0,1	3,8
Trentino-Alto Adige	2,7	1,4	0,6	0,7	0,0	3,8
Veneto	3,5	2,0	0,5	0,2	0,4	3,6
Friuli-Venezia Giulia	3,7	2,3	0,4	0,0	0,0	0,6
Liguria	5,5	3,5	0,2	0,0	0,0	2,4
Emilia-Romagna	5,7	3,6	0,9	0,4	0,0	5,3
Toscana	5,6	3,5	0,2	0,2	0,0	3,3
Umbria	4,5	2,3	0,0	0,2	0,8	2,4
Marche	6,0	3,6	0,4	0,3	0,0	2,5
Lazio	4,2	2,6	0,3	0,1	0,2	2,1
Abruzzo	4,4	2,9	0,4	0,1	0,0	4,9
Molise	2,3	0,9	0,4	0,0	0,0	1,8
Campania	1,5	0,8	0,2	0,1	0,2	2,5
Puglia	2,9	1,5	0,5	0,3	0,1	3,5
Basilicata	1,9	0,9	0,2	0,7	0,0	3,6
Calabria	2,0	1,2	0,5	0,2	0,0	2,3
Sicilia	3,6	2,0	0,6	0,2	0,6	3,1
Sardegna	2,5	1,7	0,3	0,3	0,4	3,3
mean	3,7	2,1	0,4	0,2	0,2	2,9
standard dev.	1,3	0,9	0,2	0,2	0,2	1,3

Then we proceed calculating the correlation matrix between each indicators. It's a symmetric matrix, of course:

1,000	0,968	0,082	-0,174	-0,073	0,173
0,968	1,000	0,153	-0,146	-0,082	0,251
0,082	0,153	1,000	0,273	-0,199	0,594
-0,174	-0,146	0,273	1,000	0,012	0,529
-0,073	-0,082	-0,199	0,012	1,000	0,001
0,173	0,251	0,594	0,529	0,001	1,000

In the next step, we consider the absolute values of the matrix to avoid problems in the calculation of the weights:

1,000	0,968	0,082	0,174	0,073	0,173
0,968	1,000	0,153	0,146	0,082	0,251
0,082	0,153	1,000	0,273	0,199	0,594
0,174	0,146	0,273	1,000	0,012	0,529
0,073	0,082	0,199	0,012	1,000	0,001
0,173	0,251	0,594	0,529	0,001	1,000

This matrix help us to calculate the 2 right members of formula (1):

1,000	0,968	0,082	0,174	0,073	0,173	w_a	w_b	$w_k = w_a \cdot w_b$	%	Weights	Indicators
0,968	1,000	0,153	0,146	0,082	0,251	0,666	0,51	0,338	12,6	0,76	1
0,082	0,153	1,000	0,273	0,199	0,594	0,613	0,51	0,311	11,6	0,70	2
0,174	0,146	0,273	1,000	0,012	0,529	0,435	1,00	0,435	16,2	0,97	3
0,073	0,082	0,199	0,012	1,000	0,001	0,469	1,00	0,469	17,5	1,05	4
0,173	0,251	0,594	0,529	0,001	1,000	0,732	1,00	0,732	27,3	1,64	5
						0,392	1,00	0,392	14,7	0,88	6
								2,678	100,0		6

For example, the weight of the indicator "1" is obtained as follow:

$$w_a = 0,666 = 1/1 + (0,082 + 0,174 + 0,073 + 0,173)$$

$$w_b = 0,508 = 1/(1,000 + 0,968)$$

The green values represent low correlations and form the first term of the right member of (1), the orange ones the second. As we can see from the correlation matrix, indicators "1" and "2" are strongly correlated but not perfectly. The methodology permits us to limit the influence of these two indicators in the calculation of the synthetic index for this sub-dimension, assigning a weight of 0,76 and 0,70. So the sum of the weights of indicators "1" and "2" is 1,4 rather than 2.

The Development of a National Set of Child Well-Being Indicators: Ireland

Sinéad Hanafin,¹ Anne-Marie Brooks²

This paper presents an overview of the development of a national set of child well-being indicators in Ireland and focuses, in particular, on the approach used in the development and on the characteristics of the agreed set. It concludes by highlighting a number of areas where, on the basis of issues arising from the indicator set development, progress has been made in developing improved data around children's lives in Ireland.

Background

Developing a national set of child well-being indicators can be problematic because of the multiplicity of priorities and perspectives of different stakeholders. A background search of the literature identified three broad approaches to child well-being indicator set development. These are:

- *data-driven development* where indicators are developed on the basis of the availability of data and where existing data sets are exploited to best characterise the state of the subject area under investigation;
- *policy-driven development* where indicators are developed for those phenomena that are currently on the political agenda and for which data are requested by policy-makers. The importance of ensuring indicators are relevant and useful for policy-makers has previously been identified by Ben-Arieh *et al.* (2001) who suggests stresses the importance of including policy makers in the process of developing indicators;
- *theory-driven development* which focuses on selecting the best possible indicators from a theoretical point of view. It has been noted, however, that the availability of data often restricts the outcome of this approach (Niemeijer, 2002; Rigby and Kohler, 2002).

Bauer *et al.* (2003) have suggested that all three approaches be combined in order to: 'arrive at measurable, meaningful indicators that are considered in the policy making process' (Bauer *et al.*, 2003, p. 107).

In the Irish development all three approaches were combined and the theoretical understanding was conceptually driven by a holistic understanding of children's lives. Andrews *et al.* (2002) definition of child well-being as follows provided some guidance:

healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organisation), positive social relationships (with family members, peers, adult caregivers and community and societal institutions, for instance, school and faith and civic organisations), and a social ecology that provides safety (e.g. freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society (Andrews *et al.* 2002, p. 103).

This definition was used because it facilitated the inclusion of many different dimensions of children's lives, as well highlighting the importance of children's relationships and formal and informal supports. This understanding of children's lives is coherent with the conceptualization of the child as described in the 'Whole Child Perspective' of the National Children's Strategy (Ireland, 2000). In addition to this understanding, account was also taken of Ben-Arieh *et al.* (2001) conclusions that "the field of child well-being indicators is undergoing four major shifts, from survival to well-being, from negative to positive, from well-becoming to well-being and from traditional to new domains" (Ben-Arieh *et al.*, 2001, p. 47). Consequently, we considered it important to indicators such as happiness, self esteem and children's participation, as well as those of school enrolment and mortality.

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Irish development

A multistage incremental approach was taken to the development of the national set of child well-being indicators. There were four main components:

Background review of indicator sets and compilation of an inventory (Brooks and Hanafin, 2005)

A review of indicator sets was undertaken and seventy-six international, national and regional collaborations were identified. All reports were reviewed for content, domain, sub-domain, number of indicators used and country of origin. The criteria for selecting the indicators were also examined. The final inventory included more than 2,500 child well-being indicators, which were drawn from six international collaborations including *The State of the World's Children* (UNICEF, 2005) and the *Child Health Indicators of Life and Development* (Rigby and Kohler, 2002); thirty-nine national indicator sets including *America's Children* (Federal Interagency Forum on Child and Family Statistics, 2002), *Australia's Children: Their Health and Well-Being* (Al-Yaman *et al.*, 2002) and *The Well-Being of Canada's Young Children* (Canada, 2002); and twenty-eight regional indicator sets drawn largely on material from Canada, the United States of America and Australia.

According to Ben-Arieh *et al.* (2001) it is important that the selection of indicators should be contingent on culture and specific needs of specific populations. Consequently, particular efforts were taken to consolidate previous work undertaken in the Irish context and a number of topic specific sets (e.g. health, poverty etc.) were identified and incorporated into the inventory.

An analysis of these sets showed a number of common indicator areas including: Infant and child mortality rates, mental health problems, teenage fertility and sexual behaviour, use of tobacco, alcohol and drugs among children, as well as poverty levels, children as victims and perpetrators of crime (including child abuse and neglect) and educational participation rates were commonly used. The inventory is available for download at www.childrensdatabase.ie.

A feasibility study of the availability of national statistics to construct the indicators identified in the inventory (Fitzgerald, 2004)

The inventory was followed by a feasibility study where the aim was to identify indicators that could be readily compiled from data currently available in Ireland and to pinpoint areas where further development of statistical systems was necessary. This involved the examination of the inventory of child well-being indicators on an indicator-by-indicator basis to assess the extent to which Ireland was able to provide data to construct the indicators and at what frequency.

The results of the feasibility study demonstrated that Ireland had good data, compiled to international standards, on population, employment status of parents, household living standards, and maternal and infant health. However, it was noted that only a fraction of the latent information about childhood from these sources was actually published but data were available for a substantial number of indicators identified in the inventory. Furthermore, some gaps were identified, particularly in the area of middle childhood, early child care and education, children in situations of high risk, for example, dropping out of school early, domestic violence and children showing behavioural problems.

A study on children's understanding of well-being (Gabhainn and Sixsmith, 2005)

The National Children's Strategy sets out a policy commitment to giving children a voice in matters that affect them and it was important that the development of the national indicator set would take account of children's voices. This study aimed to contribute to the development of the national set of child well-being indicators by enabling children to identify areas of importance to their own well-being. The study mirrored the process of the Delphi technique, described later, by incorporating both individual and group level responses. Photography was used as the main method and a total of 33 groups of children were involved in the overall study.

Initially, 266 children took a total of 4,073 photographs of things, people and/or places that 'make them well' or 'keep them well'. When developed, the photographs were returned to the children who had taken them and they were asked to annotate them. The second stage of the study involved other groups of children looking at the developed photographs and dividing them into sets of mutually exclusive categories, while the third stage comprised further groups of children in developing

schematic representations of well-being, using photographic examples of the categories.

Schema were first developed by single gender groups, then by mixed gender groups and a final integration was undertaken by a group of older youth designed which aimed to provide a comprehensive representation of well-being relevant to Irish children.

There was considerable overlap between the areas considered important by children and other stakeholders. However, three areas, that of 'pets and animals', 'things to do' and 'places to go', had not been identified by adult stakeholders. These three areas were incorporated into the Delphi Study and subsequently into the final set of child well-being indicators. This study is available for download at www.childrensdatabase.ie.

The Delphi technique study (Hanafin and Brooks, 2005a and 2005b)

The Delphi technique has been defined as a research approach used to gain consensus through a series of rounds of questionnaire surveys, usually two or three, where information and results are fed back to panel members between each round (Linstone and Turoff, 1975). The main purpose of adopting a Delphi technique to decision-making is to provide a structured approach to collecting data in situations where the only available alternative may be an anecdotal or an entirely subjective approach. A systematic review of empirical studies (n = 25) comparing the Delphi technique with standard interacting groups concluded, with some caution, that Delphi groups outperform groups in decision-making and forecasting (Rowe and Wright, 1999).

For this study, 'a panel of expertise' comprising sixty-nine policy-makers, service providers, non-governmental organisations and parents was formed and a three round Delphi study carried out with feedback on the individual and group responses provided at each round. Response rates varied between 72% and 84% and this methodology facilitated an integrated, systematic and transparent approach to the development of the final indicator set. A more detailed description of this study is available at Hanafin *et al.* (2007).

Agreed national set of child well-being indicators

The agreed indicator set comprises 42 child well-being indicators and 7 demographic indicators, which are used to contextualise children's lives in Ireland. Moore's (1997) selection criteria, modified for use in the Irish context (Carroll, 2002), were helpful in ensuring that the final indicator set was holistic. The criteria applied were:

- comprehensive coverage;
- children of all ages;
- clear and comprehensible;
- positive outcomes;
- forward-looking;
- rigorous methods;
- geographically detailed;
- cost-efficient;
- reflective of social goals.

A small number of examples of the extent to which the panel of expertise felt these criteria were met are presented below. Almost ninety-six percent of the panel of expertise, for example, agreed the indicator set included measures that assess well-being across a broad range of areas of children's lives. Box 1 below identifies areas incorporated into the indicator set:

Box 1. Indicator areas

Abuse and maltreatment Housing Out of home placements Health conditions and healthcare Economic security Early childhood care and education Environment and places Mental health (incl. self-reported happiness)	Nutrition Participation in decision-making Public expenditure on services for children Children's relationships Self-esteem Sexual health and behaviour Things to do Use of tobacco, alcohol or drugs Values and respect
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More than eighty percent (83.3%) agreed that the indicator set included enough measures for children of every age from birth through to adolescence and the main criticism related to the middle childhood period. Specific indicators relating to this area included for example:

- The number of births within each 500g-weight interval, expressed as a proportion of all registered live and stillbirths.
- The number of children under 5 in various early childcare and education arrangements,
- The number of children in age categories 8-11 and 12-17 who report to feel happy with the way they are.

There was also agreement (93.8%) that the indicator set included a sufficient balance between negative and positive measures of well-being and areas included were:

- The number of children referred to the Garda Juvenile Diversion Programme, expressed as a proportion of all children.
- The number of children aged 11, 13 and 15 who report that students participate in making the rules at their school.

Progress since the indicator development

Since the development of the national indicator set, the State of the Nation's Children Report has been published twice (OMC, 2007; OMCYA, 2008). These biennial reports are framed by the national indicator set and draw on twenty-two different data sources from administrative, survey and census data. They provide a useful benchmark of children's lives in Ireland and provide a temporal and international comparison.

Despite general satisfaction with the national indicator set and the usefulness of these reports, there are some challenges. These relate to the availability of data; variability in the quality of data available; absence of harmonisation of demographic variables in respect of some data; and issues arising in how the report should be compiled and presented. A more detailed discussion of these issues is presented in Hanafin and Brooks (2009).

A dearth of information about the middle childhood period was identified in the development of the national set of child well-being indicators and this appears to be an international as well as a national problem. This difficulty has been partially solved by the inclusion of children aged 8-11 years in the most recent survey of Health Behaviour in School-going Children Survey in Ireland. This international survey generally collects information from children across forty countries aged 11 and over. In addition, the Irish Government has funded a national longitudinal study of children titled 'Growing up in Ireland' and this study, which commenced in 2006, will follow the lives of 8,000 children aged nine years at recruitment and 10,000 infants. It is hoped that these two developments will assist in bridging the gap in our understandings about the middle childhood period in Ireland.

Attempts have also been made to maximise the use of existing data sources to fill gaps in our understandings of children. For example, the ESPAD and HBSC surveys have included markers of disability and ethnicity in their most recent surveys while the more recent national quarterly household survey has incorporated a question on parental satisfaction with childcare arrangements. A new data

source around the surveillance of obesity of Irish children has been developed and the information from this will be used to report on children's lives.

Finally, a more strategic approach is now being developed to data on children's lives and a national data strategy on children's lives is currently in development. This strategy will set out a short, medium and long term approach to ensuring that information about children's lives is available, of good quality and utilised in a way that improves understandings about children in Irish society.

What children mean by well-being...

Michel Vandekerke¹

Sixty-four children aged 6 to 15 took part in a qualitative research on their experience of well-being. A wide range of techniques were used to enable participants to express their representations of well-being in their own words. These testimonies were used to draw a sort of child-centered mental map of well-being. The importance of some components of well-being (such as self-esteem) has been confirmed. Other ingredients (such as agency, the feeling of being in the driver's position), normally underestimated by adults, have emerged as crucial. These testimonies invite us to consider some situations (such as the opportunity to be alone) in a new light. Finally, we might well discover, in what children have to say, one specific aspect of well-being: the well-being as a gift. The lessons to be learnt from this research can be unfolded in five lines of recommendations on how to include the children's perspective in the definition of well-being indicators.

Introduction

Let me begin with a personal anecdote. While reading the final report of the research that is now being presented, I found myself recalling a series of images of my childhood: places, moments, feelings, etc. a bit of a jumble, a hodgepodge of memories of the past which quietly came to my mind. I am telling you this anecdote because I think it pays tribute to the work carried out by the researchers. Not so much because I would have recognized in the stories of today's children the same experiences I had as a child – in fact, the world has changed a lot since then – but because through these stories, their tone and their freshness, I was definitely able to distance myself from the point of view of an adult and to go back to what made me feel well as a child.

To listen to what children aged 6 to 15 have to tell us about well-being, to listen to their accounts about what makes them feel well: this is quite simply the starting point of this research. The result: a flood of stories, memories, images, feelings, etc., a sort of colourful kaleidoscope, an echo of the universe of childhood, which we all leave at a certain time, sooner or later, but which comes back to our minds on the rare occasions in which we remember we once were children.

In order to make this journey, in order to rediscover the taste and the truth of the experience of well-being we had when we were “little”, we, the adults, need **method**. The method which was adopted in this research was based on a *bet* and on a *conviction*: the conviction that, by creating the right conditions, it is possible to know the experience of children about well-being, and the bet that, building on this, it is possible to elaborate a set of indicators on children's well-being.

These are the two ambitions of the study and I will now try to summarize the contribution made by the researchers. And, to anticipate the conclusion a bit, I will tell you that, while our conviction was largely confirmed, the bet to transform the collected information into teachings for the elaboration of indicators still remains quite open.

How to know the experience of children about well-being?

The qualitative approach was a straight choice: both for methodological reasons (absence of a theoretical framework on the children's perception of well-being) and for an epistemological choice (to give the priority to the point of view of children), it seemed to us that the best way to proceed was to directly interview the children themselves. In any case, we are neither the first nor the only ones to have adopted such an approach and we largely followed the example of the Australian research by Fattore, Mason and Watson (2007).

In particular, we have ‘borrowed’ from this study the key idea to interview the children in three stages, during three different meetings: the first time as an interview with a pair or a trio (in order to

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balance the situation of an interview between an adult and children), the second and the third time in small groups of five children, under the direction of the same adults (2) during the three meetings.

	Meeting 1	Meeting 2	Meeting 3
Collection method	With a pair (or trio)	In a group of 5	In a group of 5
Task	To collect children's accounts	To investigate the children's accounts	To structure topics
Objectives	Inventory of topics	To clarify, to explain	To group topics by families
Exercises	Free associations	In-depth exercises	Summarizing exercises

Examples of exercises of free association:

- direct question: what are the times and places in which you feel well?
- projective exercise: draw the lake of well-being and the rivers which lead to this lake;
- build a mind map starting from a central word or expression.

Example of in-depth exercise:

- I feel well when [concrete experience of well-being] on condition that...

Examples of summarizing exercises:

- exercises oriented towards a task: prepare a TV show or a book on children's well-being, what would a well-being inspector do?, imagine the planet, the country of well-being, etc.;
- classifying: arrange the experiences of well-being on the thermometer of well-being.

An important adaptation of this pattern was to organize the series of meetings in three waves: in other words, one third of the children were interviewed in three stages to complete the full cycle of meetings, then another third of children were interviewed following the full cycle and finally, the remaining third of children were also interviewed in three stages. This pattern has made it possible, on the one hand, to reduce the amount of time between one meeting and the other, which appeared advisable in order to keep the children involved, and, on the other hand, to adapt and adjust interviewing techniques.

It is important to underline that the application of this pattern was very flexible, in particular to take the peculiarities of children and groups into account, but, most importantly, to give children themselves the possibility to actively influence the progress of the interview and the choice of the form of expression. This turned out to be an important factor in motivating the children. In other words, the children knew that they could withdraw from the research at any time and the system allowed them to have a certain control on the progress of the research (reduction in the power imbalance between adults and children).

The children were 'recruited' with the help of some intermediaries. The aim was to obtain a diversified sample in terms of age, gender, socio-economic level, family model (two-parent, single-parent, reconstituted family), geographic origin and housing type.

In total 64 children aged 6 to 15 participated in the three meetings. The fact that only two children withdrew before the end of the 3-meeting cycle is a significant sign of the interest shown by the children. This is in addition to the numerous positive comments made by the children during the meetings, who also often expressed their surprise for the fact that similar exercises were not done at school.

What children mean by well-being...

The aim of the study was not only to collect a range of interesting stories from the children, but also to elaborate categories of understanding of well-being which would resemble their own experience as much as possible. The children's accounts were analyzed in two stages: firstly, to detect the emerging categories through which the interviewed children organize and give sense to the different experiences of well-being; secondly, to try to summarize this form of understanding of well-being in a small series of dimensions.

The analysis thus led to the elaboration of two lists: a list of emerging categories and a list of key dimensions. The emerging categories² are the groups, the families of sense which resemble as much as possible the point of view of children about well-being; the dimensions³ are the result of the researchers' attempt to summarize the most relevant features of sense.

The immediate implication of such results is the confirmation of what might appear obvious, but which is worth reminding: for children, as for adults, well-being is a complex concept made up of several aspects.

Even more importantly, these different aspects are linked to each other. Most often, no factor alone automatically generates well-being: it is the combination of different factors which generates a feeling of well-being. In other words, the various factors of well-being can strengthen or annihilate each other. Contrary to some "objective" indicators of well-being – such as vaccination rate – subjective well-being does not increase in a linear way with the accumulation of a certain type of elements of well-being (to have more and more and more): it is the combination and balance of the various elements which generates the best experiences of well-being.

The most emblematic example is the way children see school. While they have assimilated that school is a necessary step towards adult age, it only becomes a factor of well-being when there is a combination of different possibilities: possibility to have friends, possibility of play, possibility of stimulation, possibility to be encouraged and to develop one's own talents, etc. Conversely, when, for instance, school prevents children from being with their usual friends, when it is boring, when their talents are not encouraged, etc.

This observation is particularly important because it means that well-being is perceived by children in a holistic way: it is a global experience. The quality of the basic ingredients is certainly important, but, like in a well-done dish, the 'recipe' must skillfully combine the right proportions of the ingredients in order for the sauce to thicken.

In general, the highlighted categories and dimensions are consistent with the dimensions of well-being as defined by adults. Having said that, it is probably not superfluous to focus on a certain number of ingredients which are essential to the eyes of children, but whose importance tends to be underestimated by adults.

One of the most important ingredients is the possibility of agency. Adults seem to forget it too often: just like them, children appreciate the fact of being able to act in an autonomous, independent way, i.e. to be able to make their own choices in their daily life, to be able to influence things within the family and at school, to make their own experiences and even to take some risks, to be able to set the rules, etc. All that makes the child a truly active player – and not just a puppet – makes an essential contribution towards the construction of well-being as is seen by children.

This observation is reassuring for two reasons. Firstly, it justifies the importance given to the right to participation in the Convention on the Rights of the Child and, secondly, it agrees with the positions of the various pedagogic currents which insist on the central role of learning through experience and on the possibility to proceed by trial and error. Another essential ingredient of well-being is self-confidence, the positive image of one's own self, self-esteem. This ingredient is based on a series of factors: the awareness of one's own individuality, the feeling of being important for others, kindness by others, the fact of being chosen by others, the fact of being linked to a line of relatives (identity), etc.

These two ingredients clearly reflect the line of rights which, in the Convention on the Rights of the Child, fall under the dimension of *emancipation*.

The children's views on well-being also clearly contain some ingredients which are directly linked to the dimension of *protection* of the Convention. These are in particular the elements which, in this study, have been grouped in the category 'basic emotional security' (i.e. be able to count on someone) and in the category 'physical and moral security' (protection against aggressions, safe environment, social points of reference, foreseeability of people, etc.).

² Categories: Definition of well-being, Levels of well-being, Situations of well-being, Experiences and emotional feelings that can be associated with well-being, Factors of well-being, Actions and interactions, Supports to well-being.

³ Dimensions: Positive and willing mood, The received well-being (feeling good without needing to do anything to feel so), Social and cultural well-being, Moral and psychological well-being, To exercise the right to be subject of action as a source of well-being.

The research has also led to the elaboration of some sharper comments which go against some clichés. I will dwell upon three of them.

While children like to be surrounded by their parents and friends, while they like as well to stand out and to be on the spotlight, some also like the possibility to be alone, i.e. to have their own room, to be able to read on their own, to walk the dog all alone, to discover a landscape: all these have been cited by children as moments in which they feel well. This is an important observation because the children who have a positive experience of solitude seem more capable than the others to feel and to express their needs and expectations with respect to well-being. It may be that solitude is a good laboratory for the development of the agency capability and to have a positive image of one's own self.

The study also highlighted the special role played by certain types of places. We have just seen it: to have one's own space is very important, but access to nearby public areas (park, alley, surrounding nature, public sports fields, swimming pool) plays a prominent role in the experiences of well-being of children. What seems to be particularly appreciated are the anonymous and safe public places, far from the eyes of known adults, which give children possibilities of exploration (here again we see the importance of agency).

Adults know it, or knew it, but they tend to see only the negative aspects of it: carefree attitude and spontaneity are often associated with experiences of well-being. The non-competitive situations in which one can act the fool, talk crap, party, listen to favourite music together with others are engraved in one's memory. Similarly, well-being is also generated when one is stimulated and has strong sensory experiences without being endangered: the children themselves are surprised these experiences are almost systematically absent in the school framework. It is probably not exaggerated to state that the school neglects – at its own expense – the powerful learning opportunities provided by the recourse to strong emotions and feelings.

One of the most fascinating dimensions highlighted by the research – maybe because it is the one which gives the most food for thought – is what the researchers have called received well-being. Received well-being arrives on its own, without the child having to do anything to generate it. It often presents itself as additional well-being within an already positive situation. This type of well-being is the easiest one to describe for the children. It is indisputably the one they associate the most spontaneously to well-being. It is also the one for which adult representations are the least numerous in their speeches. Their accounts focus around their memories.

Received well-being is characterized by three elements:

- an almost immediate effect;
- the importance of the sensory aspects (the other touches me, the sun gives me its warmth, the eyes no longer know where to look);
- one becomes aware of this type of well-being only after experiencing it.

The following are some examples:

- to tan on the beach;
- to play without being aware of the time passing by;
- to receive a spontaneous token of affection.

This experience of well-being makes me think of the text by Rimbaud: “Je devins un opéra fabuleux: je vis que tous les êtres ont une fatalité de bonheur: l'action n'est pas la vie, mais une façon de gâcher quelque force, un énervement” [“I became a fabulous opera: I saw that all beings have a destined end to happiness: action is not life, but a way of wasting some force, an enervation”].⁴

I wish I had been able to summarize all these observations in a striking expression which would integrate all the lessons we learnt while listening to the children. I was not able to find this striking expression, but I think that the closest one would be this African (Senegalese) saying: “it takes a village to raise a child”. Never mind if this is also the title of a book by Hillary Clinton.

⁴ A. Rimbaud, *Alchimie du verbe* (extrait), *Délires II, Une saison en enfer* [1873], trans. by E.R. Peschel, Oxford: OUP, 1974, p. 87.

Teachings for the definition of indicators of well-being

Difficulties

For children, as for adults, well-being is a complex concept made up of several aspects.

In the children's considerations about well-being we can recognize the same concern inspiring the Convention on the Rights of the Child: how to reconcile *protection* and *emancipation*? This can be illustrated with two emblematic examples: the issue of limits and the issue of the points of reference.

Children clearly know that their well-being depends on a series of factors which are not under their control: this is evident with respect to their material conditions, but this also involves their security. The desire to be recognized as interlocutors, to express their own opinions, to make themselves heard, to be able to make their own experiences is limited by the fact that, all in all, with respect to certain things, the adults theoretically know better what is good for them. It is thus the negotiation between these two imperatives – exist as an individual and accept the limits imposed by adults – which is crucial to feel well.

The issue of the points of reference is similar: children are exposed, especially through the media, to the painful situations of the adult world (war, violence, poverty, deterioration of the environment): without a decoding pattern, they soon feel lost. But how to prevent the adults' view from entirely imposing itself in the children's mind? How to let them free to build their own point of view about these situations? How to make threatening situations acquire sense for the children?

Opportunities

The research also highlighted some important ingredients of the children's view of well-being. These have been grouped into categories of sense, where we can find a jumble of factors of well-being, situations associated to well-being, different emotional experiences, specific modes of action and interaction, and various supporting elements (places, objects, people, etc.).

This conceptualization has been summarized in five dimensions, which should be taken into account by all those who care about the well-being of children. These dimensions have also provided the basis for the elaboration of potential indicators of well-being centred around the point of view of children. This list of potential indicators is only a first step. The list must necessarily be compared with the concrete possibilities we have to put them into measures through the appropriate collection of information, as for all the systems of indicators.

How can we put the lessons we have learnt to good use? Following the approach adopted in the Australian study by Fattore *et al.*, I will put forward six lines of recommendations:

1. *Look at the issues which are already on the agenda in a new way.*

The movement in favour of child-friendly cities has already grown in several countries (as proven by the existence of the network of child-friendly cities:

<http://www.childfriendlycities.org/fr/home.html>). But, apart from physical safety for children, the accounts we collected lead us to insist on the importance of the possibility to access nearby areas. The following are three possible indications:

- favour rooting in the local framework (district, block, market, shopkeepers, neighbours);
- give access to protected and safe places (parks, playground, etc.);
- give access to sports facilities (swimming pool, football field, etc.) or means of cultural expression (stage, video equipment, etc.) in a free or different way (swimming pool with chute, places where children can shout or make noise, etc.).

2. *What are the key issues for children which are not (or not sufficiently) on the political agenda?*

I will focus on two issues:

- To be able to have 'non-productive' (without structured learning or with no functional aim) and 'non-structured' (freedom of spontaneous structuring) moments, to have access to leisure activities (cultural, sports) which allow children to act spontaneously and to let off steam (Who said: give us gardens to do something silly?), to be able to temporarily withdraw from social life, to do the positive experience of solitude, to have personal and intimate spaces: all these are

ways to access well-being which are not always accepted and guaranteed by adults.

- Whether we like it or not, the world of childhood is not isolated from the adult world: it is not immunized against the violence spreading in it, if only for the power of the images shown by the media. It is important for the children to have the means to decode and to give sense to the world of adults. On the basis of the accounts we collected, it seems that a lot of children do not have adequate access to the right keys for the understanding of the world as it is and as it functions. There are probably not enough available means to make political and social developments accessible to children.

3. What are the unexpected, unfortunate consequences for the well-being of children, when some essential components of children's well-being are considered not important or not relevant to the adopted policies?

The typical example of a dimension which is not sufficiently taken into account both in daily interactions and in the adoption of policies is the children's capability and desire to be active players, to have a possibility of agency, to act in an autonomous, independent way.

In this respect, there is certainly no shortage of fields of application, as this leads us to the issue of participation, one of the four fundamental principles of the UN CRC.

I believe it is a priority for the decision-makers to acquire instruments to measure the progress made with respect to the inclusion of children as active players in the different fields of life – especially as there is no lack of opportunities to develop this component of well-being.

4. Need to coordinate the actions of stakeholders (family, government, community) in order to take the holistic nature of well-being into account.

A child is not only the son or daughter of his/her parents, their eldest or youngest child, not only a pupil, a patient, a member of a sports club: a child is all these things together. And it seems very difficult for the various 'institutions' dealing with the child (and the family is one of them, together with others) to take into account the different directions in which the child develops within the various fields of life.

Here are two suggestions which may help promote self-confidence and self-esteem among children:

- Have access to organizations and institutions which carry out evaluations on the basis of multiple criteria: importance of not being 'cornered' in a negative feedback and of considering the various forms of intelligence and types of aptitudes.
- Have access to organizations and institutions which promote multiple forms of integration and appreciation ("be free to come play my music at school even if I am not a brilliant pupil")

5. Importance of the small actions of daily life and of the nature of daily interactions: need to consider the impact of adults' behaviour on the well-being of children as they see it.

The adults in charge of children are mainly concerned with their future. But the daily life lies, both for children and for adults, in the present time, in what we experience here and now. For children, in any case, well-being also occurs now. Here are three examples which illustrate this 'evidence':

- the presence and attention of parents or accompanying persons on the way ("Not to be transported as an object");
- facilitate access to adults who embody a 'status' (professors, policemen, etc.) and to 'unknown' adults whom the child sees regularly (shopkeepers of the nearby area, elderly persons, etc.). The children who do not know how to address these two categories of adults feel less well than the ones who believe they know how to do it;
- with respect to the provision of services, need to take into account the interrelations between demands: build relations encouraging a feeling of control, promoting a sense of security and showing respect.

Every Child Matters and the National Indicator Set

Isabella Craig⁵

This paper gives the background to the development of children's indicators to date in England. The origin of our current indicator framework is the death of Victoria Climbié, who was horrifically abused by her carers and eventually died at their hands aged eight years old. The report into her death, by Lord Laming, showed that social services, the police and the NHS failed to do the basic things well to protect her. The common threads in Victoria's case (and in past inquiries into the deaths of other children) which led to a failure to intervene early were poor co-ordination; a failure to share information; the absence of anyone with a strong sense of accountability; and front line workers trying to cope with staff vacancies, poor management and a lack of effective training. Lord Laming recommended that in order to protect children we should focus on both the universal services that all children receive and the more targeted services for those with additional needs.

Every Child Matters

Alongside the formal response to Lord Laming's report the government published a Green Paper (a consultation paper) called *Every Child Matters*⁶ (ECM) in 2003, setting out policies designed both to protect children and maximise their potential. The Green Paper built on existing plans to strengthen preventative services by focusing on four key themes:

- increasing the focus on supporting families and careers – the most critical influence on children's lives;
- ensuring necessary intervention takes place before children reach crisis point and protecting children from falling through the net;
- addressing the underlying problems identified in the report into the death of Victoria Climbié – weak accountability and poor integration;
- ensuring that the people working with children are valued, rewarded and trained.

The ECM Green Paper was followed up by the Children Act 2004,⁷ which secured Royal Assent on 15 November 2004 and provided the legislative foundation for whole-system reform to support the Every Child Matters ambitions, including establishing for England:

- a Children's Commissioner to champion the views and interests of children and young people;
- a duty on Local Authorities to make arrangements to promote co-operation between agencies and other appropriate bodies (such as voluntary and community organisations) in order to improve children's well-being (where well-being is defined by reference to the five outcomes), and a duty on key partners to take part in the co-operation arrangements;
- a duty on key agencies to safeguard and promote the welfare of children;
- a duty on Local Authorities to set up Local Safeguarding Children Boards and on key partners to take part;
- provision for indexes or databases containing basic information about children and young people to enable better sharing of information;
- a requirement for a single Children and Young People's Plan to be drawn up by each Local Authority;
- a requirement on Local Authorities to appoint a Director of Children's Services and designate a Lead Member;
- the creation of an integrated inspection framework and the conduct of Joint Area Reviews to

⁵ Department for Children Schools and Families, England.

⁶ http://www.dcsf.gov.uk/everychildmatters/_download/?id=2674

⁷ http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

- assess local areas' progress in improving outcomes;
- provisions relating to foster care, private fostering and the education of children in care.

When drafting the ECM Green Paper the government consulted with children, young people and families on the outcomes that they want to achieve. The five outcomes that mattered the most to children and young people were:

- being healthy: enjoying good physical and mental health and living a healthy lifestyle;
- staying safe: being protected from harm and neglect;
- enjoying and achieving: getting the most out of life and developing the skills for adulthood;
- making a positive contribution: being involved with the community and society and not engaging in anti-social or offending behaviour;
- economic well-being: not being prevented by economic disadvantage from achieving their full potential in life.

ECM Outcomes Framework

An outcomes framework for children was created based on these five outcomes. In order to measure progress each outcome is underpinned by five more specific aims. The aims supporting the Be Healthy outcome are that children and young people are physically healthy; mentally and emotionally healthy; sexually healthy; live healthy lifestyles; and choose not to take illegal drugs. Under Stay Safe the aims are that children and young people are safe from maltreatment, neglect, violence and sexual exploitation; safe from accidental injury and death; safe from bullying and discrimination; safe from crime and anti-social behaviour in and out of school; and have security, stability and are cared for. Under Enjoy and Achieve the aims are that children and young people are ready for school; attend and enjoy school; achieve stretching national educational standards at primary school; achieve personal and social development and enjoy recreation; and achieve stretching national educational standards at secondary school. Under Make a Positive Contribution children and young people should engage in decision making and support the community and environment; engage in law-abiding and positive behaviour in and out of school; develop positive relationships and choose not to bully or discriminate; develop self-confidence and successfully deal with significant life changes and challenges; develop enterprising behaviour. Finally under Achieve Economic Well-being children and young people should engage in further education, employment or training on leaving school; are ready for employment; live in decent homes and sustainable communities; have access to transport and material goods; and live in households free from low income.

Once the outcomes framework had been devised a search was carried out for data and indicators that could be used to measure each aim. Where possible each indicator was measurable for England and also for the 150 local authorities in England, and were also measured at least annually. The aim was also to find indicators that measured outcomes for children rather than indicators that measured processes, although it was recognised that this would not always be possible. A scoping exercise was carried out with all government departments, asking for any data held that could be used as indicators in the outcomes framework. The choice of data was far greater for some of the outcomes than others, with Make a Positive Contribution being particularly lacking in potential indicators, especially as, due to time pressures, the indicators had to be based on data that were already available or would be available very soon. Data sources were considered for any perverse incentives they might create, such as concentrating efforts on certain groups of children at the expense of others. It also had to be clear for sources chosen whether increases and decreases were good or bad. For example, an increase in reported bullying could indicate a rise in bullying, which would be a bad thing, or could just mean that more children are reporting episodes of bullying, which would probably be a good thing.

Some examples of indicators chosen include one on reducing the number of children killed or seriously injured in road traffic accidents, several indicators on improving attainment and attendance at school, data on sexually transmitted infections among teenagers and indicators on satisfaction with public spaces.

Local Government White Paper

The use of indicators to measure local authority performance in England changed considerably following the publication of the Local Government White Paper *Strong and Prosperous Communities*.⁸ The aim of this White Paper was to give local people and local communities more influence and power to improve their lives, and as part of that aim, it radically reduced the number of national targets, allowed others to be tailored to local circumstance, and introduced a lighter touch inspection system.

The White Paper specified that there would be around 35 priorities for each local area, tailored to local needs through a Local Area Agreement. Instead of the many hundreds of indicators previously required by central government there would be a single set of about 200 outcome based indicators covering all important national priorities like climate change, social exclusion and anti-social behaviour. This indicator set would include citizen satisfaction and perception measures; and citizens and communities everywhere would be able to examine performance against the indicators to know how well their local area is doing.

Alongside these indicators, a new regime for dealing with monitoring, support, assessment and intervention, called Comprehensive Area Assessment, was set up, which was to be a more proportionate risk-based regime which would cut bureaucracy and allow more targeted support or intervention when things go wrong.

National Indicator Set

Following the publication of the White Paper, all government departments worked through their priorities for local government to devise a set of indicators that could be used to monitor local performance against those priorities. This set of indicators was called the National Indicator Set (NIS) and around 70 indicators were chosen for children. In theory, departments started from scratch to devise their indicators, but in practice there was only a limited time for indicators to be agreed so there was still a lot of reliance on existing data sources. This meant also that several indicators that measured process, particularly in the area of safeguarding, continued to be used, despite a continued wish to measure outcomes where possible. Where process or perception indicators were included however, there would have to be an evidence based justification for why indicators on quality of service, process or perceptions were good proxies for outcomes.

A few outcome based indicators were derived from new data, such as an indicator on the emotional health of looked after children. However, the timescales for collecting data from local authorities are such that the first data for this indicator will only become available in October 2009, well over two years after the indicator was devised. Another new indicator was developed on parental satisfaction with the services provided to their disabled children. Although this information was collected through a survey of parents, so the lead-in times weren't as long as for data collection from local authorities, the first data were still only able to be published in May 2009.

The Children's Plan

As the new indicators were being devised, a change in Prime Minister in summer 2007 also led to a change in the responsibilities of some government departments. On the children's side, the Department for Education and Skills gained and lost some functions and became the Department for Children Schools and Families (DCSF) with the lead responsibility for all children's issues, although often in partnership with other government departments. DCSF looked again at its aims and in December 2007 published the *Children's Plan*,⁹ a ten-year strategy to make England the best place in the world for children and young people to grow up. The Plan aims to improve educational outcomes for children, improve children's health, reduce offending rates among young people and eradicate child

⁸ <http://www.communities.gov.uk/publications/localgovernment/strongprosperous>

⁹ <http://www.dcsf.gov.uk/everychildmatters/about/childrensplan/childrensplan/>

poverty by 2020, thereby contributing to the achievement of the five Every Child Matters outcomes.

The Children's Plan goals were aligned to the ECM outcomes, and also to DCSF's Department Strategic Objectives (DSOs) and Public Service Agreements (PSAs). These goals and outcomes are now monitored by the National Indicator Set (NIS). The NIS indicators were announced through the Comprehensive Spending Review 2007, from priorities identified in PSAs and DSOs. The aims, outcomes and indicators are summarised visually in the refreshed Every Child Matters Outcomes Framework.¹⁰

Examples of NIS indicators

Some examples of children's indicators in the NIS follow. For example, a survey of children in schools called Tellus provides a handful of indicators, including one on the emotional health of children under the Be Healthy outcome. The indicator measures the proportion of children who enjoy good relationships with their family and friends, based on whether they said they had good friends, and people to talk to when they are worried about something.

An example of a proxy indicator under the Stay Safe outcome is one on the stability of placements of looked after children. This indicator measured the proportion of children who experienced three or more placements in a year. It is known through research that stable placements are key to good outcomes, so decreasing the value of this indicator should help to improve the outcomes for these children. However, it was also important that this indicator didn't lead to children being kept in unsuitable placements, hence the cut-off point being three placements rather than a smaller number. There is also no expectation that 100% of looked after children will have fewer than three placements in a year.

Under Enjoy and Achieve many of the indicators did not change under the new framework, and there are still a substantial number of indicators measuring attainment, progress and attendance of children at school, including indicators that measure inequalities in attainment, for example by comparing the attainment of children with Special Educational Needs and those without, or by comparing the attainment of those who are eligible for free school meals with those who aren't.

Next steps

This is not the end of the story. The NIS is linked to the Spending Review period and the indicators are fixed for the first three years. However government departments are currently considering whether there should be a change to the indicators for year four. DCSF is conducting a review of the National Indicators it is responsible for, the main thrust of which is to check whether the indicators appropriately reflect the broad range of DCSF business and identify any gaps. The NIS was mostly developed by DfES and some of the Department's work, such as supporting families, is not captured by the current indicators. There is also a move to revamp the safeguarding indicators, following criticism that they are not fit for purpose and this is the focus of considerable work at the moment.

¹⁰ <http://www.dcsf.gov.uk/everychildmatters/about/aims/outcomes/outcomescyp/>

How can child well-being indicators impact on child policies?

Helmut Wintersberger¹

The development of new childhood studies in the late 20th century has created the need for innovations in childhood statistics. Although in this respect major improvements have been made since, there are still a number of open questions. Firstly, with a view to distributive justice, the generational dimension, addressing the structural divide between children and adults, has to be introduced and strengthened. Secondly, it has to be made sure, that childhood statistics reflect the salient features of children's life conditions as they are (but not as adults believe them to be). Thirdly, policy monitoring may be an appropriate way for intensifying the interaction between child research and statistics on one hand, and childhood policies on the other. Finally, there remains the challenge of integrating objective and subjective indicators by including children themselves in the process of selecting and defining indicators.

The impact of new childhood studies on childhood statistics

It was in the framework of the international project “Childhood as a Social Phenomenon” that one of the first child statistical publications was produced, which acknowledged the new trends in social childhood studies (Jensen, Saporiti, 1992). The general aim of the booklet was to further discussion on childhood statistics (and indicators) and to enlarge knowledge of children's living conditions. In pursuing this aim the authors specified the main aim of the booklet in the following three objectives:

- to illustrate how focusing on children gives another perspective compared to representing them through adults – *children as unit of observation*;
- to give ideas of the kind of information which could illuminate children's relative position in industrialised countries when compared to other age groups – *generational dimension*;
- to visualise children's contribution to society – *children as actors and producers*.

The booklet is structured in three parts. In the first part, entitled “Demography of childhood”, population and fertility data are presented, underlining the then relatively new phenomenon of ageing societies, which meanwhile has become a firm part of any public discourse on demographic development in economically advanced societies.

The second part, entitled “Children statistics versus family statistics”, exemplifies the difference between two statistical scopes, childhood and family statistics, by confronting, for instance, data on households with children by number of children with data on children by number of siblings, both concerning the same (child) population. At first for quite some it was not easy to grasp the difference between the two questions, however, with a simple example it was possible to clarify the basic difference between childhood and family statistics: take two households, one with two children, the other with one child, shift the perspective from the family to the children, and you will end up with three children, one only child and two children with a sibling. This example shows that placing the focus on children, taking children as units of observation is not an empty appeal without consequences, but by shifting the perspective it changes the relations between the data as well as the outcomes of statistical operations. In the given example, shifting the focus from families or households to children changes the relation from 1:1 (50% one-child families) to 1:2 (33% only children), percentages which are a rather good approximation to the reality in quite a number of European countries.

The third part of the compendium with the title “Special statistics on children” addressed the two remaining objectives identified by the authors. Income distribution and dwelling conditions, both by children, adults and old age, were used to introduce the concept of generational distributive justice; and some rudimentary tables on children's activities, particularly paid, school and household work were utilised for visualising children's contribution to society (as well as to the household). With these

¹ Ludwig-Boltzmann Institute of Human Rights, Vienna, and University of Vienna.

examples the authors did not only explain their objectives 2 and 3, but succeeded in overcoming a merely negative critical attitude with a view to (then) existing statistics by pointing not only to a lack of child-centred data, but showing also that there are available at least some data for some countries.

Since 1992, remarkable progress has been made with a view to developing childhood statistics and child well-being indicators in Europe. In this connection the following improvements are to be mentioned in particular:

- today, there is a more child-focused perspective (which corresponds clearly to the first objective formulated by Jensen/ Saporiti);
- meanwhile there is increased awareness of and emphasis on child well-being as distinct to child well-becoming (more and more child welfare and well-being is measured with a view to children's conditions here and now than in children's capacity as future adults);
- there has been a shift from one-dimensional towards more comprehensive multi-factorial concepts of child well-being (one factor, such as child income poverty, transmits only a rather restricted view a children's well-being, while a variety of factors, if independent enough, give a more comprehensive and realistic view of the phenomenon);
- there has been a shift from national towards cross-national/ European perspectives (which bears the advantage of disqualifying merely chauvinistic views of a nation's performance in the European/ international context).

This does, however, not mean, that the task has been fully accomplished. There are still some problems to be solved. There remains the question about the other two of Jensen/Saporiti's objectives, namely generational analysis and children's contributions.

Generational distributive justice. Addressing the structural divide between children and adults

Child indicators do usually not address the *generational dimension*, i.e. generational distributive justice and discrimination of children as against adults. League tables of nations indicate in which countries children fare better or worse respectively. If, however, the attention is fully absorbed by the cross-national perspective, there is the risk that the structural divide between childhood and adulthood will remain in the shade. If the political aim is not only about incremental improvements in child welfare, but addressing discrimination of children as against adults, the inter-generational perspective has to be developed and applied in addition to the cross-national one.

However, while it is customary to use social class and gender as structural dimensions of distributive justice, this can hardly be said concerning age or generation. Class and gender order of welfare states are widely used concepts (e.g. by Esping-Andersen, 1990; Folbre, 1994), this is the case only exceptionally for generational or age order. While in European societies it is widely accepted, that there should not be (though there is) discrimination based on social class or gender, discrimination of children is not only a widespread phenomenon in practice, but this is combined with an almost total absence of critical consciousness of this phenomenon on the side of the dominant majority in society, i.e. adults.

But in order to create such critical consciousness of children's discrimination, we need generational analysis by confronting the life conditions of children and adults, their access to material resources, social services, space and time. Concerning poverty and income distribution, for instance, it is interesting to observe, how towards the end of the last century equivalence scales were modified or manipulated, with the effect of decreasing the statistical appearance of child poverty, an operation which might in itself be interpreted as a symptom of inconsiderateness of adult society with a view to children.

A short remark on equivalence scales

Let me explain this rather bluntly. A high poverty rate is a challenge for any society, but combating poverty by introducing governmental anti-poverty programmes on the other hand may involve (too) high expenditures. Therefore somebody might have the idea of just lowering the poverty threshold, thus making the measure less sensitive, and in the end reducing the number of persons who are statistically poor. This reform would not cost a cent, but we can be sure that political costs will arise in terms of resistance on the side of poor persons themselves as well as of political parties and organisations of the civil society having an interest in these population groups. If women and their organisations rightly complain about gendered income differences and poverty levels, somebody could have the idea of inventing an equivalence function between female and male incomes by introducing a factor of say 1,2 by which a male income 1.2000 is declared equivalent to a female income of 1.000. This would for good reasons lead to an uproar not only by women's organisations and the feminist movement, but by all political and social forces at large. The same happened to children, when their weight in the equivalence function for households with different size was reduced by 40% from 0,5 to 0,3, a modification leading to a remarkable reduction of statistical (not actual) child poverty. But, besides a few critical remarks in articles and documents of non-governmental organisations, there were no major protests at all.

It is not the right place here, to discuss the proper assessment of children's expenditures and the definition of equivalence scales, which are necessary, but at the same problematic instruments for making incomes comparable with a view to different household sizes. I do not discuss either, whether the original or the modified OECD scale is more adequate (personally I think the original is, when we include all the expenses connected with the new complexity of modern childhood, investments for children they need to be competitive in school as well as to be accepted and integrated in the peer community). What I criticise here, is the way how a relevant statistical parameter for the calculation of income distribution and poverty prevalence was modified by some experts without public consultation in times of an intense public debate on increasing child poverty levels with the effect of statistically downsizing the phenomenon. The potential consequences of this modification are not restricted merely to the public perception of the generational distribution of income (and poverty), but are likely to affect the formulation of political priorities and targets, too.

Do child indicators represent children's life conditions? Overcoming adultist biases

Finally, there still remains the third objective formulated by Jensen and Saporiti, which I will discuss in a more general context. Do available child indicators genuinely represent children's well-being and the condition of modern childhood? Although some progress has been made in this connection by extending too simple one-dimensional indicators by more complex multi-dimensional indices (defined as a vector of x indicators assembled in y domains, such as poverty and material deprivation, education, health, risk behaviour, peer and family relations, as well as subjective well-being), I doubt that the components selected fully satisfy the condition of a genuine reflection of child well-being; this among others for the following reasons:

- there is an adultist and protective bias in the selection of indicators, caused by adult ideological assumptions and stereotypes concerning childhood, oriented towards a socialization project of adults for children which is distinct from children's own autonomy project (Hengst 2000) (a bias being particularly visible, for instance, in some indicators on risk behaviour: On the whole, the process of deconstructing (adult perception) of childhood has to continue
- a number of relevant aspects of children's life are missing (e.g. children's mobility, access to information and communication technologies, children's activities and consumption), and children are predominantly visible as recipients of, but not as contributors to society (and as producers), as suggested by Jensen and Saporiti;
- finally, recent indices do usually include some subjective indicators (a problem which by the

way had not been addressed at all in the 1992 compendium); however, existing solutions so far are not fully satisfying as to both content and coverage. I will come back to this issue in the following section.

In conclusion, I think the compendium authored by Jensen and Saporiti in 1992 was a very useful point of departure on the way to further discussion on childhood statistics (and indicators) and to enlarge knowledge of children's living conditions, particularly because it was inspired by a constructive attitude, not only complaining about the absence of child-adequate data, but also giving examples of what can be done on the basis of existing data, and what should be done on the basis of data to be provided in future. Today, I have sometimes the impression, that there are too many researchers knowing how child well-being indicators should not be like, too few instead prepared to invest in the continued improvement of childhood statistics, indicators and indices.

The interaction between child research/ statistics/ indicators and childhood policies – different languages and roles

The question posed to us concerns the relation between research, statistics and indicators on one hand, and childhood policies and practice on the other hand. In order to avoid getting stuck in an adultist perspective, we have to consider in this debate also the value and position of children's experience and agency.

On one hand, it is the main scope of indicators to be applied in practice, on the other hand also a policy debate based on coherent and consistent research findings is preferable to purely ideological disputes. However, dialogue and interaction between research and policy is not always smooth; this may be caused by differences between research and political discourses. While construction and calculation of indicators pertain to academia, application and utilisation belong predominantly to the sphere of public and political discourses. Research may sometimes generate cognitive dissonances among political decision makers, which is not a problem in itself. The problem is whether these cognitive dissonances are dealt with in a constructive open debate or in a destructive or repressive way, e.g. rejection or censorship (example Austrian Family Report, 1989); often the political response will be somewhere in between, characterised by indifference or opportunistic selectivity (take out what you like and repress what you don't).

While public discourses mostly prefer short messages, in research discourses it is rarely possible to reduce the result to one sentence only. A sentence like "19 million children in the EU are poor" may be sufficient in the context of a public discourse, but in a research discourse it does not make sense without explanations as to how this figure was calculated. For making this short sentence meaningful you need a whole lengthy paragraph making explicit the normative premises and methodological parameters.

There should definitely be intersection and interaction between researchers and policy makers/practitioners, but both sides should (but do not always) stick to their respective roles. Selective use of data may be licit for a childhood politician or lobbyist, but not for a researcher who has to depart from the state of the art in the field, comprising also a balanced, but not one-sided overview of the existing data. I recall a meeting organized by a n.g.o. lobbying and providing services for sexually abused children; in this context an expert almost enthusiastically reported, that she had finally succeeded in finding data indicating that not only every fourth, but every third child is being sexually abused. In my view she had mixed up her function as researcher/expert with that of a lobbyist or a marketing officer of the n.g.o. itself.

Another problem may be the selection of participants in mixed (policy and research) working groups. Often it occurs in a way that policy and administration are represented by persons with a particularly positive, but unfortunately not representative attitude towards children's issues, so that in meetings participants are preaching to the converted. Whenever World Bank sends a representative to an international meeting on children's rights, he/she is likely to come from a unit dealing with 'soft' issues, rather than a 'tough' economist from a unit responsible for imposing fiscal adjustment programmes to countries assisted by the organization. This is in the end not a productive approach; it

might be preferable sometimes to discuss rather with child-insensitive bureau- or technocrat hardliners, thereby arriving at more modest results, but to get these at least implemented.

Monitoring childhood policies

In order to promote interaction (possibly also tension) between research and policy levels, making the impact of childhood policies itself on child well-being a subject of research and an item for the construction of an indicator or index could be instrumental. Governments would thus get a feedback with a view to their interventions. Timeliness of data would be important in this connection. Considering the periods of legislation in European countries, it will be difficult to give feedback to policy if the data is five years old. There has been improvement in the last decade, but there is room for further improvement.

This would imply as a further advantage, that the impact of policies may be studied independently from structural socio-economic variables. Generally, it may not be surprising that the performance of economically poorer countries is worse not only with a view to economic, but also social issues. This relation is, however, not a deterministic one, since policy matters. It may therefore be interesting to look at a nations rank with a view to child well-being in comparison with the rank to be expected according to the economic position, possibly a medicine against both discouragement among poor and complacency among rich nations.

Finally, we should consider, that a child well-being index is derived from a number of individual indicators chosen by researchers. Therefore the ranking of nations with a view to child well-being should not be taken as a verdict, but rather a hypothesis formulated on the basis of a theoretical framework and methodological parameters selected; it should be taken with some reservation.

In the long run, the creation of more simple indices, involving just a few variables would be desirable. In the frame of the Human Development Report similar indices exist for the total population, a Human Development Index (HDI) and a Human Poverty Index (HPI), which at a later stage have been extended with a view to the gender divide by a Gender-related Development Index (GDI) and a Gender Empowerment Measure (GEM). However, due to the differences between childhood and adulthood, it would not be possible to use the same or similar variables for constructing child-specific indices, such as a child development index or a child empowerment measure. It could be worthwhile to think of such child-oriented extensions of the HDI, but generation of both rudimentary theory and new data would be needed for this purpose. In any case, a couple of rather simple indices, similar to the existing human and gender development indices, reflecting the situation of childhood in a generational perspective, would be helpful.

The question, whether and how better research and data on children's well-being have been used for improving childhood policies and action, cannot be answered in a conclusive way. Personally I think, the improved documentation of children's life circumstances, both nationally and cross-nationally, has provided a basis for improving childhood policies, although experiences of consequent application of research in policy formulation are rather the exception to the rule than the rule. On the whole, the existing possibilities have not been systematically exploited. It could be helpful, however, to report on different experiences in this area, success stories and failures. Such project could be worthwhile to be implemented by ChildONEurope

Integrating subjective and objective indicators.

The challenge of children's agency and participation

So far I have referred only to relations between childhood research and policies in the traditional sense, which are basically embedded in the world of adults. There is a need to come also to discussing the relation between childhood research, statistics as well a indicators on one hand, and children, their experience and agency on the other hand.

While in the past it was unusual to enquire about the views of children at all, recent studies on the conditions of childhood usually include, in addition to a number of objective statistical indicators,

some subjective indicators based on the perception of children themselves (e.g. UNICEF 2007). This is definitely a step in the right direction, but only a first step.

- Firstly, compared with the objective, the subjective part is too small.
- Secondly, how should we go about emerging contradictions between the objective and subjective indicators? This problem did not arise in UNICEF 2007, because the algorithm does not recognize any contradiction, but considers the subjective domain as one out of six contributing equally to the overall assessment of a country. There are countries performing rather badly as to the majority of objective indicators in UNICEF 2007, while children themselves express rather positive views concerning their situation, or vice versa. It is in my view problematic to solve this problem with a statistical algorithm with the effect of a slight up- or downgrading of the nation as compared to her performance on the basis of objective indicators. One could also argue, something must be wrong there: either the children are not telling the truth, or the objective indicators are not correct or do not represent children's real life circumstances.
- Thirdly, had children participated in the research design, I doubt that the structure of the index comprising six dimensions (material well-being/ health and safety/ educational well-being/ family and peer relationships/ behaviours and risk/ subjective well-being) as well as the approximately 50 indicators would be the same. I do not have any idea, how this alternative structure and list of indicators would look precisely, however, I am convinced, that something different would emerge from an open process of discussion involving adults with their expertise and children with their experience.

There are examples of (adult) social subjects (citizens, workers, minorities) directly participating and intervening in research processes, in which new and useful research paradigms have been brought about. I think time has come to take up the challenge of a scientific experiment involving children equally in the development of a new research design. These processes are not easy and will take their time. Therefore, such an experiment should not prevent the further production and publication of reports based on what is or will be feasible today or tomorrow.

The impact of child well-being indicators on child policies in Portugal

Fausto Amaro, Ph D¹

This paper analyzes the most important policy issues on child well-being in Portugal over the last twenty years and shows how these issues relate with known child well-being indicators.

Indicators came mainly from demographic data and from protection services reports and they seem to influence public policies. However, there is a lack of specific child well-being indicators which allow for a grounded policy making. Anyway, we can say that there is a positive impact of child well-being indicators on child policies and the government is asking for the contribution of academics to create specific indicators which could help develop evidence-based child policies.

Introduction

Portugal joined the EU in 1986. The population is currently of about 10.6 million people with a life expectancy at birth of 75.2 years for men and 81.6 for women. The population under 18 years represents 18.6% of the total population and the infant mortality rate was of 3.4% in 2007. We have 0.57% of all children under 18 years old under institutional care.

Based on the Annual Report (2007) of the National Commission for the Protection of Children and Young People at Risk, maltreatment rates have been calculated. Physical maltreatment represents 1.2 per thousand children less than 18; 1.7% stands for psychological maltreatment; sexual abuse under 14 years represents 0.3%.

As in other countries, child abuse became a public issue in Portugal in the 1980's when figures on child maltreatment were published by the media.

The first national survey on child abuse and neglect (Amaro 1986) was published in 1986 by the centre for judiciary studies, Ministry of Justice. It had a great impact on Portuguese society and the subject was covered by important newspapers and magazines.

According to that survey, neglect represented 29.6 cases per 10,000 families; physical abuse: 19.2 cases per 10,000 families; psychological abuse: 13.2 cases per 10,000 families; and sexual abuse 2.3% of all cases of child abuse.

The UN Convention on the Rights of the Child was ratified in 1990. One year later the first commissions for child protection were created and in 1994 the Portuguese Parliament recognized the importance of empirical research, asking for a new study on child abuse and neglect funded by the Parliament itself (De Almeida 2001).

The Minor's Right Reform of 1999

Indicators on child protection during the 1990s led to a reform in 1999. Under this reform, two fundamental laws were approved: The Protection Law, for all children under 18 years (Law 147/99) and the Educational Guardianship Law (Law 166/99), regarding youths between 12 and 16 that incurred in acts considered as crime. These children are subjected to measures of tutelary education.

Although we cannot say that there is a cause-effect relationship between the released indicators and the subsequent policy making, all these examples show, in my opinion, the impact of well-being indicators on children oriented policies.

The last development on child well-being policy was also based on indicators released by two important agencies: the Institute of Social Security and the National Commission for the Protection of Children and Young People at Risk.

The Institute of Social Security released figures on foster care and institutionalized children.

Annual reports showed a high number of children both in foster care and living within institutions.

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In 2005, children living under foster care were 3,977 (estimated) and those living in Institutions such as temporary residential care centres or children's homes were 11,499 (estimated). The total of children both in foster care and institutions represents an average of 0.78% of all the Portuguese children under 18 years.

The situation evolved positively in the following years, but in 2007 figures continued to be high with 0,57% of all children less than 18 living both in foster families or in institutions.

In order to minimize this situation the Government launched the DOM program in 2008. DOM stands for three Portuguese words meaning *Challenges, Opportunities and Changes*.

This plan aims at a constant improvement in the quality of the homes for children's and young people through the promotion of institutionalized children's rights, their education, citizenship and deinstitutionalization in time.

The National Commission for the Protection of Children and Young People at Risk publishes annual reports on the activity of local commissions. There are almost 300 local commissions all over the country. Those Commissions deal with all sorts of child abuse and neglect. The most important causes for their intervention are shown in the following table through an index of base 100.

Cause of Intervention	Index (Base=100)
Neglect	100
School absence	69.0
Maltreatment	43.9
Abandon	15.4
Sexual abuse	6.9
Health problems	4.9
Parental power abuse	2.8
Prostitution	1.2
Pornography	0.2

To prevent child abuse and neglect and to respond to the needs of families, some new programs have also been launched. They include:

- positive parenthood program aimed at helping families develop positive parenting;
- training program for more vulnerable families aimed at helping the families of children at risk;
- social, psychological and monetary support for families with children and young people under legal measures in the family setting.

New directions

All the examples cited seem to be successful cases regarding the importance of well-being indicators on policy making. From this perspective, this process seems to be straight forward. If we have well-being indicators then these will influence policy makers developing adequate policies.

However, this is not exactly straightforward and we need to address new questions. Who decides which indicators must be produced? Why do not all indicators lead to policy making or to the correction of the existing policies? What are the fundamental variables that determine the impact of well-being indicators? Why are policy makers reluctant to accept some particular indicators?

I think these questions can be answered in seven points:

- firstly, there is a need of a new political philosophy that will make children well-being a first priority;
- policy making must also be empirically grounded;
- indicators must be clearly presented to be understood by every citizen, in order to develop a

favorable public opinion;

- indicators that can be compared internationally seem to be more accepted by policy makers;
- we need to improve or create new indicators that consider the cultural context;
- there is the need of indicators evaluating policies at the local level;
- finally, it is of the utmost importance to have an information system that could be updated regularly.

The definition of new indicators can also stimulate policy making. As an example, we can mention the child friendly city project which is being developed in Portugal by the Ministry for Work and Social Solidarity, in partnership with the UNICEF. This program aims at raising the awareness local authorities to develop policies leading to the protection and development of the Rights of the Child.

In this project child well-being indicators are defined in order to measure objectives and local authorities are invited to make policies that meet the desired objectives. After implementation, policies and programs will be evaluated according to the established indicators.

Concluding remarks

Asher Ben-Arieh

Let me start with a personal story. In 1991 I was asked to initiate a project aimed at publishing a State of The Child report in Israel. Those days such efforts were rare and the child indicators movement has just started to develop. I have started my work by contacting colleagues, organizations and governments around the world seeking examples of such reports. My efforts yielded very little. Not only did I fail to find many such reports, but many of those who I have reached out to, failed to understand the need for such a report. Answers like “you cannot look at children without their mothers”; “you need to focus on households” and many more were the majority of answers I got.

Today the picture is totally different. The need for measuring and monitoring children’s well being is apparent and in fact it is not in question anymore. This volume summarizes a fascinating conference with representatives from dozens of countries all over Europe. Indeed, as I argued earlier in this volume, the child indicators movement expanded and developed dramatically in the last 20 years. Yet, as much as the field has developed and changed, one cannot escape the notion that many of the fundamental issues are still underlying the professional discourse and will probably stay with us for quite some while.

The excellent chapters published in this collection support this claim. They portrait a clear picture on how far we progressed in measuring and monitoring children’s well being, yet they clearly show also how many questions are still unanswered. Thus, the child indicators movement is facing a number of major issues/questions (some are old and some are new) it has to deal with, if the field is to continue its development.

First, the field is still debating between a children’s rights approach to a child well being approach. The universal ratification of the Convention on the Right of the Child (CRC) and the many supporters of the CRC in the third sector and academia, are pushing towards a rights based approach to the measurement of children’s well being. On the other side it is clear that children’s rights and children’s well being are not the same concept. Rights are more about a legal perspective and entitlements, while well being is more about quality of life and many times it goes beyond the mere legal entitlements. Is this debate ever going to be solved? Probably not. Further, there are numerous signs that the on-going debate will continue and maybe intensify in the future.

The second ongoing debate relates to the children’s role in the effort to measure and monitor children’s well being. In that regard it is clear we need to address a number of issues. First, what role exactly do children need and deserve to play? Are they to be real partners in our effort and if so how can we protect their privacy? Further, how can we make sure we capture their point of view and measure what is important to children? And finally, how can children be part of the policy making process, and if so how can we involve them in the process?

The third issue relates to the forces behind any effort to measure and monitor children’s well being. Various arguments are heard in that regard and could probably be summarized in one question. Should the efforts to measure and monitor children’s well being be data driven, policy driven or ideology driven? In other words, should they study the existing status of children and suggest ways to improve it, should it focus on the outcomes of specific policies, or should it be a tool to implement and measure the impact of specific ideologies and policies?

Two more methodological issues are in place. First the question: “Do we know enough?” and “Is the existing data suitable for our needs?” Here my answer is a clear “no”. Our knowledge considerably lags behind. We don’t know what children do in their everyday life, we don’t know if they enjoy what they do, if they are in safe places and so on. Furthermore, the existent data is still, at large, collected to answer old questions and falls short in answering many of the new ones the rapid development era brought to the study of child well being. A second methodological issue is the tension between a focus on a one-time research that enables an in-depth analysis and the ongoing monitoring process. It is clear that each approach has its own advantages and disadvantages and the debate will probably stay

with us forever. Yet acknowledging its existence is a crucial step in making the most out of each approach.

In addition, when trying to enhance our knowledge on children's well being one debate persists. Do we need to focus on the data we already have and improve it through secondary analysis, or do we need to start from basics? Meaning we need to conceptualize children's well being first and then go out and collect the appropriate data?

Either way we choose, in regard to the points above, we still face the need to decide if we should focus on the international, national or local level? In other words which level of analysis is more important in relation to child well-being? In that regard we know that most data exist on the national level, yet children spend most of their life at the local level and from their point of view this is the most important dimension. Furthermore, in most instances, when looking at the national level, one is using aggregated data and thus is neglecting the need to look on specific population groups (i.e. migrant children) and children at risk.

Beyond the concepts and methods an effort to measure and monitor children's well being has to do also with policy and policy makers. Here we need to choose if we want to elaborate and go in depth with our analysis, or do we want to be brief so we can easily communicate our results to policy makers, parents and children (our audience). Similarly, we need to decide if we want to focus on inputs or outputs. The first are very important for policy makers, while the latter are more important for children's life. We also need to discuss our preferences in regard to collaborations and joint projects. Do we want to focus on a single coral message or would we be better off by letting "many flowers blossom"?

I have tried to briefly describe the challenges and issues still facing the field of measuring and monitoring children's well being. As much as the field developed and progressed numerous challenges are still ahead of us. Not the least among them is the need to stay relevant to children's life. In that regard we need to remember that the basis and most important rationale for any effort to measure and monitor children's well being is the potential to improve children's life. If our efforts do not contribute to children's well being, or if their potential is not met then the mere measurement in itself is not enough to justify the effort. Contributing to a better life for children is the first and utmost criteria for our work.

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