UNICEF
Innocenti Research Centre

Report Card 7

Child poverty in perspective:

An overview of child well-being in rich countries

A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef

This publication is the seventh in a series of *Innocenti Report Cards*, designed to monitor and compare the performance of the OECD countries in securing the rights of their children.

Any part of the *Innocenti Report Card* may be freely reproduced using the following reference:

UNICEF, Child poverty in perspective:
An overview of child well-being in rich countries,
Innocenti Report Card 7, 2007
UNICEF Innocenti Research Centre, Florence.

© The United Nations Children's Fund, 2007

Full text and supporting documentation can be downloaded from the UNICEF Innocenti Research Centre website.

The support of the German Committee for UNICEF in the development of *Report Card 7* is gratefully acknowledged. Additional support was provided by the Swiss Committee for UNICEF.

The UNICEF Innocenti Research Centre in Florence, Italy, was established in 1988 to strengthen the research capability of the United Nations Children's Fund (UNICEF) and to support its advocacy for children worldwide.

The Centre (formally known as the International Child Development Centre) generates research into current and future areas of UNICEF's work. Its prime objectives are to improve international understanding of issues relating to children's rights and to help facilitate the full implementation of the United Nations Convention on the Rights of the Child in both industrialized and developing countries.

The Centre's publications are contributions to a global debate on child rights issues and include a wide range of opinions. For that reason, the Centre may produce publications that do not necessarily reflect UNICEF policies or approaches on some topics.

The views expressed are those of the authors and do not necessarily reflect the policy or views of UNICEF.

UNICEF Innocenti Research Centre
Piazza SS. Annunziata, 12
50122 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
florence@unicef.org
www.unicef.org/irc

UNICEF
Innocenti Research Centre

The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.

Report Card 7

CHILD WELL-BEING IN RICH COUNTRIES: A SUMMARY TABLE

The chart below presents the findings of this *Report Card* in summary form. Countries are listed in order of their average rank for the six dimensions of child well-being that have been assessed.[1] A light blue background indicates a place in the top third of the table; mid-blue denotes the middle third and dark blue the bottom third.

		Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
Dimensions of child well-being	Average ranking position (for all 6 dimensions)	Material well-being	Health and safety	Educational well-being	Family and peer relationships	Behaviours and risks	Subjective well-being
Netherlands	4.2	10	2	6	3	3	1
Sweden	5.0	1	1	5	15	1	7
Denmark	7.2	4	4	8	9	6	12
Finland	7.5	3	3	4	17	7	11
Spain	8.0	12	6	15	8	5	2
Switzerland	8.3	5	9	14	4	12	6
Norway	8.7	2	8	11	10	13	8
Italy	10.0	14	5	20	1	10	10
Ireland	10.2	19	19	7	7	4	5
Belgium	10.7	7	16	1	5	19	16
Germany	11.2	13	11	10	13	11	9
Canada	11.8	6	13	2	18	17	15
Greece	11.8	15	18	16	11	8	3
Poland	12.3	21	15	3	14	2	19
Czech Republic	12.5	11	10	9	19	9	17
France	13.0	9	7	18	12	14	18
Portugal	13.7	16	14	21	2	15	14
Austria	13.8	8	20	19	16	16	4
Hungary	14.5	20	17	13	6	18	13
United States	18.0	17	21	12	20	20	–
United Kingdom	18.2	18	12	17	21	21	20

OECD countries with insufficient data to be included in the overview: Australia, Iceland, Japan, Luxembourg, Mexico, New Zealand, the Slovak Republic, South Korea, Turkey.

This *Report Card* provides a comprehensive assessment of the lives and well-being of children and young people in 21 nations of the industrialized world. Its purpose is to encourage monitoring, to permit comparison, and to stimulate the discussion and development of policies to improve children's lives.

The report represents a significant advance on previous titles in this series which have used income poverty as a proxy measure for overall child well-being in the OECD countries. Specifically, it attempts to measure and compare child well-being under six different headings or dimensions: material well-being, health and safety, education, peer and family relationships, behaviours and risks, and young people's own subjective sense of well-being. In all, it draws upon 40 separate indicators relevant to children's lives and children's rights (see pages 42 to 45).

Although heavily dependent on the available data, this assessment is also guided by a concept of child well-being that is in turn guided by the United Nations *Convention on the Rights of the Child* (See box page 40). The implied

definition of child well-being that permeates the report is one that will also correspond to the views and the experience of a wide public.

Each chapter of the report begins by setting out as transparently as possible the methods by which these dimensions have been assessed.

Main findings

- The Netherlands heads the table of overall child well-being, ranking in the top 10 for all six dimensions of child well-being covered by this report.
- European countries dominate the top half of the overall league table, with Northern European countries claiming the top four places.
- All countries have weaknesses that need to be addressed and no country features in the top third of the rankings for all six dimensions of child well-being (though the Netherlands and Sweden come close to doing so).
- The United Kingdom and the United States find themselves in the bottom third of the rankings for five of the six dimensions reviewed.
- No single dimension of well-being stands as a reliable proxy for child well-being as a whole and several OECD countries find themselves with widely differing rankings for different dimensions of child well-being.
- There is no obvious relationship between levels of child well-being and GDP per capita. The Czech Republic, for example, achieves a higher overall rank for child well-being than several much wealthier countries including France, Austria, the United States and the United Kingdom.

Measurement and policy

What is to be gained by measuring and comparing child well-being in different countries?

The answer lies in the maxim *'to improve something, first measure it'*. Even the decision to measure helps set directions and priorities by demanding a degree of consensus on what is to be measured – i.e. on what constitutes progress. Over the long-term, measurement serves as the handrail of policy, keeping efforts on track towards goals, encouraging sustained attention, giving early warning of failure or success, fuelling advocacy, sharpening accountability, and helping to allocate resources more effectively.

Internationally, measurement and comparison gives an indication of each country's strengths and weaknesses. It shows what is achievable *in practice* and provides both government and civil society with the information to argue for and work towards the fulfilment of children's rights and the improvement of their lives. Above all, such comparisons demonstrate that given levels of child well-being are not inevitable but policy-susceptible; the wide differences in child well-being seen throughout this *Report Card* can therefore be interpreted as a broad and realistic guide to the potential for improvement in all OECD countries.

Given the potential value of this exercise, every attempt has been made to overcome data limitations. Nonetheless, it is acknowledged throughout that the available data may be less than ideal and that there are prominent gaps. Children's exposure to violence in the home both as victims and as witnesses,[2] for example, could not be included because of problems of cross-national definition and measurement. Children's mental health and emotional well-being may also be under-represented, though attempts have been made to reflect these difficult-to-measure dimensions (see, for example, the results of surveys into children's own perceptions of their own lives on pages 34 and 38). Age and gender differences are also insufficiently attended to, again reflecting a lack of disaggregated data and the fact that the majority of the available statistics relate to the lives of older children. A particularly important omission is the level of participation by three and four year-olds in early childhood education (for which, again, no internationally comparable data are available).

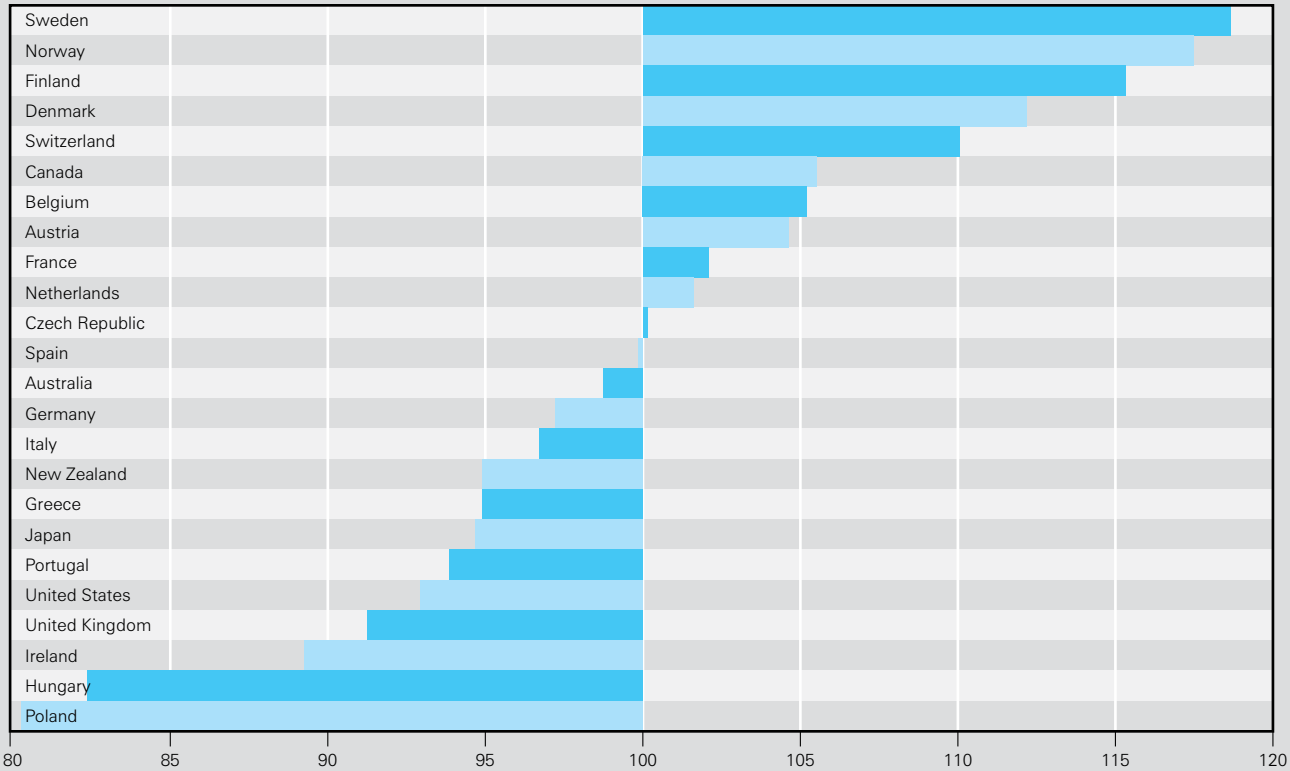
Acknowledging these limitations, *Report Card* 7 nonetheless invites debate and breaks new ground by bringing together the best of currently available data and represents a significant step towards a multi-dimensional overview of the state of childhood in a majority of the economically advanced nations of the world.

Dimension 1

MATERIAL WELL-BEING

Figure 1.0 The material well-being of children, an OECD overview

Three components were selected to represent children's material well-being (see box below). Figure 1.0 averages each country's score over the three components and is scaled to show each country's distance above or below the average (set at 100) for the 21 countries featured.



Note: Each country has been placed on a scale determined by the average score for the group as a whole. The unit used is the standard deviation (the average deviation from the average). To ease interpretation, the results are presented on a scale with a mean of 100 and a standard deviation of 10.

Assessing material well-being

The table on the right shows how the index of children's material well-being has been constructed. The choice of individual indicators reflects the availability of internationally comparable data.

For each indicator, countries have been given a score which reveals how far that country stands above or below the OECD average. Where more than one indicator has been used, scores have been averaged. In the same way, the three component scores have been averaged to arrive at each country's overall rating for children's material well-being (see box on page 5).

	COMPONENTS	INDICATORS
Material well-being	relative income poverty	– percentage of children living in homes with equivalent incomes below 50% of the national median
	households without jobs	– percentage of children in families without an employed adult
	reported deprivation	– percentage of children reporting low family affluence – percentage of children reporting few educational resources – percentage of children reporting fewer than 10 books in the home

Children's material well-being

This overview of child well-being looks first at material well-being.

Three different components have been considered – relative income poverty, children in households without an employed adult, and direct measures of deprivation. Figure 1.0 (opposite) brings these three components into one overall ranking table of child material well-being.

Main findings

- The lowest rates of relative income poverty (under 5%) have been achieved in the four Nordic countries.
- A total of nine countries – all in northern Europe – have brought child poverty rates below 10%.
- Child poverty remains above the 15% mark in the three Southern European countries (Portugal, Spain, Italy) and in three anglophone countries (the United States, the United Kingdom, and Ireland).
- The Czech Republic ranks above several of the world's wealthiest countries including Germany, Italy, Japan, the United States and the United Kingdom.
- Ireland, despite the strong economic growth of the 1990s and sustained anti-poverty efforts, is placed 22nd out of the 25 countries.

Income Poverty

Two previous issues of the *Report Card* have been devoted to child income poverty in the OECD countries (see Box 7).

The evidence from many countries persistently shows that children who grow up in poverty are more vulnerable: specifically, they are more likely to be in poor health, to have learning and behavioural difficulties, to underachieve at school, to become pregnant at too early an age, to have lower skills and aspirations, to be low paid, unemployed, and welfare dependent. Such a catalogue of poverty's ills runs the risk of failing to respect the fact that many children of low-income families do not fall into any of these categories. But it does not alter the fact that, on average, children who grow up in poverty are likely to be at a decided and demonstrable disadvantage.

Ideally child poverty would be assessed by bringing together data under a variety of poverty headings including relative poverty, absolute deprivation, and depth of poverty (revealing not only how many fall below poverty lines but also by how far and for how long). Nonetheless, the 'poverty measure' used here represents a more comprehensive view of child poverty than has previously been available.

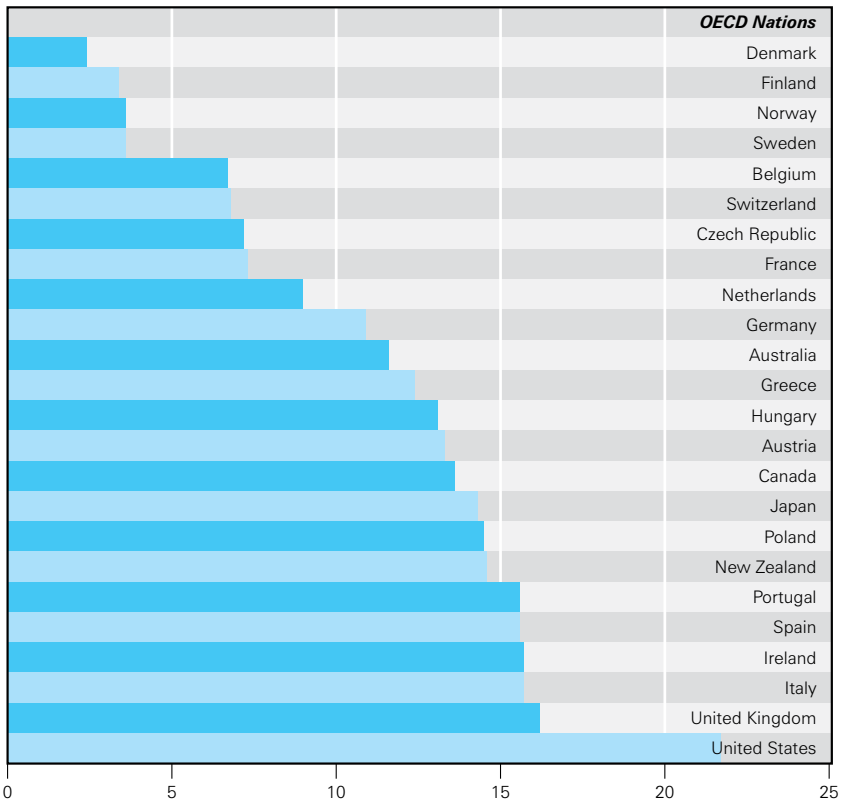
Relative income poverty

Child poverty can be measured in an absolute sense – the lack of some fixed minimum package of goods and services. Or it can be measured in a relative sense – falling behind, by

A common scale

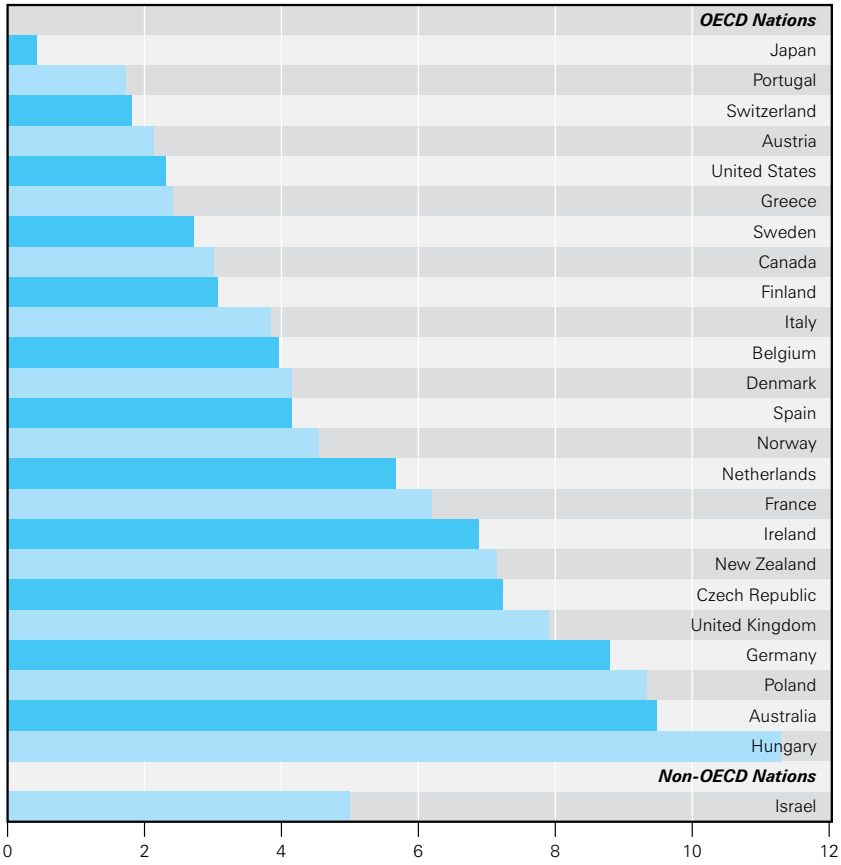
- Throughout this *Report Card*, a country's overall score for each dimension of child well-being has been calculated by averaging its score for the three components chosen to represent that dimension. If more than one indicator has been used to assess a component, indicator scores have been averaged. This gives an equal weighting to the components that make up each dimension, and to the indicators that make up each component. Equal weighting is the standard approach used in the absence of any compelling reason to apply different weightings and is not intended to imply that all elements used are considered of equal significance.
- In all cases, scores have been calculated by the 'z scores' method – i.e. by using a common scale whose upper and lower limits are defined by all the countries in the group. The advantage of this method is that it reveals how far a country falls above or below the average for the group as a whole. The unit of measurement used on this scale is the standard deviation (the average deviation from the average). In other words a score of +1.5 means that a country's score is 1.5 times the average deviation from the average. To ease interpretation, the scores for each *dimension* are presented on a scale with a mean of 100 and a standard deviation of 10.

Figure 1.1 Relative income poverty: Percentage of children (0-17 years) in households with equivalent income less than 50% of the median.



Date: 2000,1999 (Australia, Austria and Greece), 2001 (Germany, New Zealand and Switzerland).

Figure 1.2 Percentage of working-age households with children without an employed parent



Date: 2000, 1999 (Japan and Canada), 1998 (Switzerland), 2001 (Spain, the Netherlands, and Germany), 2002 (Austria, Norway and Poland). Non-OECD, 2004 (Israel).

more than a certain degree, from the average standard of living of the society in which one lives.

The European Union offered its definition of poverty in 1984: *"the poor are those whose resources (material, cultural, and social) are so limited as to exclude them from the minimum acceptable way of life in the Member States in which they live"*. For practical and statistical purposes, this has usually meant drawing national poverty lines at a certain percentage of national median income.

Figure 1.1 shows the percentage of children growing up in relative poverty – defined as living in a household where the equivalent income is less than 50% of the national median – for 24 OECD countries.[3]

Critics have argued that relative poverty is not 'real' poverty, pointing out that many of those who fall below relative poverty lines enjoy a standard of living higher than at any time in the past or than most of the world's children in the present. But this fails to acknowledge that in today's OECD nations the cutting edge of poverty is the contrast, daily perceived, between the lives of the poor and the lives of those around them.

Nonetheless an international comparison based on a poverty line drawn at 50% of the median national income presents only a partial picture in that it makes no allowance for differences in national wealth. It shows, for example, that the child poverty rate in the United States is higher than in Hungary, but fails to show that 50% of median income (for a couple with two children) is approximately $7,000 in Hungary and $24,000 in the United States. The fact that a smaller percentage of children are growing up poor in the Czech

Republic than in France, or in Poland than in Italy, does not mean that Czech or Polish children are more affluent but that their countries have a more equal distribution of income. In other words Figure 1.1 tells us much about inequality and exclusion but little about absolute material deprivation.

Even within individual countries, relative income poverty does not reveal *how* far families fall below poverty lines, or for how long. Furthermore all such measurements of child poverty are based on household income and assume a well-functioning family in which available resources are allocated with reasonable fairness – with necessities taking priority over luxuries. A child suffering acute material deprivation caused by a parent's alcohol or drug habit, for example, is not counted as poor if the family income is greater than 50% of the national median.

Relative poverty is therefore a necessary but not sufficient indicator of children's material well-being, and needs to be complemented by some measure of deprivation.

Unemployment

Various studies have found that growing up in a household without an employed adult is closely associated with deprivation, particularly if the unemployment is persistent. The proportion of children who are growing up in households with no employed adult has therefore been chosen as the second component for building a more rounded picture of children's material poverty.

Figure 1.2 is clearly measuring a different aspect of poverty. The United States, for example, has risen from the bottom of Figure 1.1 to fifth place in Figure 1.2, while Norway has fallen

From previous *Report Cards*

Report Card 1 (2000) and Report Card 6 (2005) addressed the issue of child income poverty in the OECD countries. Some of the main findings:

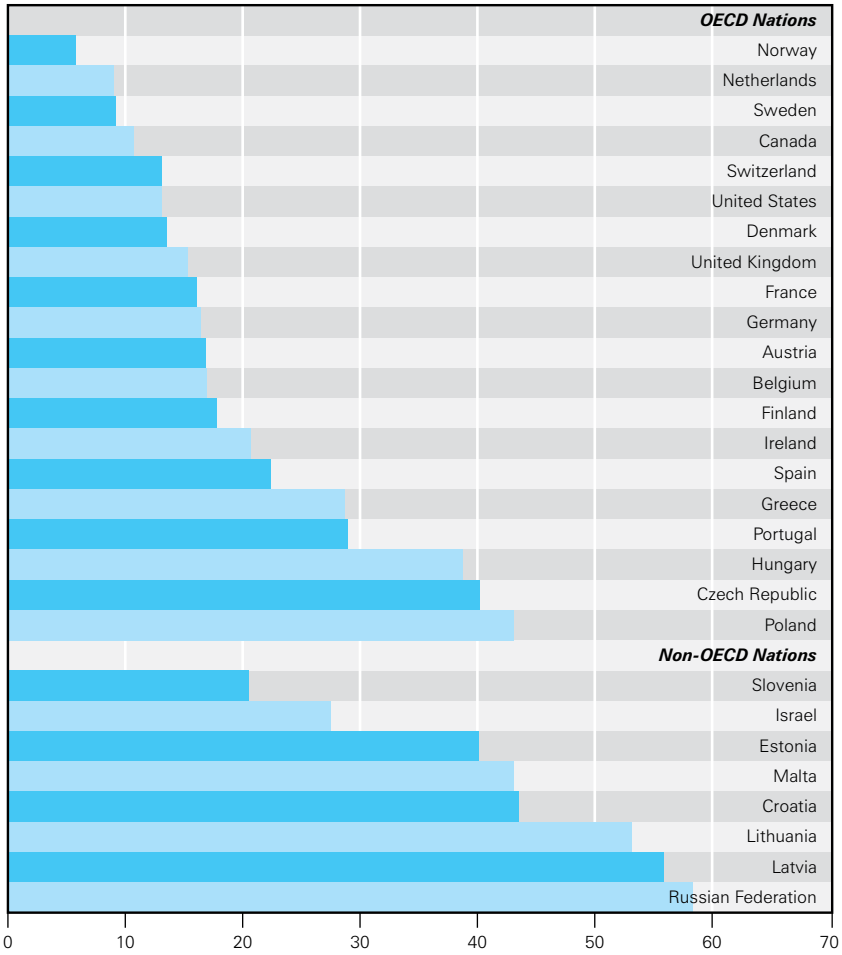
- In recent years, child poverty has risen in 17 out of 24 OECD countries for which data are available.
- Norway is the only OECD country where child poverty can be described as very low and continuing to fall.
- Higher government spending on family and social benefits is associated with lower child poverty rates. No OECD country devoting 10% or more of GDP to social transfers has a child poverty rate higher than 10%. No country devoting less than 5% of GDP to social transfers has a child poverty rate of less than 15%.
- Variation in government policy appears to account for most of the variation in child poverty levels between OECD countries.
- There appears to be little relationship between levels of employment and levels of child poverty. It is the distribution of employment among different kinds of household, the proportion of those in work who are on low-pay, and the level of state benefits for the unemployed and the low-paid, that contribute most to differences in child poverty rates between countries.
- Variations between countries in the proportion of children growing up in lone-parent families do not explain national poverty rates. Sweden, for example, has a higher proportion of its children living in lone-parent families than the United States or the United Kingdom but a much lower child poverty rate than either.
- There is considerable variation in child poverty rates even in countries with broadly similar levels of government spending.
- A realistic target for all OECD countries would be to bring relative child poverty rates below 10%. For the countries that have already achieved this, the next aim might be to emulate the four Nordic countries in bringing child poverty rates below 5%.
- In many OECD countries there is a pronounced trend towards lower relative earnings for the lowest paid.
- There is a trend for any increase in social spending in OECD countries to be allocated principally to pensions and health care, leaving little for further investment in children.

from third to fourteenth place. Such changes could reflect low pay for employed adults in some countries and generous benefits for unemployed adults in others. Either way, it adds to the picture of child poverty. But what is lacking is some more direct measure of children's material deprivation.

Deprivation

Unfortunately, there are no internationally comparable measures of material deprivation or agreed definitions of what 'the right to an adequate standard of living' means. It is therefore not possible to compare the proportion of children in each country who are materially deprived in the sense that they lack such basics as adequate nutrition, clothing, and housing. Again, individual governments may have indicators reflecting this kind of deprivation at national level but, in the absence of cross-national definitions and data, three indicators have been selected which, taken together, may offer a reasonable guide (Figures 1.3a, 1.3b, and 1.3c).

Figure 1.3a Percentage of children age 11, 13 and 15 reporting low family affluence



Date: 2001/02

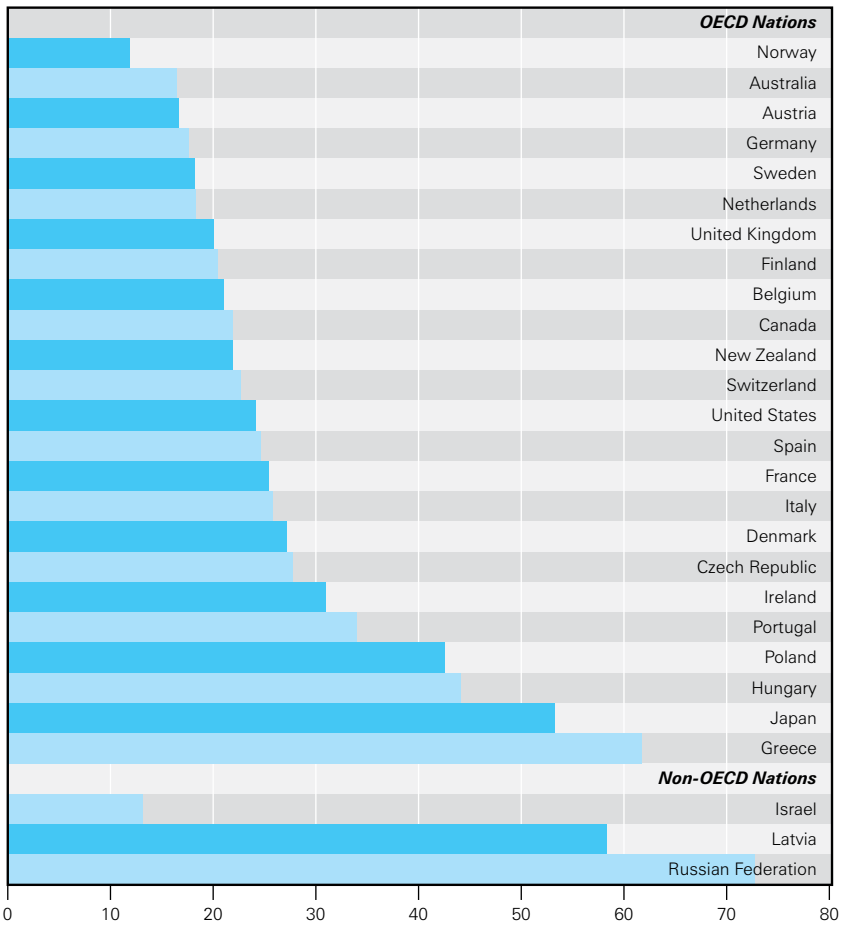
Relative Poverty

In recent years, relative child poverty has become a key indicator for the governments of many OECD countries. The European Union's efforts to monitor its *Social Inclusion Programme*, for example, include relative child poverty and the percentage of children in workless families as the only indicators specifically related to children (drawing the poverty line as the proportion of children in each country living in households with an equivalent income of less than 60% of the median for that country).

Almost always, it is the national median that is used as the basis for the measurement of relative poverty. But from the point of view of the child it could be argued that the basis of comparison should be a different entity – the province, state, city, or neighbourhood. Would the picture of child poverty change radically if the question 'poverty relative to what?' were to be answered in these different ways?

Little data are available to answer this question, but *Report Card 1* drew upon the evidence available in the year 2000 to suggest some answers. It pointed out, for example, that the child poverty rate in America's richest state, New Jersey, would have jumped from 14% to 22% if the basis of comparison had been the median income for New Jersey rather than for the United States as a whole. On the same basis, the child poverty rate in Arkansas would have fallen from 26% to 14%. Similar changes would undoubtedly be revealed in other countries where the mean state income differs significantly from the mean national income. Spain's poorest province, Extremadura, for example would have seen its child poverty rate almost halved if the poverty line had been re-drawn in this way. In countries such as Australia and Canada, where variations in average income between regions are smaller, the changes would be less dramatic.

Figure 1.3b Percentage of children age 15 reporting less than six educational possessions



Date: 2003. Non-OECD 2003, 2000 (Israel)

Figure 1.3a uses the *Family Affluence Scale*, deployed as part of WHO's survey of *Health Behaviour in School-age Children* (see box on page 17). The survey put four questions to representative samples of children aged 11, 13 and 15 in each of 35 countries. The questions were:

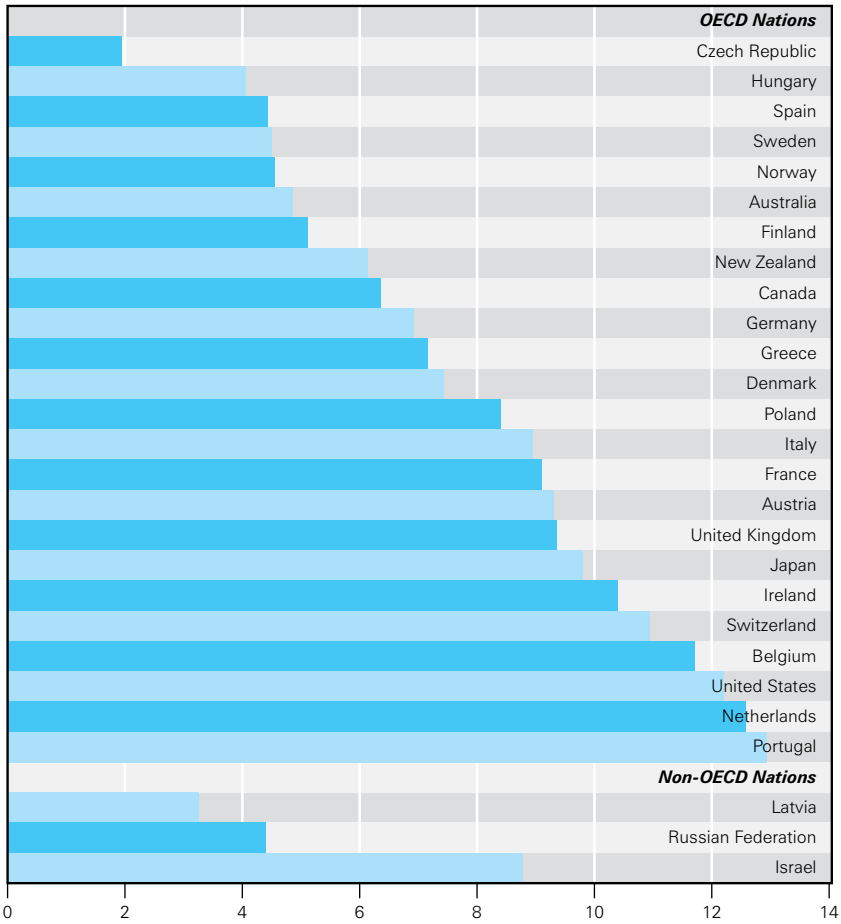
- Does your family own a car, van or truck?
- Do you have your own bedroom for yourself?
- During the past 12 months, how many times did you travel away on holiday with your family?
- How many computers does your family own?

The results were scored and scaled to give a maximum affluence score of 8 with 'low family affluence' being defined as a score of 0-3. Figure 1.3a shows the percentage of children in each country reporting 'low family affluence' so defined.

Among the world's wealthiest countries, it is in Italy that the change in the basis of comparison produces the most dramatic results. In 2000, nationally-based poverty lines revealed a child poverty rate that was four times higher in the mid-South than in Lombardy, whereas state-based poverty lines showed almost no difference between the two. In other words, it was possible for a family living in Sicily or Calabria to fall below the national poverty line whilst being no worse off than most of their fellow Sicilians and Calabrians (the relative child poverty rate for Sicily and Calabria fell by more than half, from 45% to 19%, when the state rather than the national median was used).

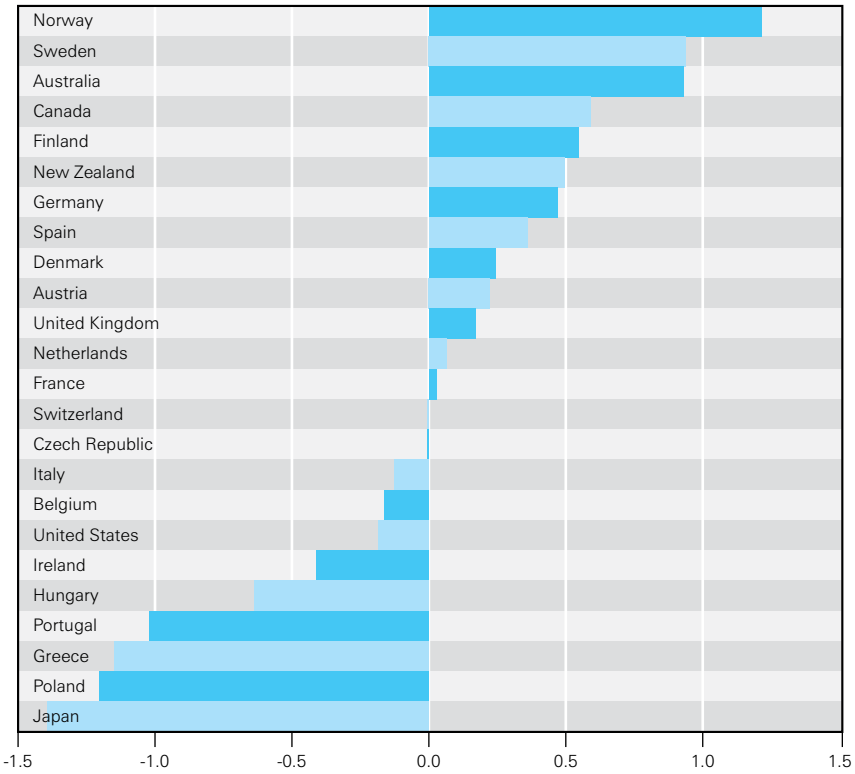
The child's own context of comparison needs to be taken into account and it would be helpful to have more data on differences in child well-being *within* nations as well as between nations. But it is at the national level that policy is made and for most practical purposes it makes sense for poverty lines to be drawn in relation to national medians. As *Report Card 1* concluded: *"In a world where national and international media are enlarging the society that people feel themselves to be living in – unifying expectations and homogenizing the concept of 'the minimum acceptable way of life' – it is probable that the nation will remain the most widely used basis of comparison. Children in Arkansas or Sicily or Extremadura watch the same television programmes as their contemporaries in New Hampshire or Emilia Romagna or Madrid. Which brings us to the uncomfortable thought that the same programmes and the same commercials are today also watched by children in Lagos and Delhi and Mexico City. In theory, there is as strong a case for enlarging the basic unit of comparison as for shrinking it."*

Figure 1.3c Percentage of children age 15 reporting less than 10 books in the home



Date: 2003. Non-OECD 2003, 2000 (Israel)

Figure 1.3 Composite table of child material deprivation (combining Figures 1.3a, 1.3b and 1.3c)



There are weak spots in the *Family Affluence Scale*. Variations in the number of vehicles owned by the family, for example, may indicate levels of urbanization, or the quality of public transport systems. The number of holidays taken may reflect traditions such as regular holidays taken with relatives. Not sharing a bedroom may also reflect different cultural traditions, average family size, or rural/urban differences.[4]

Perhaps the greater problem with Figure 1.3a, for present purposes, is that it tells us little about the more severe kinds of deprivation. Nonetheless the *Family Affluence Scale* has the advantage of being based on tangible definitions that correspond to widely held notions of material well-being.

For present purposes, Figure 1.3a also provides a snapshot that is clearly different from the picture of relative poverty depicted in Figure 1.1. It can immediately be seen, for example, that Hungary, the Czech Republic and Poland, all ranked mid-table when measured by relative income poverty, drop to the bottom of the league when ranked by the *Family Affluence Scale*. Conversely the United States and the United Kingdom move from the bottom of the table into the top ten.

Cultural and educational resources

Another important way of looking at children's material well-being is to ask whether, in the words of the *Convention on the Rights of the Child*, the child's circumstances are such as to allow *'the development of the child's personality, talents and mental and physical abilities to their fullest potential'*. In this respect, many commentators have argued that the lack of educational and cultural resources should rank alongside lack of income, and that the educational resources of

the home, in particular, play a critical role in children's educational achievement.

The difficulties of measuring 'cultural and educational deprivation' are evident, but some insight into this aspect of child poverty is offered by tables 1.3b and 1.3c. Both draw on data from the *Programme of International Student Assessment* (see box on page 17) which, among many other questions, asked representative groups of 15 year-olds in 41 countries whether they had the following eight educational items at home:

- a desk for study
- a quiet place to work
- a computer for schoolwork
- educational software
- an internet connection
- a calculator
- a dictionary
- school textbooks.

Figure 1.3b shows the percentage who report having fewer than six of these resources.

Drawing on the same source, Figure 1.3c shows the percentage of children reporting fewer than 10 books in the home – a suggested indicator of the deprivation of cultural resources.

Combined as in Figure 1.3, these three indicators show that children appear to be most deprived of educational and cultural resources in some of the world's most economically developed countries.

Conclusion

The available data fall short of capturing all the complexities of child poverty, being unable, for example, to address important issues such as the depth and duration of child poverty, or the extent of more extreme forms of deprivation. Clearly, there is a need for more understanding of the links between income poverty and material deprivation. In particular, there is a need to know more about the links between income poverty, deprivation, and the kind of social exclusion which inhibits the development of potential and increases the risk of perpetuating poverty from one generation to the next.

Despite these necessary reservations, it is argued that the indicators deployed and combined in the summary table for this chapter (Figure 1.0) represent a significant improvement on income poverty measures alone, and that they offer the best currently available comparative overview of children's material well-being in the world's developed economies.

Data

- Comparable survey findings from a wide variety of sources, covering as many OECD countries as possible, have been brought together and analysed for this report. A full description of the data sources and methodologies (including sensitivity analyses) is available in the background paper referred to on page 13.
- All of the raw data used in this report are set out on pages 42 to 45. In all cases, the data sets used are the latest available and in general apply to the period 2000-2003 (see pages 46 to 47 for dates to which individual data sets refer).
- Comparable data on several OECD countries such as Turkey and Mexico are unfortunately not available.
- Some non-OECD countries have been included as a separate list in some of the tables used in this *Report Card*. These have been selected on the basis of data availability (and in the hope that they will demonstrate the potential usefulness of this approach to many middle-income countries not currently members of the OECD).

Dimension 2

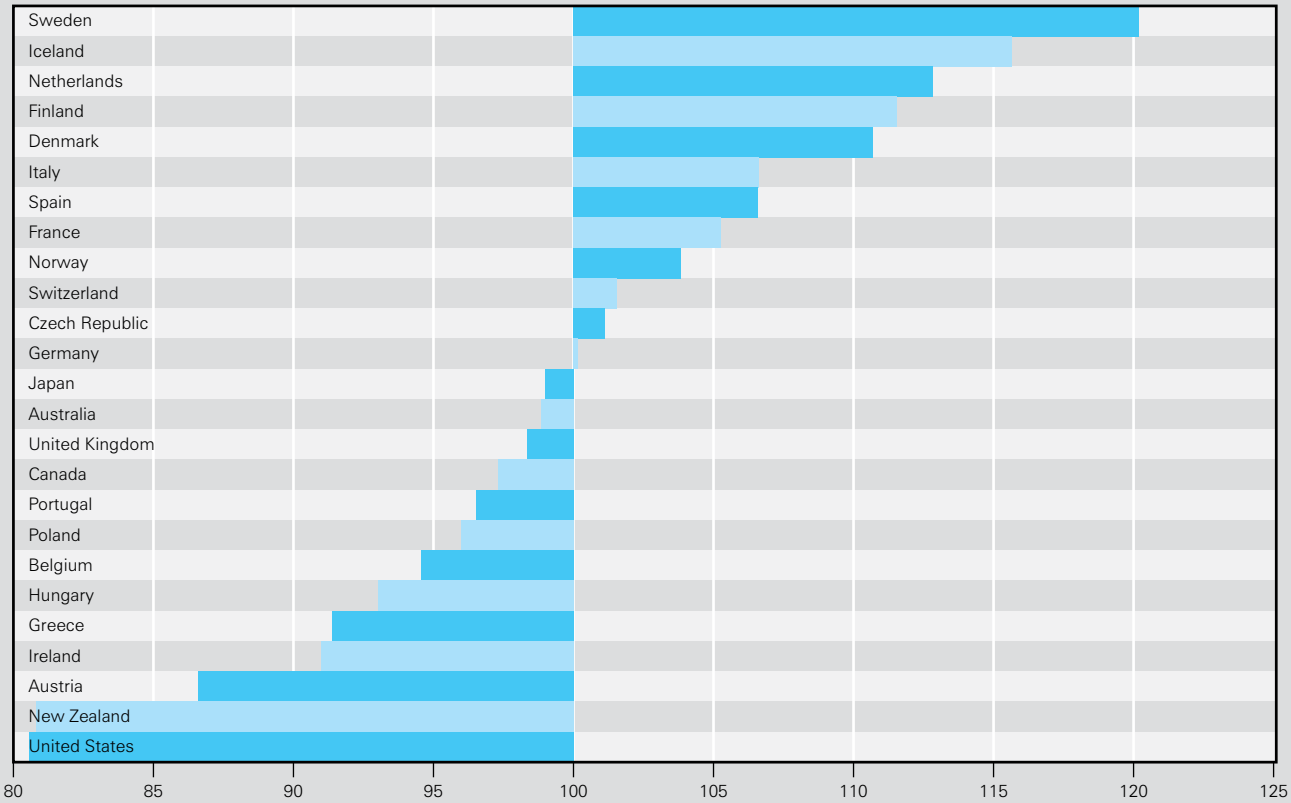
HEALTH AND SAFETY

Figure 2.0 The health and safety of children, an OECD overview

The league table of children's health and safety shows each country's performance in relation to the average for the OECD countries under review.

Each country's overall score is the average of its scores for the three components chosen to represent children's health and safety – infant health, preventative health services, and child safety (see box below).

The table is scaled to show each country's distance above or below the OECD average of 100.



Assessing child health and safety

The table on the right shows how the index of children's health and safety has been constructed. The choice of individual indicators reflects the availability of internationally comparable data.

For each indicator, countries have been given a score which reveals how far that country stands above or below the average for the OECD countries under review. Where more than one indicator has been used, scores have been averaged. In the same way, the three component scores have been averaged to arrive at each country's overall rating for children's health and safety (see box on page 5).

Health and Safety	COMPONENTS	INDICATORS
	health at age 0-1	– number of infants dying before age 1 per 1,000 births – percentage of infants born with low birth weight (<2500g.)
	preventative health services	– percentage of children age 12 to 23 months immunized against measles, DPT, and polio
	safety	– deaths from accidents and injuries per 100,000 aged 0 – 19

Children's health and safety

By almost any available measure, the great majority of children born into today's developed societies enjoy unprecedented levels of health and safety. Almost within living memory, one child in every five in the cities of Europe could be expected to die before his or her fifth birthday; today that risk is less than one in a hundred. Loss of life among older children is even more uncommon; fewer than one in every 10,000 young people die before the age of 19 as a result of accident, murder, suicide or violence. This, too, represents an historically unheard of level of safety.

Nonetheless, health and safety remain a basic concern of all families and a basic dimension of child well-being. It can also be argued that the levels of health and safety achieved in a particular country are an indicator of the society's overall level of commitment to its children.

Health and safety are assessed here by three components for which internationally comparable data are available: child health at birth, child immunization rates for children aged 12 to 23 months, and deaths from accidents and injuries among young people aged 0 to 19 years.

The chart opposite (Figure 2.0) brings these components together into an overview table of child health and safety in 25 OECD countries. European countries occupy the top half of the table, with the top five places claimed by the four Nordic countries and the Netherlands. The Czech Republic ranks ahead of wealthier countries such as Germany, Japan, the United Kingdom, Canada and the United States.

Infant survival and health

The first component of the index, child health at birth, has been assessed by two separate indicators: the infant mortality rate (the number of deaths before the age of one per thousand live births) and the prevalence of low birth weight (the percentage of babies born weighing less than 2500g.).

The infant mortality rate (IMR) is a standard indicator of child health[5] and reflects a basic provision of the *Convention on the Rights of the Child* which calls on all countries *'to ensure the child's enjoyment of the highest attainable standard of health, including by diminishing infant and child mortality'*. In the developing world, in particular, the IMR reflects the extent to which children's rights are met in such fundamental areas as adequate nutrition, clean water, safe sanitation, and the availability and take-up of basic preventative health services. In the OECD countries it could be argued that infant deaths have now been reduced to such low levels that the IMR is no longer a revealing indicator. But as Figure 2.1b shows, substantial differences still exist among OECD countries – with IMR ranging from under 3 per 1,000 births in Iceland and Japan to over 6 per 1,000 in Hungary, Poland and the United States.

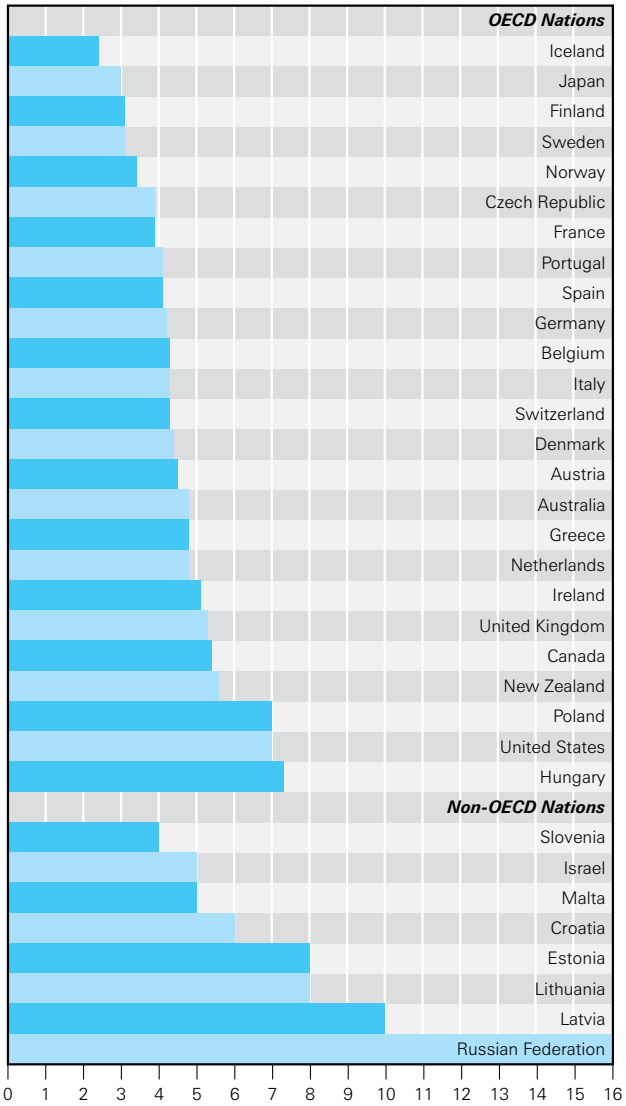
Significant in itself, the infant mortality rate can also be interpreted as a measure of how well each country lives up to the ideal of protecting every pregnancy, including pregnancies in its marginalized populations, and taking all necessary precautionary and preventative measures – from regular antenatal check-ups to the ready availability of emergency obstetric care – by which infant mortality rates have been so dramatically reduced over the last 80 years. A society that manages this so effectively as to reduce infant deaths below 5 per 1,000 live births is clearly a society that has the capacity and the commitment to deliver other critical components of child health.

Background to *Report Card 7*

This *Report Card* is supported by a background paper – *Comparing Child Well-Being in OECD Countries: Concepts and Methods*, Innocenti Working Paper No. 2006-03, Jonathan Bradshaw, Petra Hoelscher and Dominic Richardson, UNICEF Innocenti Research Centre, Florence, 2006.

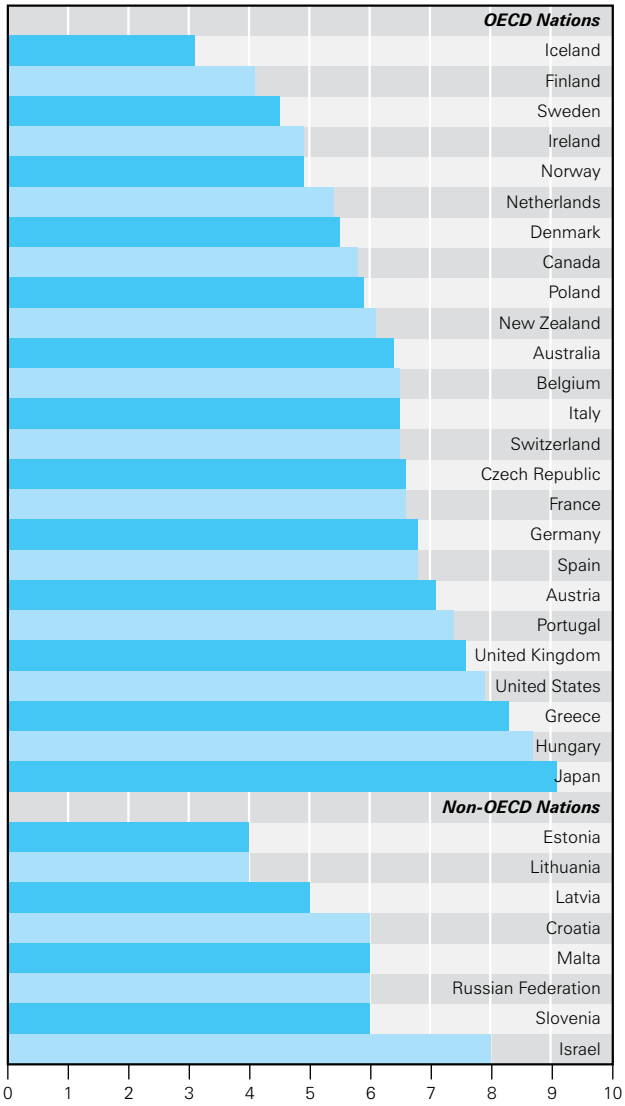
The paper, setting out in more detail the methods and sources used in this overview, is available on the Innocenti web-site (www.unicef.org/irc).

Figure 2.1a Infant mortality rate
(deaths before the age of 12 months per 1000 live births)



Date: 2003, 2002 (Canada and the USA), 2001 (New Zealand). Non-OECD 2003

Figure 2.1b Low birth weight rate
(% births less than 2500g)



Date: 2003, 2002 (Australia, Canada, Greece, Switzerland), 2001 (Spain, Ireland, Italy, the Netherlands), 1995 (Belgium). Non-OECD 2001, 2000 (Croatia).

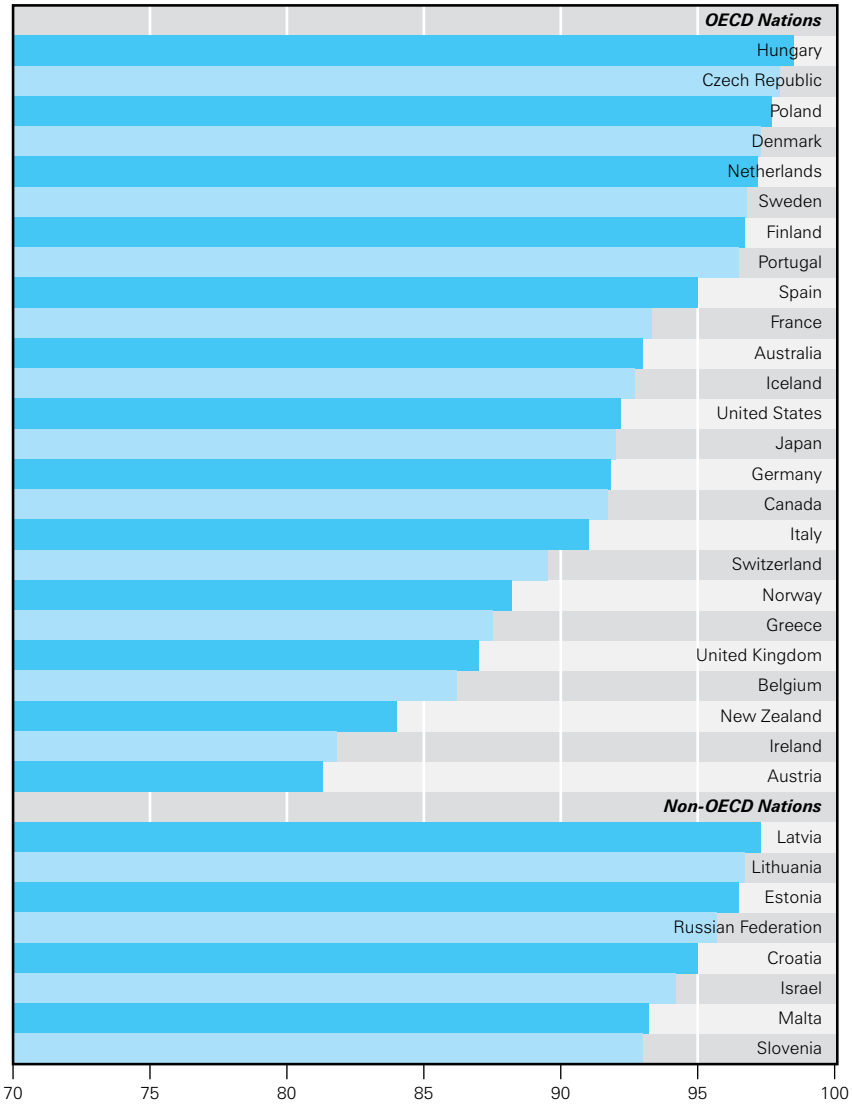
The second of the two indicators chosen to represent health in the earliest stage of life is the prevalence of low birth weight (Figure 2.1a). This is a well-established measure of increased risk to life and health in the early days and weeks of life, but has also been associated with a greater risk to cognitive and physical development throughout childhood.[6] It may also speak to wider issues in that low birth weight is known to be associated with the mother's health and socio-economic status. Mothers whose own diets have been poor in their teenage years and in pregnancy, or who smoke or drink alcohol in pregnancy, are significantly more likely to have low birth weight babies. This indicator therefore also reflects the well-being of mothers – a critical factor for virtually all aspects of child well-being.

Immunization

The second component selected for the assessment of child health is the national immunization rate, reflecting not only the level of protection against vaccine preventable diseases but also the comprehensiveness of preventative health services for children.[7] Immunization levels also serve as a measure of national commitment to primary health care for all children (Article 24 of the *Convention on the Rights of the Child*).

Figure 2.2 ranks 25 OECD countries by the percentage of children aged between 12 and 23 months who have received immunization against measles, polio, and diphtheria, pertussis and tetanus (DPT3). Overall, it shows high levels of coverage with no country falling below an average rate of 80%. But in the case of immunization the standard must surely be set at a very high level indeed. Vaccination is cheap, effective, safe, and offers protection against several of the most common and serious diseases of childhood (and failure to reach high levels of immunization can mean that 'herd immunity' for certain diseases will not

Figure 2.2 Percentage of children age 12-23 months immunized against the major vaccine-preventable diseases



Date: Measles data , all countries (2003), Pol3 and DPT3 data, all countries (2002)

be achieved and that many more children will fall victim to disease).

Furthermore, immunization rates may have broader significance in as much as the small differences in levels may be indicative of the effort made by each nation to 'reach the unreached' and provide every child, and particularly the children of marginalized groups, with basic preventative health services.

Had adequate data been available, the percentage of infants who are breast-fed up to six months of age would also have been included in this picture of child health in the first year of life. Apart from its unrivalled nutritional and immunological advantages in the earliest months, breast milk has also been associated with long-term advantages from improved cognitive development to reduced risk of heart disease. The percentage of infants being breast-fed in each country might also be interpreted as an indicator of the extent to which the results of today's health research are put at the disposal of, and adopted by, the public at large. Unfortunately definitional problems and a lack of data for the majority of OECD countries led to the exclusion of this indicator (though it is worth noting in passing that available data on 'at least partial breast-feeding at the age of six months' show unusually wide variations across the OECD – from a high of 80% in Norway to a low of just over 10% in Belgium).

Safety

The third and final component used to assess child health and safety is the rate of deaths among children and young people caused by accidents, murder, suicide, and violence. Although this bundles together risks of very different kinds, it nonetheless serves as an approximate guide to overall levels of safety for a nation's young people.

Drawing on the World Health Organization's mortality database, Figure 2.3 ranks 25 OECD countries according to the annual number of deaths from such causes for every 100,000 people in the 0-19 age group. As deaths at this age are thankfully rare, random year-on-year variations have been smoothed by averaging the statistics over the latest three years for which data are available.

Four countries – Sweden, United Kingdom, the Netherlands, and Italy – can be seen to have reduced the incidence of deaths from accidents and injuries to the remarkably low level of fewer than 10 per 100,000. Of the other OECD countries, all but two are recording rates of fewer than 20 per 100,000.

These figures represent rapid and remarkable progress; over the last 30 years, child deaths by injury in OECD countries have fallen by about 50%.[8] Nonetheless, some countries have clearly achieved higher standards of child safety than others and the differences are significant. If all OECD countries had the same child injury death rate as Sweden, for example, then approximately 12,000 child deaths a year could be prevented. As is

so often the case, the likelihood of a child being injured or killed is associated with poverty, single-parenthood, low maternal education, low maternal age at birth, poor housing, weak family ties, and parental drug or alcohol abuse.[9]

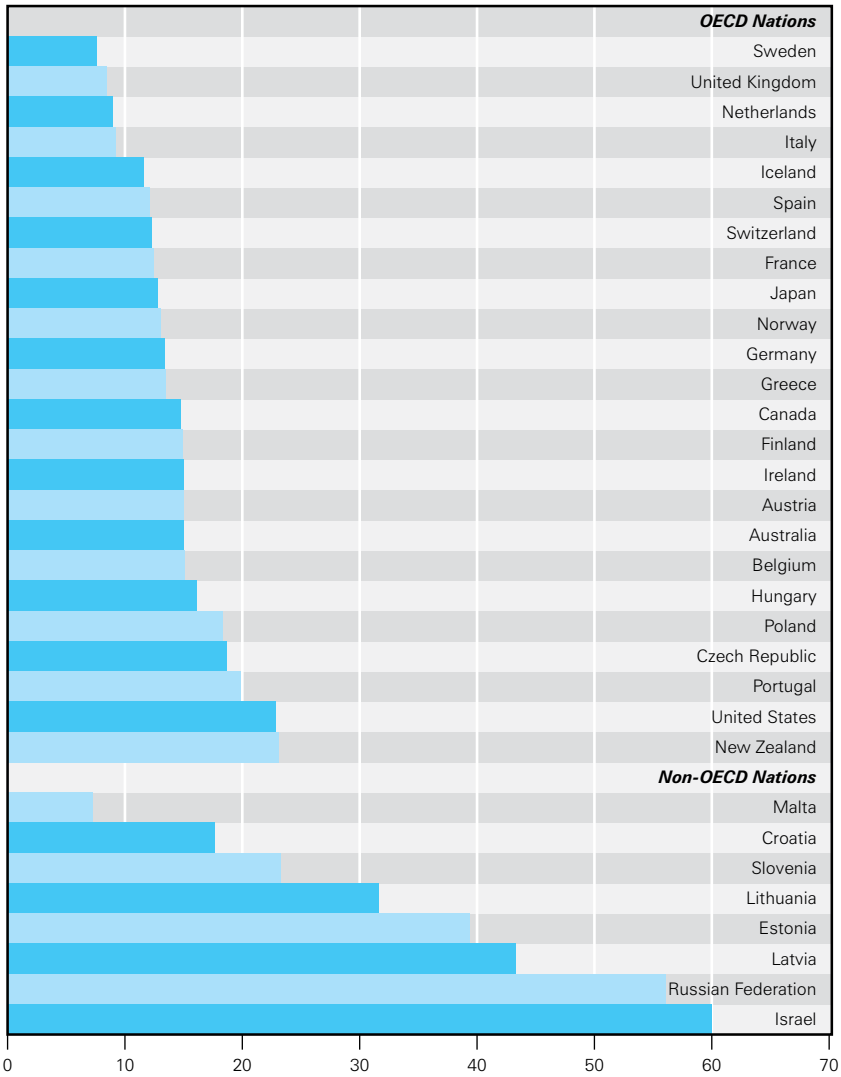
Omissions

There are important omissions in this picture of child health and safety. In particular, some direct indicator of children's mental and emotional health would have been a valuable addition. National suicide rates among adolescents were considered, but the research suggests that suicide is more to be seen as a rare event related to particular circumstance than as an indicator of overall mental health among a nation's young people.

The overview would also have benefited from some indicator of the level of child abuse and neglect in each nation. The lack of common definitions and research methodologies, plus inconsistencies between countries in the current classification and reporting of child abuse, have for the moment ruled out this possibility. *Report Card 5* (September 2003) reported that a small group of OECD countries – Spain, Greece, Italy, Ireland and Norway – have the lowest rates of child death from maltreatment. Once again, the risk factors most closely and consistently associated with child abuse and neglect are poverty, stress, and parental drug and alcohol abuse.

In total, approximately 3,500 children (under the age of 15) die every year in the OECD countries from maltreatment, physical abuse, and neglect. Traffic accidents, drownings, falls, fires and poisoning carry this total to more than 20,000 child deaths each year.[10] These may not be large figures in relation to the total populations of young people in the OECD countries. But as *Report Card 2* argued in 2001, such figures need to be read in the light of the unimaginable anguish and grief of the families concerned, and of the fact that the number of deaths is but the tip of an iceberg of trauma and disability.

Figure 2.3 Deaths from accidents and injuries per 100,000 under 19 years (average of latest three years available)



Date: 1993-1995 (Finland, Hungary, Iceland, the Netherlands, Norway), 1994-1996 (Poland, Sweden), 1995-1997 (Australia, Belgium, Germany), 1996-1998 (Spain, US), 1997-1999 (Canada, France, New Zealand, UK), 1999-2001 (Austria, Ireland, Italy, Portugal), 2000-2002 (Switzerland, Greece). Non-OECD: Israel (2003), Russian Federation (2000-2002) Lithuania (1995-97), Estonia, Slovenia (1994-96), Latvia (1993-95), Malta, Croatia (1992-94).

PISA and HBSC

Two of the sources drawn upon extensively in this *Report Card* are the OECD *Programme for International Student Assessment (PISA)* and the World Health Organization's survey of *Health Behaviour in School-age Children (HBSC)* 2001.

PISA

Beginning in 2000, the PISA is conducted every three years with the objective of assessing young people's knowledge and life-skills in economically developed countries.* The four main areas of assessment are:

- reading, mathematics and science literacy
- study and learning practices
- family resources and structure (including pupils' own perspectives of their school-life and peers)
- the organization of schools and school environments.

Year 2000 data were collected for 43 countries, including all of the countries featured in this study. In its second wave (2003), PISA collected data for 41 countries. PISA 2003 also included a new assessment of problem solving skills.

Data are collected from nationally representative samples of the school population at around the age of 15 (the end of compulsory schooling in most countries). Schools are sampled on the basis of size with a random sample of 35 pupils for each school chosen. Total sample sizes are usually between 4,000 and 10,000 pupils per country .

To ensure comparability, data collection systems employ standardized translation and assessment procedures and a collection window is set to ensure that data are collected at comparable times in the school year. Where response rates are low, PISA administrators work with schools and national project managers to organize follow-up sessions. During each PISA round, international monitors review both the national centres and visit at least 25% of the selected schools in each country to ensure quality and consistency of data collection procedures.
PISA data have contributed to various dimensions of this overview, including material well-being, educational well-being, subjective well-being, and children's relationships.

HBSC 2001

For more than 20 years, the World Health Organization survey *Health Behaviour in School-age Children (HBSC)* has informed and influenced health policy and health promotion by collecting information on such topics as family resources and structure, peer interaction, risk behaviours, subjective health, sexual health, physical activity, and eating and self-care habits. The latest HBSC survey was conducted in 2001 and included 21 OECD countries in its total of 35 nations (Australia, New Zealand, Japan and Iceland did not take part).

In each participating country, HBSC uses cluster survey techniques to select 1,500 young people at each of three ages – 11, 13, and 15 years. Consistent procedures are followed to ensure the comparability of survey methods and data processing techniques. Trained administrators are present in the classroom for the administration of all questionnaires.

HBSC data have contributed to various dimensions of this overview, including children's material well-being, children's relationships, behaviours, and subjective well-being.

*Results from the 2006 PISA were not available in time to be included in this overview.

Sources:

Adams, R. & Wu, M., (eds.) (2002) *PISA 2000 Technical Report.* Paris, OECD.

Currie, C., et al (eds.) (2004) Young People's Health in Context. *Health Behaviour in School-age Children Study (HBSC): International Report from the 2001/2002 Study*. WHO Regional Office for Europe.

HBSC (2005) *Health Behaviour in School-aged Children Website* (http://www.hbsc.org/index.html), November 2005.

OECD (2004) *Learning for Tomorrow's World: First Results from PISA 2003.* Paris, OECD.

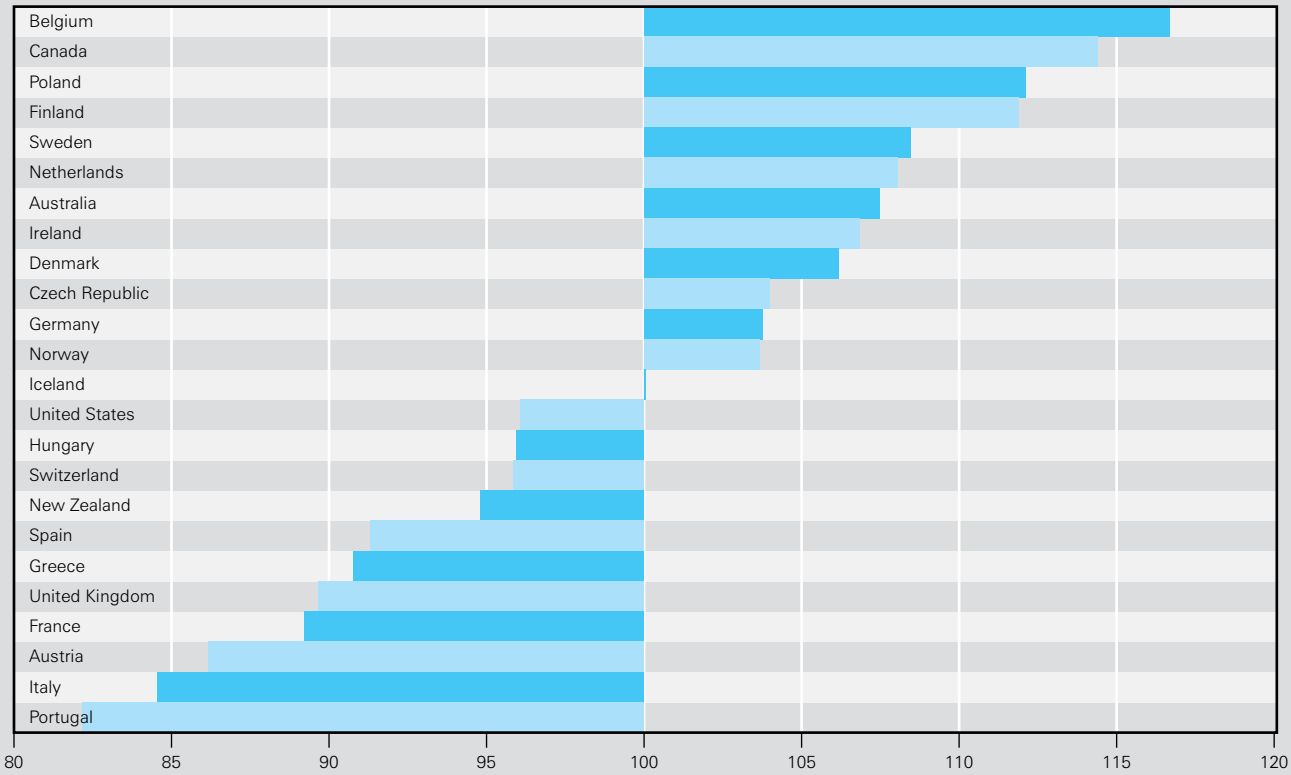
Dimension 3

EDUCATIONAL WELL-BEING

Figure 3.0 The educational well-being of children, an OECD overview

The league table below attempts to show each country's performance in 'children's educational well-being' in relation to the average for the OECD countries under review. Scores given are averages of the scores for the three components selected to represent children's educational well-being (see box below).

This overview table is scaled to show each country's distance above or below the OECD average of 100.



Assessing educational well-being

The table on the right shows how children's educational well-being has been assessed. The choice of individual indicators reflects the availability of internationally comparable data.

For each indicator, countries have been given a score showing how far that country stands above or below the average for the countries under review. Where more than one indicator has been used, scores have been averaged. In the same way, the three component scores have been averaged to arrive at each country's overall rating for children's educational well-being (see box on page 5).

Educational well-being	COMPONENTS	INDICATORS
	school achievement at age 15	– average achievement in reading literacy – average achievement in mathematical literacy – average achievement in science literacy
	beyond basics	– percentage aged 15-19 remaining in education
	the transition to employment	– percentage aged 15-19 not in education, training or employment – percentage of 15 year-olds expecting to find low-skilled work

Children's educational well-being

A measure of overall child well-being must include a consideration of how well children are served by the education systems in which so large a proportion of their childhood is spent and on which so much of their future well-being is likely to depend. Ideally such a measure would reflect the extent to which each country is living up to its commitment to Article 29 of the *Convention on the Rights of the Child* which calls for *'the development of the child's personality, talents and mental and physical abilities to their fullest potential'*.

Figure 3.0 brings together the three different components chosen to represent educational well-being into an OECD overview. Belgium and Canada head the table. The United Kingdom, France and Austria join the four Southern European countries at the foot of the rankings. But perhaps the most remarkable result is recorded by Poland which takes third place in the table despite being, by some margin, the poorest country out of the 24 countries listed (with a per capita GDP[11] of less than half that of the only two countries ranking higher in the table).

Achievement

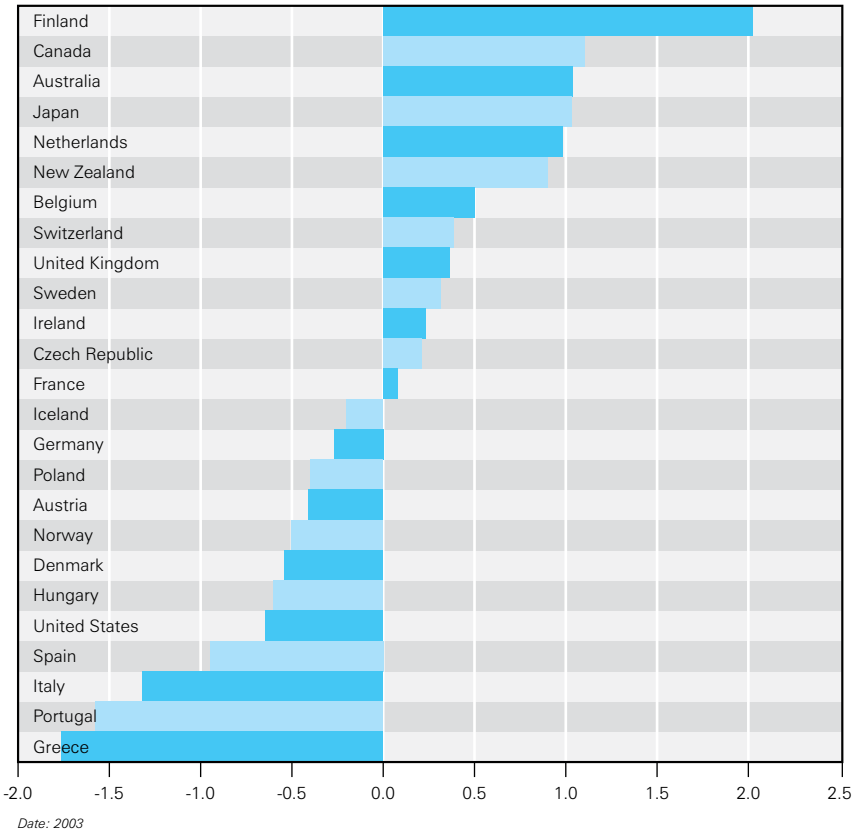
The first component chosen to represent educational well-being is young people's educational achievements in reading, maths and science. This is made possible by the OECD's *Programme of International Student Assessment (PISA)* which sets out to measure, every three years, *"the extent to which education systems in participating countries are preparing their students to become lifelong learners and to play constructive roles as citizens in society."*[12] To complete this survey approximately 250,000 students in 41 countries are given a two-hour examination designed to measure their abilities in reading, maths and science. The examination is set by an international expert group, including both employers and educationalists, and is based on the ability to apply basic literacy, numeracy, and scientific skills to the management of everyday life.

Figure 3.1 combines the results into an overall league table of school achievement.

Some salient features:

- Finland, Canada, Australia, and Japan head the table.
- Four southern European countries – Greece, Italy, Spain and Portugal – occupy the bottom four places.
- Norway and Denmark, usually outstanding performers in league tables of social indicators, are to be found in 18th and 19th places respectively.
- The Czech Republic ranks comfortably above the majority of OECD countries, including many of its larger and wealthier European neighbours.

Figure 3.1 Educational achievement of 15 year-olds, an overview of reading, mathematical and scientific literacy.



Ideally, an overview of educational well-being would also have included some measure of the extent to which different OECD countries prevent low-achieving pupils from falling too far behind the average level of achievement. This was the issue addressed in *Report Card 4* (2002) which found wide variations in educational disadvantage within the OECD countries. The same study also found that high absolute standards of educational achievement are not incompatible with low levels of relative disadvantage – i.e. the best education systems allow high-achieving pupils to fulfil their potential whilst not allowing others to fall too far behind.

Beyond basic skills

Those growing up in the OECD countries today face a world in which managing the ordinary business of life – work and careers, families and homes, finance and banking, leisure and citizenship – is becoming ever more complex. The corollary of this is that those with low skills and few qualifications face a steepening incline of disadvantage. The basic literacy, maths and science skills measured in Figure 3.1 are the foundation for coping with these demands. But more advanced skills are increasingly necessary if young people are to cope well with the changing demands of labour markets. A measure of 'beyond basic' skills is presented in Figure 3.2 which shows the percentage of children who continue in education beyond the compulsory stages. Once again, the top half of the table is captured by Northern European countries.

Transition to employment

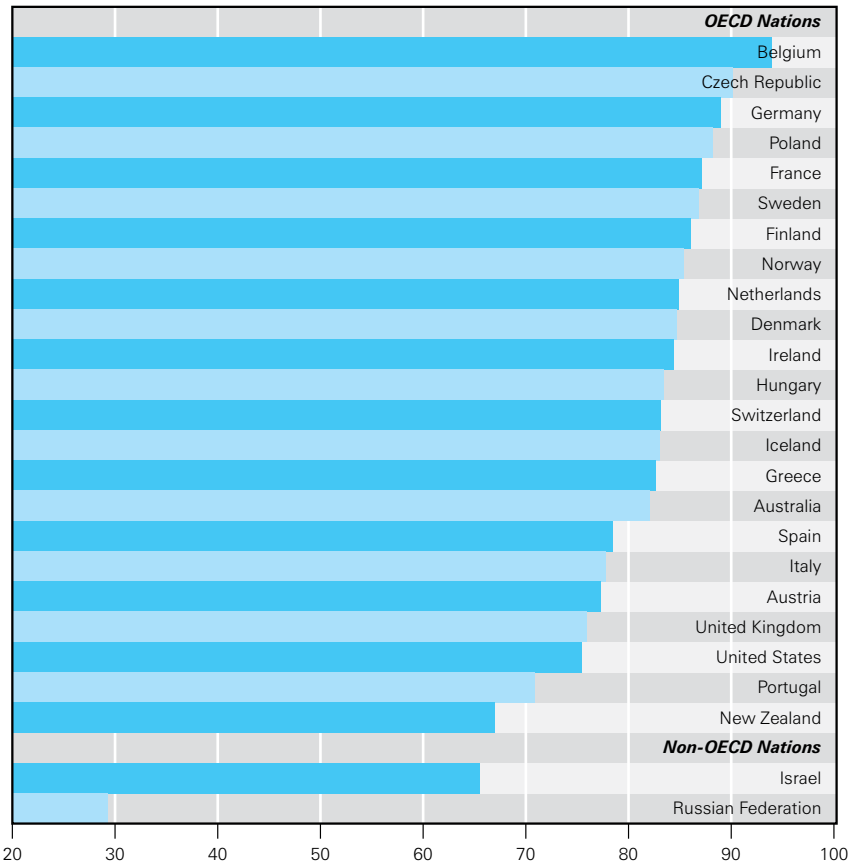
How well young people manage the transition from education to employment is the third component selected to represent educational well-being.

Clearly the transition to paid work is dependent not only on skills and qualifications acquired in school but also on the training and employment opportunities available thereafter. Nonetheless, the transition to earning a living is one of the important outcomes of education and is a critical stage in the life of almost every young person. Two complementary indicators have been chosen to represent that transition.

The first is the percentage of young people aged 15 to 19 in each country who are not in education, employment, or training (Figure 3.3a). The second is the percentage of young people in each country who, when asked 'what kind of job do you expect to have when you are about 30 years old?', replied by listing a job requiring low skills (Figure 3.3b). Work requiring low skills is defined using an internationally standardized index and implies 'not requiring further training or qualifications'.

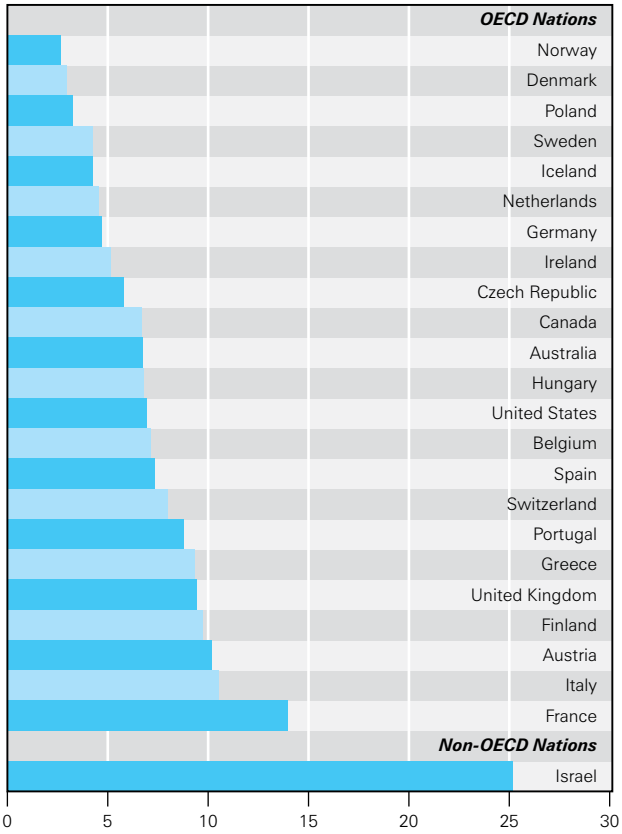
School leavers who are neither in training nor employment are clearly at greater risk of exclusion or marginalization. Figure 3.3a is therefore worrying for those countries at the foot of the table – including France and Italy. High percentages of 15 year-olds expecting to be in low-skilled work would also appear to be a cause for concern in labour markets where many low-skill jobs are under threat from either outsourcing or technological innovation or both. In countries like France, Germany, and the United Kingdom, the proportion of young people not looking beyond low-skilled work is more than 30%. In the United States, it is less than 15%.

Figure 3.2 Percentage of 15-19 year-olds in full time or part time education



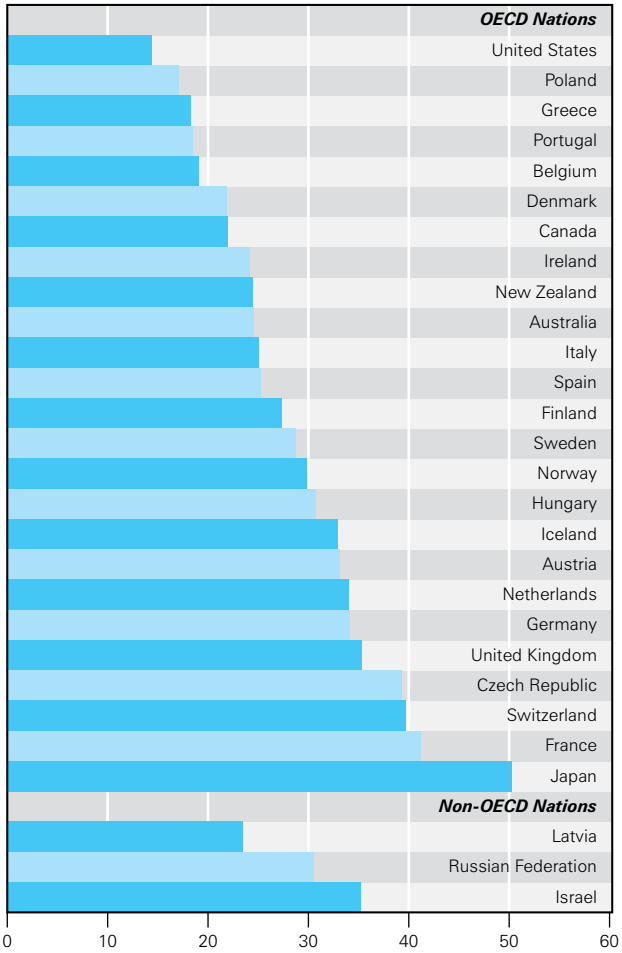
Date: 2003. Non-OECD 2003, 2002 (Russian Federation).

Figure 3.3a Percentage of 15-19 year-olds not in education, training or employment



Date: 2003, 2002 (Iceland, Italy, the Netherlands, and the United States). Non-OECD: 2003, 2002 (Israel).

Figure 3.3b Percentage of pupils age 15 expecting to find work requiring low skills



Date: 2000

Early childhood

There is a glaring omission from this attempt to build an overview picture of children's educational well-being in the OECD countries.

For several decades, educational research has consistently pointed to the fact that the foundations for learning are constructed in the earliest months and years of life and that the effort to give every child the best possible start needs to begin well before the years of formal education. This growing realization, combined with other changes such as the rapidly increasing participation of women in the workforce and the steep rise in the number of single-parent families, has made child care into one of the biggest issues facing both families and governments in the OECD countries today. By the same token, it must also be regarded as a major factor in children's educational well-being.

Unfortunately, adequate and comparable data are not available to permit the quality and availability of child care in different countries to be included in this overview. International statistics are available showing the percentage of children aged 0 to 2 years who are in registered child care, but these data speak more to the availability of women for paid work and have nothing to say about the quality of the child care provided; nor do they address the current and considerable controversy about the benefits of day care for children under the age of two. Ideally, data would have been included on day care or pre-school provision for 3-to-6 year-olds, and this represents an obvious area for future improvements in this overview.

On the question of how 'quality child care' should be defined there is broad but vague agreement. The OECD's own review of child care services has described the essence of quality care as *"a stimulating close, warm and supportive interaction with children"*. A similar review in the United States has concluded that *"warm, sensitive and responsive interaction between caregiver and child is considered the cornerstone of quality"* – a characteristic that is as difficult to define and measure as it is to deliver.

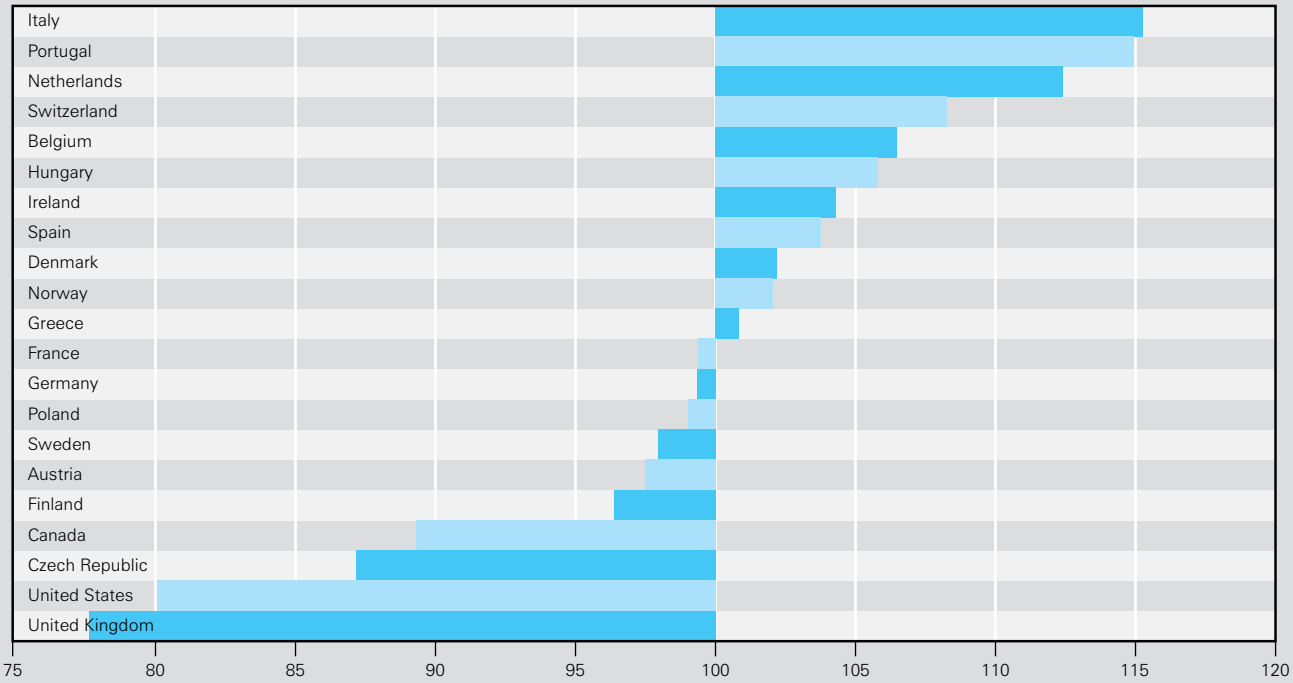
Dimension 4

RELATIONSHIPS

Figure 4.0 Young people's family and peer relationships, an OECD overview

The quality of children's relationships is as difficult to measure as it is critical to well-being. Nonetheless it was considered too important a factor to be omitted altogether and an attempt has therefore been made to measure the quality of 'family and peer relationships' using data on family structures, plus children's own answers to survey questions. The table below shows each country's approximate standing in relation to the average recorded for the OECD as a whole.

The table is scaled to show each country's distance above or below the OECD average of 100.



Assessing young people's relationships

The box on the right shows how the index of 'children's relationships' has been constructed. The indicators used reflect the limited availability of internationally comparable data.

For each indicator, countries have been given a score which reveals how far that country stands above or below the average for the OECD countries under review. Where more than one indicator has been used, scores have been averaged. In the same way, the three component scores have been averaged to arrive at each country's overall rating for this 'Relationships' dimension of children's well-being (see box on page 5).

Relationships	COMPONENTS	INDICATORS
	family structure	– percentage of children living in single-parent families – percentage of children living in stepfamilies
	family relationships	– percentage of children who report eating the main meal of the day with parents more than once a week – percentage of children who report that parents spend time 'just talking' to them
	peer relationships	– percentage of 11, 13 and 15 year-olds who report finding their peers 'kind and helpful'

Children's relationships

Relationships with family and friends matter a great deal to children in the here and now, and are also important to long-term emotional and psychological development. Despite the obvious problems of definition and measurement, an attempt has therefore been made to capture something of this critical dimension of children's well-being.

From the limited data available, three components have been selected to represent this dimension – family structure, relationships with parents, and relationships with friends and peers. Figure 4.0 combines these into a tentative OECD overview of the 'relationships' dimension of child well-being.

Family structure

The use of data on the proportion of children living in single-parent families and stepfamilies as an indicator of well-being may seem unfair and insensitive. Plenty of children in two-parent families are damaged by their parents' relationships; plenty of children in single-parent and stepfamilies are growing up secure and happy. Nor can the terms 'single-parent families' and 'stepfamilies' do justice to the many different kinds of family unit that have become common in recent decades. But at the statistical level there is evidence to associate growing up in single-parent families and stepfamilies with greater risk to well-being – including a greater risk of dropping out of school, of leaving home early, of poorer health, of low skills, and of low pay. Furthermore such risks appear to persist even when the substantial effect of increased poverty levels in single-parent and stepfamilies have been taken into account (although it might be noted that the research establishing these links has largely been conducted in the United States and the United Kingdom and it is not certain that the same patterns prevail across the OECD).

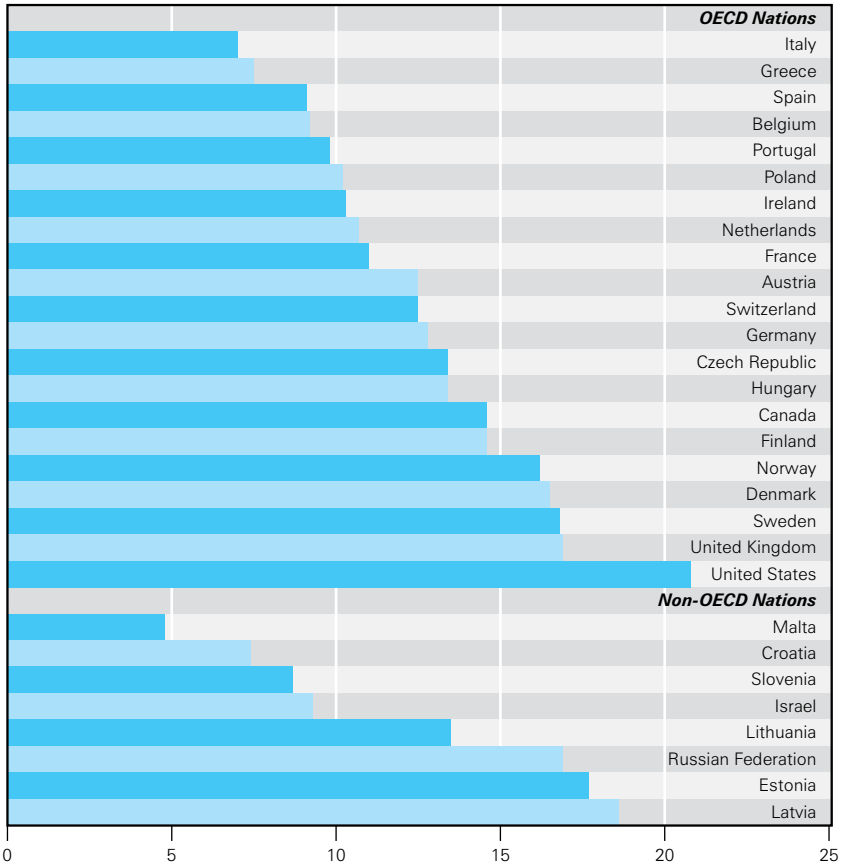
It is in this context that Figures 4.1a and 4.1b present data from 25 OECD countries showing the proportion of children age 11, 13, and 15 in each country who are living either with a single-parent or in a stepfamily.

Both tables show rather different country groupings from many of the other ranking tables in this report, with the Southern European countries dominating the top of the table. Overall, approximately 80% of children in the countries under review are living with both parents. But the range is considerable – from more than 90% in Greece and Italy to less than 70% in the United Kingdom and 60% in the United States.[13]

Parental time

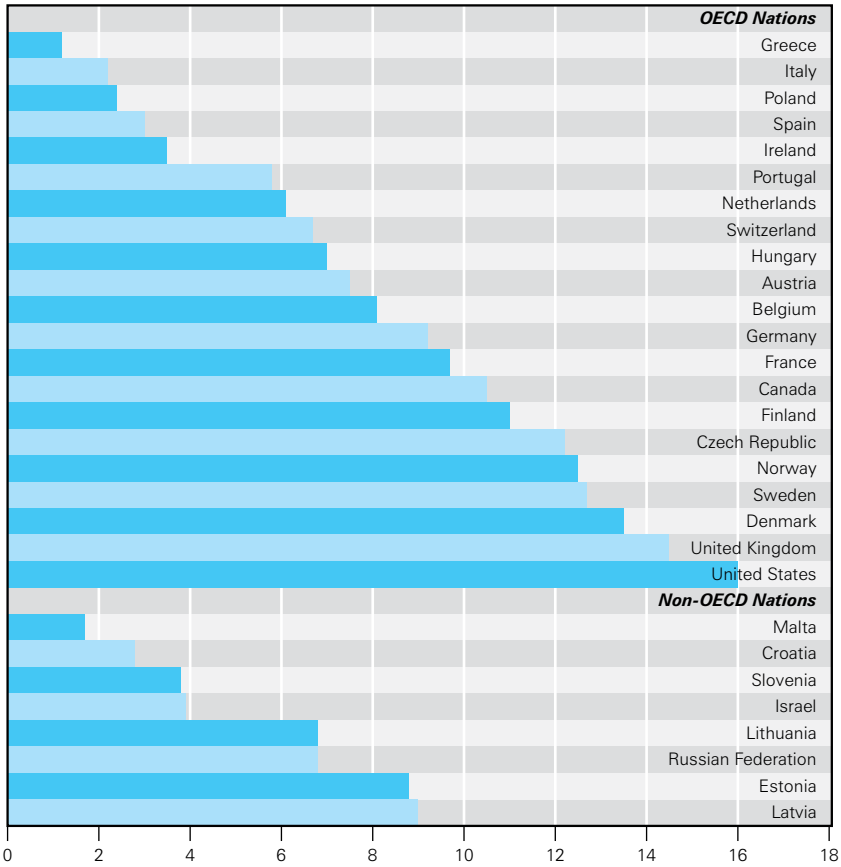
In an attempt to get closer to the issue – the *quality* of family relationships – Figures 4.2a and 4.2b offer a measure of how much time families devote to conversation and interaction with

Figure 4.1a Percentage of young people living in single-parent families (age 11, 13 and 15)



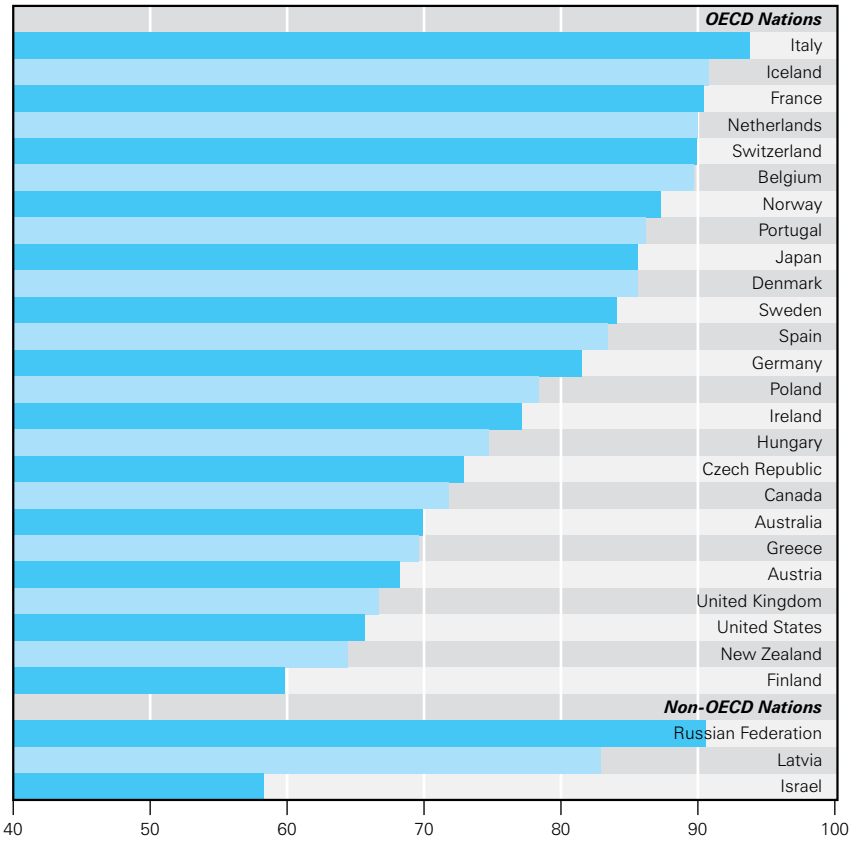
Date: 2001/02

Figure 4.1b Percentage of young people (age 11, 13 and 15) living in stepfamilies



Date: 2001/02

Figure 4.2a Percentage of 15 year-olds who eat the main meal of the day with their parents 'several times per week'



Date: 2000

children. The data in these two tables draw on the previously mentioned *Programme of International Student Assessment (PISA)* which, in addition to testing for educational achievement, also asks a variety of questions about the home lives of the students who take part in the survey.

Among those questions:

- *In general, how often do your parents eat the main meal with you around a table?*
- *In general, how often do your parents spend time just talking to you?*

Figures 4.2a and 4.2b show what percentage of young people in each country answered these questions by checking the box marked 'several times a week'.

Even in the lowest ranked countries, almost two-thirds of children still regularly eat the main meal of the day with their families, with France and Italy maintaining the tradition more tenaciously. But there are significant differences between the two tables. A much smaller number of children report *talking regularly* with their parents, with the proportion falling towards 50% in Germany, Iceland and Canada. The United Kingdom and the United States are to be found in the top half of the 'talking regularly' table. Italy is the only OECD country to feature in the top level of both tables.

Other data on this topic are available from the World Health Organization's study *Health Behaviour in School-aged Children (HBSC)*. Among its findings are that young people, and especially girls, find it easier to talk to their mothers than to their fathers and that difficulty in communicating with parents rises significantly between the ages of 11 and 15.

Relationships with friends

Relationships outside the family assume ever greater importance as

children grow up. According to the World Health Organization *'Being liked and accepted by peers'* is *'crucial to young people's health and development, and those who are not socially integrated are far more likely to exhibit difficulties with their physical and emotional health.'* An attempt has therefore also been made to incorporate into this overview an indicator of children's relationships with friends and contemporaries.

Figure 4.3, drawing on the HBSC study, shows the results of surveying 11, 13 and 15 year-olds in more than 30 countries with the question *'do you find your peers generally kind and helpful?'*. More than half were able to answer 'yes' in every OECD country except the Czech Republic and the United Kingdom. Switzerland and Portugal top the table with scores of around 80%.

These different sets of data attempt to represent a dimension of child well-being that is difficult to define, measure, and compare across nations. In some individual OECD countries, however, more revealing information is becoming available. The United Kingdom's *National Family and Parenting Institute*, for example, has conducted surveys to estimate the number of children who could answer 'yes' to questions such as:

- my parent/s are always there for me when I need them (76%)
- my parent/s make me feel loved and cared for (65%)
- I can talk to my parent/s about any problem which I may have (56%)
- my parent/s and I argue a lot (20%)
- my parent/s do not give me the attention I need (11%)
- my parent/s make me feel bad about myself (7%)

In the absence of such detailed data for other OECD countries, this attempt to include 'relationships' in the overview of child well-being should be regarded as an initial step towards monitoring this dimension of child well-being.

Figure 4.2b Percentage of 15 year-olds whose parents spend time 'just talking to them' several times per week

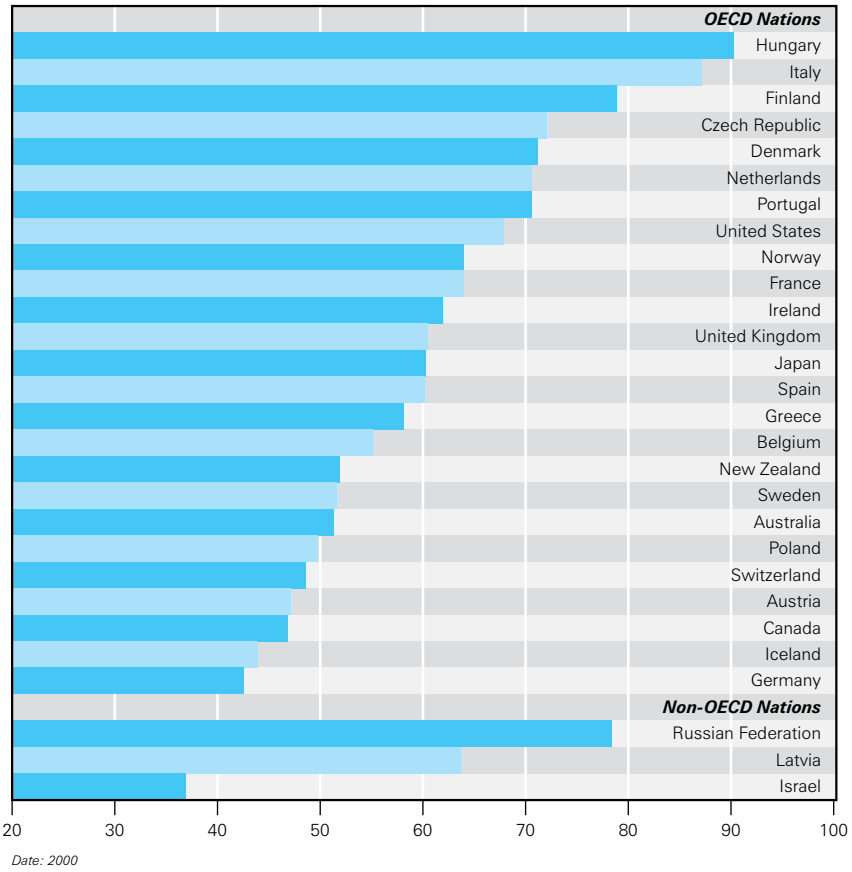
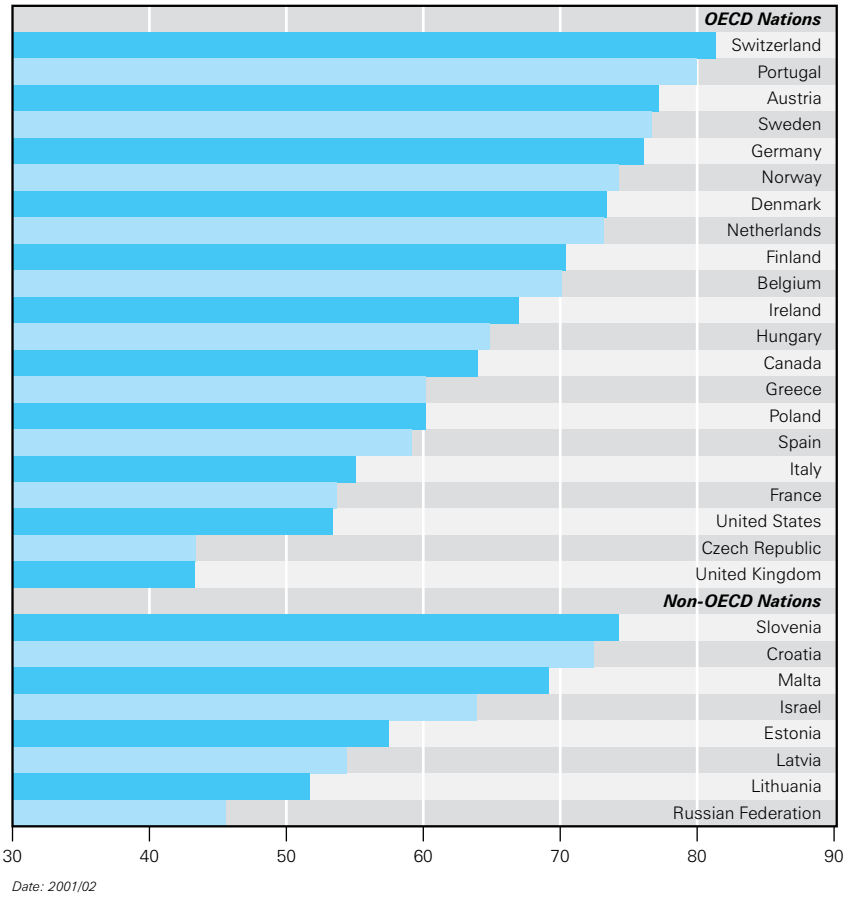


Figure 4.3 Percentage of young people age 11, 13 and 15 who find their peers 'kind and helpful'



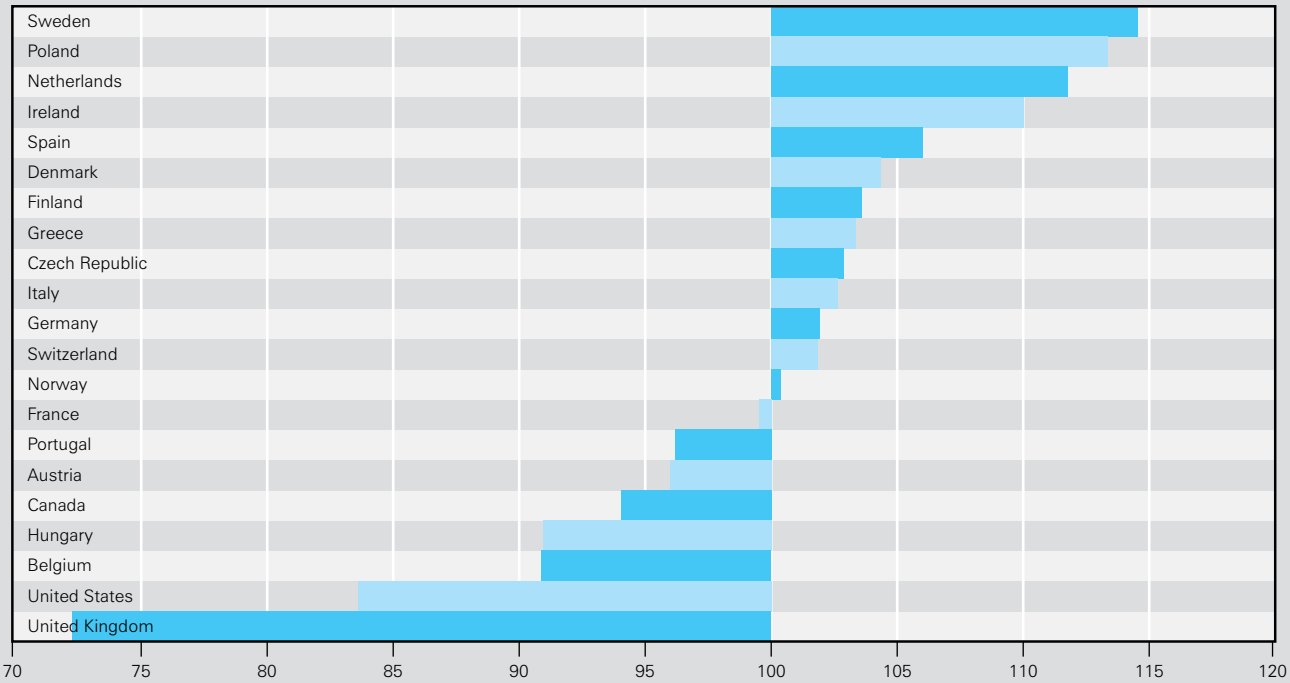
Dimension 5

BEHAVIOURS AND RISKS

Figure 5.0 Behaviours and risk-taking of young people, an OECD overview

Any overview of children's well-being must attempt to incorporate aspects of behaviour which are of concern to both young people themselves and to the society in which they live. This section therefore brings together the available OECD data on such topics as obesity, substance abuse, violence, and sexual risk-taking.

The league table below ranks each OECD country according to its average 'behaviours and risks' score (being the average of its scores for the three components selected to represent this dimension of young people's well-being – see box below). The table is scaled to show each country's distance above or below the OECD average of 100.



Assessing behaviours and risks

The table on the right shows how the index of children's behaviours has been constructed. The choice of individual indicators reflects the availability of internationally comparable data.

For each indicator, countries have been given a score which reveals how far that country stands above or below the OECD average. Where more than one indicator has been used, scores have been averaged. In the same way, the three component scores have been averaged to arrive at each country's overall rating for children's behaviours and risks (see box on page 5).

	COMPONENTS	INDICATORS
Behaviours and risk	health behaviours	– percentage of children who eat breakfast – percentage who eat fruit daily – percentage physically active – percentage overweight
	risk behaviours	– percentage of 15 year-olds who smoke – percentage who have been drunk more than twice – percentage who use cannabis – percentage having sex by age 15 – percentage who use condoms – teenage fertility rate
	experience of violence	– percentage of 11, 13 and 15 year-olds involved in fighting in last 12 months – percentage reporting being bullied in last 2 months

Young people's behaviours and risks

The behaviours and risks discussed in this section are presented not as a catalogue of social problems but as an attempt to measure an important and elusive dimension of child well-being. There may be many reasons why children and young people abuse drugs, or live unhealthy lifestyles, or become pregnant at too early an age; but those reasons often reflect circumstances, pressures, and self-perceptions that undermine well-being. In ways that are not fully understood, they indicate problems and pressures facing a significant proportion of young people in the countries under review. The outcomes, shown in the following tables, reflect in some degree their unpreparedness and inability to cope with such pressures.

Through the *PISA* and *HBSC* studies already cited, several behavioural and risk-taking indicators have become available for most OECD countries. Figure 5.0 brings 12 of these indicators together into the three components selected to represent this dimension of child well-being – health behaviours, risk behaviours, and experience of violence.

Health behaviours

Like several of the measures in this review, eating habits in childhood and adolescence are indicators of both present and future well-being. Those who eat unhealthily during the early years of life are more likely to continue the pattern into adulthood and to be at increased risk from health problems including diabetes, heart disease, and cancer.

Figures 5.1a and 5.1b bring together data on the two indicators that have been chosen to represent 'healthy eating'. Figure 5.1a shows the percentage of young people age 11, 13 and 15 who regularly eat breakfast. Its value as an indicator rests on the finding that skipping breakfast is associated with mid-morning fatigue, reduced concentration, and a greater likelihood of high-fat, low-fibre snacking during the day. Differentiation by age and gender shows that boys are more likely to eat breakfast than girls.

Figure 5.1b shows the percentage of young people who report eating fruit every day. Overall, only about a third of young people eat fruit daily (in the 35 countries surveyed). An even smaller proportion report eating vegetables every day.

Figures 5.1c and 5.1d approach 'health behaviours' from a different angle by focusing on physical activity and obesity.

Guidelines drawn up by an international panel under the direction of the World Health Organization recommend that all young people should participate in physical activity of at least moderate intensity for an hour a day ('moderate intensity' being defined as the 'leaving the participant feeling warm and slightly out of breath'). Figure 5.1c shows how many 11, 13 and 15 year-olds measure up to this standard. And again the answer is 'not many'. In the OECD countries as a whole, only about a third of young people exercise for an hour or more on five or more days a week. Young people take most exercise in Ireland, Canada and the United States, and least exercise in Belgium and France.

Figure 5.1 Children's health behaviour, an overview of Figures 5.1a to 5.1d

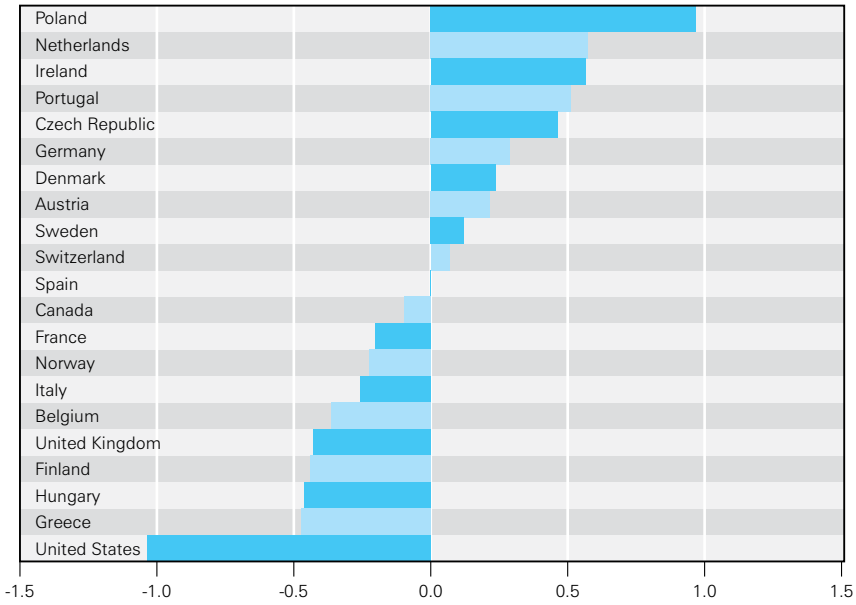


Figure 5.1a Percentage of young people age 11, 13 and 15 who report eating breakfast every school day

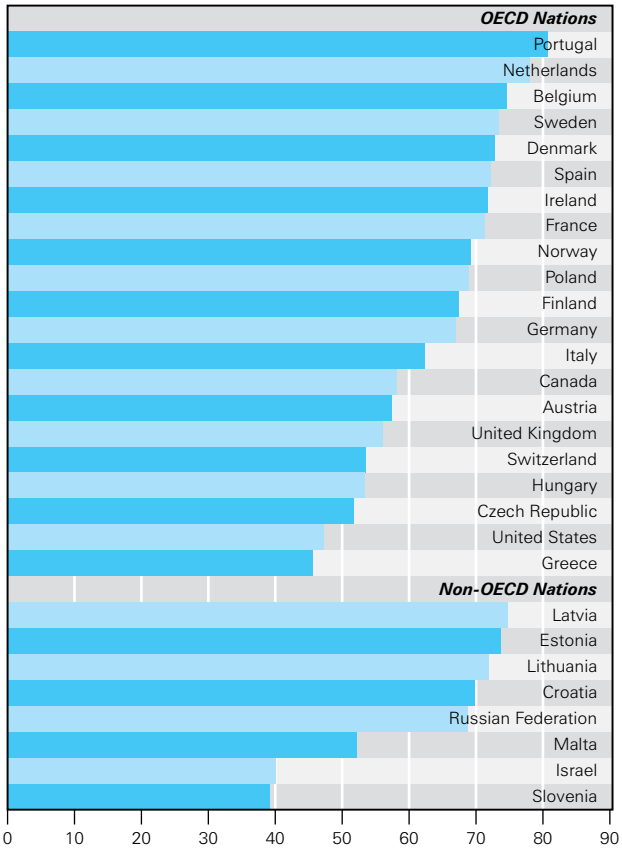


Figure 5.1b Percentage of young people age 11, 13 and 15 who report eating fruit every day

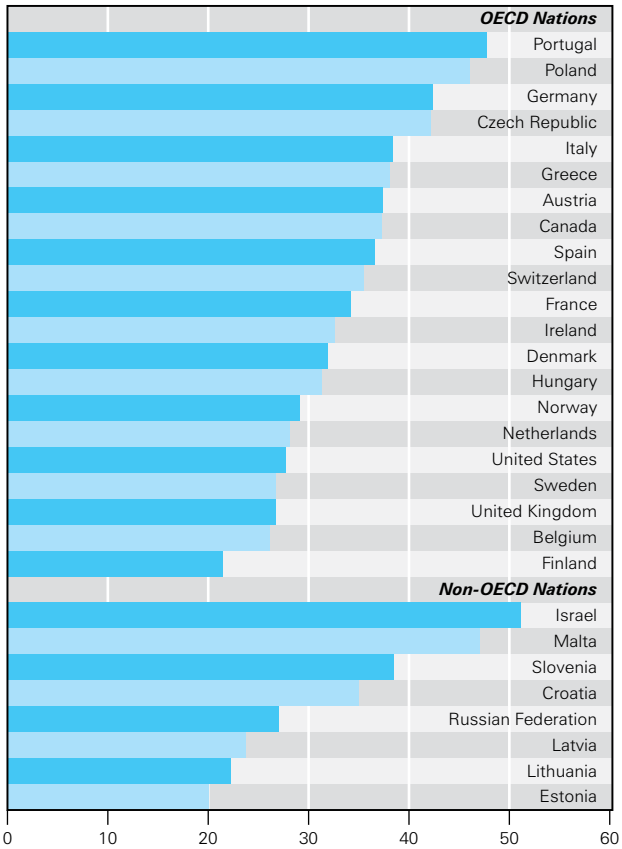


Figure 5.1c Mean number of days on which young people age 11, 13, and 15 report being physically active for one hour or more of the previous/typical week

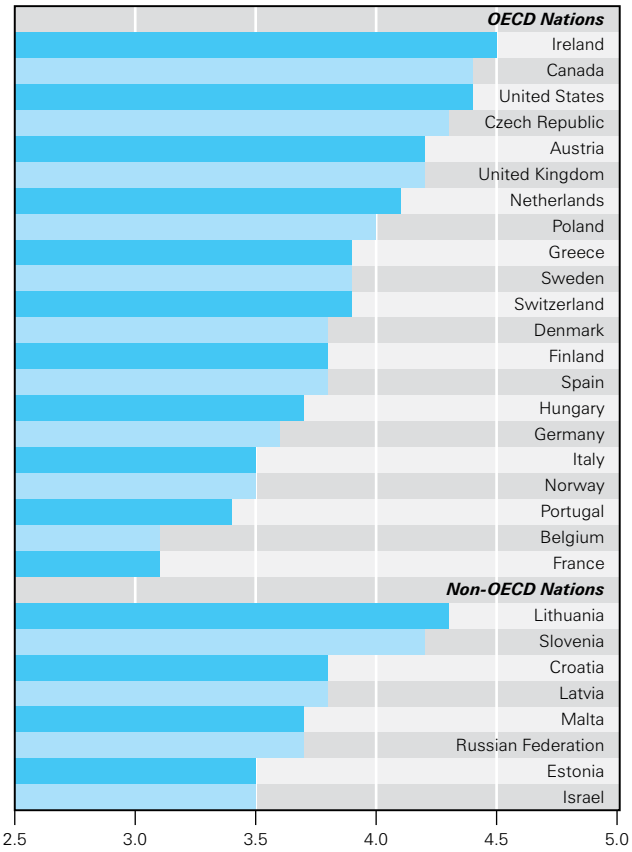
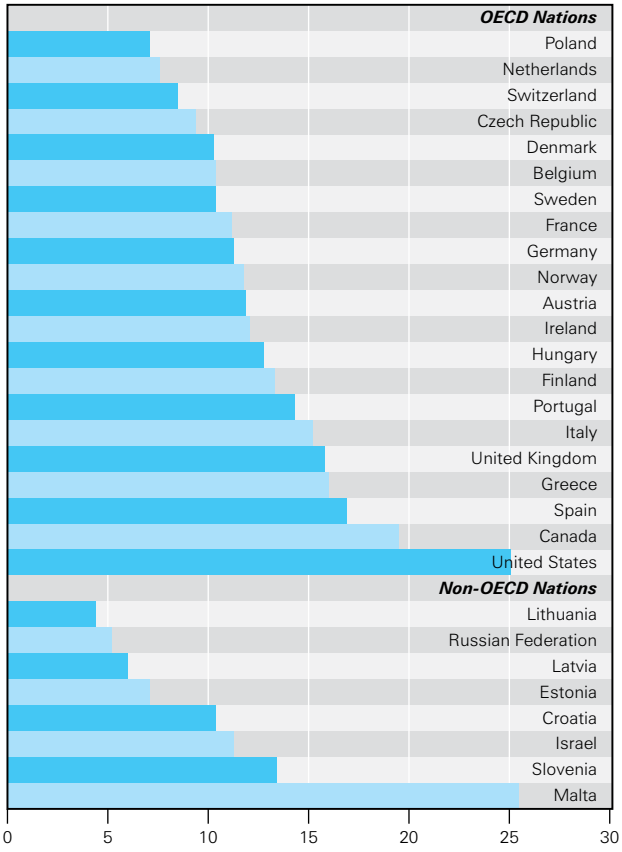


Figure 5.1d Percentage of young people age 13 and 15 who report being overweight



In all countries and all age groups surveyed, boys are more likely to be physically active than girls.

Figure 5.1d shows the prevalence of obesity among 13 and 15 year-olds in 21 OECD countries and is based on asking young people to give their weights and heights (a question which yielded low response rates, possibly indicating that the figures are underestimates). Poland and the Netherlands have the smallest proportion of overweight young people. The highest levels of obesity are to be found in the four Southern European countries (Spain, Greece, Italy and Portugal) plus the United States, Canada, and United Kingdom. Countries at the foot of this league table can expect problems in the future; as the EU Health Commissioner has said: *"Today's overweight teenagers are tomorrow's heart attack victims"*.

Figure 5.1 brings all of these factors together and shows that in most countries young people's health behaviours do not deviate very far from the average for the OECD as a whole. The exceptions are Poland, where children's health behaviours are considerably better than average, and the United States whose overall ranking suffers because of high levels of obesity.

Risk behaviours

The second component chosen to represent this dimension is the prevalence of risk-taking among young people – including smoking, drug and alcohol abuse, hazardous sexual activity, and becoming pregnant at too early an age.

Figure 5.2 combines the available data on all of these risks into an overall OECD league table of young people's risk behaviours. Three of the bottom five places in the league table are occupied by English-speaking countries and the United Kingdom finds itself at the foot of the rankings by a considerable distance.

Figure 5.2a presents data on smoking, well-known as the leading cause of premature illness and death in the rich world. Overall, it shows that 10% or more of young people in OECD countries are smoking at least once a week by the age of 15. The HBSC survey from which the data is drawn puts the result more positively: *"84% of young people report that they do not smoke. About one third of the 16% who smoke do so less than once a week."* The same survey reports that in 23 out of 35 countries girls are more likely to smoke than boys.

Alcohol, cannabis, sexual relations

Figure 5.2b shows the percentage of young people aged 11, 13 and 15 who, answered 'two or more times' when asked 'how often have you had so much alcohol that you were really drunk?'. In the majority of OECD countries, fewer than 15% of young people report being drunk on two or more occasions. In the Netherlands, the figure rises to over a quarter and in the UK to almost a third.

The percentage of 15 year-olds who have used cannabis (Figure 5.2c) also appears to vary widely across the OECD countries – from fewer than 5% in Greece and Sweden to over 30% in Canada, Spain, Switzerland, the United States and the United Kingdom. Canada is the only country with a cannabis use rate of over 40% among 15 year-olds. Regular cannabis use is associated with depression, physical ill health, problems at school, and with other forms of risk-taking. It may also trigger psychoses, especially in young people already prone to such conditions.

There is rather less but still significant variation in the percentage of young people who have had sexual intercourse by the age of 15 (Figure 5.2d). For 16 of the 17 OECD countries with available data, the proportion is between 15% and 28%; for the United Kingdom it is almost 40%. Most countries have made efforts to educate young people about the dangers of HIV/AIDS and sexually-transmitted disease and this is reflected in the rate of condom use. Among 15 year-olds who have had sex, the great majority (between 65% and 90%) used a condom (Figure 5.2e).

Figure 5.2 Young people's risk behaviour, an overview of tables 5.2a to 5.2f

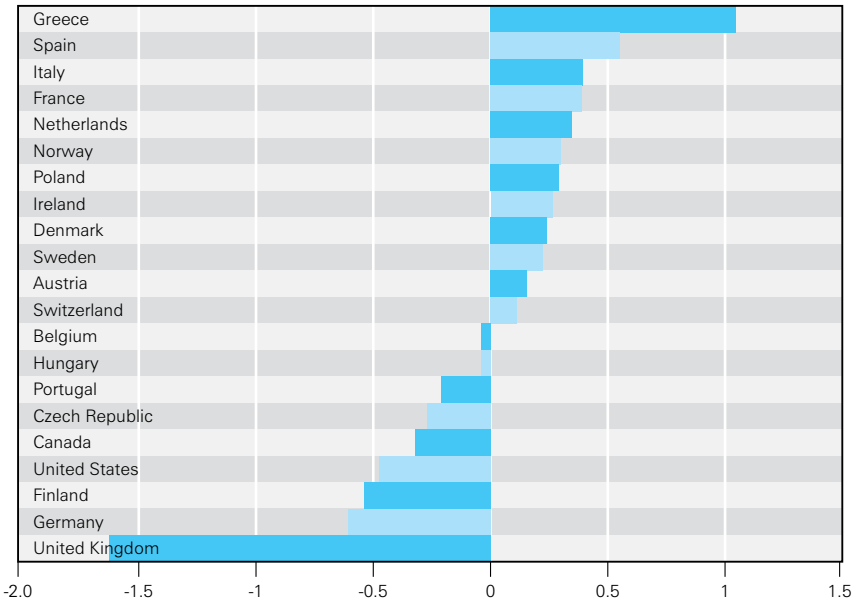
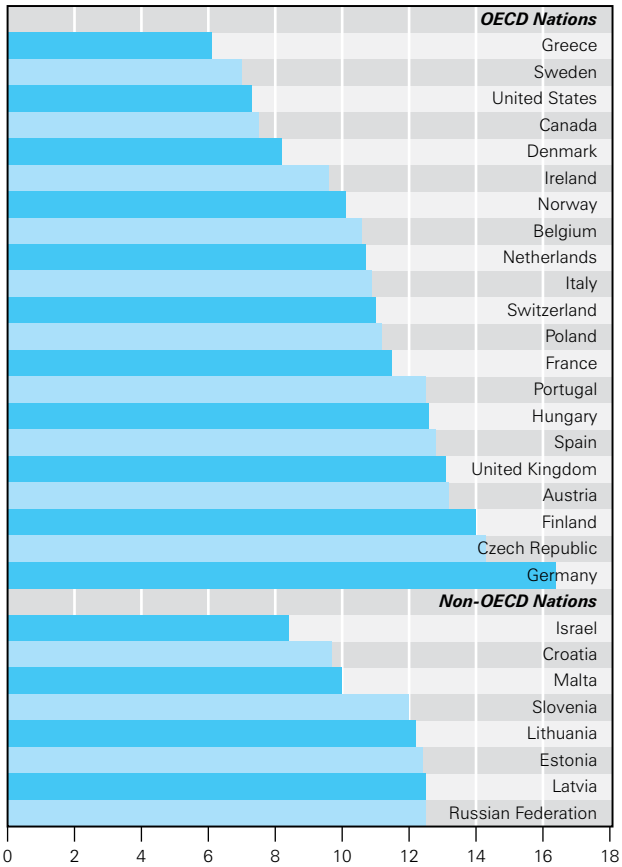
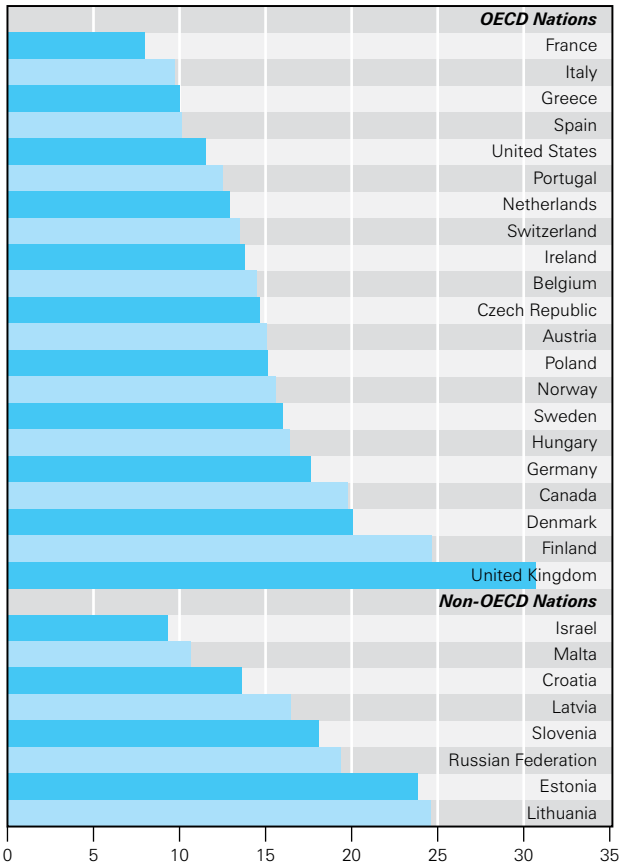


Figure 5.2a Percentage of students age 11, 13 and 15 who smoke cigarettes at least once a week



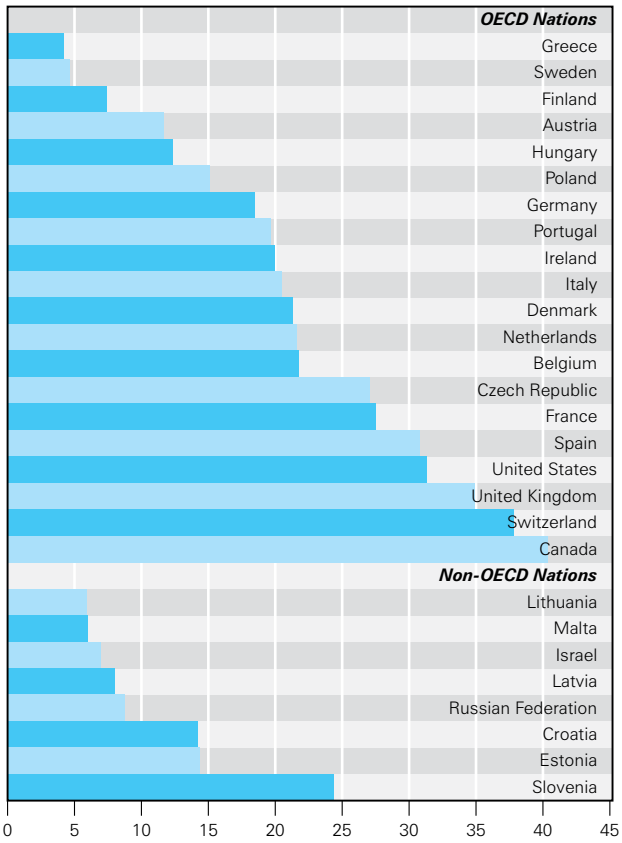
Date: 2001/02

Figure 5.2b Percentage of students age 11, 13 and 15 who report having been drunk two or more times



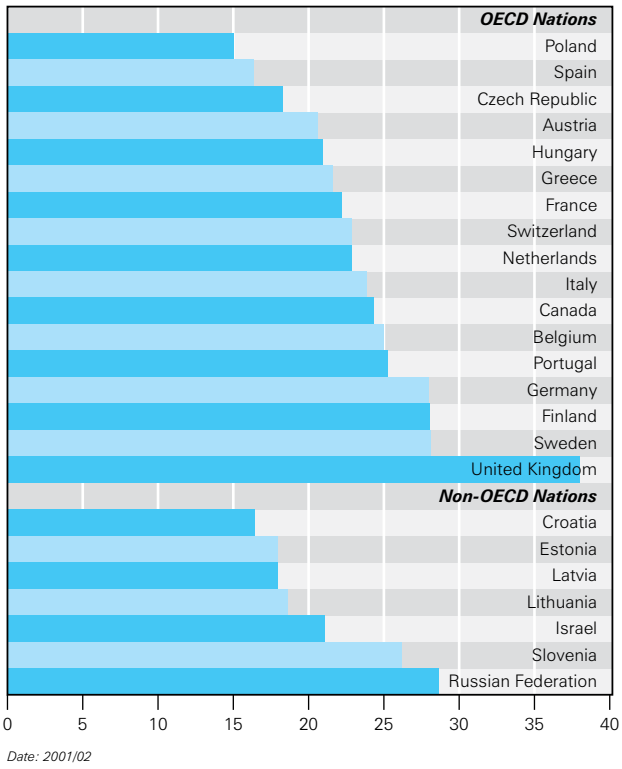
Date: 2001/02

Figure 5.2c Percentage of students age 11, 13 and 15 who report having used cannabis in the last 12 months



Date: 2001/02

Figure 5.2d Percentage of 15 year-olds who report having had sexual intercourse



Date: 2001/02

Figure 5.2e Percentage of 15 year-olds who used a condom during their last sexual intercourse

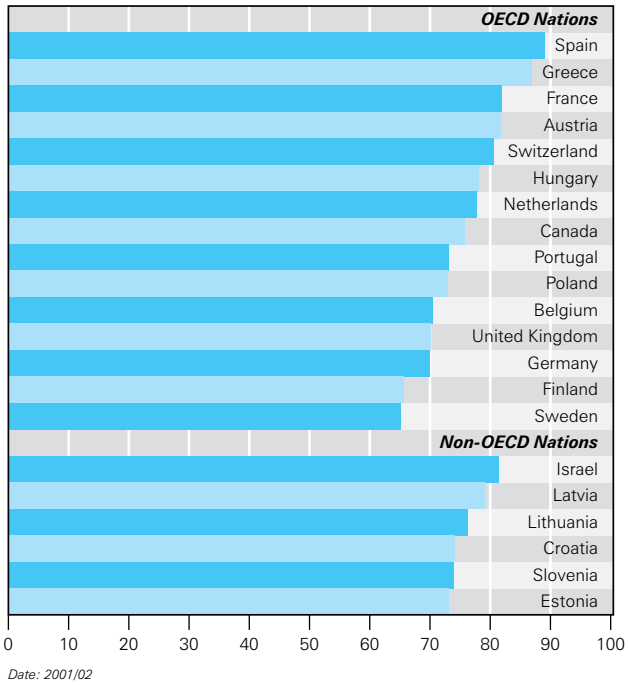
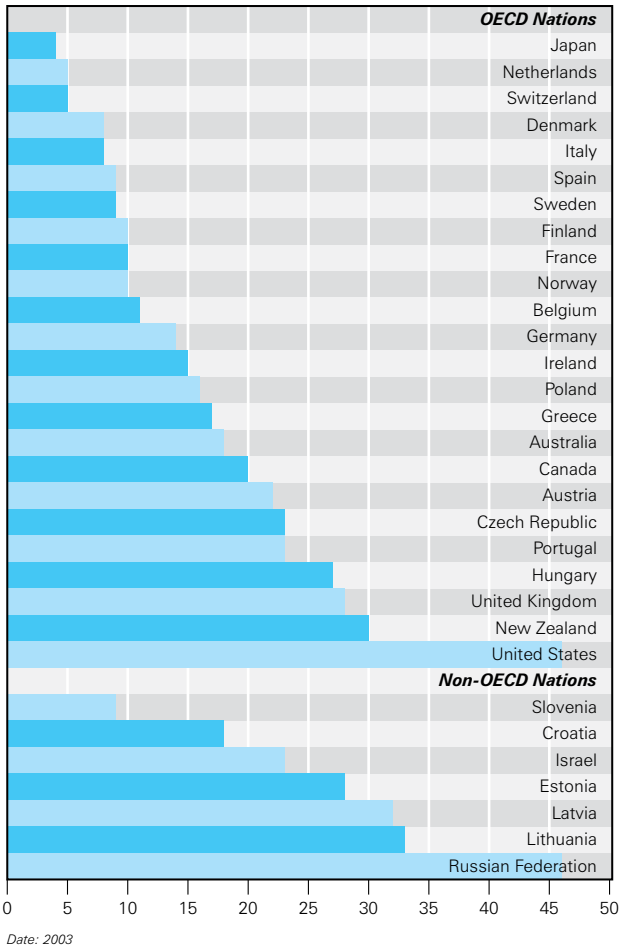


Figure 5.2f Teenage fertility rate: births per 1,000 women age 15-19



Many of the risk behaviours featured in these tables are related or overlapping. Young people who smoke cigarettes, for example, are approximately three times more likely to use alcohol regularly and eight times more likely to use cannabis.

Teenage births

Teenage fertility rates in OECD countries (Figure 5.2f) also vary considerably – from as few as 5 to as many as 45 births for every 1,000 girls aged 15 to 19.

For most girls growing up in an OECD country, the norm today is an extended education, a career, a two-income household, delayed childbearing and a small family. And it is in this context that teenage pregnancy has become a significant problem: giving birth at too young an age is now associated with wide-ranging disadvantage for both mother and child – including a greater likelihood of dropping out of school, of having no or low qualifications, of being unemployed or low-paid, and of living in poor housing conditions. But as always, association is not the same as cause. Many girls who give birth in their teens have themselves grown up with the kind of poverty and disadvantage that would be likely to have negative consequences whether or not they wait until they are in their twenties before having children. Becoming pregnant while still a teenager may make these problems worse, but not becoming pregnant will not make them go away.

Beyond the immediate problem, teenage fertility levels may also serve as an indicator of an aspect of young people's lives that is otherwise hard to capture. To a young person with little sense of current well-being – unhappy and perhaps mistreated at home, miserable and under-achieving at school, and with only an unskilled and low-paid job to look forward to – having a baby to love and be loved by, with a small income from benefits and a home of her own, may seem a more attractive option than the alternatives. A teenager doing well at school and looking forward to an interesting and well-paid career, and who is surrounded by family and friends who have similarly high expectations, is likely to feel that giving birth would de-rail both present well-being and future hopes.

It is as an approximate measure of what proportion of teenagers fall on which side of this divide that the teenage fertility rates shown in Figure 5.2f may be an especially significant indicator of young people's well-being.

Experience of violence

Aggression and violence in all its forms – bullying, fighting, abuse –

shadow the lives of many young people, making the time of life that adults like to think of as happy and carefree into a time of anxiety and misery. In particular, exposure to violence in the home – both directly through child abuse and indirectly through witnessing aggression and violence between adults – can be a cause of enduring distress and damage to children of all ages.[14]

Unfortunately, exposure to violence is difficult to define and the available indicators are inadequate to the task of reflecting either present misery or future consequence. Figures 5.3a and 5.3b bring together the few data on what children themselves have to say about this issue.

In 18 of the 21 countries surveyed, the proportion of those involved in fighting in the previous 12 months (Figure 5.3a) was over one third, ranging from fewer than 30% in Finland and Germany to more than 45% in the Czech Republic and Hungary. Overall, about 40% of all young people in countries surveyed reported involvement in at least one physical fight during the previous year.

The prevalence of bullying (Figure 5.3b) varies more widely, with about 15% of children reporting being bullied in Sweden and the Czech Republic as opposed to more than 40% in Switzerland, Austria, and Portugal. About a third of young people in the countries surveyed report being bullied at least once during the two months prior to the survey. A similar proportion reported bullying others.

Both of these tables need to be treated with caution. The fact that the children of the Czech Republic simultaneously appear at the top of the 'fighting' table and at the bottom of the 'bullying' league, for example, is not necessarily inconsistent. The distinction between bullying and fighting is, at the margins, an issue of perception, and the subtleties of the distinction may occasionally be eroded in translation. The definition used by the survey quoted, and submitted to interviewees as a preliminary to the question on bullying, illustrates the difficulty: *"We say a student is being bullied when another student, or group of students, says or does nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like, or when he or she is deliberately left out of things. But it is not bullying when two students of about the same strength quarrel or fight. It is also not bullying when the teasing is done in a friendly and playful way."*

Figure 5.3 brings both 'fighting' and 'bullying' indicators into a composite table, but remains an inadequate representation of young people's experience of violence in the countries concerned. What is needed is more information on children's exposure to violence of all kinds in the home. National studies show that children who often witness violence between others in the home are also most likely to be victims of violence themselves, and both forms of exposure represent incalculable levels of current misery and long-term damage to the development and well-being of many millions of children. *Report Card 5* (September 2003) concluded that in some industrialized nations today as many as one child in every 15 is the victim of serious maltreatment and that this is an issue which needs to be dragged out from the shadows of national life and into the daylight of public and political scrutiny.

Figure 5.3 Young people who report not being involved in fighting, or being bullied, an overview of tables 5.3a and 5.3b

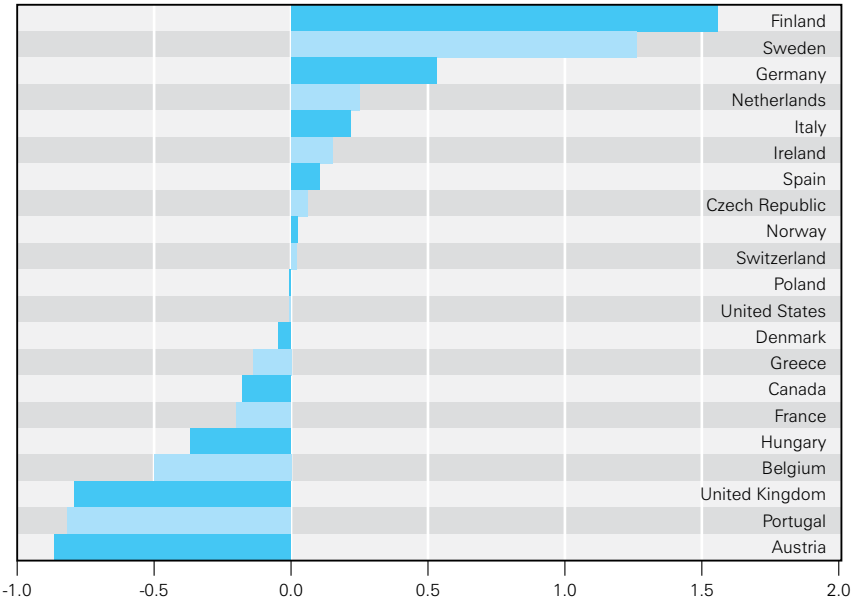
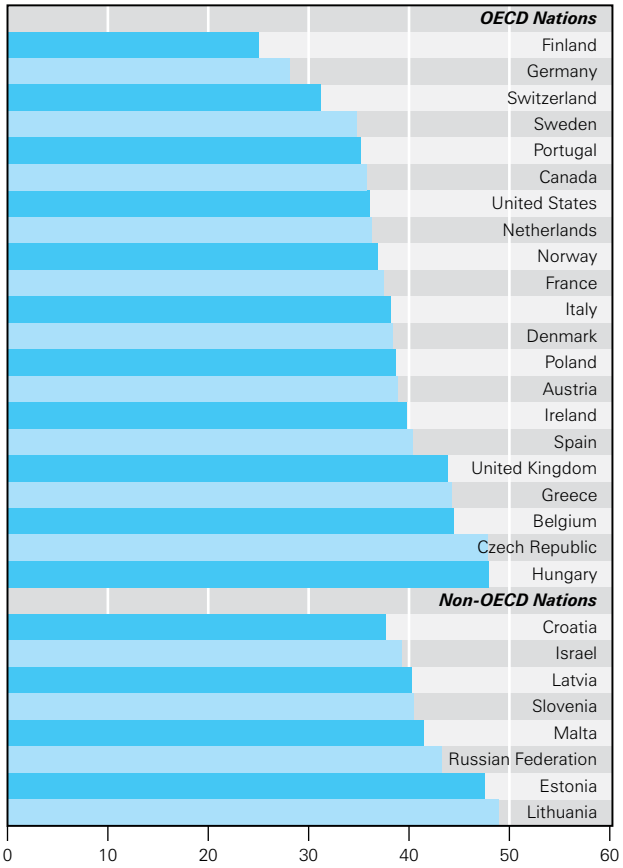
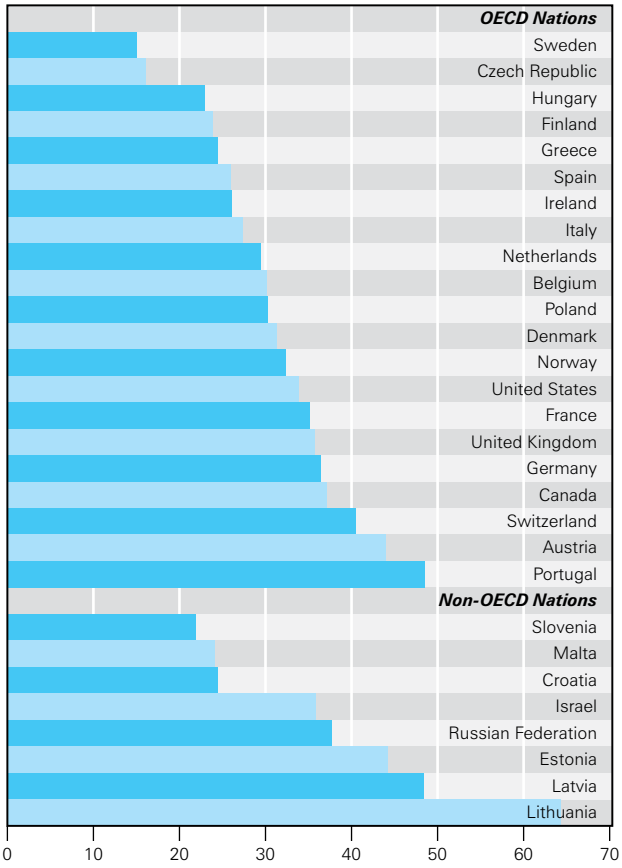


Figure 5.3a Percentage of young people age 11, 13 and 15 who report having been involved in fighting in the previous 12 months



Date: 2001/02

Figure 5.3b Percentage of young people age 11, 13 and 15 who report being bullied in the previous 2 months



Date: 2001/02

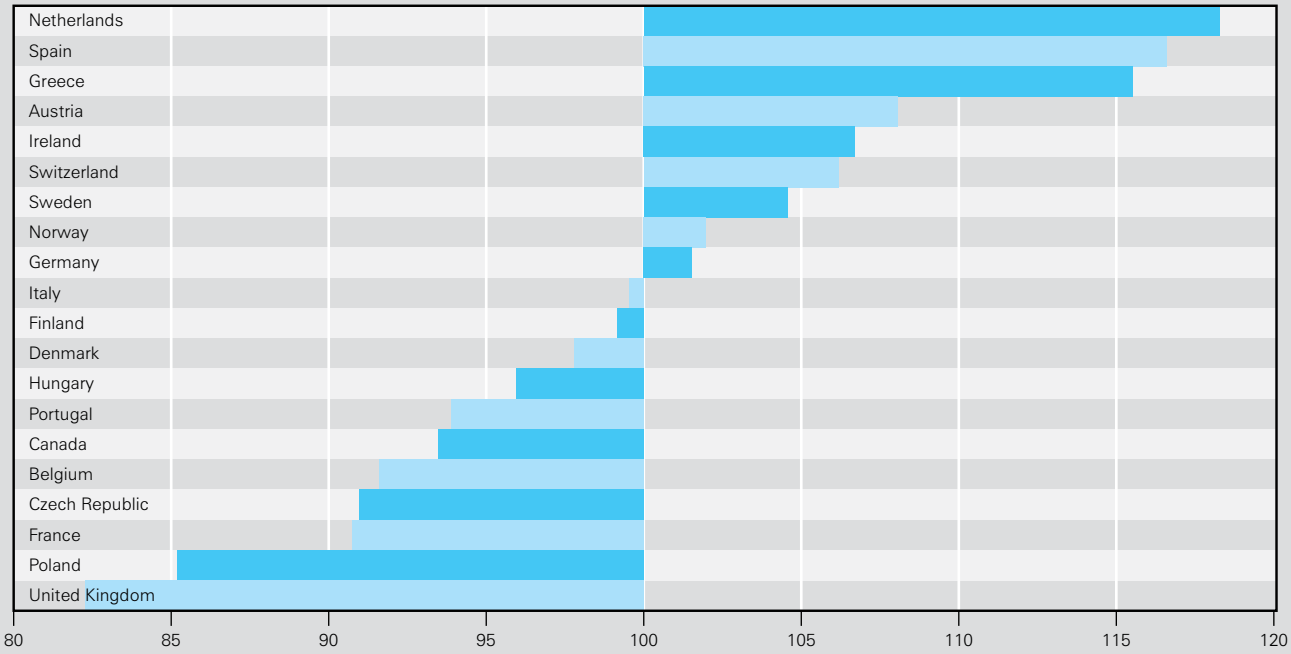
Dimension 6

SUBJECTIVE WELL-BEING

Figure 6.0 Subjective well-being of young people, an OECD overview

This section attempts to give depth to this overview of child well-being by taking into account children's own perceptions, drawing on international surveys of children's and young people's opinions. The table below brings the results into a composite overview of children's own subjective sense of well-being.

The table is scaled to show each country's distance above or below the OECD average of 100 and shows each country's standing in relation to the average for the OECD as a whole.



Subjective well-being

The box on the right shows how the index of children's subjective well-being has been constructed. The choice of individual indicators reflects the availability of internationally comparable data.

For each indicator, countries have been given a score which reveals how far that country stands above or below the average for the OECD countries under review. Where more than one indicator has been used, scores have been averaged. In the same way, the three component scores have been averaged to arrive at each country's overall rating for children's subjective well-being (see box on page 5).

Subjective well-being	COMPONENTS	INDICATORS
	health	– percentage of young people rating their own health no more than 'fair' or 'poor'
	school life	– percentage of young people 'liking school a lot'
	personal well-being	– percentage of children rating themselves above the mid-point of a *'Life Satisfaction Scale'* – percentage of children reporting negatively about personal well-being

Young people's subjective assessments of well-being

Various elements in this overview of child well-being have attempted to reflect children's own views and voices – for example the surveys of reported family affluence, experience of bullying, or the frequency of communication with parents. The inclusion of 'subjective well-being', as a distinct dimension, represents an attempt to focus more directly on children's perceptions of their own well-being.

Three components have been selected to represent this dimension – the proportion of young people rating their own health no more than 'fair' or 'poor', the proportion who report 'liking school a lot', and a measure of children's overall satisfaction with their own lives.

Bringing the available data together (Figure 6.0) shows that children's subjective sense of well-being appears to be markedly higher in the Netherlands, Spain, and Greece and markedly lower in Poland and the United Kingdom. Unfortunately insufficient data are available for the United States which therefore could not be included in this section.

Perceptions of health

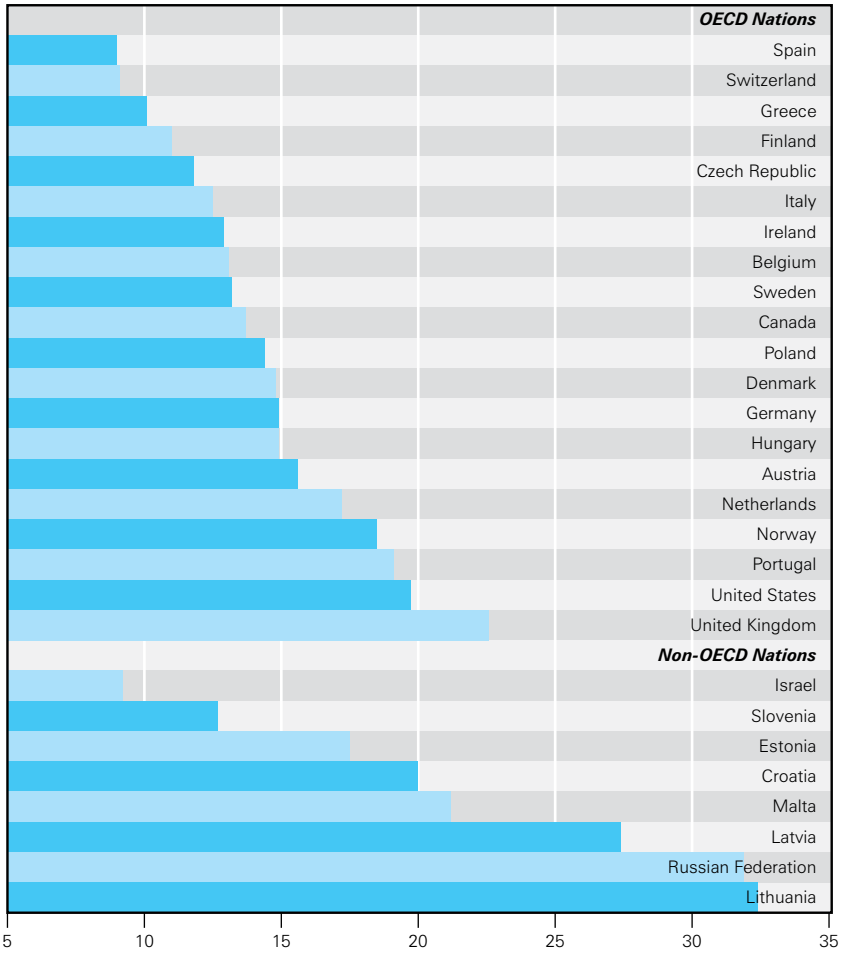
Surveys of young people's own perception of their own health show that, in virtually all OECD countries for which data are available, girls report lower levels of health than boys and that this difference gradually increases with age. This finding does not appear to vary a great deal across different national social and cultural contexts and it therefore seems likely that gender differences in self-reported health status are related to the different physiological and psychological pressures brought by the onset of puberty. Girls, for example, may be under greater pressure to worry about body image and to be more aware of and/or sensitive to their own physical and emotional state (and therefore, perhaps, to have a lower threshold for self reported poor health).

Subjective assessment of health
percentage of young people rating their own health as 'fair or poor'

	11 year-olds	13 year-olds	15 year-olds
Girls	15.7	20.8	27.2
Boys	12.1	13.6	16.1

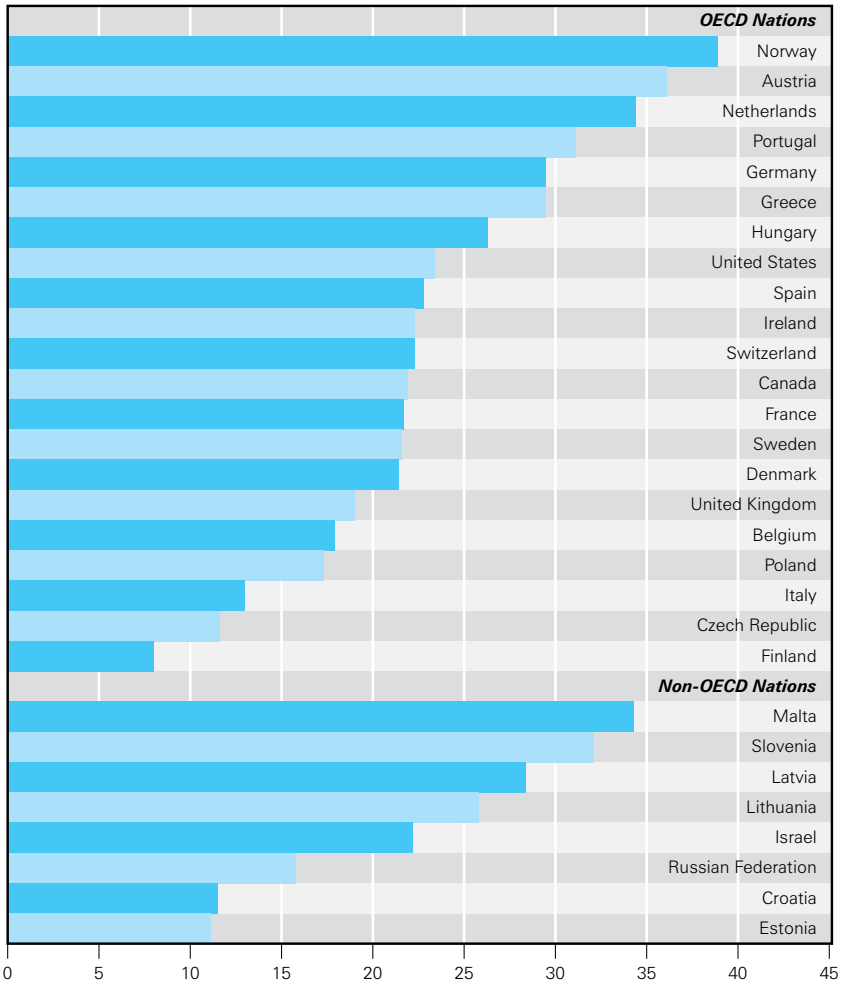
Source: *Young People's Health in Context*, Health Behaviour in School-age Children (HBSC) study: international report from the 2001/2002 survey, WHO, 2004, p. 57

Figure 6.1 Percentage of young people age 11, 13 and 15 who rate their health as 'fair or poor'



Date: 2001/02

Figure 6.2 Percentage of students age 11, 13 and 15 who report 'liking school a lot'



Date: 2001/02

Figure 6.1 shows the percentage of 11, 13 and 15 year-olds in each country who replied 'fair' or 'poor' when asked the question *'Would you say that your health is excellent, good, fair, or poor?'*. Overall, approximately 80% of young people consider their health to be good or excellent in every OECD country except the United Kingdom.

School

A broad measure of how happy young people are during their schooldays is provided by the HBSC survey which questioned representative groups of children in 35 countries about their attitudes to the time spent in school. Specifically, it asked children aged 11, 13, and 15 to tick one of four possible attitudes to school – *'I like it a lot, I like it a bit, I don't like it very much, or I don't like it at all'*.

Figure 6.2 shows how many answered – 'I like it a lot'. And the answer is 'not many'.

Better data for EU countries

Since 2004, the 25 countries of the European Union (EU) have been developing a new statistical data source, known as *Community Statistics on Income and Living Conditions (EU-SILC)*.

EU-SILC aims to become the reference source of comparative statistics on income distribution and living conditions within the EU. A primary purpose of EU-SILC is to monitor the common indicators (the so-called *Laeken Indicators*) by which the EU has agreed to measure its progress towards reducing poverty and social exclusion.

EU-SILC therefore replaces the *European Community Household Panel (ECHP)* which was the main source of such data from 1994 until 2001 (for the then 15 Member States of the EU). Designed to fill some of the acknowledged gaps and weaknesses of the ECHP, EU-SILC collects every year comparable and up-to-date cross-sectional data on income, poverty, social exclusion and other aspects of living conditions – as well as longitudinal data on income and on a limited set of non-monetary indicators of social exclusion.

The first EU-SILC data for all 25 Member States of the current EU, plus Norway and Iceland, should be available by the end of 2006. The first 4-year longitudinal data on 'those at-persistent-risk-of-poverty' will be available by the beginning of 2010.

In addition to populating these core indicators, each round of EU-SILC also gathers data on one particular theme – beginning in 2005 with data on the inter-generational transmission of poverty.

For more information on EU-SILC and the EU Laeken indicators, as well as an in-depth analysis of the major challenges facing the EU *Social Inclusion Process*, see E. Marlier, A.B. Atkinson, B. Cantillon and B. Nolan (2006), *The EU and social inclusion: Facing the challenges*, Policy Press, Bristol

See also:
Bradshaw, J., Hoelscher, P. and Richardson, D. (2007) *An index of child well-being in the European Union*, Journal of Social Indicators Research. 1, 2007

The Netherlands and Norway, along with Austria, again find themselves at the head of the table with over a third of their schoolchildren admitting to *'liking school a lot'*. The proportion drops below 15% in Finland, the Czech Republic, and Italy.

Once again this is an overview which masks gender and age differences, with girls tending to like school more than boys and older children tending to like school less than younger.

With some exceptions, such as Finland, there appears to be a positive relationship between liking school and educational achievement. A self-reinforcing relationship between the two seems likely, with young people who do well tending to like school and those who like school tending to do well.

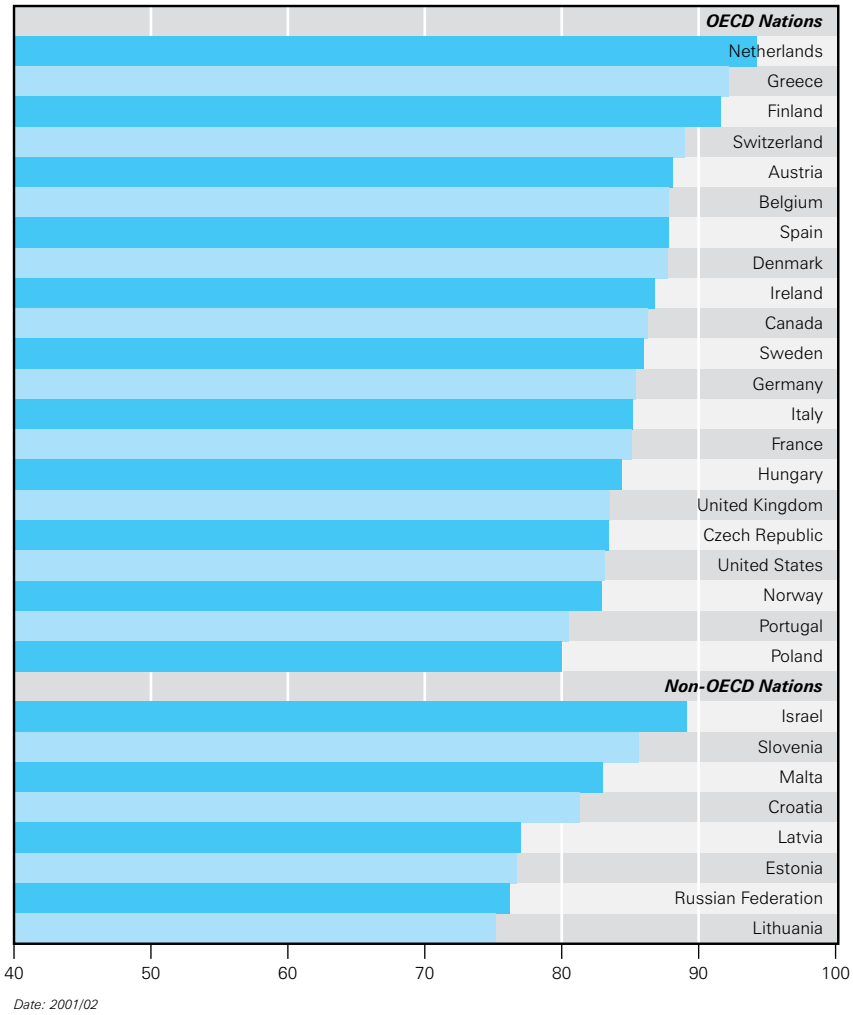
Life satisfaction

Figures 6.3a and 6.3b attempt to gauge children's overall satisfaction with themselves and their lives.

The first (Figure 6.3a) is based on putting the following question to children aged 11, 13, and 15:

> *'Here is a picture of a ladder. The top of the ladder, 10, is the best possible life for you and the bottom, 0, is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? Tick the box next to the number that best describes where you stand.'*

Figure 6.3a Percentage of young people age 11, 13 and 15 who rate themselves above the middle of the life satisfaction scale



A score of 6 or more was treated as a positive level of life satisfaction and Figure 6.3a clearly shows that the great majority of young people growing up in all OECD countries score themselves above this midpoint on the 'life satisfaction ladder'.

In the OECD countries as a whole, there is a slight trend towards decreasing life satisfaction between the ages of 11 and 15, particularly for girls.

'Life Satisfaction Ladder'
percentage of young people rating themselves above the mid-point

	11 year-olds	13 year-olds	15 year-olds
Girls	87.1	82.5	77.4
Boys	88.1	86.9	84.5

Source: *Young People's Health in Context*, Health Behaviour in School-age Children (HBSC) study: international report from the 2001/2002 survey, WHO, 2004, p. 57 (note: the table draws not only on data from OECD countries but from all 35 countries surveyed under the HBSC programme).

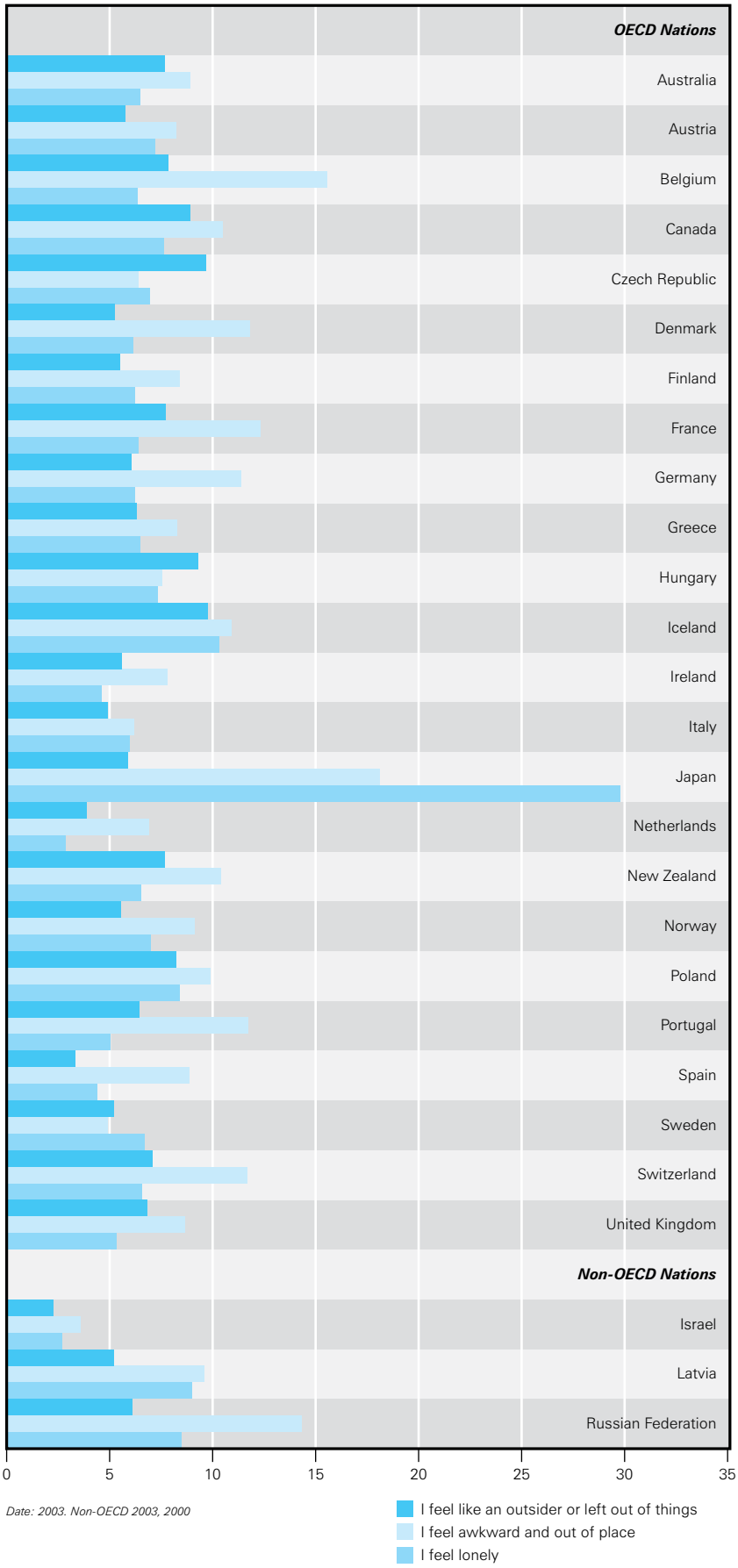
Out of place

Figure 6.3b attempts to explore psychological and social aspects of subjective well-being, such as feelings of awkwardness, loneliness, and 'being an outsider' – perceptions of social exclusion that can significantly affect the quality of young people's lives. The table brings together the results of asking young people to agree or disagree with three statements about themselves:

- *I feel like an outsider or left out of things*
- *I feel awkward and out of place*
- *I feel lonely*

Overall, the responses reveal a remarkable consistency across most of the OECD countries and a high level of life satisfaction among its young

Figure 6.3b Percentage of 15 year-olds agreeing with specific negative statements about personal well-being



Date: 2003. Non-OECD 2003, 2000

people. In most nations, the proportion of young people agreeing with the statements is at the lower end of the 5% to 10% range. A higher proportion of children agreed with the statement *'I feel awkward and out of place'* but even here the proportion answering 'yes' exceeded 10% in only 8 out of 24 OECD countries. The most striking individual result is the 30% of young people in Japan who agreed with the statement *'I feel lonely'* – almost three times higher than the next highest-scoring country. Either this reflects a difficulty of translating the question into a different language and culture, or a problem meriting further investigation, or both.

CONCLUSION

Taken together, the six dimensions of child well-being assessed in these pages represent a significant step forward in measuring and comparing children's well-being across the countries of the OECD.

There are significant relationships between some of the dimensions chosen. Poverty, for example, affects many aspects of child well-being in many well-documented ways: particularly when prolonged, poverty has been shown to be likely to have an effect on children's health, cognitive development, achievement at school, aspirations, self-perceptions, relationships, risk behaviours and employment prospects. Equally clearly, economic poverty alone is revealed as an inadequate measure of children's overall well-being. A multi-dimensional approach to well-being is necessary to improve understanding, monitoring, and policy effectiveness.

It is tempting to take the process one stage further and combine the scores of all countries under all dimensions into an overall OECD league table of child well-being. Other than listing countries according to their average ranking (page 2), this temptation has been resisted. In part this is to maintain opacity and avoid leaning too hard on limited data; composite indicators, of which this report has made plentiful use, need to be as transparent as possible both to keep the process open to debate and to avoid elevating the data to heights of authority that their foundations can not sustain. But in part, also, reducing the overview to a single score or number would undermine the emphasis on children's well-being as a multi-dimensional issue requiring a wide range of policy responses. Sometimes the whole can be less than the sum of the parts.

This first multi-dimensional overview is best regarded as a work in progress, in need of improved definitions and better data. But in the process it is easy to become ensnared in the data and to lose sight of what it is that we are trying to capture. When we attempt to measure children's well-being what we really seek to know is whether children are adequately clothed and housed and fed and protected, whether their circumstances are such that they are likely to become all that they are capable of becoming, or whether they are disadvantaged in ways that make it difficult or impossible for them to participate fully in the life and opportunities of the world around them. Above all we seek to know whether children feel loved, cherished, special and supported, within the family and community, and whether the family and community are being supported in this task by public policy and resources.

The measures used in this report fall short of such nuanced knowledge. Findings that have been recorded and averaged may create an impression of precision but are in reality the equivalent of trying to reproduce a vast and complex mountain range in relatively simple geometric shapes. In addition, the process of international comparison can never be freed from questions of translation, culture, and custom.

But a start has been made.

All families in OECD countries today are aware that childhood is being re-shaped by forces whose mainspring is not necessarily the best interests of the child. At the same time, a wide public in the OECD countries is becoming ever more aware that many of the corrosive social problems affecting the quality of life have their genesis in the changing ecology of childhood. Many therefore feel that it is time to attempt to re-gain a degree of understanding, control and direction over what is happening to our children in their most vital, vulnerable years.

That process begins with measurement and monitoring. And it is as a contribution to that process that the *Innocenti Research Centre* has published this initial attempt at a multi-dimensional overview of child well-being in the countries of the OECD. ■

Guiding lights

United Nations Convention on the Rights of the Child

The choice of indicators for this assessment of child well-being in OECD countries is heavily circumscribed by the limited availability of internationally comparable data. But the selection and deployment of the data that are available reflects a concept of child well-being which needs to be spelt out.

Its starting point is the *Convention on the Rights of the Child* that has been agreed on by virtually all countries.

Although universal in status, the *Convention* acknowledges that child economic, social and cultural rights must be implemented progressively taking into account the specific context of each nation. The right to *'an adequate standard of living'* (Article 27) or to *'the highest attainable standard of health care'* (Article 24), for example, calls for national definitions and is dependent on the resources and commitment of the society in which the child lives.

By concentrating on the well-being of children in a group of the world's economically developed countries, this *Report Card* is able to give some degree of practical expression to this ideal: a country cannot be said to be securing for its children the *'highest attainable standard of health care'* or investing in its children *'to the maximum extent of available resources'* if children have no priority on the national agenda and if other countries at a similar stage of economic development are demonstrably achieving higher standards of health care and investing more resources in children.

Unfortunately, a lack of internationally comparable data has prevented the report from adequately addressing some important dimensions of children's lives. By and large, internationally comparable data tend to depict the situation of children who are living at home and in mainstream education, whereas the *Convention* requires that particular attention be devoted to excluded and disadvantaged children such as those living with disabilities, those who are refugees, those from ethnic minorities, those from immigrant families, and those being cared for in institutions.

In other respects, the report is able to shadow the *Convention* more closely, for example in its emphasis on the importance of growing up in a happy and loving family environment, on the child's right to an adequate standard of living, to social security, to protection from violence and exploitation, to the highest attainable standard of health care, to social services, and to equitable access to educational opportunity. The report also attempts to reflect the *Convention's* position that the promotion of the rights of the child is important for its own sake as well as being a critical investment in the future of society.

Finally, the report takes note of the child's right to be heard and, to this end, incorporates a dimension that is based solely on children's own subjective sense of their own well-being.

National measures

This overview also draws on other multi-dimensional measures of child well-being that have been pioneered by governments, non-governmental organizations, and by academic institutions in individual nations.
In the United States, for example, an annually-updated composite index of child well-being has been in use for more than 30 years. Grouping 28 indicators into seven categories (material well-being, health, safety/behavioural concerns, productive activity, place in the community, social relationships, and emotional/spiritual well-being), the index enables comparisons to be made between states though not, of course, between countries.

The government of the United Kingdom has also developed its own system for measuring and monitoring child well-being. Designed principally as a means of tracking the performance of different government departments, the system uses 25 separate indicators under five headings: *be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic well-being*. This framework stresses the positive whilst emphasising both the rights and responsibilities of children and families. A more detailed independent overview of child well-being in the United Kingdom has also been published by the NGO *Save the Children**.

A similarly comprehensive overview was developed in the 1990s in the Republic of Ireland, with children participating in the selection of the 42 indicators used.

Material goods and leisure activities were not, in general, seen as top priority by children. Relationships with family were seen as the most important determinant of well-being, followed by friends, school, and pets (the fact that 'health and safety' did not feature highly in children's priorities shows that there is still a place for adult input in the selection of indicators).

Efforts to develop multi-dimensional indicators are also underway in Austria, in France, and in Germany (where indicators are based on the concept of *Lebenslage* – defining child well-being by the scope given for the development of each child's interests and capabilities). UNICEF has also supported efforts to develop multi-dimensional indicators of child well-being not only in the world's poorest countries but in Ecuador, Argentina and Mexico (an OECD country which would have been included in this *Report Card* had internationally comparable data been available).

International measurement

The monitoring and comparison of child well-being faces even greater data problems when the focus shifts, as in this report, to international comparison. But this is slowly changing. The HBSC and PISA surveys quoted extensively in this report (see box) have added enormously to our knowledge of children's well-being and of what, in practice, constitutes *'the highest available standard'* in such fields as health care and education.

In addition to these efforts, an international expert group drawn from different academic disciplines launched the *Multi-National Project for Monitoring and Measuring Children's Well-Being* (http://multinational-indicators.chapinhall.org). This initiative arose partly in response to UNICEF's own *Progress of Nations* report which attempted to monitor the well-being of children in developing countries using basic yardsticks such as rates of malnutrition, immunization, and primary school enrolment. Such measures were found to be of limited relevance in countries where the most basic of physical needs are met for the great majority, and this sparked a search for ways and means of monitoring progress 'beyond the basics'. After initial discussions in the late 1990s, a second stage of the work has concentrated on a scientific protocol for collecting data on child well-being and on building a network of researchers to collaborate on collecting and disseminating the necessary data. The participants in this project agreed on some 50 indicators, grouped under five domains – safety and physical status, personal life, civic life, children's economic resources and contributions, and children's activities. After more than a decade of work, the project has eventually led, in 2006, to the establishment of an *International Society for Child Indicators (ISCI)*. The aim of the society is to develop a network dedicated to improving measurement, data collection, analysis, and the dissemination of information about the status of children. ISCI further seeks to enhance the capacity of countries in the initial stages of producing child well-being indicators, and to strengthen links between measurement, analysis and policy.

Six dimensions

The overview of child well-being set out in this *Report Card* has drawn upon and learnt from all of these efforts (which clearly share much common ground).

In practice, data for 'ideal indicators' of the different aspects of child well-being were often unavailable (or not available on an internationally comparable basis). In such cases, it was decided to press ahead using the best data available for the countries under review.

The result is an overview which, despite the acknowledged gaps and inadequacies, represents a significant improvement on any international assessment of overall child well-being currently unavailable.

The *Report Card* aims to make as transparent as possible the method by which each dimension has been assessed. Further information and background papers, including reference to the raw data used, are available via the web site of UNICEF's Innocenti Centre at www.unicef.org/irc

*Bradshaw, J. and Mayhew, E. (eds.) (2005) *The well-being of children in the UK*, Save the Children, London.

Dimensions	Material well-being					Health and safety				
Components	Child income poverty	Deprivation			Work	Health at birth		Immunization		
Indicators / Countries	Percentage of children (0-17) in households with equivalent income less than 50 per cent of the median: most recent data.	Percentage of children reporting low family affluence, aged 11, 13 and 15: 2001.	Percentage of children aged 15 reporting less than six educational possessions: 2003.	Percentage of children aged 15 reporting less than ten books in the home: 2003.	Percentage of working-age households with children without an employed parent OECD: most recent data.	Infant mortality rate (per 1000 live births): most recent data.	Low birth rate (% births less than 2500g): most recent data	Measles: % children immunized aged 12-23 months: 2003	DPT3: % children immunized aged 12-23 months: 2002.	Polio 3: % children immunized aged 12-23 months: 2002.
Australia	11.6		16.4	4.9	9.5	4.8	6.4	93	93	93
Austria	13.3	16.8	16.7	9.3	2.1	4.5	7.1	79	83	82
Belgium	6.7	16.9	21.0	11.7	4.0	4.3	6.5	75	90	95
Canada	13.6	10.7	21.9	6.4	3.0	5.4	5.8	95	91	89
Czech Republic	7.2	40.2	27.8	1.9	7.2	3.9	6.6	99	98	97
Denmark	2.4	13.5	27.2	7.4	4.1	4.4	5.5	96	98	98
Finland	3.4	17.8	20.5	5.1	3.1	3.1	4.1	97	98	95
France	7.3	16.1	25.4	9.1	6.2	3.9	6.6	86	97	98
Germany	10.9	16.4	17.6	6.9	8.8	4.2	6.8	92	89	95
Greece	12.4	28.7	61.8	7.2	2.4	4.8	8.3	88	88	87
Hungary	13.1	38.7	44.1	4.1	11.3	7.3	8.7	99	99	99
Iceland			*8.4*	*3.3*		2.4	3.1	93	95	91
Ireland	15.7	20.7	31.0	10.4	6.9	5.1	4.9	78	85	84
Italy	15.7		25.8	9.0	3.8	4.3	6.5	83	96	96
Japan	14.3		53.3	9.8	0.4	3.0	9.1	99	96	81
Netherlands	9.0	9.0	18.3	12.6	5.7	4.8	5.4	96	98	98
New Zealand	14.6		21.9	6.1	7.1	5.6	6.1	85	90	82
Norway	3.6	5.8	11.9	4.6	4.6	3.4	4.9	84	91	91
Poland	14.5	43.1	42.5	8.4	9.3	7.0	5.9	97	99	98
Portugal	15.6	28.9	33.9	12.9	1.7	4.1	7.4	96	98	96
Spain	15.6	22.4	24.7	4.4	4.2	4.1	6.8	97	96	96
Sweden	3.6	9.2	18.2	4.5	2.7	3.1	4.5	94	98	99
Switzerland	6.8	13.1	22.7	10.9	1.8	4.3	6.5	82	95	94
United Kingdom	16.2	15.3	20.1	9.4	7.9	5.3	7.6	80	91	91
United States	21.7	13.1	24.2	12.2	2.3	7.0	7.9	93	94	90
Mean	11.2	19.8	27.0	7.9	5.0	4.6	6.4	90	94	93
Standard Dev	5.1	10.7	12.2	3.1	2.9	1.2	1.4	8	5	6
REVERSED	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO
Non-OECD Countries										
Croatia		43.5				6.0	6.0	95	95	95
Estonia		40.1				8.0	4.0	95	97	98
Israel		27.5	13.1	8.8	5.0	5.0	8.0	95	97	93
Latvia		55.9	58.4	3.3		10.0	5.0	99	97	98
Lithuania		53.1				8.0	4.0	98	95	97
Malta		43.1				5.0	6.0	90	95	95
Russian Federation		58.3	72.7	4.4		16.0	6.0	96	96	97
Slovenia		20.5				4.0	6.0	94	92	93

Italics indicates data that have not been used in the corresponding league table because other data relevant to that component were unavailable.

	Educational well-being						Peer and family relationships			Dimensions
Child mortality	Achievement			Participation	Aspirations		Family structure		Family relations	Components
Deaths from accidents and injuries per 100,000 under 19 years, average of latest three years available.	Reading literacy achievement aged 15: 2003	Mathematics literacy achievement aged 15: 2003	Science literacy achievement aged 15: 2003	Full-time and part-time students in public and private educational institutions aged 15-19 as a percentage of the population of 15-19 year-olds: 2003	Percentage of 15-19 year-olds not in education or employment: 2003	Percentage of pupils aged 15 years aspiring to low skilled work: 2003	Percentage of young people living in single-parent family structures, aged 11, 13 and 15: 2001	Percentage of young people living in step family structure, aged 11, 13 and 15: 2001	Percentage of students whose parents eat their main meal with them around a table several times a week, aged 15: 2000	Indicators / Countries
15.1	525	524	525	82.1	6.8	24.6			*69.9*	Australia
15.0	491	506	491	77.3	10.2	33.1	12.5	7.5	68.2	Austria
15.1	507	529	509	93.9	7.1	19.1	9.2	8.1	89.7	Belgium
14.8	528	532	519		6.7	22.0	14.6	10.5	71.8	Canada
18.7	489	516	523	90.1	5.8	39.3	13.4	12.2	72.9	Czech Republic
	492	514	475	84.7	3.0	21.9	16.5	13.5	85.6	Denmark
14.9	543	544	548	86.0	9.8	27.3	14.6	11.0	59.8	Finland
12.5	496	511	511	87.2	14.0	41.2	11.0	9.7	90.4	France
13.4	491	503	502	89.0	4.7	34.1	12.8	9.2	81.5	Germany
13.5	472	445	481	82.6	9.3	18.3	7.5	1.2	69.6	Greece
16.1	482	490	503	83.4	6.8	30.7	13.4	7.0	74.7	Hungary
11.6	492	515	495	83.0	4.3	32.9			*90.8*	Iceland
15.0	515	503	505	84.4	5.2	24.2	10.3	3.5	77.1	Ireland
9.2	476	466	486	77.8	10.5	25.1	7.0	2.2	93.8	Italy
12.8	*498*	*534*	*548*			*50.3*			*85.6*	Japan
9.0	513	538	524	84.9	4.6	34.0	10.7	6.1	90.0	Netherlands
23.1	522	523	521	67.0		24.5			*64.4*	New Zealand
13.0	500	495	484	85.3	2.7	29.8	16.2	12.5	87.3	Norway
18.3	497	490	498	88.2	3.3	17.1	10.2	2.4	78.4	Poland
19.9	478	466	468	70.9	8.8	18.5	9.8	5.8	86.2	Portugal
12.1	481	485	487	78.5	7.3	25.3	9.1	3.0	83.4	Spain
7.6	514	509	506	86.8	4.2	28.7	16.8	12.7	84.1	Sweden
12.3	499	527	513	83.1	8.0	39.7	12.5	6.7	89.9	Switzerland
8.4	507	508	518	75.9	9.4	35.3	16.9	14.5	66.7	United Kingdom
22.9	495	483	491	75.4	7.0	14.4	20.8	16.0	65.7	United States
14.3	500	505	504	82.5	6.9	27.5	12.7	8.3	79.4	Mean
4.1	18	24	19	6.3	2.8	7.6	3.5	4.4	9.8	Standard Dev
YES	NO	NO	NO	NO	YES	YES	YES	YES	NO	REVERSED
										Non-OECD Countries
17.7							7.4	2.8		Croatia
39.4							17.7	8.8		Estonia
60.0	452	433	434	65.6	25.2	35.2	9.3	3.9	58.3	Israel
43.3	491	483	489			23.5	18.6	9.0	82.9	Latvia
31.7							13.5	6.8		Lithuania
7.3							4.8	1.7		Malta
56.1	442	468	489	29.3		30.5	16.9	6.8	90.6	Russian Federation
23.3							8.7	3.8		Slovenia

Dimensions	Peer and family relationships		Behaviours and risks							
Components	Family relations	Peer relations	Risk behaviour						Experiences of violence	
Indicators / Countries	Percentage of students whose parents spend time just talking to them several times per week, aged 15: 2000	Percentage of young people finding their peers 'kind and helpful', aged 11, 13 and 15: 2001	Percentage smoking cigarettes at least once per week, aged 11, 13, 15: 2001	Percentage of young people who have been drunk two or more times, aged 11, 13, 15: 2001	Percentage of young people who have used cannabis in the last 12 months, aged 15: 2001	Adolescent fertility rate, births per 1000 women aged 15-19: 2003.	Percentage of young people who have had sexual intercourse, aged 15: 2001	Percentage of young people who used a condom during their last sexual intercourse, aged 15: 2001	Percentage of young people involved in physical fighting in previous 12 months, aged 11, 13, 15: 2001	Percentage of young people who were bullied at least once in the last 2 months, aged 11, 13, 15: 2001
Australia	*51.3*					*18.0*				
Austria	47.1	77.2	13.2	15.1	11.7	22.0	20.6	81.9	38.9	44.0
Belgium	55.1	70.1	10.6	14.5	21.8	11.0	25.0	70.5	44.5	30.1
Canada	46.9	64.0	7.5	19.8	40.4	20.0	24.4	75.8	35.8	37.2
Czech Republic	72.0	43.4	14.3	14.7	27.1	23.0	18.3		47.9	16.1
Denmark	71.2	73.4	8.2	20.1	21.3	8.0			38.4	31.3
Finland	78.8	70.4	14.0	24.7	7.5	10.0	28.1	65.6	25.1	23.9
France	63.9	53.7	11.5	8.0	27.5	10.0	22.2	82.0	37.5	35.1
Germany	42.5	76.1	16.4	17.7	18.5	14.0	28.0	70.0	28.1	36.5
Greece	58.1	60.2	6.1	10.0	4.2	17.0	21.6	86.9	44.3	24.5
Hungary	90.2	64.9	12.6	16.4	12.4	27.0	21.0	78.2	48.0	23.0
Iceland	*43.9*									
Ireland	62.0	67.0	9.6	13.8	20.0	15.0			39.8	26.1
Italy	87.2	55.1	10.9	9.7	20.5	8.0	23.9		38.2	27.3
Japan	*60.2*					*4.0*				
Netherlands	70.6	73.2	10.7	12.9	21.6	5.0	22.9	77.9	36.3	29.4
New Zealand	*51.9*					*30.0*				
Norway	64.0	74.3	10.1	15.6		10.0			36.9	32.3
Poland	49.7	60.2	11.2	15.2	15.1	16.0	15.1	73.0	38.7	30.2
Portugal	70.6	80.0	12.5	12.6	19.7	23.0	25.3	73.2	35.2	48.5
Spain	60.2	59.2	12.8	10.2	30.8	9.0	16.4	89.1	40.4	26.0
Sweden	51.6	76.7	7.0	16.1	4.7	9.0	28.1	65.3	34.8	15.0
Switzerland	48.6	81.4	11.0	13.6	37.8	5.0	22.9	80.7	31.2	40.5
United Kingdom	60.5	43.3	13.1	30.8	34.9	28.0	38.1	70.2	43.9	35.8
United States	67.9	53.4	7.3	11.6	31.4	46.0			36.1	33.9
Mean	62.8	65.6	11.0	15.4	21.4	16.0	23.6	76.0	38.1	31.0
Standard Dev	13.1	11.3	2.7	5.2	10.4	9.8	5.3	7.2	5.8	8.2
REVERSED	NO	NO	YES	YES	YES	YES	YES	NO	YES	YES
Non-OECD Countries										
Croatia		72.5	9.7	13.6	14.3	18.0	16.5	74.2	37.7	24.5
Estonia		57.5	12.4	23.9	14.4	28.0	18.0	73.2	47.6	44.2
Israel	36.9	63.9	8.4	9.3	7.0	23.0	21.1	81.5	39.3	35.8
Latvia	63.7	54.4	12.5	16.5	8.0	32.0	18.0	79.2	40.3	48.4
Lithuania		51.7	12.2	24.7	6.0	33.0	18.6	76.3	49.0	64.3
Malta		69.2	10.0	10.7	6.0				41.5	24.1
Russian Federation	78.4	45.6	12.5	19.4	8.8	46.0	28.7		43.3	37.7
Slovenia		74.3	12.0	18.2	24.4	9.0	26.2	74.0	40.5	21.9

Italics indicates data that have not been used in the corresponding league table because other data relevant to that component were unavailable.

				Subjective well-being						Dimensions
Health behaviour				Health	Personal well-being				School well-being	Components
Percentage of young people who eat fruit every day, aged 11, 13, 15 years: 2001	Percentage of young people who eat breakfast every school day, aged 11, 13, 15 years: 2001	Mean number of days when young people are physically active for one hour or more of the previous /typical week, aged 11, 13, 15: 2001	Percentage of young people who are overweight according to BMI, aged 13 and 15: 2001	Percentage of young people rating their health as 'fair or poor', aged 11, 13 and 15: 2001	Percentage of young people with scores above the middle of the life satisfaction scale, aged 11, 13 and 15: 2001	Percentage of students who agree with the statement 'I feel like an outsider or left out of things', aged 15: 2003	Percentage of students who agree with the statement 'I feel awkward and out of place', aged 15: 2003	Percentage of students who agree with the statement 'I feel lonely', aged 15: 2003	Percentage of young people 'liking school a lot', aged 11, 13, 15: 2001	Indicators / Countries
						7.7	*8.9*	*6.5*		Australia
37.4	57.4	4.2	11.9	15.6	88.1	5.8	8.2	7.2	36.1	Austria
26.2	74.6	3.1	10.4	13.1	87.8	7.9	15.6	6.4	17.9	Belgium
37.3	58.2	4.4	19.5	13.7	86.3	8.9	10.5	7.6	21.9	Canada
42.2	51.8	4.3	9.4	11.8	83.4	9.7	6.4	7.0	11.6	Czech Republic
31.9	72.8	3.8	10.3	14.8	87.7	5.3	11.8	6.2	21.4	Denmark
21.5	67.5	3.8	13.3	11.0	91.6	5.5	8.4	6.2	8.0	Finland
34.2	71.4	3.1	11.2		85.1	7.7	12.3	6.4	21.7	France
42.4	67.0	3.6	11.3	14.9	85.4	6.1	11.4	6.2	29.5	Germany
38.1	45.6	3.9	16.0	10.1	92.2	6.3	8.3	6.5	29.5	Greece
31.3	53.4	3.7	12.8	14.9	84.4	9.3	7.6	7.3	26.3	Hungary
						9.8	*10.9*	*10.3*		Iceland
32.6	71.8	4.5	12.1	12.9	86.8	5.6	7.8	4.6	22.3	Ireland
38.4	62.4	3.5	15.2	12.5	85.2	4.9	6.2	6.0	13.0	Italy
						5.9	*18.1*	*29.8*		Japan
28.1	78.0	4.1	7.6	17.2	94.2	3.9	6.9	2.9	34.4	Netherlands
						7.7	*10.4*	*6.6*		New Zealand
29.1	69.3	3.5	11.8	18.5	82.9	5.6	9.1	7.0	38.9	Norway
46.1	69.0	4.0	7.1	14.4	80.0	8.2	9.9	8.4	17.3	Poland
47.8	80.8	3.4	14.3	19.1	80.5	6.4	11.7	5.0	31.1	Portugal
36.6	72.2	3.8	16.9	9.0	87.8	3.3	8.9	4.4	22.8	Spain
26.7	73.4	3.9	10.4	13.2	86.0	5.2	4.9	6.7	21.6	Sweden
35.5	53.5	3.9	8.5	9.1	89.0	7.1	11.7	6.6	22.3	Switzerland
26.7	56.1	4.2	15.8	22.6	83.5	6.8	8.7	5.4	19.0	United Kingdom
27.7	47.2	4.4	25.1	*19.8*	*83.1*				*23.4*	United States
34.2	64.4	3.9	12.9	14.1	85.8	6.7	9.8	7.4	23.3	Mean
7.0	10.4	0.4	4.2	3.5	4.5	1.7	3.0	5.0	8.1	Standard Dev
NO	NO	NO	YES	YES	NO	YES	YES	YES	NO	REVERSED
										Non-OECD Countries
35.0	69.9	3.8	10.4	20.0	81.3				11.5	Croatia
20.1	73.7	3.5	7.1	17.5	76.7				11.1	Estonia
51.2	40.1	3.5	11.3	9.2	89.1	2.3	3.6	2.7	22.2	Israel
23.8	74.8	3.8	6.0	27.4	77.0	5.2	9.6	9.0	28.4	Latvia
22.3	72.0	4.3	4.4	32.4	75.2				25.8	Lithuania
47.1	52.2	3.7	25.5	21.2	83.0				34.3	Malta
27.0	68.8	3.7	5.2	31.9	76.2	6.1	14.3	8.5	15.8	Russian Federation
38.5	39.2	4.2	13.4	12.7	85.6				32.1	Slovenia

NOTES

1 The overall ranking for the United States is determined by its average rank over five of the six indicators, insufficient data being available for the 'Subjective well-being' category.

2 But see *Report Card 5*, September, 2003, which attempted to address this issue.

3 This is the same measure used in *Report Card 6*: Child Poverty in Rich Countries. (Sources may differ as the data has here been updated.)

4 It is notable that over 90% of young people in Northern and Western Europe have their own bedrooms.

5 Countries with systematic ante-natal screening for serious disability, and the option of abortion, tend to have lower infant mortality rates. National efforts to combat Sudden Infant Death Syndrome may also lower IMRs.

6 There are some limitations to the validity of low birth weight as an indicator of infant and child health in different societies. It is more common, for example, in some ethnic groups and in multiple births (often associated with in vitro fertilization).

7 Misleading publicity linking the MMR vaccine to autism may affect measles immunization levels as an indicator of health service comprehensiveness, as lower levels of take-up in some countries may reflect the extent of parental alarm rather than inadequacies in outreach.

8 *Innocenti Report Card 2* (2001) page 2

9 *Innocenti Report Card 2* (2001) page 2

10 *Innocenti Report Card 2* (2001)

11 Using Purchasing Power Parities.

12 *Innocenti Report Card 4*, November 2002, ref 3, p. 6.

13 HBSC. p 28

14 *Innocenti Report Card 5*, September 2003

15 In the HBSC survey Belgian data were collected separately from both French and Flemish speaking regions. For the purposes of international comparison the Flemish data (the largest sample) has been used in this *Report Card*. In the case of the United Kingdom, data were collected separately for England, Scotland and Wales; data for England (the largest sample) has been used here. In Germany data was collected using a regional sample (Berlin, Hessen, North Rhine-Westphalia and Saxony).

SOURCES AND BACKGROUND INFORMATION

Material deprivation

The data for Figure 1.1 are from Förster, M. and D'Ercole, M. (2005) 'Income Distribution and Poverty in OECD Countries in the Second Half of the 1990s', OECD Social, Employment and Migration Working Papers: Paris France, OECD. Belgian data come from the Luxembourg Income Study (LIS), accessed at http://www.lisproject.org/keyfigures.htm on May 30th 2006. In both cases the poverty threshold is set at 50 per cent of the median disposable income of the total population.

Figure 1.2 uses data from the OECD Income Distribution questionnaires for the various years. Assistance with the access to these data was provided by Anna D'Addio at the Directorate for Employment, Labour and Social Affairs at the OECD. Israeli data was provided by Asher Ben-Arieh from The Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem.

Sources drawn upon extensively in this *Report Card* include the OECD *Programme for International Student Assessment (PISA)*; and the World Health Organization's survey of *Health Behaviour in School-age Children (HBSC)* 2001, reported in Currie, C., et al (eds) (2004) 'Young People's Health in Context. Health Behaviour in School-age Children Study' (HBSC): International report from the 2001/2002 study, WHO Regional Office for Europe. Figures 1.3a through 1.3c are derived from these sources.

Figure 1.3a reports results from the Family Affluence Scale (FAS) which identifies the percentage of children from each country who self report low levels of wealth based upon 'family item' ownership of a car, van or truck, whether they have their own bedroom, the number of family holidays in the last twelve months, and the number of computers owned by the family. With positive answers adding to a possible score of eight, the percentage of children in each nation scoring three points or below on the FAS scale is used as the indicator of deprivation (Currie et al., 2004: 15). For all of the HBSC data in this *Report Card*, German data are from a regional sample of four lander; Flemish data are used for Belgium. and English data for the UK.[15]

Figures 1.3 b and c are sourced from the OECD PISA survey (2003). A copy of the international dataset was downloaded at http://pisaweb.acer.edu.au/oecd_2003/oecd_pisa_data.html in August 2005. As with all 2003 OECD PISA data for the UK in this *Report Card*, results are to be treated with caution due to low initial sample response rates and low replacement rates for the English sub-sample. A sampling problem is also found for the Netherlands data for OECD PISA 2000. The indicator for Figure 1.3b identifies the percentage of children aged 15 in each country with less than six (the OECD median) educational items (out of eight). The eight items include: a desk to study at, a quiet place to study, a computer for school work, educational software, an internet connection, a calculator, a dictionary, and school text books. Israeli data for Figures 1.3b and 1.3c are taken from comparable questions in the OECD PISA survey 2000. A copy of the international dataset for OECD PISA 2000 was downloaded at http://pisaweb.acer.edu.au/oecd/oecd_pisa_data.html in August 2005.

Health and safety

OECD health data for 2005 were used to populate Figures 2.1a and 2.1b accessed at the Source OECD website http://www.sourceoecd.org /database/healthdata in January 2006. Figure 2.2 is made up of immunization rates for Measles, DPT3 and POL3. The figures for the latter two measures were accessed using the World Bank's Health Nutrition and Population Database at http://devdata.worldbank.org/hnpstats /query/default.html in August 2005, and in each case represent the final dose in a series of immunizations that can prevent diphtheria, pertussis, tetanus, and poliomyelitis. Measles data were taken from the World Development Indicators 2005 accessed at http://www.worldbank.org/data/wdi2005/index.html in August 2005.

Child mortality data are the average of the latest three years available, and taken from the World Health Organization's Mortality Database, a version of which was downloaded from http://www3.who.int/whosis/ menu.cfm?path=whosis,mort&language=english in August 2005. Data were combined for all kinds of accidental deaths – murder, suicide and deaths with undetermined cause – into one variable. For Switzerland and the Russian Federation data are based on the new ICD10 classification. All other countries use ICD9 classifications. Interpretation and analysis of the WHO Mortality data is that of the authors and not of the World Health Organization. Israeli data were provided by Asher Ben-Arieh from The Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem.

Education

Figure 3.1 provides a standardized composite for literacy data taken from the OECD PISA (2003) survey for measures of reading literacy, mathematics literacy and science literacy. UK results are to be treated with caution (see above).

The data for Figures 3.2 and 3.3a are sourced from the OECD's 'Education at a Glance Report 2005', accessed at http://www.oecd.org/edu/eag2005 in April 2006. The data for Figure 3.3b are taken from 'Education at a Glance 2004' accessed in August 2005 at http://www.oecd.org/edu/eag2004. The data used for Figure 3.3b are generated using responses given in the OECD PISA survey (2000); for this reason, data for the Netherlands are to be treated with caution.

Children's relationships

The majority of the data for Children's relationships were taken from Currie, C., et al (eds) (2004) 'Young People's Health in Context. Health Behaviour in School-age Children Study'(HBSC): International report from the 2001/2002 Study, WHO Regional Office for Europe. Figures 4.1a, 4.1b and 4.3 are all derived from this report. The data for single and step parent proportions are living condition data as opposed to outcome data, and as such are applicable for all age groups who live with an individual of the sample age group. Furthermore the impact of growing up with a single-parent on children's well-being might differ across countries. Some countries (for example the Nordic group) have much higher rates of single-parent families than, for example, the countries of Southern Europe. Cross-national differences in public acceptance of single-parenthood, in legislation and practice concerning custody and the extent to which policies cater for the needs of single-parents (e.g. benefits, child care, flexible employment arrangements) might be reflected in children's well-being.

Data for Figures 4.2a and 4.2b are taken from OECD PISA (2000), downloaded at http://pisaweb.acer.edu.au/oecd/ oecd_pisa_data.html in August 2005.

Behaviour and lifestyles

This dimension is made up entirely of data derived from Currie, C., et al (eds) (2004) 'Young People's Health in Context. Health Behaviour in School-age Children Study' (HBSC): International report from the 2001/2002 Study, WHO Regional Office for Europe, with the exception of Figure 5.2f which used the World Development Indicators data accessed at http://www.worldbank.org/data/wdi2005/index.html in August 2005.

For Figures 5.1a to 5.1c cross-national differences may influence final standings. For Figure 5.1a differences across countries might be influenced by cultural differences regarding eating habits. For 5.1b country variation might be influenced by the availability and prices of fruit across countries. The authors of the HBSC report also point to seasonal differences in the timing of fieldwork that may have impacted on the results. For Figure 5.1c a range of factors might influence children's physical activity within and across countries, including the amount and organization of physical education at school, children's mode of travel to school, and the availability and accessibility of leisure facilities. For Figure 5.1d data response rates were particularly low; this led to data for 11 year-olds being omitted. As the Body Mass Index data were calculated using self-reported weight and height, this meant children were required to know (and be willing to report) their height and weight. An analysis of cases with missing data showed that young people who did not report their height and weight were less likely to come from higher socio-economic groups, less likely to be physically active and to consume fruit, vegetables and sweets and in many countries more likely to be dieting or to feel the need to lose weight. It is therefore likely that the prevalence of overweight is underestimated (Currie et al., 2004).

For Figure 5.2e, identifying condom use in the countries of study, there is a relatively high number of missing countries as not all countries that participated in HBSC included questions on sexual behaviour. This question was only answered by the sub-sample that already had sexual relationships so that sample sizes are reduced for each country to 15 to 38 per cent of the original sample.

Subjective well-being

Data for the figures presented in the final dimension were also taken in the majority from Currie, C., et al (eds) (2004) 'Young People's Health in Context. Health Behaviour in School-age Children Study' (HBSC): International report from the 2001/2002 study, WHO Regional Office for Europe. Figures 6.1, 6.2 and 6.3a are all derived from this source, and as such UK and Belgian results are to be treated with caution (See note on Figure 1.3a). For Figure 6.3a, which reports levels of life satisfaction, children aged 11, 13 and 15 were asked to score their lives at present on a scale (ladder) of one to ten in terms of satisfaction (the Cantril self-anchoring life satisfaction Ladder); the results presented are the proportions of each country's sample reporting six or over (best possible life at the top, worst possible life at the bottom).

Figure 6.3b is sourced from the OECD PISA survey 2003 accessed at http://pisaweb.acer.edu.au/oecd_2003/ oecd_pisa_data.html in August 2005. UK results should be treated with caution. The United States did not provide responses to these items.

ACKNOWLEDGEMENTS

This *Innocenti Report Card* was written by Peter Adamson drawing on research, data and background papers provided by Jonathan Bradshaw, Petra Hoelscher, and Dominic Richardson. The project was co-ordinated by UNICEF's Innocenti Research Centre and assisted by an international panel of advisors. A detailed background paper to this report is available on the UNICEF web site.

UNICEF Innocenti Research Centre advisors

Marta Santos Pais
Director

David Parker
Deputy Director

Eva Jespersen
Social and Economic Policies Unit

External advisors

Jonathan Bradshaw
Professor of Social Policy
Department of Social Policy and Social Work
University of York
United Kingdom

Dominic Richardson
Research Fellow
Social Policy Research Unit
Department of Social Policy and Social Work
University of York
United Kingdom

Petra Hoelscher
Research Fellow
University of Stirling
Scotland

Asher Ben-Arieh
Associate Director for Research and Development
Israel National Council for the Child
Paul Baerwald School of Social Work
The Hebrew University of Jerusalem
Israel

Anna Cristina D'Addio
ELS/Social Policy
Directorate of Employment, Labour and Social Affairs
OECD
Paris
France

Mike Lewis
Director
Children in Wales
Cardiff
UK

Eric Marlier
International Senior Advisor
CEPS/INSTEAD Research Institute
Luxembourg

Brian Nolan
Research Professor
Social Policy Research
Economic and Social Research Institute (ESRI)
Dublin
Ireland

Sue Richardson
Director
National Institute of Labour Studies
Flinders University
Adelaide
Australia

Hirokazu Yoshikawa
Associate Professor of Psychology and Public Policy
Department of Psychology
New York University
New York, NY 10003

Additional comments were provided by:

Gordon Alexander
UNICEF Regional Office for CEE/CIS
Geneva

Patrice Engle
UNICEF, New York

Alberto Miniujn
Consultant

Yuko Nonoyama
UNICEF, New York

Design and layout by Garry Peasley and Angela Bartlett of mccdesign.

Child well-being in Germany

Also available from the UNICEF Innocenti Research Centre: Bertram, Hans (2006), *'Overview Of Child Well Being In Germany': Policy Towards A Supportive Environment For Children*? Innocenti Working Paper No. 2006-02. Florence, UNICEF Innocenti Research Centre.

Previous issues in this series:

Innocenti Report Card 1

A league table of child poverty in rich nations

Innocenti Report Card 2

A league table of child deaths by injury in rich nations

Innocenti Report Card 3

A league table of teenage births in rich nations

Innocenti Report Card 4

A league table of educational disadvantage in rich nations

Innocenti Report Card 5

A league table of child maltreatment deaths in rich nations

Innocenti Report Card 6

Child Poverty in Rich Countries 2005

Graphics: mccdesign.com

Printed by: Tipografia Giuntina, Florence, Italy

Innocenti Report Card 7, 2007
Child poverty in perspective:
An overview of child well-being in rich countries

The most comprehensive assessment to date of the lives and well-being of children and adolescents in the economically advanced nations.

ISSN: 1605-7317
ISBN-10: 88-89129-43-3
ISBN-13: 978-88-89129-43-2