Conceptualisation of social and emotional wellbeing for children and young people, and policy implications

A research report for the Australian Research Alliance for Children and Youth and the Australian Institute of Health and Welfare

Australian Research Alliance for Children & Youth

Australian Government
Australian Institute of Health and Welfare

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A research report for the Australian Research Alliance for Children and Youth and the Australian Institute of Health and Welfare

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for the Australian Research Alliance for Children and Youth
and the Australian Institute of Health and Welfare July 2010

The 'Social and Emotional Wellbeing' project

This project arose out of concern among key child and youth wellbeing researchers, ARACY and the AIHW, about the paucity of nationally and internationally comparable data concerning social and emotional wellbeing of young Australians. Using funding provided in part to ARACY by the Fred P Archer Trust and to the AIHW by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, this project examines the conceptualisation of social and emotional wellbeing indicators for children and young people and the implications for policy and practice.

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SPRC Social Policy Research Centre

Fred P Archer Charitable Trust trust as trustee

Contents

Acronyms and initialisms

ABS	Australian Bureau of Statistics
ACER	Australian Council for Educational Research
AEDI	Australian Early Development Indicators
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
ARACY	Australian Research Alliance on Children and Youth
ASSAD	Australian Secondary Students Alcohol and Drug Survey
BHPS	British Household Panel Study
CBCL	Child Behaviour Checklist
DSRC	Disability Studies Research Centre
ESS	European Social Survey
GDP	Gross Domestic Product
GHQ	General Health Questionnaire
GSHS	Global School-based Student Health Survey
GSS	General Social Survey
HBSC	Health Behaviour in School-aged Children survey
HILDA	Household Income and Labour Dynamics Australia survey
K-10	Kessler Psychological Distress Scale
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
NACCHO	National Aboriginal Controlled Community Health Organisation
NATSIHS	National Aboriginal and Torres Strait Islander Household Survey
NHS	National Health Survey

NSMHWB	National Survey of Mental Health and Wellbeing
OECD	Organization for Economic Cooperation and Development
Peds QL	Paediatric Quality of Life Inventory
PISA	Programme for International Student Assessment
PWI-A	Personal Wellbeing Index – Adults
PWI-SC	Personal Wellbeing Index – School Children
SDQ	Strengths and Difficulties Questionnaire
SEWB	Social and emotional wellbeing
SPRC	Social Policy Research Centre
SPRU	Social Policy Research Unit
TIMSS	Trends in International Mathematics and Science Studies
UNICEF	United Nations Children's Fund
UNSW	University of New South Wales

Executive summary

This report aims to address two questions:

1. What do we mean by social and emotional wellbeing (SEWB) for children and young people (those aged 0–12 years and 13–25 years), and how can we develop indicators of SEWB that flow from clear conceptual understandings of the term?

2. What are the policy and practice implications of analysing and reporting on indicators of SEWB, and how can they be used and compared within and across countries?

We see three critical components in these two issues:

- the need to link concepts of SEWB to wider concepts of wellbeing
- the need to address the policy concern with monitoring progress towards the kind of society that we wish to live in
- the political and technical challenge of proposing indicators of SEWB that are relevant to different age groups of children and young people, that are comparable within Australia and across countries and, most of all, that are relevant to the goals and aspirations of Australian policy and society.

Measurement of SEWB presents challenges for policymakers and researchers. Measures of other phenomena such as educational development and economic wellbeing are reasonably well defined, and policymakers, researchers and the general public are comfortable with several indicators to measure progress in these areas. A number of measures of health and physical wellbeing in children and young people have also gained widespread acceptance. But there is no single indicator or set of indicators relating to social and emotional aspects of human wellbeing in general, and children's or young people's development in particular, that is widely approved.

The issues that we identify in this report are complex, and we do not attempt to address them all in a comprehensive manner. Rather, we outline a process for deriving a concept of SEWB, and indicators to measure that concept, so that both concept and indicators are consistent with political visions of society, and visions of children's and young people's place in it.

We start off, therefore, with a big question: What is SEWB, and how does it relate to other aspects of wellbeing? We answer this question by exploring the academic literature that addresses specific issues relating to SEWB, and broader

considerations about holistic wellbeing and 'the good life'. There is a clear policy rationale for taking this starting point. Recent Australian strategic policy documents emphasise the importance of the whole child, meaning, as the 2008 *Melbourne Declaration* puts it, that children and young people should be successful learners, confident and creative individuals, and active and informed citizens, and also that children's and young people's social, economic, ethnic or indigenous backgrounds should not be seen as determining their future place in society.

There are two rationales for collecting most social indicators: for use in benchmarking or monitoring a particular policy initiative, or in monitoring progress towards larger societal goals — what Richard Eckersley refers to as statistics for the kind of society in which we wish to live. We take the view that while indicators of SEWB may be useful for monitoring particular policies, their primary use has to be in terms of the latter, overarching aim — to track progress of the whole child, and to track Australia's progress towards the kind of society it aims to be, as articulated in documents such as the *Melbourne Declaration*. We use three approaches to philosophy and social theory (proposed by Martha Nussbaum, Len Doyal and Ian Gough, and Sarah White) to elaborate on the key components of what Aristotle called 'the good life' — the search for human wellbeing. These three approaches are major influences on, or have grown out of, recent innovative research on wellbeing in the UK. All three approaches point to the inter-relatedness of different dimensions of wellbeing, and are therefore consistent with 'whole child' approaches. Further, all three approaches point to the social essence in humanity — that wellbeing is not an individual statement, but is solidly situated in a social context.

The three approaches differ in terms of the universality of their aspirations, their preference for objective or subjective measures of wellbeing, and their orientation towards wellbeing as a positive state, or as absence of harm. Together, however, they set out a space within which the place of SEWB can be considered with respect to the whole child or young person. Yet philosophical approaches to wellbeing for the most part ignore children and their particular characteristics. Applied research that attempts to directly measure SEWB on the other hand, privileges children and their development as a key issue for investigation. But this interest in children comes primarily not from a vision of 'the good life', or from a normative perspective on child development, but more from observation and analysis of specific problems facing individuals. The main (negative) focus of research into SEWB is on mental illness, depression, anxiety, self-esteem, and so on. The development of positive psychology has attempted to remedy this with a focus on personal strengths, and the enhancement of a person's quality of life, given understanding of her social context.

Parallel with this movement from negative measures to positive psychology, developmental psychology has increasingly adopted Urie Bronfenbrenner's ecological theory of child development, which emphasises the importance of the dynamic environmental contexts in which children and young people develop. Ecological theory is one of the foundation stones of the Child Indicators Movement, which seeks to operationalise the 'whole child' approach – measuring child development and child wellbeing across multiple dimensions from within a human rights framework.

But neither the positive psychology nor ecological theories, nor indeed the Child Indicators Movement, can provide a normative picture of the whole child. This inherently political vision is what the philosophical perspective offers. This perspective is essential to the 'whole child' approach – linking SEWB to material wellbeing, to physical health, to agency, and to the capacity to be both reflexive and critical. There is no clear 'meeting of minds' between the philosophical and applied approaches. The former is abstract and difficult to apply in practice. Yet it is from this perspective that we derive ideas about the kind of society in which we might wish to live, and the kinds of adults that we would like our children to become. The latter approaches are thoroughly empirical and lack a grander vision of 'the good life' or 'the good society'. But it is undoubtedly from these perspectives that actual measurements of SEWB are likely to come.

Our approach to this challenge is to take the following principles as paramount:

1. Any indicators of SEWB have to aim first, towards positivity, towards 'the good life'.
2. They should also aim, as far as possible, towards universality.
3. They should be interpreted in the context of the whole person; they should be seen as having relevance in the wider context of the person's physical, social and material environment, and in the context of the person as a reflexive and critical agent.

For Australians in general, this means developing a truly consensual vision of the good life and the good society. Documents such as the *Melbourne Declaration* map out the bones of such a vision. For children and young people, this also means that they need to be involved in defining what 'the good life' in general, and SEWB in particular, mean for them, and how they would measure them.

This emphasis on children's and young people's perspectives is problematic. At an ethical level, it assumes their competence, and suggests that the views of children and young people who can speak their minds could be privileged over

the views of parents and other experts, and over the needs of children who are too young to speak. At a practical level, it means that if children and young people are to be involved, then we cannot propose any indicators until they have spoken. On the other hand, the close involvement of children and young people in the process of deliberation should bring to the fore the relevance of any given measure for children and young people of different ages, at different stages of development and in different cultural groups. From existing research and theory on child development, we can state that as children grow older, the relevance of and dependence on parents for their SEWB will be supplemented with social and other concerns. More work is needed on issues ranging from specific mental states to observable behaviours and actions, which could be used to measure SEWB in the context of overall wellbeing, and which would change as the child grew. We could attempt to apply the principles of positivity, universality, and relatedness to these issues and measures. In practice, this approach could lead towards a complex network of indicators of SEWB, covering both individual and relational issues.

This work needs to be done. In the meantime, policy concern with the development of statistics for the kind of society we wish to live in, and prioritising the principles of positivity, universality and attention to the views of the child or young person, suggest that children should be asked simple, universal (or as close as possible to this ideal), quality of life questions about overall satisfaction with their lives, or with important aspects of their lives. For this reason, we propose as starting measures the kinds of quality of life questions that the economist Richard Layard also proposes in his call for a single overarching measure of human progress in modern societies — an indicator or index of life satisfaction, carried out in a nationally and (preferably) internationally comparable survey that focuses on children's perspectives. If there were to be only one measure, then this would surely be it. It cannot be claimed that this measure would capture developments in children's and young people's wellbeing in its entirety. For this, we would need a range of objective and subjective measures for children and young people of different ages. But it may be a reasonable measure of progress towards the kind of society that we want our children and young people to grow up in, on who is missing out from this progress, and perhaps also on how policies that aim to include them are faring.

1 Introduction

Current policy debates in Australia are marked by a considerable degree of concern about children's and young people's development, and how we can ensure that they grow to be productive adults who achieve their full potential. While child development has always been an issue of policy significance, policy interest has evolved greatly over the past decade or more, from preoccupation with cognitive development as measured by educational achievement, to concern with more holistic approaches. This is seen in the recent Council of Australian Government strategy document, including *Investing in the Early Years*, which gives as its first organising principle "a focus on the whole child, across cognitive, learning, physical, social, emotional and cultural dimensions and learning throughout life" (Council of Australian Governments, 2009, p.4); and the *National Education Agreement* (Council of Australian Governments, 2008), which restates the goal of social inclusion for all young Australians. It can also be seen in the establishment by the Australian Government of the Office for Youth, which aims to bring a whole of government approach to youth affairs.

Policy concern with children's and young people's holistic development is also reflected in continuing efforts to broaden the information base on which policies are formulated. Recent high profile reports on a broad range of indicators of children's and young people's health, development and wellbeing include *A Picture of Australia's Children, the State of Australia's Young People* report (Muir et al., 2009a), the *Report Card on the Wellbeing of Young Australians* (Australian Research Alliance on Children and Youth, 2008), the *Young Australians: their health and wellbeing* reports (Australian Institute of Health and Welfare 1999, 2003, 2007) and reports on children's and young people's wellbeing in Victoria, Tasmania and Queensland (Commission for Children and Young People and Child Guardian, 2009; Department of Education and Early Childhood Development, 2008, 2009; Department of Health and Human Services, 2009; Department of Human Services, 2006). The new emphasis on whole-of-child reporting has complemented more longstanding series of reports on issues such as educational achievement in Australia and internationally (OECD, 2001, 2004, 2007). It is also in step with broader international efforts to develop wide-ranging indexes of child and youth wellbeing (Ben-Arieh, 2008; UNICEF, 2007), and with efforts to develop more comprehensive measures of human progress that go beyond national income statistics. This is evidenced by the recent *3rd OECD World Forum*, held in Korea in 2009, at which one of the main themes was new measures of social progress that go beyond GDP, including indicators of happiness, life satisfaction, mental health, subjective wellbeing, and social and emotional wellbeing.

In Australia, the development of whole-of-child indicator frameworks has led to the identification of a set of 19 core *Children's Headline Indicators* "to monitor the health, development and wellbeing of children in Australia and to facilitate ongoing data development, collection, analysis and reporting in these areas" (Australian Institute of Health and Welfare, 2009b, 159). The stated purpose of these indicators is as "a mechanism to help in guiding and evaluating policy development, by measuring progress on a set of indicators that are potentially amenable to change over time by prevention or early intervention" (Australian Institute of Health and Welfare, 2009b, 159). One of these indicators concerns children's and young people's social and emotional wellbeing (SEWB), and has yet to be defined (Department of Human Services 2006, p.26).[1]

Measurement of SEWB presents challenges for policymakers and researchers. Measures of other phenomena such as educational development and economic wellbeing are reasonably well defined, and policymakers, researchers and the general public are comfortable with a number of indicators to measure progress in these areas. Several measures of health and physical wellbeing in children and young people have also gained widespread acceptance. But there is no single indicator or set of indicators relating to social and emotional aspects of human wellbeing in general, and children's or young people's wellbeing and development in particular, that enjoy consensual approval. If holistic concepts of child and youth wellbeing, including their SEWB, are to be incorporated into policy goals, then publicly accepted means of operationalising these concepts become paramount.

It is against this background that the SPRC has been asked by ARACY and AIHW to discuss the concept of SEWB in children and young people, to propose indicators of SEWB, and to consider the uses of these indicators in policy and practice. Specifically, the SPRC has been asked to prepare a report addressing two issues:

1. What do we mean by SEWB for children and young people (those aged 0–12 years and 13–25 years)? Clarity is required on the conceptualisation and construction of SEWB and the theory and any sub-constructs, bearing in mind that they may change over the life of the child, particularly into adolescence. Identification of possible key national measures/indicators based on these constructs is an important component of the conceptualisation.

1 The other priority issues for which Headline Indicators were sought include: smoking in pregnancy, infant mortality, birth weight, breastfeeding, immunisation, overweight and obesity, dental health, injuries, attending early childhood education programs, transition to primary school, attendance at primary school, literacy, numeracy, teenage births, family economic situation, shelter, child abuse and neglect, and family social network (Department of Human Services, 2006, p.3).

2. What are the policy and practice implications of analysing and reporting on such data, assuming it was to become available? The challenge is not just collecting national and internationally comparable data but how it is subsequently used and interpreted in policy and practice terms.

Within these two issues, we have identified three critical components. First, this report aims to develop an understanding of SEWB that can help determine national headline indicators for children's and young people's social and emotional development. We do this through examination of philosophical and theoretical models of wellbeing on the one hand, and through consideration of more applied approaches as used for examining specific social problems, on the other.

Second, the report addresses policy concerns: how indicators of children's and young people's SEWB might be used by policymakers and practitioners to monitor policies and programs aimed at supporting their development and transition to adulthood. We outline current Australian policy interest in children's SEWB. Our explicit assumption is that choice of indicators is ultimately a political one. However, we discuss some desirable properties of indicators and the need for associated contextual data for effective policy monitoring.

Third, the report examines the feasibility of adopting indicators of SEWB that are relevant to different age groups of children and young people, and that are comparable, not only within Australia (over time and between different social groups), but also internationally. International comparison raises questions about the substantive meaning of differing measured levels of wellbeing across countries. In the final part of this report we discuss some concrete indicators, and surveys or other instruments that could be used to carry them. To anticipate our conclusion in this respect, we argue that indicators of SEWB should be pertinent to a consensual vision of the kind of society in which Australians wish to live and incorporate children's and young people's own views on what they see as important for their wellbeing. We argue that they should be universal and comparative, and that they should be integrated with other indicators in order to give a fuller picture of the state of the 'whole child'. We suggest that while SEWB is difficult to summarise for children of any age in a few indicators, positive quality-of-life type measures, based on a single question or an index of life satisfaction, are likely to come closest in this respect, for both younger children (those who are competent to articulate a view), and young people aged 13–25. Such measures have been widely used, and have been proposed more generally for monitoring of social progress (Cummins and Lau, 2005; Layard, 2009; Rees et al., 2010).

This report is divided into the following sections. We outline a genealogy of the term 'social and emotional wellbeing' in Section 2. In Section 3 we explore and develop the concept of wellbeing in philosophy and social theory. Concepts related to children's and young people's wellbeing are considered in Section 4, while the conceptual development of SEWB in applied research is discussed in Section 5. Policy considerations are examined in Section 6, with a focus on the purposes of social indicators. Policy significance of indicators of SEWB is considered in the specific Australian context in Section 7. Section 8 deals with the issue of homeostasis, and how it relates to positive and negative indicators, while Section 9 focuses more closely on the development of policy amenable indicators. Specific indicators of SEWB are discussed in Section 10. The vehicles to carry them, principally surveys, are considered in Section 11. Section 12 outlines some indicator choices, and Section 13 concludes with a summary of the main arguments in the report.

2 Starting points: a genealogy of social and emotional wellbeing

The Expression of Interest document for this project proposed the following scoping definition of SEWB:

> Social and emotional wellbeing is a broad term that includes feelings, behaviour, relationships, goals and personal strengths … Wellbeing might be displayed differently depending on culture, temperament and individual differences.

The document also refers to ***mental health*** and *resilience* as terms that are closely associated with SEWB. AIHW states that:

> Social and emotional development encompasses a number of skills that children need to develop in order to succeed at school, and in life in general. These include the ability to identify and understand one's feelings, accurately read and comprehend emotional states in others, manage strong emotions and their expression, regulate one's behaviour, develop empathy for others, and establish and sustain relationships. These skills form the basis for self-regulation, enabling children to withstand impulses, maintain focus and undertake tasks regardless of competing interests. (Australian Institute of Health and Welfare, 2009b: 60)

AIHW further states that social and emotional development "is about gaining the strength and capacity to lead a full and productive life, and having the resilience to deal with change and unpredictability" (Australian Institute of Health and Welfare, 2009b: 60). These definitions suggest a concern with the young person in the present as well as the young person as a future adult. They suggest moreover a concern with the *whole* child or young person — concern that she is resilient in the face of adversity, and is positively thriving rather than simply avoiding illness or negative outcomes. In this report we place particular emphasis on the whole child/young person, her positive health and wellbeing, and the role of SEWB in contributing to her overall wellbeing.

Applied research on SEWB has not generally been concerned with the whole child or young person. If we consider a genealogy of ideas, it could be argued that research in SEWB has often involved observation of a set of individual behaviours that are seen as socially problematic, such as disruptive behaviour at school, or drug use or other risky behaviour, which has in turn been associated with observation of another set of problems, for example hyperactivity, low self-esteem, anxiety or depression. In the course of this research, a range of largely negative indicators of SEWB have been proposed, measuring for example actual behaviours, or states of mental health. Positive psychology has developed in part as a response to this focus on social and individual problems, and has focused instead on personal strengths (Seligman and Csikszentmihalyi, 2000). At minimum, positive psychology is about *prevention* of mental illness. At maximum, it is about enhancement of people's quality of life, given understanding of their social contexts.

Parallel with this movement from negative measures to positive psychology, research on child development has increasingly adopted Urie Bronfenbrenner's ecological theory of child development, which emphasises the importance of the dynamic environmental contexts in which children develop (Bronfenbrenner and Morris, 1998). As Asher Ben-Arieh (2008) describes it, the facilitators and barriers that support and hinder the child's development in her ecological context are in many respects indicators of child wellbeing. Ecological theory is one of the foundation stones of the Child Indicators Movement, which seeks to operationalise the 'whole child' approach — measuring child development and child wellbeing from within a human rights framework.

But neither positive psychology, nor ecological theories of child development, nor indeed the Child Indicators Movement provide a normative picture of the whole child, nor of the type of society in which she might optimally live. This inherently political vision is what the perspectives in philosophy and social theory can offer. They can put meat on the bones of aspirational statements such as those cited above from *Investing in the Early Years* (Council of Australian Governments, 2009) and The *Melbourne Declaration* (Ministerial Council on Education Employment Training and Youth Affairs, 2008). This is essential to the 'whole child' approach — linking SEWB to material wellbeing, to physical health, and more generally to the Aristotelian idea of 'the good life', including the capacity to be both reflexive and critical, and to be an active agent. There is no clear 'meeting of minds' between the philosophical/social theoretical and applied approaches. The former are abstract and difficult to apply in practice. Yet it is from these perspectives that we derive ideas about the kind of society in which we might wish to live. The latter approaches are thoroughly empirical and arguably lack a grander vision of 'the good life' or

'the good society'.[2] But it is undoubtedly from these perspectives that actual measurements of SEWB are likely to come. Our aim here is to use the approaches in philosophy and social theory to develop a set of principles that can help us determine how empirical measures of SEWB might best fit our demands. While we do later consider some classes of measures, our focus is mainly on the principles, rather than on the measures themselves.

Our overall framework is mapped out schematically in Figure 1. In the top left of the figure, three theories on 'wellbeing' in philosophy and social theory are mapped out in terms of their key dimensions. The approach proposed by Nussbaum has 10 dimensions, including life, emotions, affiliation, and practical reason; that proposed by Doyal and Gough has two: physical health and social autonomy; and that proposed by White has three: material, relational, and subjective. These three approaches are discussed more fully in Section 3. At the bottom right of the figure, two major dimensions of SEWB are highlighted: self/personal and relational/environment. The self/personal dimension includes states and behaviours such as mental health, school preparedness, and risky behaviour, all of which have been measured using a variety of statistical indicators. Included in the relational/environment dimension are behaviours such as bullying, peer relations, and interactions with parents, each of which also have been measured with specific indicators. The dimensions of SEWB are elaborated in Section 5.

Linkages between philosophical and social theoretical approaches on the one hand, and applied SEWB approaches on the other, are summarised in terms of a number of continuums, outlined at the top right corner of Figure 1. These continuums include whether an indicator (of wellbeing or SEWB) is assumed to have global relevance, or whether it is culturally specific; whether it is assumed to be independent of other needs, or whether it is dependent on the fulfilment of a range of other needs; whether it is an objective or a subjective condition; whether it can be seen in positive or in negative terms; and whether it can be seen as a state, or as a process. These continuums represent contested spaces. It is around these continuums that debate about the character and scope of wellbeing and SEWB can be seen to congregate.

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2 2 We do not expand on ideas about 'the good society' in this report. Yet they are there, in the background, as foundation stones for the political vision that incorporates conceptualisations of wellbeing, and of children's SEWB. For example, Giovannini et al. (2009) suggest that it is valid to ask whether individual wellbeing should be seen as a subset of the wellbeing of our ecosystem. Theories about the good society are discussed by Rawls (1971, 2001) and Sen (2009). The one strong idea in this report from discourses on the good society is the idea of participation – that children have a right to be consulted in matters affecting them (Lansdown, 2005), including in the conceptualisation and measurement of their SEWB.

In the bottom left of Figure 1 some characteristics associated with childhood are highlighted including the child's competence: the extent to which she can be assumed to have agency; her age; and her dependency, which in this case implies not only the extent to which she relies on others (principally, parents) for survival and support, but also the extent to which her wellbeing can be seen as separate to (or inseparable from) that of her parents. These issues are examined in more detail in Section 4. Assumptions about competence, agency and dependency among children and young people of different ages are important inputs into the choice of indicators of SEWB for children aged 0–12 and aged 13–15. Because of the complex developmental stages that children and young people move through, the challenges associated with selecting indicators that are equally relevant for infants and 12 year olds, and for 13 and 25 year olds, are considerable. Any set of possible indicators must be subjected to rigorous testing. In this report, we concern ourselves less with specific indicators than with the principles that might be used in the selection of indicators of SEWB for rigorous testing.

The actual choice of indicators is a matter of political deliberation. As noted above, recent Australian Government strategic policy documents suggest a holistic approach to children's and young people's wellbeing. Holistic approaches are also at the heart of the Child Indicators Movement, which seeks to promote consistent and comprehensive monitoring of children's wellbeing within and across nations (Ben-Arieh, 2000, 2008). Holistic approaches suggest the need to develop a conceptual picture of SEWB that starts with broader philosophical visions of 'the good life'. These inherently *political* visions suggest that indicators of SEWB should incorporate as far as possible the following political properties:

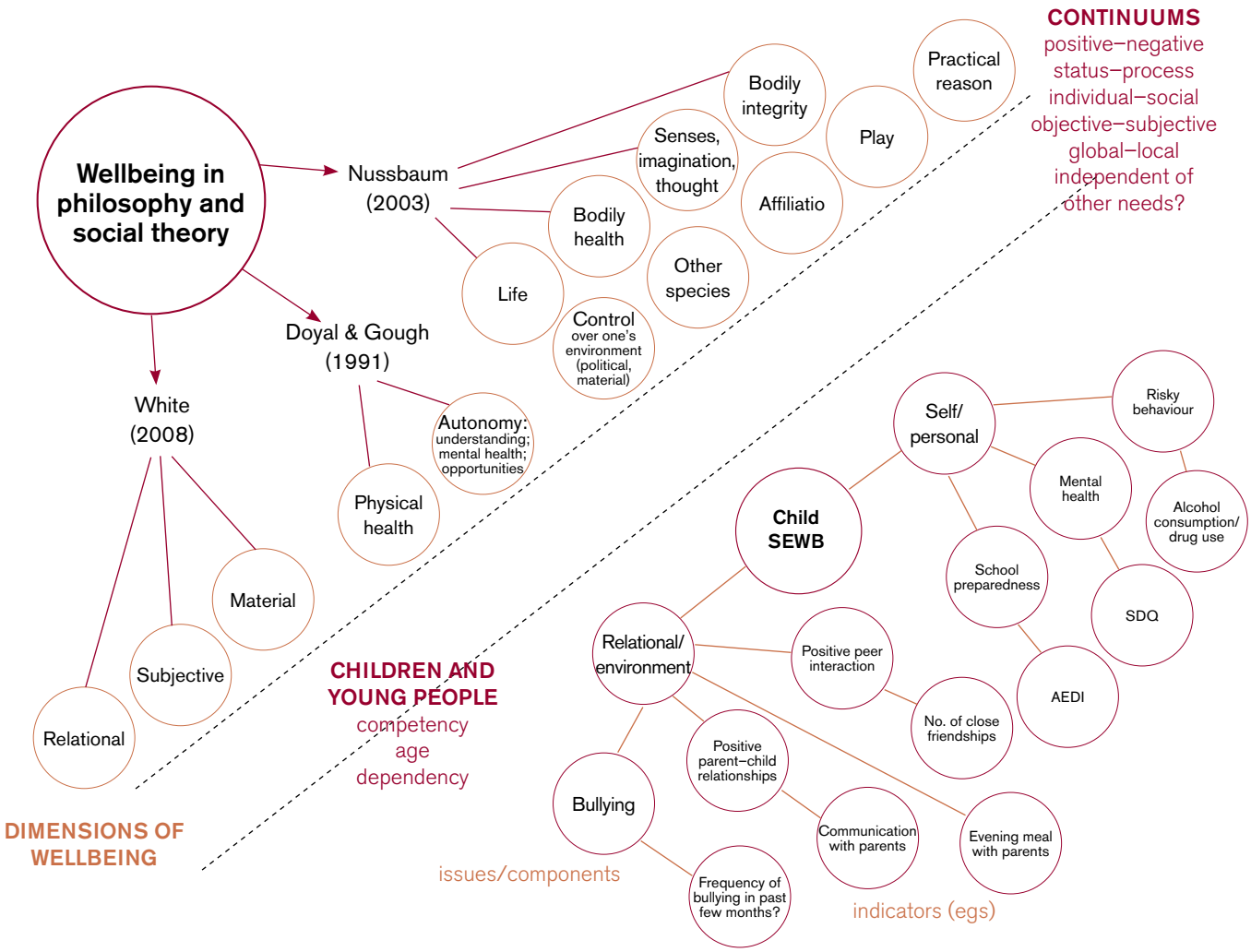
- they address a consensual political vision of the kind of society in which we wish to live
- they are universal; relevant to all groups
- they are comparative, so that we can form a view of children's *relative* wellbeing
- they incorporate children's and young people's own views on 'the good life' and the society in which they wish to live
- they are integrated or embedded with other indicators to give a more complex picture of children's and young people's holistic wellbeing.

This in turn suggests that indicators incorporate a number of *technical* (and potentially contradictory) properties:

- they are formulated in consultation with children
- they measure positive achievement of 'the good life'
- they are consistently measured through time
- they are comparable with measures used elsewhere
- they are easy to understand.

Adherence to these political and technical principles suggests the need for widespread consultation, not least with children and young people themselves. This report could be seen as part of this process of consultation. In the following sections we explore in detail wellbeing in philosophy and social theory, applied approaches to children's and young people's SEWB, and the linkages between them.

Figure 1: From concepts to indicators



3 Conceptual development of wellbeing in philosophy and social theory

We begin with the conceptualisation of wellbeing in philosophy and social theory in the top left hand corner of Figure 1. The social and philosophical literature cannot be canvassed in its entirety in this paper. We have instead selected three 'exemplars' of understanding wellbeing from the theoretical literature: Martha Nussbaum's capabilities approach; Len Doyal and Ian Gough's basic needs approach; and Sarah White's approach to wellbeing. These three approaches were selected for a number of reasons. First, all can be seen as developments of, or responses to, Amartya Sen's Capability Approach (1999). Second, the first two approaches are cited as significant influences on a recent innovative research program in the UK to reconceptualise wellbeing (Gough, 2003; McGregor, 2006), while the third is a direct product of that work (White, 2008). Nonetheless, their common intellectual heritage notwithstanding, the three approaches are sufficiently different that they allow us to explore more fully the key characteristics and components of wellbeing (Alkire, 2002). We outline these key characteristics and components in terms of the continuums listed at the top right of Figure 1 — for example between positive and negative conceptualisations, between global and local conceptualisations, and so on. It is through these continuums that we later go on to explore the links between philosophical and applied concepts of wellbeing, and the choice of indicators of SEWB that also speak to philosophical concerns about 'the good life'.

Nussbaum

Nussbaum proposes an approach to wellbeing that is of ***global relevance*** for 'every citizen' in 'every nation' (2000, p.6). She identifies a set of basic human capabilities to which she believes all societies should aspire and towards which policy should be geared, including: life (being able to live to the end of a full human life); bodily health (being able to have good health including nourishment, shelter, sexual satisfaction and freedom of movement); bodily integrity (being able to avoid unnecessary pain and to experience pleasure); senses, thought and imagination (to use the bodily senses and to possess the faculties of imagination and reason); emotions (the capacity to form attachments to things and persons outside of ourselves, to love and feel longing, to grieve and to feel gratitude); practical reason ("[b]eing able to form a

conception of the good and to engage in critical reflection about the planning of one's own life"); affiliation ("[b]eing able to live for and with others, to recognize and show concern for other human beings, to engage in various forms of familial and social interaction"); other species (being able to have concern for animals, plants and nature); play (being able to laugh and play and participate in recreation); and control over one's environment (being able to live one's own life in one's own context)" (Alkire, 2002, p.203; Nussbaum, 1992, p.222).

These capabilities, Nussbaum argues, form an overlapping consensus among "people who otherwise have very different comprehensive conceptions of the good" (2000, p.5). Nussbaum also develops 'threshold levels' for each of the capabilities on her list, below which "truly human functioning is not available to citizens; the social goal should be understood in terms of getting citizens above this capability threshold" (2000, p.6). Nussbaum does not, however, attach any order of priority to the capabilities, arguing that they are 'equally fundamental' (2000, p.12).[3]

In other words, each capability should be treated as ***interdependent*** with other capabilities. However, further achievement of any one capability may be independent of achievement of other capabilities once the threshold for each capability has been achieved.

For Nussbaum, wellbeing in essence refers to a certain level of human functioning. While she recognises the importance of both capabilities and functionings to the experience of wellbeing, it is capabilities that should form the site of rights formation and political intervention (Anand et al., 2005). However, she is critical of what she calls "subjective welfarism, the idea that each person's perceived well-being should be the basis for social choice", because of the problems associated with adaptive preference-formation (Nussbaum, 2000, p.8). Hence hers is an ***objective*** rather than a subjective approach to wellbeing. Nussbaum also fears that the word 'wellbeing' is at risk of indicating something too static, placing a greater emphasis on 'being' at the expense of 'doing'. Healthy functioning, she argues, "is itself a way of being ***active***, not just a passive state of satisfaction" (2000, p.14).

3 Although Gough (2003) argues that in some of her writings Nussbaum does appear to privilege three capabilities in particular: practical reason, affiliation, and bodily integrity.

Doyal and Gough

Doyal and Gough also set out to develop a "criterion of welfare external to individual preference" (1992, p.179). Like Nussbaum, they take an approach to human need that claims to be both ***objective*** and ***universal***: for them, basic needs are objective in the sense that their "theoretical and empirical specification" is independent of subjective experience and preference, and they are universal in the sense that their fulfilment results in the avoidance of a conception of serious harm that is accepted across cultures (Doyal and Gough, 1991, p.49). Hence for them, basic needs are the resources required to avoid serious harm, where serious harm refers to the incapacity to pursue goals of value. This suggests a more ***negative*** counterpoint to Nussbaum's positive search for 'the good life'. For Doyal and Gough, needs are both ***individual*** and ***relational*** – the needs themselves are individual in the sense that they are required for the individual to pursue their goals, but those goals are achieved on the basis of successful interaction with others.

Doyal and Gough identify two basic human needs – physical health and survival, and personal autonomy – since these are the universal preconditions for successful participation in social life. These two basic needs must be satisfied to some degree before individuals are free to pursue and achieve their goals. Doyal and Gough draw on a negative conception of physical health as absence of disease based on a medical model. This, they argue, is the most universalisable approach to physical health (1991, pp.54–7; 1992, p.184). They describe autonomy as the capacity to initiate action based on consistent aims and beliefs. (This raises some questions when it comes to children and young people as 'being', which we discuss in Section 4.) They identify three variables that shape the extent of autonomy an individual may exercise. The first is the level of *understanding* that an individual has about themselves, their culture and what is expected of them as a member of that culture. In this sense, the faculty of understanding is necessarily social (1991, p.60). The second variable is *mental health/psychological capacity* (cognitive and emotional capacity) by which they mean the absence of "only those undesirable mental/behavioural deviations which involve primarily an extreme and prolonged inability to know and deal in a rational and autonomous way with oneself and one's social and physical environment" (1991, p.62). Again, this is a negative approach to mental health or psychological capacity. The third variable shaping an individual's autonomy is *opportunities* for new and socially significant action or in significant social roles, including production, reproduction, cultural transmission and political authority (1992, p.185). They also identify the importance of taking autonomy one step further (and in a non-negative direction) to include the

"ability to situate, criticize and if necessary challenge the rules and practices of the culture one is born into, or currently lives in" (1992, p.186).

Doyal and Gough state that needs must be specified if we are going to measure any degree of need-satisfaction, and they create a list of intermediate needs, or those needs that they consider to be important for the satisfaction of their basic needs of physical health and autonomy. Included are some material items like nutritious food, economic security and appropriate education and healthcare, and other less tangible properties such as security in childhood and significant primary relationships (Doyal and Gough, 1991, p.158); they could easily include indicators of SEWB in this list too. Finally, they set out an "optimum" degree of satisfaction in the basic needs of physical health and survival, and personal autonomy. Here they include the "participation optimum" (having the emotional and cognitive capacities to choose actions and the means of fulfilling those capacities) and the "critical optimum" (the capacity to question social rules and practices, etc.). They argue that intermediate need satisfaction should be oriented towards achievement of an optimum level of satisfaction in the two basic human needs (1991, p.62).

White

Sarah White develops a multidimensional approach to wellbeing in which the dimensions are interrelated and co-constitutive, integrating three dimensions: subjective, material and relational (2008, p.5). Her focus on wellbeing as ***socially and culturally constructed*** leads her to favour a ***subjective*** (rather than an objective) approach. She also acknowledges the importance of 'the physical and external', such as material welfare and standard of living (2008, p.5). However, she argues that the components of the material dimension are constructed in the context of social expectations of what is acceptable, or what she labels the "cultural embedding of … human need" (2008, p.4). Moreover she argues that the material is intrinsically connected to its social and cultural context.

Hence White also emphasises the ***relational*** character of wellbeing, which concerns 'personal and social relations'. In this dimension, she includes relations of love and care; networks of support and obligation; relations with the state: law, politics, welfare; social, political and cultural identities and inequalities; violence, conflict and (in)security; and scope for personal and collective action and influence (2008, p.7). However for White, "[r]elationships are not, as in a social capital approach, something that an individual 'has'. Rather, people become who and what they are in and through their relatedness to others" (2008, p.8). In this sense, her approach is also inherently ***dynamic***.

For White, the subjective dimension of wellbeing concerns "what people value and hold to be good, the desires they identify and how they feel about their lives". The relationship of the subjective to the relational is that these values and aspirations are situated within broader normative frameworks such as understandings of the 'sacred' and the 'good life' (2008, p.9). Hence the subjective dimension includes understandings of the moral order; self-concept and personality; hopes, fears and aspirations; sense of meaning/meaninglessness; levels of (dis)satisfaction; and trust and confidence (2008, p.7). Because of the way subjectivity is developed in the context of wider normative frameworks of social meaning, the way in which relationships are 'realised' in social practice, and the way in which the three dimensions are dynamically constructed in relationship with each other, she describes wellbeing as a ***process*** rather than a status. According to White, "[i]n discussing the three dimensions of wellbeing, therefore, it is important not to forget their unity. The image of the triangle expresses the interdependence and relationship of the different dimensions, such that none can exist without the others" (2008, p.6). Finally, White describes the way in which the dynamic is influenced by space and time, a point echoed by Giovannini et al. (2009). For her, people's understanding of wellbeing and views about their capacity to 'achieve' it are shaped by the physical and cultural geography of the spaces and places they inhabit. With reference to time, White argues that:

> [p]eople's ideas of their own wellbeing … change throughout the lifecycle. Expectations of the future and reflections on the past also have a bearing on how people conceive of their present — and how people feel about their present affects how they read their pasts and future. Such personal evaluations are in turn affected by how people conceive of time itself: whether linear or circular, [or] whether limited to this lifetime …" (2008, p.10).

Summary

In terms of the continuums identified at the top right of Figure 1, both Nussbaum and Doyal and Gough argue for a conceptualisation of wellbeing that is of global relevance. Significantly, Doyal and Gough link their global orientation to a largely negative approach in terms of defining need. Nussbaum on the other hand sees no contradiction in proposing both global and positive capabilities. Both Nussbaum and Doyal and Gough also argue for an objective

approach to defining wellbeing. Nussbaum, however, emphasises that wellbeing is not a passive state but an active one. This latter point is strongly echoed by White, who stresses the process and dynamic elements of wellbeing – its constant reconstitution through dynamic relationships. Unlike Doyal and Gough or Nussbaum, White also argues in favour of localised and subjective concepts of wellbeing. All three theorists emphasise in different ways the importance of relating any one dimension of wellbeing to all other dimensions. Nussbaum and Doyal and Gough argue that no capability or basic need can be considered in isolation to the extent that any one capability or need remains unfulfilled. White imbues her entire approach with the idea of relatedness: it is not only that dimensions of wellbeing are interdependent; no dimension can be adequately understood in isolation from the other dimensions.

4 Conceptualising children's and young people's wellbeing

At the bottom left of Figure 1, children's characteristics are seen to 'come between' conceptualisations of wellbeing in philosophy and social theory on the one hand, and conceptualisations of SEWB in applied research on the other. These include the child's competence — the extent to which she can be assumed to have agency and be responsible for her own actions; her age; and her dependency, which in this case implies not only the extent to which she relies on others (principally, parents) for survival and support, but also the extent to which her wellbeing can be seen as separate to (or inseparable from) that of her parents. The positioning of children's characteristics between the philosophical and applied approaches is not accidental. It is connected, first to the almost complete invisibility of children and young people in philosophical conceptualisations of wellbeing; and second, to the strong presence of children and young people as 'becomings' in applied research on SEWB, since SEWB is seen as a key element in a child's development. Therefore, while children's and young people's overall wellbeing has not been comprehensively addressed in philosophical work, their SEWB has not usually been separated from their developmental status in applied work. Indeed, the terms social and emotional *wellbeing* and social and emotional *development* are sometimes used interchangeably (see, for example, AIHW 2009b).

In models of the developing child that draw heavily on developmental psychology, childhood is perceived as a 'stage', or a 'structured process of becoming'. It is understood in relation to adulthood, perceived as the 'end goal' (James et al., 2005, p.148). This is clear in the developmental stages proposed by Jean Piaget, although more recently psychologists have recognised the lifelong nature of development. Nonetheless, the notion of a child as developing or 'becoming' renders her "incomplete" (James et al., 2005, p.148). In alternative discourses on childhood, emphasised more perhaps in sociology (and in literature on children's rights) than in psychology, the child is conceived as 'being': a person with an ontology in their own right, with a set of needs and rights; a social actor capable of initiating action by choice (James et al., 2005, pp.148–9; Jenks, 2005, p.38). For Qvortrop, "[c]hildren are human beings, not only 'human becomings', they have not only needs, a fact which is recognized, they also have interests, that may or may not be compatible with other social groups … and they are exposed to societal forces like other groups …" (1994, p.18).

The emphasis on 'becoming' or 'being' raises issues of ***competence***. If childhood is principally associated with 'becoming' an adult and adulthood is associated with competence, then the child is by definition incompetent. As Schapiro (1999) puts it, while she may have voice, she does not know which voice is truly hers. This suggests the need for adult expert judgment (from parents, teachers or clinicians) on the state of her wellbeing. However, this simple dichotomy is blurred by the fact that adulthood is not usually judged according to some test of competence, but according to ***age***. There is little agreement among scientists on the age at which children develop competence for different tasks. Yet notions of age are absolutely crucial in both the social and legal constructions of childhood, and clarity on age is crucial for the scientific measurement of children's wellbeing.

If, on the other hand, childhood is principally associated with 'being', then the child is in effect assumed to be competent. This suggests not only that children should speak for themselves, but also that they should be able to, as Doyal and Gough (1992, p.186) put it, "criticize and if necessary challenge" concepts of wellbeing that adults impose on them. From a child rights perspective, this would suggest an obligation on the part of adults to actively engage with children and young people in order to elicit their views, not only on their wellbeing, but also on the very definition of wellbeing (see also Lansdown, 2005).

The issue of age is also important in considering children's and young people's ***dependency***. Urie Bronfenbrenner's ecological model of development suggests that human development takes place through "interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment" (Bronfenbrenner and Morris, 2006, p.797). The child's or young person's ecological environment is constituted by a series of nested structures of environmental influence. Children's primary source of interaction is within their microsystems, principally their family, although as they get older, childcare, school and friendship groups and the links between them — the mesosystem — become more important. The next structure out is the exosystem, which refers to the social context and conditions in which the child and her family lives, and includes the social networks and places of work of the parents, the wider community, and services that have a more indirect influence on the child or young person through their influence on the microsystem. Finally, the macrosystem refers to the wider society, including social norms and values and economic conditions. These structures are dynamic and change through time, so that as children grow older their microsystems shift, for example, away from dependency on parents and towards friendship groups.

Arguably, the closer a child or young person is connected with a single microsystem (for example, her family) the more closely connected her wellbeing will be to her family's wellbeing.[4]

For very young children, for example, it may be difficult to separate the child's wellbeing from her parents' wellbeing (although this may not always be the case, for example in cases of parental abuse or neglect). Therefore, if it is assumed that children under a certain age (pre-school, pre-childcare) are connected to just a single microsystem, then it might be appropriate to measure their wellbeing with family indicators, or through their parents. For young people, on the other hand, the nature of their dependency on their parents is more contested. Negotiation around friendships and identity (Erikson, 1971) points to the increasing role of peers in influencing wellbeing and in providing support through key transitions, such as from school to work, training or further education. Moreover the issue of uncertainty around identity in adolescence points to the dynamic nature of wellbeing, as emphasised by White (2008). Therefore, whereas for younger children issues of competency and dependency raise questions about who is qualified to speak for them, and to what extent their own voices should be heard, for older children and young people, issues of identity through significant transitions can raise questions about how a state of wellbeing can be captured in a fast-moving dynamic environment. For both children and young people, Bronfenbrenner's ecological model speaks to the importance of the whole child, and supports to some extent the interdependence of different dimensions of wellbeing, as proposed by Nussbaum, Doyal and Gough, and especially White.

4 Notably, the increasing pervasiveness of the media in the lives of children and young people encourages a perception of immediacy encompassing a much broader external environment, creating greater complexity in the scope and operation of the structures of environmental influence. This can have a harmful influence on the children's and young people's wellbeing (Eckersley, 2008, p.25)

5 Conceptual development of SEWB in applied research

Moving to the bottom right of Figure 1, concerns of applied researchers have not generally started with ideas of 'the good life', nor with generalised ideas about wellbeing, but with specific social problems, such as mental illness, difficulties with social relationships, difficult behaviour, anxiety, or drug and alcohol abuse. While more recent currents in positive psychology have moved towards identification of personal wellbeing, quality of life, subjective wellbeing, and happiness, most research directly concerned with SEWB still tends to focus on the negative. SEWB can be broadly interpreted as incorporating a wide range of both ***individual*** and ***environmental*** dimensions, as recognised in Bronfenbrenner's ecological approach to child development. These are discussed in greater detail below. However, there are a number of areas of more general wellbeing that SEWB is not generally seen as incorporating – material aspects of wellbeing, physical health, agency, and the capacity to debate and criticise. Also in contrast to philosophical theories of wellbeing, SEWB has often been conceptualised in applied research specifically with children, and child development, in mind. Therefore, while most of the discussion on philosophy and social theory in Section 3 above concerns adults (or more vaguely, 'persons') most of the discussion below refers specifically to children.

Individual and environmental dimensions of SEWB

As the name suggests, most applied research categorises SEWB into individual and environmental or social domains that are usually seen as interdependent. Within the individual domains, internal (or personal) and relational (or social) components are engaged in a dynamic relationship. Individual characteristics considered to be 'internal' include the ability to experience, manage, and appropriately express emotions (Pitel et al., 2006, p.7), to regulate one's behaviour (Australian Institute of Health and Welfare, 2009b, p.60), and to possess resilience and coping skills, alongside confidence and persistence in learning (Bernard et al., 2007, p.6). The individual characteristics that involve relations with others include comprehending emotions in others (Australian Institute of Health and Welfare, 2009b, p.60), developing social skills and empathy (Bernard et al., 2007, p.6), and the capacity to form and maintain relationships with others (Hoi Shan et al., 2008; National Institute for Health and Clinical Excellence, 2009).

The environmental characteristics of SEWB tend to be organised according to three spheres: the family or home, the school, and the community (Davis and Smyth, 2009; De Plater, 2008; National Institute for Health and Clinical Excellence, 2009). Family characteristics contributing to the development of children's and young people's SEWB include relationships with the parent or caregiver and parental expectations. School and community-based factors include relationships with adults, peer relationships and the existence of support programs and activities (Bernard et al 2007, p.13). The extent and nature of the effect of these spheres on the child or young person depends on their age. At younger ages, the family is the sphere with the most important bearing on the child's SEWB. As children get older, their interaction with their environment becomes more complex and the number of people with whom they interact expands. But parental support is still an important correlate of SEWB in adolescents (Saha et al., 2010). In an example specific to Aboriginal and Torres Strait Islander communities, for infants aged 0–6, factors likely to increase SEWB include a positive and sustainable bond/relationship with the primary caregiver, and activities that build intellect and a secure safe environment (SA Department of Health 2005, p.6). For children and young people aged 7–15 years, the same factors are important but support and direction from the primary caregiver become important, alongside exposure to and connection with culture. In the age group 16–25, factors likely to increase SEWB include connectedness with a broader network of family and friends and experiencing rewarding relationships, connection to culture and community and a sense of belonging in it, and connection to social institutions like tertiary education and the labour market (South Australian Department of Health, 2005, p.7).

In approaches to children's and young people's SEWB in Aboriginal and Torres Strait Islander communities, factors of particular cultural significance are recognised, including spiritual and cultural domains of wellbeing, the importance of family and ancestry, connection with the land, and the relationship between these domains and the individual's SEWB (Australian Institute of Health and Welfare, 2009a; South Australian Department of Health, 2005). Some approaches have paid particular attention to issues specifically affecting Aboriginal and Torres Strait Islander communities such as grief, trauma, loss of culture and tradition, and issues concerning the forced removal of family members (de Maio et al., 2005, p.2).

Positive and negative approaches to SEWB

There are also ***positive*** and ***negative*** approaches to SEWB. Positive approaches emphasise the child's or young person's capabilities, such as resilience, attentiveness, confidence and social skills, and positive affect and self-concept including happiness, self-worth, sense of belonging, and enjoyment of school (Bernard et al., 2007, p.14; National Institute for Health and Clinical Excellence, 2009, 6; Pitel et al., 2006, p.18). For young people, Hawkins et al. add 'civic action and engagement', trust in and tolerance of others, social competence, and life satisfaction as factors contributing to positive development (Hawkins et al., 2009, p.92). Negative approaches tend to emphasise mental ill health, such as experience of depression and anxiety, behavioural problems such as experience of bullying or disruptive behaviour, risky behaviours such as drug and alcohol misuse, and underachievement at school (Bernard et al., 2007; Smart and Vassallo, 2008).

Many approaches to children's and young people's SEWB combine positive and negative factors, for example, by measuring children's experiences of positive and negative feelings (Hoi Shan et al., 2008). This is a feature of a number of index measures of SEWB such as the Strengths and Difficulties Questionnaire (SDQ)[5] (Goodman, 1997). In addition, at the environmental level, 'protective factors' are likely to improve the possibility of positive outcomes. These include material security and positive parent–child relationships. 'Risk factors' on the other hand are likely to increase the likelihood of negative outcomes. These can include unemployment as experienced by a child's parents, or directly by a young person, social isolation, or domestic violence (Australian Institute of Health and Welfare, 2009b; Muir et al., 2009a).

Wellbeing and well-becoming

The concept of SEWB can also be seen to encompass both ***wellbeing*** and ***'well-becoming'***. As noted in the previous section, the very different ideas about childhood that the two words imply are often merged in applied research on children and young people. In applied research, the value of children's and young people's SEWB is emphasised in its own right both for the positive effects it is likely to have on their physical health, their capacity to form relationships, and their achievement at school; and for the effects that carry through into adulthood. It is also considered important in developing the skills to successfully manage 'life tasks' such as problem-solving and adapting to

5 The SDQ was originally designed as a screening tool for behavioural problems and mental illness but is now used extensively as an indicator of social and emotional wellbeing.

change (Weare and Gray, 2003, p.17). Some research notes a particularly strong influence of SEWB on school readiness and learning, and on positive educational achievement (Australian Institute of Health and Welfare, 2009b; Pitel et al., 2006; Weare and Gray, 2003). Positive SEWB is also valued for its potential to operate as a protective factor in young people against negative behaviours such as drug and alcohol misuse (National Institute for Health and Clinical Excellence, 2009, 5). Hence the concept of SEWB is often characterised as encompassing both the child's or the young person's daily reality and experiences, and investments in their future. Nonetheless Bradshaw (2008) points to the ideological difference between wellbeing and well-becoming. Wellbeing speaks more to the idea of the child as a person rather than as an incomplete adult, and tends towards the use of life satisfaction measures (for example, 'How satisfied are you with your life at present?') as indicators of wellbeing.

Summary

In common with philosophical theories of wellbeing, SEWB as conceptualised in applied research is a complex and multidimensional concept, although it covers less terrain than the philosophical theories. Philosophical approaches to wellbeing do not make any special claims with respect to children or young people. Applied approaches tend to focus on specific age groups, and a large part of the applied literature deals with children and young people, and their development. Applied approaches appear to make somewhat opaque assumptions about children's ***competence*** and ***dependency*** (often it seems, based on their age), but largely ignore children as collaborators in the research process, thus denying them the space to challenge and criticise – a key element in Doyal and Gough's approach to wellbeing.

In one sense, SEWB as used in applied research can be seen as ***relational***, in that it is concerned with social relations and is seen as the product of the interaction of an individual with her environment. However, while the philosophical approaches would tend to embed SEWB within wider concepts of wellbeing, in applied approaches SEWB can be conceptualised as ***independent*** of other aspects of wellbeing. This has profound implications, because it does not fully reflect the relationship between different aspects of wellbeing, such as the relationship between SEWB and material deprivation.

SEWB in applied research can be approached from an ***objective*** or a ***subjective*** standpoint. However, the meaning of 'objective' and 'subjective' is likely to vary across disciplines engaged in applied research. Teacher and parent reports of children's and young people's SEWB are in one sense objective, but are also subject to Nussbaum's concern with hedonic adaptation, as some applied research appears to suggest. More distal measures that capture actual instances of behaviour (for example, relating to specific activities in the past month), or 'risk' and 'protective' factors, may be more objective. Objective measures of wellbeing are proposed by Doyal and Gough, and also by some researchers who attempt to apply Nussbaum's capabilities to children (Addabbo and Di Tomasso, 2007; Di Tomasso, 2006). But objective measures are also further removed from what applied researchers see as the core concerns of SEWB, such as adjustment, self-regulation, life satisfaction and sociability. These core concerns are arguably difficult to measure without an element of subjectivity.

Subjective approaches to wellbeing are therefore an important addition to the objective measures which tend to dominate national statistics (Eckersley, 2009, p.2). The two types of measures can provide very different pictures of trends in the wellbeing of children and young people. For example, youth suicide rates or rates of hospitalisation due to self harm can tell a very different story about wellbeing in comparison with levels of self-reported happiness (Eckersley, 2008, 2009). Self-report measures sometimes present inconsistencies between reports of life satisfaction and experience of negative feelings. A number of surveys have found that children and young people report that, overall, they are satisfied or happy with their lives, but simultaneously report feeling anxious, depressed, or lonely (Eckersley, 2008, p.15; 2009, p.6). Yet measures of subjective wellbeing are widely used, and can be an important tool for expanding the focus beyond the measurement of illbeing and towards more positive concepts of wellbeing (Eckersley, 2009, p.2).

The emphasis in applied research has generally been on negative indicators like anxiety, low self-esteem, or conduct problems. While philosophical approaches have tended to see positive and negative outcomes in any dimension as poles in a continuum, applied approaches have characterised positive and negative measures as capturing fundamentally different aspects of SEWB. This is consistent with Eckersley's finding that people who are satisfied with their lives sometimes also report feeling lonely or depressed. The philosophical approaches also acknowledge that there are few indicators that can claim to equally capture both positive and negative aspects of SEWB.

In general, while both Nussbaum and Doyal and Gough make claims for the ***universality*** of their approaches to wellbeing, applied researchers in SEWB do not make claims about the universal relevance or applicability of their research.

On the other hand, applied researchers do not generally accept the rigorous approach to cultural specificity proposed by White, who suggests that wellbeing is a culturally defined and ever-changing ***relational*** process. Applied researchers in general attempt to measure ***states*** rather than processes, which can arguably be best uncovered through detailed qualitative research. It is possible that the issue of process may be of particular relevance in the context of the fast-changing lives of adolescents and young people (see Eckersley et al., 2006). The importance of qualitative research with young people in order to understand their SEWB and its correlates is discussed again in the concluding section.

6 Strategic and policy use of data on children's and young people's social and emotional wellbeing

Data on whole person wellbeing and on children's SEWB in particular, can be considered policy-relevant in two senses:

- in terms of broader debates about the kind of society in which we wish to live, guiding our understanding of social progress and overall quality of life (Eckersley, 2008, p.25)
- for the development of specific interventions for identified policy problems, and the monitoring of such interventions.

Statistics for the kind of society in which we wish to live

Concern with the broad area of SEWB, is now firmly on policymakers' agendas in a range of countries. Global concern with non-material indicators of wellbeing can be seen in human development reports that have broadened definitions of living standards and poverty to include issues such as powerlessness (United Nations Development Programme UNDP, 2000). Concerns about the ends of economic growth in an era of unprecedented prosperity have prompted further questions about whether the main aim of national public policy should be increasing average income (Eckersley, 2000; Hamilton and Denniss, 2005), and indeed whether increased income actually increases people's wellbeing (Conceição and Bandura, 2009). The OECD is now playing a leading role in advancing these debates. For example, the theme of its *3rd OECD World Forum* in 2009 was new measures of social progress that go beyond GDP. These debates have mirrored and drawn on discussions in philosophy and social theory about 'the just society' and 'the good life' discussed above. While the influence of these debates on actual strategic national or international policy is perhaps still uncertain, there seems little doubt that governments and policymakers are using a wider range of data in order to inform their policy choices. In other words, policymakers are arguably developing a more explicit vision of the kind of society in which we wish to live, one that goes beyond

notions of economic prosperity. In the Australian context, this is visible in the Commonwealth Treasury's Wellbeing Framework (Treasury, 2004) which, though strongly rooted in utilitarianism, draws heavily on Sen's (1999) capability approach.

It is also seen in the recently published *Report by the Commission on the Measurement of Economic Performance and Social Progress*, which states that

> Measures of subjective well-being provide key information about people's quality of life. Statistical offices should incorporate questions to capture people's life evaluations, hedonic experiences and priorities in their own surveys. (Stiglitz et al., 2009, p.58)

The report further argues that the science of measuring subjective aspects of people's lives "hold[s] the promise of delivering not just a good measure of the quality of life *per se*, but also a better understanding of its determinants, reaching beyond people's income and material conditions" (Stiglitz et al., 2009, p.58).

A parallel debate has seen concern with *children's* survival expand to wider and more positive areas of child wellbeing (Ben-Arieh, 2008; Ben-Arieh and Goerge, 2001), drawing on holistic theories of child development such as Bronfenbrenner's (Bronfenbrenner and Morris, 1998), and often combining them with theories about children's rights (Jonathan Bradshaw et al., 2006). In part, the wider concern with all aspects of child development (including their social and emotional development) has been less directly linked to the kind of society we want to live in than to children's future economic productivity, or their future 'costs' to society. This concern has been exemplified by the work of James Heckman (Heckman, 2006; Heckman and Masterov, 2007; Heckman et al., 2006), who has been widely cited in Australian policy documents, including strategic long-term planning documents such as *Investing in the Early Years* and the *Melbourne Declaration* on Educational Goals for Young Australians. On the other hand, these documents, which are discussed in greater detail below, do make strong aspirational statements about whole child development that are consistent with concerns about the good life, and the evolution of society as a whole, rather than with narrower economic matters.

Statistics for specific interventions

While the data on child wellbeing has not been used so much in the search for 'the good life', they have been used extensively in both Australia and elsewhere for highlighting levels of distress among children and young people in contemporary societies, and for prompting program responses to this distress. The emphasis is often on distress experienced by children at school, and on its manifestations in alcohol and drug use and other risky behaviours among young people. There is now a considerable body of information both on these 'symptomatic' issues, and on issues more directly related to Australian children's and young people's SEWB, such as mental health. AIHW (2009b) reports that 6–7 percent of children aged 3–12 years in NSW and Victoria had scoring levels 'of concern' in Strengths and Difficulties Questionnaire tests in 2005–06. Sawyer et al. (2001) report that in a nationally representative sample of 4–17 year old Australians, 14 per cent exhibited symptoms of mental health problems. The *State of Australia's Young People* report (Muir et al., 2009a), drawing on the 2007 National Survey of Mental Health and Wellbeing, states that up to 40 percent of young Australians aged 16–24 years have met criteria for a diagnosis of a mental disorder at some stage in their lives, and a quarter met the criteria in the previous 12 months. This analysis also shows that young people who are excluded from education and paid work are particularly at risk from mental ill-health. Other studies show that children in low income families in general tend to have lower levels of SEWB (Katz and Redmond, 2009). So far however, there has been little *systematic* collection of information on SEWB in Australia or elsewhere. We discuss the meaning and significance of systematic data collection below.

7 Policy significance in the Australian context

National strategic plans

The importance of children's and young people's SEWB is already widely recognised in Australian government documents. The recent Council of Australian Governments strategy document on child development, *Investing in the Early Years*, gives as its first organising principle "a focus on the whole child, across cognitive, learning, physical, social, emotional and cultural dimensions and learning throughout life" (Council of Australian Governments, 2009, p.4). One of the main goals set out in the key education document agreed upon by Australian governments, the *Melbourne Declaration on Educational Goals for Young Australians*, is for all young Australians to become successful learners, confident and creative individuals, and active and informed citizens. The *Declaration* states that confident and creative individuals "have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing" (Ministerial Council on Education Employment Training and Youth Affairs, 2008, p.9). It draws attention to two areas in particular where policy interventions for children's social and emotional development should be targeted: first, through strengthening early childhood education, especially in the first three years, which "sets the foundation for every child's social, physical, emotional and cognitive development" (p.11); and second, through developing a world-class school curriculum "that will enable students to build social and emotional intelligence" (p.13).

The *National Education Agreement*, the *National Partnership on Youth Attainment and Transitions* and the *Compact with Young Australians* are both more directly focused on education, training, and employment. For example, the *Compact with Young Australians* announced by the Council of Australian Governments in April 2009 aims to "promote young people's participation in education and training, providing protection from the anticipated tighter labour market, and ensuring they would have the qualifications needed to take up the jobs as the economy recovered" (www.deewr.gov.au/Youth). However, the relationship between mental health or SEWB on the one hand, and educational and labour market outcomes on the other, is well established. Unemployment is a factor in deteriorating mental health and SEWB, and poor mental health and SEWB are contributory factors to prolonged unemployment (Alvaro and Garrido, 2003; Hammarström, 1994)

The *Melbourne Declaration*, the *National Education Agreement*, *Investing in the Early Years* and the partnerships and compacts on youth are not the only Australian Government documents that outline goals that are related to children's and young people's SEWB. However, as national strategic documents they serve a useful purpose in providing a framework for fleshing out the details of desirable policy-relevant characteristics in national indicators of children's and young people's SEWB. These documents suggest that policymakers in the areas of early childhood education and development, in primary and secondary school education, and in youth transitions to further education, training, or employment are likely to be key stakeholders in the use and interpretation of data on children's and young people's SEWB, and in the translation of these data into policy and practice action. This suggests the following information is needed for the analysis of trends in children's and young people's SEWB:

- age of child and year in school
- information on type of child care or school the child is attending
- state of residence.

The emphasis in the *Melbourne Declaration* on developing a world-class curriculum also strongly suggests the need for international benchmarking.

This is made explicit in the *Melbourne Declaration* and the *National Education Agreement* with respect to benchmarking of educational outcomes, but is also implied with respect to children's outcomes more generally, in the commitment that governments "conduct national and international comparisons of approaches and performance" (p.17). The commitment in the declaration (echoed in the *National Education Agreement*) to improve educational outcomes "for Indigenous youth and disadvantaged young Australians, especially those from low socioeconomic backgrounds" suggests the need also for classification data on:

- socio-economic status
- remote, rural and regional residence
- other potential markers for disadvantage (eg ethnicity, postcode, household and family)
- Indigenous status (see also Department of Human Services, 2006, p.8).

SEWB has been identified as a priority area in the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (AIHW 2009a, p.1). The AIHW, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the ABS have developed an interim module to measure SEWB

across eight domains, which was included in the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (AIHW 2009a, p.1).

Finally, the explicit targets in the *National Partnership on Youth Attainment and Transitions* and the *Compact with Young Australians* suggest the need to collect information on:

- highest educational attainment among young Australians
- participation in employment, training, higher and further education
- receipt of payments such as the Youth Allowance.

Programs to improve children's and young people's social and emotional wellbeing

The collection of comprehensive data at the national level on indicators of children's and young people's SEWB should be designed to inform strategic policy development across the areas outlined above, and to provide useful background information against which more specific programs in schools and other settings to support child and young people's SEWB can be assessed. In Australia, best practice manuals have been developed specifically for practitioners working with children from Indigenous backgrounds (Haswell et al., 2009). Also in Australia, the promotion of SEWB is built into the Family Day Care National Standard and Quality Assurance Guidelines (Davis and Smyth, 2009). There are also a number of programs targeted at improving children's and young people's SEWB such as Queensland Health's Early Childhood Social and Emotional Early Development Strategy (SEEDS), a "mental health promotion framework which aims to enhance the SEWB of infants, children, parents and staff" (De Plater, 2008, p.27). In Britain, the Social and Emotional Aspects of Learning (SEAL) program is a whole school approach to building the social and emotional skills necessary for positive relationship formation, and for the management of thoughts, emotions and behaviours (Department for Education and Skills, 2007, p.4). Other Australian programs at the national level include KidsMatter, a mental health initiative designed for implementation in Australian long day care centres, pre-schools, and primary schools, which places an emphasis on social and emotional learning and wellbeing; and the Department of Education, Employment and Workplace Relations' National Safe Schools Framework, a set of principles for supportive school environments which aim to promote the physical and emotional safety of students (DEEWR website, 2010).

One example of how an indicator of SEWB could be used in the context of specific programs comes from the evaluation of the headspace program (Muir et al., 2009b). The *headspace* program is part of the Australian Government's commitment to the Youth Mental Health Initiative (YMHI), and was established to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young people aged 12–25 years old. This is to be achieved through service provision to young people, community support, encouraging help-seeking behaviour and promoting reform in services of relevance to young people. The evaluation was conducted with the support of qualitative interviews with a range of stakeholders, and with a specially designed quantitative survey of users of headspace services. The survey questionnaire was developed using questions and modules from the Australian School Students Alcohol and Drugs Survey, the General Social Survey, the National Drug Strategy Household Survey, and the National Health Survey. This ensured that results from the evaluation could be compared with national baseline data, and data for nationally representative population subgroups. This kind of usage greatly enhances the usefulness of national datasets. It suggests that the choice of indicators of SEWB for children and young people should take these kinds of comparability issues into account.

In some cases, data on children's and young people's SEWB are already being used to formulate quite specific policy and practice recommendations. In the Australian context, Bernard et al. (2007) use findings from the ACER SEWB survey to propose detailed steps towards increasing schools' capacities in delivering social and emotional learning to students, including early identification and intervention for students with significant risk factors, school-wide approaches to social and emotional learning, and incorporation of social and emotional capabilities in behaviour management policy. In their research on the UK education system, Weare and Gray (2003) propose the expansion of explicit programs to support social and emotional learning, noting that this should include some assessment of teachers' social and emotional competence and wellbeing. The aspiration is that the implementation of policy recommendations of this nature would result in a change in SEWB over time. However, national instruments may not always be sufficiently sensitive to monitor the effects of the implementation of policy recommendations such as these. Nonetheless, specific evaluations could draw on nationally representative data, and data pertaining to particular groups such as economically disadvantaged children, for benchmarking.

The importance for policy of systematic data

There is now quite a wide range of data available in the Australian context on children's and young people's SEWB. What is missing is the collection of *systematic* data on their SEWB, and the consequent linking of measurement and monitoring of SEWB with policy and practice for children and youth. The systematic measurement of children's and young people's SEWB will facilitate the allocation of resources to areas of greatest need (Bernard et al., 2007, p.12).

We interpret *systematic* data as data that:

- are regularly collected using the same methods over several years
- are nationally representative, and also representative of identified sub-groups
- have a clearly defined expected range within which most observations are likely to fall (this is derived through observation of the indicator over several years)
- enable a clear understanding of comparability – across children and young people of different ages, in different ethnic or cultural groups, and across countries.

The importance of systematic data can be seen in international comparisons of experience of bullying among 11–15 year olds based on the HBSC, which has collected consistent data on this subject in most rich countries (but not Australia) about every four years since 1994. While concerns have been expressed about the consistency of the HBSC data across nations, the data have been used to measure general trends across countries in a meaningful way. For example, two recent studies use this dataset to explore cross country trends in bullying and obtain highly consistent results – that bullying rates have declined in most countries since the 1990s; that Scandinavian countries such as Sweden have consistently and significantly lower bullying rates than other countries, while Baltic countries consistently have the highest rates; and that the decline in reported bullying rates has been particularly steep in a few countries, including Belgium and Czech Republic (Craig et al., 2009; Molcho et al., 2009). The authors conclude from their results that a more thorough audit of school policies with respect to bullying is required both in countries with very low rates, and in countries where the rate fell rapidly. In other words, systematic data collection has facilitated applied research that highlights international differences of policy significance.

8 Positive indicators, negative indicators and homeostasis

It is expected that the usefulness of systematic data will increase over time, as long term time series' will facilitate better understandings of normative levels of SEWB among Australian children. This is likely to be the case with both objective and subjective indicators. Literature on positive subjective wellbeing strongly supports the idea that long term trends in national averages of positive SEWB scores are unlikely to vary greatly. This is clear for example from the work of Cummins (2003, 2010), who has developed the Personal Wellbeing Index, derived from a set of eight questions asked at quarterly intervals of representative samples of Australian adults.[6] His most recent data show that across 22 samples between 2001 and 2009, the average score is about 75 out of 100 (Cummins, 2010). Moreover, the average for any given sample does not deviate from 75 by more than two points. In other words, this is a stable score, suggesting that "most people are actively maintaining their life satisfaction by means of internal homeostatic control" (Cummins, 2003, p.253). Cummins' work comparing countries produces another set of findings, again supporting the homeostatic hypothesis within countries and indeed across Western countries, where the average score across a range of countries falls within the range 70–80/100 (Cummins, 2003). However this same research also finds that in non-Western countries the average is equally steady over time, but somewhat lower. Recent work by Bradshaw and Keung (2010) on children's and young people's (aged 11–15) self-reported happiness and self esteem scores in the UK over the period 1994 to 2007 can also be used to support the homeostasis thesis. While average happiness scores did increase over this time, especially for girls, (and self-esteem scores increased for boys), the overall picture is one of stability, with the observed improvements being too small and tentative to draw any decisive conclusions.

Several studies that focus on negative wellbeing also appear to support the homeostasis theory. Wångby, Magnusson and Stattin (2005), in a comparative analysis of adjustment in 15-year-old Swedish girls in 1970 and 1996, argue that there was remarkable similarity between the two samples, with the exception that self-esteem problems and anti-social problems appeared somewhat more common in the 1996 sample than in the 1970 sample.

6 The eight questions are: How satisfied are you with: your standard of living; your health; what you are achieving in life; your personal relationships; how safe you feel; feeling part of your community; your future security; and your spirituality/religion?

A number of Dutch studies also find generally stable trends in emotional and behavioural problems among children and young people between the 1980s and the 2000s (Tick et al., 2007a; Tick et al., 2007b; Verhulst et al., 1997). This generally stable trend is echoed in an Australian study comparing temperament and behaviour data on young children from the Australian Temperament Study in the mid 1980s and the Longitudinal Study of Australian Children in the mid-2000s (Smart and Sanson, 2005).

On the other hand a number of studies suggest less stable trends in mental health problems among adolescents. Twenge et al. (2010) document significant increases in psychopathological problems (including paranoia, hypomania and depression) in American college students between the 1930s and the present. Collishaw et al. (2004) compared data for the UK on behavioural and emotional problems for 15–16 year olds from 1974, 1986 and 1999. They found that problem levels increased significantly among both boys and girls, among all social groups, and for all family types. While a subsequent study found that between 1999 and 2004,emotional and behavioural problems did not increase and may have declined (Maughan et al., 2008), a more recent analysis suggests a substantial increase in adolescent emotional problems over recent decades, especially in girls (Collishaw et al., forthcoming). Sweeting, Young and West (2009) compared results from the General Health Questionnaire for samples of Scottish 15 year olds between 1987, 1999 and 2006. They found marked increases for both boys and girls in mental health problems. However they did not propose any explanations for this increase. Achenbach, Dumenici and Rescorla (2003) compared US children and young people aged 7–16, whose mothers completed identical Child Behaviour Checklist questionnaires in three samples from 1976, 1989 and 1999. They found that both competence scores and problem scores increased between 1976 and 1989, but that problem scores declined between 1989 and 1999. They speculated that improved economic conditions in the 1990s compared with the 1980s may be associated with this change. Fichter et al. (2004) found that emotional problems among samples of Greek teenagers in Greece and among immigrant Greek teenagers in Germany (also measured with the General Health Questionnaire) increased substantially between 1980 and 1998.

Diverging trends in what might be seen as positive and negative, largely subjective, indicators of SEWB suggest some important conclusions for this review. They may lend support to the idea, supported by many applied researchers, that positive SEWB is not necessarily the mirror image of negative SEWB. If, consistent with the homeostasis thesis, overall averages for positive measures do not change greatly over time (although they can differ in ways that are not straightforward to explain across countries), then the key policy interest in positive indicators is likely to be in

how they vary across groups at particular points in time, and over time. This is the key conclusion of a report by Bacon et al. (2010):

> While data on life satisfaction are useful, and certainly should be collected, for policy makers, nearly all of their value comes from disaggregation: seeing which groups are faring better than others or who is faring worse than might be expected, how this changes over time and what conditions stimulate wellbeing. Aggregate numbers comparing places, or times, tell us very little. The most useful data — from the point of view of the development of public policy and resource allocations — is that which involves comparison of small geographic areas or the experience of different groups. (Bacon et al., 2010, p.38)[7]

On the other hand, negative measures (and possibly also a range of positive objective measures) may vary to a greater extent over time than positive subjective measures. However, as Eckersley and Dear (2002) argue, with respect to objective data on suicides, it is not always clear how generalisable studies that focus on clinical issues are. Therefore, if one indicator is to be used as a summary measure for children's and young people's SEWB, then the case may have to be made that this indicator is equally meaningful at both the top, the middle, and the bottom of the distribution of SEWB outcomes. On the other hand, if, as Muir et al. (2009a) find with respect to Australia, about one-third of 16–24 year olds experience some psychological distress, then this surely is relevant to the wellbeing of all Australian youth.

7 While we recognise that it is often not possible to disaggregate data to small geographic regions, there are exceptions. Later in the report we examine AEDI, an example of where disaggregation of this nature is possible.

9 Developing policy amenable indicators[8]

There is a significant literature on the development of indicators to measure human progress in general and more specifically related to the achievement of child development and wellbeing. However, as Green (2001) argues, there remains considerable vagueness in the literature as to the meaning of the term 'indicator'. Cobb and Rixford (1998) state that "Technically speaking, an indicator refers to a set of statistics that can serve as a proxy or metaphor for phenomena that are not directly measurable". Other experts point out that indicators need not be statistical, so long as they can be measured consistently across space and time. The key point, emphasised by Atkinson et al. (2002) is that an indicator is just that – it is an abstraction from the underlying issue that is the real object of concern, rather than a complete representation of the state of society. Spicker discusses the example of the World Bank's 'dollar a day' poverty measure:

> Understood as a measure, a dollar a day cannot be defended. Poverty cannot be summed up in a single measure; the standard is way too low; income is not enough; it is not really possible to say what a dollar a day means in many societies; and the standard is not genuinely comparable. But the criticisms miss the point. A dollar a day fits the tests for indicators. It may not be accurate, but it is useful. It is easy to understand, accessible and cheap. It gives some idea of whether problems are getting better or worse. It works as a signpost. (Spicker, 2004, pp.432–33)

Spicker's message is clear. An indicator cannot, and should not be expected to, describe a whole phenomenon. An indicator can describe a small aspect of a phenomenon which captures some representative truth about the trend in this phenomenon, and how different groups compare.

Both indicators for the kind of society we wish to live in, and indicators for more specific policy purposes will need to fulfil a number of criteria. The National Health Performance Committee, the ABS, Atkinson et al. and the Victorian Department of Human Services have each developed a list of properties or principles that underpin policy-amenable indicators. Their criteria for indicators are outlined in full in Appendix A. From their lists, we have developed an

8 Parts of this section are taken from Redmond (forthcoming).

amalgamated list that we use to evaluate a selection of indicators of children's and young people's SEWB. An indicator should:

- have a clear conceptual basis that identifies the essence of the problem
- have a clear and accepted normative interpretation, where an increase (or decrease) represents a real improvement (or worsening) in an underlying social condition
- be transparent and understandable to non-experts, and enjoy widespread acceptance
- be robust and statistically validated
- be responsive to effective policy interventions (where relevant)
- be supported by timely and good quality data
- be measurable in a sufficiently comparable way across countries

The data should be:

- available at a national level
- able to be disaggregated to reveal differences across subgroups
- collected in a cost effective way.

In evaluating the policy usefulness of each measure in this context, we add an additional evaluation criterion — that the indicator should:

- be appropriate to a specific age group.

In the next section, we evaluate a selection of exemplary indicators for Australian children and young people. These do not constitute an exhaustive list, but cover the different types of indicators from which systematic and long term indicators of children's and young people's SEWB are likely to be selected.

10 Measures of children's and young people's social and emotional wellbeing

As described in the first half of this report, children's and young people's SEWB is a complex and ultimately political concept comprised of a number of domains, of which we have identified two in particular – the individual (incorporating self-esteem, anxiety, etc.) and the environmental (incorporating social relations). There are a number of instruments in Australia and internationally that include indicators that aim to capture these domains of SEWB and the subdomains into which they are often categorised. Some indicators can be collected through administrative sources. Most however are designed to be collected as part of large scale sample surveys, and draw on a mixture of self-reporting, and 'proxy reporting' by parents or teachers. Some of the indicators attempt to measure SEWB quite directly, for example through validated tests that measure conduct problems or emotional problems, or through questions on subjective wellbeing. Other indicators attempt to measure SEWB indirectly, for example through information provided by the respondent on occurrence of headaches and other somatic symptoms, number of friends, or risky behaviour such as drug and alcohol intake. In this section we analyse the properties of exemplar indicators that can be applied to different age groups of children and young people, and assess their advantages and disadvantages in terms of the criteria for indicators discussed in Section 9, and the continuums and characteristics of children identified in Figure 1. In Section 11 we also discuss ACER's Social and Emotional Wellbeing Survey (Bernard et al., 2007), which is not a measure, but a whole survey which aims to monitor schoolgoing children's and young people's social and emotional wellbeing.

Table 1 summarises the properties of a number of different indicator types for SEWB. These are chosen principally according to how they are collected or recorded: from administrative records; from the Australian Early Development Index (AEDI), a new population measure of children's development; and from surveys.

Administrative records

The two indicators from administrative data sources are suicide rates for 15–19 year olds, and hospitalisation rates for children with mental disorders.

AEDI

The indicator from the AEDI aims to capture the child's social competence and emotional security. This is derived from teacher responses to 51 questions in a self-completion questionnaire. While both positive and negative questions are asked of teachers, results are reported with a negative bias (Australian Early Development Index, 2010), so we assume that their primary purpose is to identify prevalence of problems rather than positive wellbeing.

Survey measures

The survey measures include a positive and direct measure of SEWB – the Personal Wellbeing Index for Schoolchildren (Cummins and Lau, 2005). This is one of a wide range of similar measures for both adults and children that aim to capture life satisfaction (Cummins, 2003; Proctor et al., 2009; Zullig et al., 2010). They come in two forms: a simple question about life satisfaction, or a series of questions asking respondents to rate various domains of their lives (the ratings are then aggregated into an index). Here we focus on the single question, which in the Personal Wellbeing Index – School Children (PWI-SC) takes the form: *How happy are you with your life as a whole?* Children are asked to respond with a rating between 1 and 10. Both HILDA and HBSC surveys also include life satisfaction questions. Rees et al. (2010) use three such life satisfaction type measures in their study of children's subjective wellbeing in the UK.

The survey measures also include a group of negative and direct measures: the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997); the Child Behaviour Checklist (CBCL) (Achenbach, 1991); and the Pediatric Quality of Life Inventory (Peds QL) (Varni et al., 1999)The original purpose of the SDQ was as a screening tool for mental illness or behavioural problems. The CBCL was designed to monitor a child's problem behaviours, and changes in their behavior following treatment. The Peds QL was originally designed for monitoring quality of life over a broad range of dimensions for children with chronic health problems, and includes modules on social and emotional wellbeing. Like the PWI-SC, these three measures are among a much larger group of screening tools that can be included in a survey, including the SF-36 Scale the General Health Questionnaire and the Kessler K-10 Scale (both aimed at adolescents and adults); and the Marsh Self-Description Questionnaire (aimed at children and young people). The SDQ and elements of the Peds QL are currently included in the LSAC (with parents or teachers as respondents). The CBCL has been used in the Western Australian Child Health

Survey, and in the child and adolescent component of the National Survey of Mental Health and Wellbeing. The SF-36 is included in the HILDA. The K–10 is included in the NHS and the NSMHWB, and has recently been added to the HILDA on an experimental basis (Wooden, 2009). The Marsh Self-Description Questionnaire is included in the LSAC K Cohort from Wave 3 (when study children are aged 8–9). All of these scales are used in other countries, but not in ways that make them systematically comparable. However, all have been validated for a range of different populations through extensive use and testing.

Finally, the survey measures include two indirect indicator types of SEWB, both taken from the Health Behaviour in School Age Children survey, measuring somatic symptoms of poor SEWB (headaches and stomach aches); and measuring behavior issues that are often associated in the literature with SEWB (numbers of friends, and alcohol and drug consumption). Again, similar (but not identical) questions are included in the self-completion form of the HILDA.

Comparison on indicator characteristics

The top panel in Table 1 compares the different exemplary indicators in relation to the ideal characteristics of indicators outlined in Section 9. The two administrative indicators score positively on several of these criteria. Suicide in particular has an accepted normative interpretation in that less is better; on the other hand, a reduction in hospitalisation rates for children could be interpreted in terms of an improvement in children's mental health, or in terms of decreased availability of hospital beds. For this reason, the meaning of the latter indicator may not be transparent. However, since both indicators are drawn from administrative sources, they can be assumed to be robust, timely, and cost-effective to collect. On the other hand, the disadvantages of these two indicators are that disaggregation is generally very limited with administrative data, and neither has a clear conceptual basis in terms of SEWB among children and young people in general. As Eckersley and Dear (2002) suggest with respect to suicide data, it is possible that trends in some measures of SEWB and in suicide rates can diverge. Therefore, while both suicide and hospitalisation rates may be amenable to policy intervention (and should be acted on), it is not clear whether these interventions would be relevant to life satisfaction among the majority of children and young people.

The AEDI indicator has the potential to present a highly revealing picture of young children's SEWB. Unlike the administrative indicators, it has a relatively clear conceptual basis in terms of children's SEWB (within the confines of applied approaches to SEWB), since it tries to measure social competence and emotional maturity directly. We assume that the AEDI measures have a clear

normative interpretation, and that they are understandable to non-experts. As they are general population measures (for 4–5 year olds), they may be highly responsive to policy intervention; they could be used to compare the effects of different policy experiments in localised areas. Indeed, they may represent one of very few data sources that can measure children's SEWB in small geographical areas; existing small area studies have tended to draw on more objective, and usually economically focused indicators (J. Bradshaw et al., 2009; McNamara et al., 2009). It is also possible to disaggregate according to Indigenous status and culturally and linguistically diverse background. However, their potential for disaggregation beyond these characteristics is limited. Potential for international comparison may also be limited. In addition, the AEDI is an expensive exercise, and it is not clear at this stage when it will be repeated.

The four survey-based indicators present a similar profile with respect to indicator characteristics. All have an accepted normative interpretation, and are reasonably transparent to non-experts (although the negative bias in the SDQ and the positive bias in the PWI-SC might be problematic in this respect). It is assumed that the indicators are robust and can be statistically validated (although this may not be the case with all survey-based indicators). But the capacity for these indicators to capture the impact of all policy interventions is limited. The extent to which an indicator is amenable to policy intervention is closely related to whether it is a direct or an indirect measure of SEWB. It is easier to measure the effect of a policy intervention if the indicator of SEWB being used is indirect, for example drug use. Direct indicators such as life satisfaction may tell us more about overall wellbeing but are less amenable to policy intervention. However, as noted above, lack of responsiveness to policy intervention does not suggest lack of policy usefulness. The biggest advantage of these indicators is that they can be highly disaggregable, provided suitable contextual data are collected from survey respondents. Therefore, they can be used to track differences in SEWB across a wide range of different subgroups of children and young people. These indicators are also potentially comparable across countries. Finally, depending on the survey vehicle chosen, collection of these data through surveys could be relatively cheap (if an existing survey is used) or relatively expensive (if a new survey is designed for this purpose).

There are also some differences between the four exemplar indicators that are worth noting. First, while the PWI-SC and the SDQ/CBCL/Peds QL have clear conceptual bases (within the confines of applied approaches to SEWB), the conceptual basis for the less direct indicators is less clear, since the correlation between SEWB and occurrence of headaches, number of friends, or drug use is likely to be less than perfect. Also, while all the indicators are reasonably transparent to non-experts, life satisfaction type indicators, which can be based on a single question, may be clearer than SDQ type indicators, which are based on a battery of questions.

Comparison on child/young person characteristics

Most of the indicators in Table 1 are quite flexible in terms of the age of the child or young person they are aimed at. Suicide statistics are usually only collected for older children and young adults. AEDI data are only collected for 4–5 year olds. However different instruments in the survey data can be aimed at children and young people of different ages. The SDQ is targeted at children and young people aged 4–16; different modules of PEDS–QL are targeted at children aged 2–18; target groups for the CBCL are children aged 1½ to 5, and young people aged 6–18 years. On the other hand, the General Health Questionnaire (GHQ) is targeted at younger and older adults. The PWI-SC is targeted at school children, but the PWI-A(dult) is targeted at adults.

Of more importance with respect to the child or young person is the focus of the SEWB indicator – whether towards the child or young person herself, or towards her environment. Both are important for children and young people of all ages. However, the environment for young people arguably needs to encompass a wider range of microsystems, and this needs to be reflected in the SEWB indicator. This kind of concern is perhaps captured in the HBSC question: "*How many close friends do you have?*".[9]

Also of importance is the identity of the respondent: a parent, a teacher, or the young person themselves. Administrative indicators obviate the need for a respondent. With the AEDI, the respondent is perforce the teacher. With all survey-based indicators, the identity of the respondent depends to some extent on the nature of the survey. This is discussed in the next section.

Comparison on wellbeing continuums

In the examination of the different exemplar indicators with respect to the wellbeing continuums, we attempt to develop a more critical picture of what the different indicators of SEWB capture with respect to philosophical approaches to wellbeing, and what they do not capture. We have already noted that SEWB is a more limited concept than wellbeing. Specifically, SEWB is seen to exclude material wellbeing, physical health, and critical faculties, all of which are key dimensions of the philosophical approaches.

9 Ideally, in order to measure the concept of SEWB, an indicator that captures both the individual and environmental dimensions of SEWB would be most comprehensive. However, we are not familiar with a single indicator that captures this complexity.

Most of the indicators in Table 1 have ***global*** or at least international pretensions to the extent that they are used in international comparisons – this is true of the PWI, the SDQ, the CBCL, the Peds QL (all have been translated into several languages), the HBSC and suicide indicators. As noted earlier, cross-national and cross-cultural interpretation can be difficult. This is visible for example in the comparison of SDQ scores for young people in Mediterranean countries, and in the application of the SDQ to an Arab population (Marzocchi et al., 2004; Thabet et al., 2000). This is also apparent in the Australian context, where in many cases separate instruments for measuring SEWB have been developed for Indigenous children and young people (South Australian Department of Health, 2005). Therefore, the reach and limitations of any indicator that is selected will need to be carefully appraised and tested. However, international or cross-cultural comparisons can also reveal valuable and policy relevant insights, as HBSC based studies of SEWB and bullying, inequality and welfare regimes show (Craig et al., 2009; Molcho et al., 2009; Torsheim et al., 2006; Zambon et al., 2006). The value and validity of these insights is likely to increase with the systematic collection of comparable data.

Most of the indicators in Table 1 are ***negative***; only the PWI-SC is classed as positive. Arguably, this reflects the generally negative weight of indicators and analysis of SEWB to date. However, with developments in positive psychology and positive development, this may be changing (Hawkins et al., 2009; Seligman and Csikszentmihalyi, 2000). But as both Doyal and Gough (1991) and Lippman, Anderson and McIntosh (2009) point out, there may be a relationship between the universality or global reach of an indicator and its positive status:

> While negative indicators such as death, disability, depression, school dropout, and crime are widely agreed to be negative, constructs suggested as positive, such a spirituality, frugality, forgiveness, and kindness, are more complex and do not enjoy the same degree of consensus. (Lippman et al., 2009, p.25)

The issue of ***objectivity/subjectivity*** in SEWB is a difficult one, since SEWB is inherently subjective in perhaps two senses: first, that the individual is arguably the foremost expert in their own SEWB, and second that SEWB directly concerns the person's state of mind and the quality of their personal relations. It is worth noting that measures such as the PWI-SC, the SDQ, the CBCL and the Peds QL are potentially subject to hedonic adaptation, and thus need to be systematically recorded and contextually analysed to identify such adaptation. However, it is also worth noting that from a child rights perspective, obtaining the child's or young person's perspectives on her SEWB is important. In this respect, subjective measures, where the child or young person is the respondent, have a distinct advantage over objective measures.

Finally, the use of ***static*** indicators to capture the dynamic and fast-moving lives of children and teenagers is worthy of consideration. As White (2008) argues, static data can capture characteristics or instances of behavior or subjective feelings. It is only through exploring circumstances and processes surrounding this behavior, its antecedents and consequences, that we can truly come to understand the meaning of SEWB for a child or young person as they see it (see also Lareau, 2003). However, dynamic processes do not easily translate into indicators that can be systematically measured over time. This highlights the importance of detailed contextual information that allows the maximum use of static indicators in order to develop whole child analysis, and to investigate the role of SEWB in the child's or young person's overall wellbeing. However, it also points to the desirability of supplementing systematic data collection with qualitative studies that dig deeper in order to uncover richer meanings behind the static facts.

Table 1: Indicators of children's and young people's SEWB

	Administrative data		AEDI	Survey data			
	Suicide rate	Hospitalisation rates for children with mental disorders	Social competence & emotional security	PWI-SC	Screening measures: SDQ, PedsQL, CBCL	Headaches, stomach aches	Close friends; drug & alcohol use
Source	ABS	AIHW	AEDI	Cummins and Lau (2005)	Goodman (1997); Varni et al. (1999) Achenbach (1991)	HBSC	HBSC
Indicator characteristics							
Clear conceptual basis	No	No	Yes	Yes	Yes	No	No
Accepted normative interpretation	Yes	No	Yes	Yes	Yes	Yes	Yes
Transparent to non-experts	Yes	No	No	Yes	Reasonably	Yes	Yes
Robust and statistically validated	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Responsive to policy intervention	Yes	Yes	Yes	Not directly	Possibly (for subgroups)	Possibly (for subgroups)	Possibly (for subgroups)
Timely and good quality data	Yes	Yes	Yes	Can be	Can be	Can be	Can be
Can be disaggregated	Limited	Limited	Limited	Yes	Yes	Yes	Yes
Comparable across countries	Yes	Perhaps	No	Yes	Yes	Yes	Yes
Cost effective data collection	Yes	Yes	Yes	Depends	Depends	Depends	Depends
Child/young person characteristics							
Specific age group	15–19	1–19	4–5	School age	2–18[a]	11–15	11–15
Respondent/source	Administrative	Administrative	Teacher	Young person	Parent, teacher, young person[b]	Young person	Young person
Wellbeing continuums							
Direct/indirect	Indirect	Indirect	Direct	Direct	Direct	Indirect	Indirect
Global/local	Global	Local	Local	Global (?)	Global (?)	Global (?)	Global (?)
Positive/negative	Negative	Negative	Negative	Positive	Negative	Negative	Negative
Objective/subjective	Objective	Objective	Subjective	Subjective	Subjective	Objective	Objective
Individual/relational	Individual	Individual	Both	Individual	Both	Individual	Individual
Static/dynamic	Static	Static	Static	Static	Static	Static	Static

a) The age ranges vary across the screening measures: the SDQ includes the range 4–16, the PedsQL includes the range 2–18 and CBCL 1½–18 years (although the PedsQL and CBCL each include different versions for different age groups). The CBCL also has a version for 1½–5 year olds.

b) The tools vary on the respondent/source. SDQ and CBCL include parent, teacher and young person instruments. The PedsQL only includes parent and young person instruments.

11 Surveys as vehicles for measuring SEWB

In the previous section we discussed a number of exemplar indicators drawn from three sources: administrative statistics, the Australian Early Development Index, and national surveys. Indicators of SEWB drawn from national surveys appeared to best fit desirable criteria in the following respects:

- They can be given a clear conceptual basis.
- They can be disaggregated.
- They can potentially be compared across countries.
- They can be designed so that children or young people are the respondents.

Many of the above qualities depend on the survey vehicle that holds them. In addition, whole child approaches suggest the need for comprehensive contextual data for individual children and young people. In this section we describe some surveys that might be suitable for carrying questions on which SEWB indicators could be based. As is the case with the indicators themselves, the range of possible surveys is quite large. We summarise the properties of the main surveys in Appendix B. Here, we take the same approach as in the previous Section, and examine in more detail the characteristics of a number of exemplar surveys: the Household Income and Labour Dynamics in Australia (HILDA) survey, the National Health Survey (NHS) and the National Aboriginal and Torres Straits Islander Health Survey (NATSHIS), the Health Behaviour in School Aged Children survey (HBSC), and the ACER Social and Emotional Wellbeing Survey (ACER-SEWB). We also discuss some alternative Australian school-based surveys. The HILDA, NHS and NATSIHS have adults as their main respondents, and nobody under the age of 15 is asked any questions. The remainder have children and young people as their main respondents. This is important from a rights perspective, as it allows (to some extent) children's and young people's own voices to be heard.

HILDA

The HILDA is a household-based panel study that follows almost 20,000 individuals spread across about 7,600 households, who have been interviewed each year since 2001. In each of the seven waves released to date, the survey collects information about respondents' (aged 15 and over) demographic

characteristics, family arrangements, education, employment, income and assets, and subjective wellbeing. Unlike in the British Household Panel Study, used by Bradshaw and Keung (2010) in their analysis of trends in the subjective wellbeing of 11–15 year olds since 1994, no information is collected directly from children aged under 15, and no information is collected from parents on their children's development. However, the HILDA sample aims to be nationally representative of the entire Australian population, and information on family, household incomes and demographic and other characteristics is recorded in considerable detail.

At every wave so far (nine waves have now been collected) HILDA respondents aged 15 and over have been asked to complete a self-completion questionnaire that includes the Medical Outcomes Study Short Form (SF-36) questions on self-rated health, subjective wellbeing and effects of depression or anxiety (Butterworth and Crosier, 2004). It also collects data on interaction with family and friends, and tobacco and alcohol consumption. In Waves 7 and 9, the Kessler K–10 scale on psychological distress was also included (Wooden, 2009). These data do not appear to have been extensively used to examine SEWB among young people in Australia. Two exceptions are Ulker (2008), who explores the impact of parental separation on young people's mental health and life satisfaction, and Emerson, Honey and Llewellyn (2008), who examine the subjective wellbeing of young adults with a long term health condition or disability. It is possible that these data could be used to track the SEWB of young Australians aged 15–25, provided this group in each wave is shown to be representative of the Australian population. While some of the scales used in the self-completion questionnaire are likely to be comparable with similar scales used in other countries, systematic comparison might be difficult, since the HILDA questionnaire was not constructed for this purpose.

All HILDA data are available for analysis as Confidentialised Unit Record Files.

National Health Survey and National Aboriginal and Torres Strait Islander Health Survey

The National Health Survey (NHS) has been conducted by the Australian Bureau of Statistics about every three years since the mid-1970s. In the most recent survey (2007–08), about 22 000 people were included in the sample, which recorded information about one adult and one child (aged less than 15 years) in each sampled dwelling (Australian Bureau of Statistics, 2009b). However, some questions, including questions on risky behaviour, are only asked of respondents aged 18 and over. The purpose of the survey is to

gather data on the health status of the population, lifestyle issues with health implications, health risk factors, use of health services, and other actions that people take to improve or protect their health. The survey collects information (from parents) on prevalence of a range of chronic and acute illnesses common among Australian children including asthma, diabetes, thyroid disorders and cancers; and mental disorders including problems with anxiety and psychological development. Information is also collected on height and weight (with direct measurements made by the interviewers), allowing for calculation of body mass index.

The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), with a sample size of about 10 000 persons, is the largest health survey of Indigenous Australians conducted by the ABS to date. It is conducted every six years. The survey is conducted in both remote and non-remote regions, and is designed to collect health-related information from Indigenous Australians in a way that pays attention to health issues in the Indigenous community, and can be compared with information about the overall Australian population from the NHS. In general, the NATSHIS contains somewhat more detailed questions on SEWB than does the NHS, which concentrates mostly on physical health and use of health related services. The surveys do not address any questions directly to children or young people aged under 15; all information relating to child health is asked of a parent or carer.

Data from the NHS and the NATSIHS are available for analysis as Confidentialised Unit Record Files.

Health Behaviour in School Aged Children survey[10]

The Health Behaviour in School Aged Children survey (HBSC) is a WHO collaborative cross-national study that has been carried out since 1982, but has been carried out on a consistent four yearly basis among a large number of countries since 1994. In 2005–06, 41 countries participated in the survey including all OECD countries except Australia, Japan, Korea and New Zealand. This is a school-based survey, where schools and then classes within schools are randomly surveyed. In each survey, students aged 11, 13 and 15 are sampled, with a target sample of about 2000 in each age group. The HBSC collects information on a large range of social and emotional wellbeing indicators, including data on relations with peers, family and school, self-rated health, life satisfaction, multiple health complaints, medically attended injuries, overweight and obesity, body image, eating behaviour, oral health, weight

10 This description draws on ARACY documentation.

reduction behaviour, physical activity, television watching, tobacco use, alcohol use, cannabis use, fighting, and bullying. This international survey is one of only a few direct surveys of young people that is specifically designed both to measure whole child wellbeing and to be internationally comparable. (Other internationally comparable school-based surveys include the PISA and TIMSS — however these do not collect much information on SEWB — and the GSHS, which does collect information on SEWB but is mainly used in developing countries.)

Unlike the HILDA and the NHS/NATSIHS, the HBSC has the advantage of surveying children and young people directly (albeit only those aged 11–15). Like the HILDA, it asks extensive questions about the young person's life, allowing the analyst to approach a whole person analysis. Since it is school-based, children may be less concerned about parental interference. On the other hand, they may be concerned about teacher interference.

Being a school-based survey, the HBSC does not include children and young people who do not attend school — a potentially highly vulnerable group. In addition, in common with all school-based surveys, contextual data including socio-economic and other family circumstances is weak in comparison with that available in household-based surveys, limiting somewhat the possibilities for whole of child analysis. But the HBSC does include some information provided by children and young people on a range of affluence measures, including family car ownership, bedroom occupancy, family holidays and computer ownership.

Perhaps the most significant current drawback of the HBSC for analysts is the restrictive rules that govern access to the data files. Currently, for example, data for the 2001–02 survey are the most recent that are available for analysis. This severely limits their utility as a research tool. In addition, since the HBSC is not currently carried out in Australia, initiating the survey here would involve considerable expense.

ACER Social and Emotional Wellbeing Survey

In 2003, the Australian Council for Educational Research (ACER) published a set of social and emotional well-being (SEWB) survey instruments developed by Professor Michael E. Bernard, which were designed to measure different aspects of the SEWB of students enrolled in early childhood programs (preparatory, kindergartens and pre-schools), primary schools and secondary schools. These instruments form the basis of ACER-SEWB, which the ACER website describes as "an anonymous strength-based survey for students aged 3–18 years, which provides an ecological view of students' wellbeing..."

(www.acer.edu.au/tests/sewb). The survey assesses students' social and emotional wellbeing, their resilience, attitudes and coping skills, their social skills and values, and their work management and engagement skills. As such the survey comprehensively covers both the relational and individual aspects of SEWB. It aims to collect comprehensive data on both positive and negative indicators of students' social and emotional development.

The Survey is not implemented as a periodical representative survey, but is offered to schools that wish to assess students' emotional growth and problems. The survey is therefore carried in schools on an 'opt-in' basis, and in return for participating, ACER prepares a report for the school on students' social and emotional wellbeing.

Between 2003 and 2007, the Survey was implemented in 81 schools, and results from these schools were analysed in a report on Australian students' SEWB (Bernard et al., 2007). However, the Survey has not been systematically conducted in Australia, and its modules on SEWB are not internationally comparable.

A wide range of national school-based surveys is currently carried out in Australia, mostly on secondary students. These include the Programme for International Student Assessment (PISA) and Trends in International Mathematics and Science Studies (TIMSS), both of which are managed in Australia by the Australian Council for Educational Research (ACER), are carried out every four years, and aim to measure 14- to 15-year-old students' academic knowledge in international comparison. The Australian Secondary Students' Alcohol and Drug (ASSAD) survey, which is organised by the Australian Government Department of Health and Ageing, is currently carried out every three years and records the use of alcohol and drugs among 12- to 17-year-old students. The Secondary Students Sexual Health survey is carried out by LaTrobe University every five years, and records sexual knowledge and behaviour among year 10 and year 12 students. In addition, numerous ad hoc surveys are carried out in Australian schools, including surveys developed by ACER specifically to assess students' SEWB.

In general, however, none of the regularly carried out nationally representative school surveys ask young people about their SEWB. (The LSAC does this but is only representative of a cohort of children and young people, rather than of all children and young people.) This suggests that information from young people under the age of 15 on their SEWB will need to be either added to one of these existing surveys, or collected in a new survey. A third approach would be to develop a young person's questionnaire for the HILDA, similar to that which is attached to the British Household Panel Study (Jonathan Bradshaw

and Keung, 2010; Ridge, 2002). This would be nationally representative, and would include a wide range of contextual data. In addition, the BHPS uses a useful technique to reduce effects of parental surveillance on young people's responses. However, HILDA would probably not be large enough to cover all sub-groups of policy interest, in particular Indigenous Australians. This same caveat would apply to most surveys, except the NHS/NATSIHS and the PISA. In the latter case, supplementary samples are drawn to ensure representation of Indigenous Australians, and young people in regional and remote areas.

Summary

The selection of an existing survey has the potential to govern the characteristics of the data on SEWB that are collected with respect to children. If children and young people themselves are to be the main respondents on their own SEWB, then this will entail a new (and potentially expensive) data collection exercise, either as an addition to an existing survey, or in the form of a new survey, such as HBSC–Australia. The HBSC, however, is outside the scope of the Headline Indicators age range of 0–12 years. Using alternative survey vehicles such as the NHS/NATSIHS (or other possible surveys such as the GSS or the NSMHWB) would, in their current structure, essentially mean asking parents about their children's wellbeing.

Throughout this report we have highlighted the importance of contextual data if reporting on SEWB is to be part of a larger effort to support whole child policy. Here, household-based surveys may have an edge over school-based surveys, where contextual data tend to be limited. On the other hand, the advantages of school-based surveys in terms of removing bias associated with parental surveillance may be considerable. In terms of disaggregation by state, metropolitan/regional, socio-economic group, employment status and benefit receipt, most of the nationally representative household-based surveys provide reasonable information. However, not all include data on Indigenous status. In terms of socio-economic and demographic characteristics, data in the HILDA are more detailed than in most other surveys.

12 Indicator choices

One of the purposes of this report is to propose indicators for the monitoring of SEWB among Australian children and youth. It has been emphasised throughout this Report that choice of indicators is ultimately political rather than technical. Therefore, our approach here is to outline the major criteria for feasible and policy-relevant indicators, and to make tentative suggestions as to which indicators might be most appropriate.

The key principles that we have attempted to enunciate through this report are:

- Indicators should be ***universal*** – relevant to all groups.
- Indicators ***should speak to the kind of society we wish to live in***.
- Indicators should be ***easy to understand***.
- Ideally, indicators should be ***objective***. However, the inherently subjective nature of SEWB, and the need for children's and young people's own voices to be heard suggests the importance of ***subjective*** indicators of SEWB.

Our analysis suggests that no single indicator on its own is fully consistent with these principles. However if we had to make a ***first choice***, we think the most appropriate class of indicators are positive ones, ie those that ask:

How happy are you with your life as a whole?
(Cummins and Lau, 2005)

Or

Here is 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. (HBSC question)

Another option is a series of simple questions that are aggregated into an index, such as the PWI-SC or the Huebner Student Life Satisfaction Scale, both of which include seven questions on health, relationships, getting on with people, and others, answered on five or ten point scales. This simple approach is endorsed by Layard:

> There are, of course, many different ways to measure happiness and life satisfaction. Such measures can be based on a single question or (to reduce measurement error) on many questions, which can be combined into a single index using weights that reflect their average impact on answers to the single question. For most purposes, we would like the measurements to cover a substantial period of time, but this can also be achieved by repeated questioning (Layard, 2010, p.535).

We do not take a view on the actual questions or indexes to be adopted. These need to be subjected to rigorous testing in the Australian context, across a range of children and young people of different ages including, for example, 8–9 year olds, who are asked quite challenging questions in Wave 3 of the LSAC. This approach was taken by Rees et al. (2010) in their recent study of children's wellbeing in the UK. However, we also argue for the importance of collecting data that are internationally comparable. Since there are relatively few international surveys that seek to directly obtain the views of children and young people, this may limit the range somewhat, in the absence of new initiatives for international surveys of children.

If we had to make a ***second choice***, we would propose a negative indicator, such as the SDQ, CBCL, Peds QL, GHQ, or K–10 (to name a few examples), where the child or the young person is the respondent. This is on the basis that large proportions of young people appear to report distress using some of these scales, suggesting that they may have some validity for all young people. Again, we do not take a view on the actual questions or indexes to be adopted, and suggest the need for rigorous testing in the Australian context.

If several indicators were to be collected – and we think that this is necessary for a rounded picture of SEWB – we would propose both positive indicators such as happiness, and negative indicators such as mental health for children aged up to 12, and (not necessarily the same ones) for young people aged 13–25. Equally important, we would stress the need for systematic data collection and standardisation, so several surveys (including internationally

comparable surveys) use the same scales and measures. This will heighten comparability and policy usefulness. We also stress that on their own, any indicators of SEWB will not reveal much, and will not contribute towards whole child approaches in policymaking. It is therefore important that data on 'risk' and 'protective' factors, or indirect indicators of SEWB, be collected with the SEWB data. It is also important that detailed contextual information be collected. In this report, we have listed some of the contextual data that would be useful for policy purposes.

Finally, we stress again our view that in an ideal world, children and young people themselves need to be involved, not only in directly responding to survey questions about their wellbeing, but also in the design and interpretation of those questions; in other words, that the conceptualisation of wellbeing comes from children and young people themselves. Involvement of children and young people is not only ethically desirable, but it will also bring out more clearly how different concepts of SEWB and indicator types resonate with children and young people in different age groups. This would be crucial for the derivation of indicators appropriate to children aged 0–12 and young people aged 13–25.

13 Summary and conclusion

In this report we aimed to do three things:

- explore meanings of SEWB and to contextualise these within wider concepts of wellbeing
- address policy concerns of how data on SEWB can be used and interpreted for both policy and practice
- examine the feasibility of adopting different indicators of SEWB that support monitoring of children's and young people's SEWB in national and international comparison, and support policymaking to improve outcomes for children and young people.

Conceptualisation

In the first part of this report (Sections 2 to 5), the concept of SEWB was approached from two directions – in terms of concepts in philosophy and social theory of wellbeing, and in terms of concepts used in applied research. While there clearly has been some crossover influence between the two approaches, they have for the most part engaged in debates independently of each other. However, some continuums were identified across which the philosophical and applied approaches could be compared. These included whether a concept of wellbeing (or a dimension of it) is assumed to have global relevance, or whether it is culturally specific; whether it is assumed to be independent of other needs, or whether it is dependent on fulfilment of a range of other needs; whether it is an objective or a subjective condition; whether it can be seen in positive or in negative terms; and whether it can be seen as a state, or as a process.

Analysis of three philosophical approaches (by Nussbaum, Doyal and Gough, and White) reveals a number of ideas about wellbeing that are potentially highly relevant to concepts of SEWB. Above all, it reveals the political nature of any definition of wellbeing, and by extension, any definition of SEWB. Second, it highlights the idea of whether it is possible or desirable to construct a universal concept of wellbeing, one that is of global relevance. The philosophers are divided on this point. Nussbaum views the issue as relatively unproblematic (although she is criticised for this), while Doyal and Gough argue that universal concepts of wellbeing are likely to be negative concepts, as it is easier to find agreement on what is definitely harmful than on 'the good life'. Third, Nussbaum and Doyal and Gough raise the importance of hedonic adaptation in subjective

measures. Both strongly favour measuring wellbeing on the basis of objective criteria. White disagrees on this point, but links her idea of subjectivity to the idea of relatedness and process: that people, through their social interactions with other people and with the material world, are constantly constructing and reconstructing their wellbeing; their actions are inherently subjective. Fourth, all three philosophers agree on the importance of relating any one dimension of wellbeing to all other dimensions. No dimension can be seen truly in isolation, and a severe deficit in any dimension must impact on the achievement of capabilities in all other dimensions.

Applied researchers on the other hand, have tended to start not with the idea of 'the good life' or a holistic picture of the person but with a more concrete social problem such as drug use, challenging behaviour or mental illness. Thus concepts of SEWB have developed that originally sought to describe the social and emotional conditions that facilitate or protect against the problems in question. More recently, these have transformed into more positive concepts rather than simply focusing on problems. Like philosophical concepts of wellbeing, applied researchers have categorised SEWB into a number of domains, the two major domains being those relating to the self, and those relating to social relations and the environment. Unlike the philosophers, who do not deal specifically with children or young people, applied researchers have developed a range of tools for measuring SEWB among this group in particular. In doing so, however, they have often conflated the child or young person as 'being' with the child or young person as 'becoming'.

Also unlike the philosophers, the applied researchers have not directly linked SEWB to other aspects of wellbeing, but treated the links as empirical questions to be explored. In other words, whole child approaches are inherent to the philosophical approach, but need to be built into applied approaches. The failure to link SEWB with other aspects of wellbeing also raises ethical questions about the possibility that children or young people in very poor health, or in poverty, or experiencing some other capability deficit, can have a high level of SEWB. Finally, applied researchers have tended to measure SEWB as a state, rather than as a process. Observing processes is difficult and probably requires a qualitative approach. But if the claims of White and Nussbaum are to be taken seriously then wellbeing (and SEWB) needs to be seen as a process. This point may be particularly salient in the case of the dynamically developing lives of children and young people.

Policy and practice

In the second part of this report (Sections 6 to 8) we explored the reasons why policymakers should be interested in indictors of SEWB. First, we noted that there is now a considerable global effort to develop wider measures of human progress. Researchers in child indicators are playing a leading role in this expansion of the information base. We noted two reasons why such statistics are important:

- in terms of broader debates about the kind of society in which we wish to live
- for the development of specific interventions for identified policy problems, and the monitoring of such interventions.

In a sense, philosophical concerns with wellbeing speak to the first purpose, which is inherently political, while applied approaches to SEWB speak to the second purpose. While in theory it might be possible to develop a different set of indicators for each purpose, in practice there may be much to be gained from developing a set of indicators for the first purpose that also speaks to the second purpose. A number of strategic policy documents suggest that Australian governments are interested in developing and monitoring policy to improve children's and young people's SEWB in the context of whole child approaches. This policy interest arguably stretches across both general aspirations for Australian society and particular issues such as addressing social and developmental problems experienced by young Australians and 'closing the gap' in developmental outcomes, such as those between Indigenous Australians and non-Indigenous Australians and between socio-economic groups.

To this end, the report argues for the systematic collection of data on children's and young people's SEWB — data that are collected using the same methods over several years, are nationally representative and representative of a large number of subgroups of interest — and of detailed contextual information to enable whole child analysis. The report also argues that the data should be internationally comparable. International comparability can greatly facilitate analysis that seeks to explore the relationship between specific policies, or policy regimes and macroeconomic frameworks, and children's and young people's outcomes. This is shown in the analyses of bullying carried out using the HBSC, which indicate that policy drivers may be behind the significant international differences uncovered, and in international comparisons that highlight the relationship between material inequality and young people's SEWB.

The report also highlights the importance of developing a perspective on homeostasis in SEWB — the range of acceptable and desirable outcomes for children and young people of different ages. Where this range lies may depend on whether the measures of SEWB selected are positive or negative. The positive/negative orientation of policy measures therefore has the potential to be a key policy-relevant issue.

Indicators

The menu of possible indicators for systematic monitoring in the Australian context is vast. We do not strongly recommend any single indicator or set of indicators for monitoring SEWB in children and young people in this report. Instead, we explore the characteristics of a limited number of exemplar indicators derived from administrative data, from whole population data collection exercises, and from nationally representative surveys. We derive a list of desirable criteria for indicators and compare the exemplar indicators against this list, against key characteristics of children, and against key continuums that link the philosophical approach to wellbeing with the applied approach to SEWB.

None of the indicators measures up perfectly. However, the indicators derived from administrative data and from whole population data are severely limited in terms of how they can be disaggregated. Data collected through surveys, on the other hand, can usually be disaggregated in several ways. They can be designed to have a clear conceptual basis that is in harmony with policy demands, with respect either to broader debates on the kind of society we wish to live in (suggesting more positive life satisfaction type measures) or more specific policy questions regarding low levels of SEWB and indicators of distress in children and young people (suggesting more negative measures). In addition, the measures can be chosen to be comparable across countries. Unlike indicators based on administrative data, however, indicators based on survey data can be expensive to collect if there is not a pre-existing survey into which they can be included.

In terms of the characteristics of children and young people, one of the most important issues is whether the child or young person responds for herself, or whether proxy teacher or parent responses are used in the development of indicators. A rights perspective suggests that children and young people are experts in their own situation, and that their voices should be heard. This is partially feasible for indicators collected through surveys, but not for administrative data. Another important issue is the appropriateness of specific indicators for children and young people of different ages. Theories of child

development suggest that indicators for young children should reflect the importance of the family environment, while indicators for young people should reflect the importance of peers as well.

With respect to the wellbeing continuums, different indicators can be located towards opposite poles of these continuums. In relation to choosing individual indicators, these continuums highlight the steps that must be taken in understanding the uses of the indicators – whether they are universal or culturally specific; whether they directly or indirectly measure SEWB; whether they are positive or negative in orientation; and whether they can be viewed as objective or subjective. In terms of one continuum, all indicators are the same in that they all capture states rather than processes. This suggests the need for qualitative as well as quantitative research on children's SEWB (and particularly adolescents' SEWB), and its relationship to other aspects of their wellbeing. The development of qualitative research with children and young people also holds out the possibility that they can become actively and critically involved in the research process, so that they can begin to design their own indicators, both of general wellbeing and of SEWB.

Surveys

The choice of survey will govern most of the characteristics of the data on SEWB that are collected with respect to children. We have identified four criteria of particular importance in this respect: that insofar as possible, children and young people themselves should be respondents; that the surveys take a 'whole person' approach, suggesting the collection of comprehensive contextual data on the child's or young person's life; that the data can be disaggregated into numerous subgroups of interest, including socio-economic status, Indigenous/non-Indigenous status, state, and metropolitan and regional area; and that they can be compared internationally. None of the surveys currently collected in Australia fulfils all of these criteria. The ACER-SEWB is arguably the most comprehensive in terms of capturing multiple dimensions of children's and young people's SEWB, but is not currently implemented on a systematic basis, and is not internationally comparable. The HBSC could potentially come close if it were to be collected in Australia with an enhanced sample to allow for state, regional and Indigenous representativity (similar to the manner in which the PISA is collected with an enhanced sample in Australia). But this would be an expensive option, and would come with a number of other disadvantages, including potentially inadequate contextual data, and poor coverage of the most disadvantaged children and young people, those who do not attend school. However, there do not appear to be many other satisfactory options at this

stage. For young people aged 15 and over, the possibilities of HILDA could be further explored in terms of deriving a systematic indicator of SEWB using the existing indicators in the self-completion questionnaire. This aspect of the survey appears to have been under-exploited to date. Rich analysis within Australia may be possible with these data, although possibilities for systematic international comparison may be limited.

Indicator choices

We are reluctant to propose indicators, partly because we do not have sufficient data to do so, but mostly because the choice is ultimately a political one. Much work must be done appraising the qualities of different candidate indicators, such as those discussed in this report, and also soliciting the views of Australian children and young people on how they understand and assess their wellbeing. If we were to tentatively propose a 'stopgap measure', it would be a quality of life measure (for children, and for young people aged up to 25), because it has the greatest possibility of being both universal and positive, because it is easily understood, and because it can be addressed directly to children and young people themselves. However, we do not claim that such an indicator would capture the full complexity of SEWB, merely that it might indicate the extent to which some groups of children and young people in Australian society are missing out on this essential element of 'the good life'.

Appendices

Appendix A: Characteristics of indicators as proposed by National Health Performance Committee (2001), Atkinson et al. (2002), Australian Bureau of Statistics (2009), and AIHW (2007)

The National Health Performance Committee (2001) proposes that generic indicators should:

- be worth measuring
- be measurable for diverse populations
- be understood by people who need to act
- galvanise action
- be relevant to policy and practice
- through measurement over time, reflect results of actions
- be feasible to collect and report
- comply with national processes of data definitions.

Criteria related to sets of indicators or composite indices should:

- cover the spectrum of the health issue
- reflect a balance of indicators for all appropriate parts of the framework
- identify and respond to new and emerging issues
- be capable of leading change
- provide feedback on where the system is working well, as well as areas for improvement.

In developing indicators for measuring social inclusion in the EU, the properties/principles proposed by Atkinson et al. (2002) include:

- *An indicator should identify the essence of the problem and have a clear and accepted normative interpretation.* "Translation of policy goals into quantitative measures inevitably means that we have to focus on certain aspects of the problem to the exclusion of others, but this should be done in such a way that it encapsulates the central concern and is not misleading. The indicator should be recognized as meaningful by users of all kinds. Indicators must be acceptable to the general public."
- *An indicator should be robust and statistically validated*
- *An indicator should be responsive to effective policy interventions but not subject to manipulation.* The indicators "must be of a form that can be linked to policy initiatives".
- *An indicator should be measurable in a sufficiently comparable way across member states, and comparable as far as practicable with the standards applied internationally by the UN and the OECD.*
- *An indicator should be timely and susceptible to revision.*
- *The measurement of an indicator should not place too large a burden on member states, on enterprises, or on the Union's citizens* (ie through the use of existing data sources. "Where new information is needed, then as far as feasible it should be obtained using existing instruments, for example by adding questions to existing surveys" (Atkinson et al. 2002, pp.21–24).

Atkinson et al. note that it is their intention to develop indicators for this specific purpose, with the aim of selecting indicators of social inclusion which are "in a form such that national targets can be set, and performance be assessed" (2002, p.21).

The Australian Bureau of Statistics (2009a) also set forth a number of similar properties in relation to social indicators, stating that they should:

- be relevant to the particular dimension of progress
- where possible, focus on outcomes for the dimension of progress (rather than on the inputs or processes used to produce outcomes)
- show a 'good' direction of movement (signalling progress) and 'bad' direction (signalling regress) — at least when the indicator is considered alone, with all other dimensions of progress kept equal
- be supported by timely data of good quality

- be available as a time series
- be available at a national level
- be sensitive to changes in the underlying phenomena captured by the dimension of progress
- be summary in nature
- preferably be capable of disaggregation by, say, geography or population group
- be intelligible and easily interpreted by the general reader.

The Victorian Department of Human Services (2006) proposes that the relevance and efficacy of each indicator be assessed against the following criteria:

- Indicator is sensitive to evidence-based intervention strategies.
- Indicator is unambiguous in meaning and interpretation and is based on sound empirical evidence.
- Data collection is methodologically rigorous.
- Data are potentially capable of reflecting differences and diversity in sub-groups including: Aboriginal and Torres Strait Islander children; children with a disability; children from CALD backgrounds; children from socio-economically disadvantaged backgrounds; geographically defined groups ie rural and remote areas (Victorian Department of Human Services, 2006: 8).

Appendix B: Survey-based data collection instruments for children's and young people's SEWB

Survey	Sub-construct/policy problem	Respondent (ie child/ young person/ parent/ teacher)	Age group	Contextual data	Frequency of collection	Nationally representative	Measure change across time
Australia							
ACER (Australian Council for Educational Research Social-Emotional Wellbeing Survey)	Individual/ relational; individual/ home/ school/ community; cognitive/ social-emotional/ behavioural/ achievement and problems: drug/ alcohol use, bullying.	Includes child and teacher surveys (teacher only for pre-year 2 children)	Pre-school to year 12 (3–18 years)	Limited (Context difficult without parental involvement, ie SES done on school's postcode)	Not collected in a systematic and regular fashion	No	No (Not at this stage)
GSS (General Social Survey)	Social networks/ community involvement Problems: personal stressors like mental illness, drug and alcohol misuse	Young person	18 +	Yes	Collected in 2002, 2006 and 4-yearly in future	Yes	Yes
HILDA	Wellbeing (depression and anxiety, and their effects), alcohol and tobacco consumption, family relationships, social connectedness,	Young person	15 +	Yes	Annually	Yes	Yes (within sample)
LSAC (Longitudinal Study of Australian Children)	Parental health behaviour ie drug use, home educational environment, learning and cognition outcomes, social and emotional development (ie temperament, behaviour, peer interaction, emotional states)	Parents and children (aged 6–7+)	0–9	Yes	Ongoing over 6 years (maybe more)	Broadly representative of two birth cohorts	Only within cohorts
LSAY (Longitudinal Surveys of Australian Youth)	Student achievement, student aspirations, school retention, social background, attitudes to school, work experiences and what students are doing when they leave school.	Young people (first contact through schools)	15–25	Yes	Ongoing over 10 years (once per year)	Yes, integrated with the OECD's PISA	Within cohorts

Survey	Sub-construct/policy problem	Respondent (ie child/ young person/ parent/ teacher)	Age group	Contextual data	Frequency of collection	Nationally representative	Measure change across time
LSIC (Longitudinal Study of Indigenous Children)	Development and behaviour, parental warmth, parental SEWB (ie 'big worries', stress and sadness), life events (ie child was scared by another's behaviour or child was upset by family argument) Wave 2 will be linked to AEDI.	Parents/ carers (with possibility of teacher/child care worker too)	Approx 0–5 (Two cohorts beginning ages 1 and 4)	Yes	Annually	No	Within cohorts
NATSIHS (National Aboriginal and Torres Strait Islander Health Survey)	SEWB ie happiness (SF 36), psychological distress (K10), impact of psychological distress, anger, Risky behaviours ie smoking, alcohol consumption, substance use (all for 18 + only)	Young person or parent on behalf of young person	15 + (plus some questions for children < 15 by proxy)	Yes	6-yearly	No	Yes
NHS (National Health Survey)	Mental health (although some questions asked of 18+ only), risky behaviour ie smoking and alcohol consumption	Young person or parent on behalf of young person	15 + (plus some questions for children < 15 by proxy)	Yes	3-yearly	Yes	Yes
ABS National Survey of Mental Health and Wellbeing	Prevalence of mental disorders (anxiety, affective, and substance abuse incl. drug, tobacco and alcohol use)	Young person	16 +	Yes	Conducted in 1997 and 2007	Yes	With caution
Victorian Child Health and Wellbeing Survey	Behaviour (SDQ), family functioning, parental mental health	Primary caregiver	<13 years	Yes	3 yearly	No	Yes
Western Australian Aboriginal Child Health Survey	Positive and negative behaviours incl. pro-social behaviour and bullying (SDQ); alcohol, tobacco, drug use; relationship with parents; concentration, coping skills, depression, self-perception, peer relationships	Primary caregiver, children, teachers	0–17 years	Yes	Only once so far	No	No

	Sub-construct/ policy problem	Respondent (ie child/ young person/ parent/ teacher)	Age group	Contextual data	Frequency of collection	Nationally representative /Internationally comparable	Measure change across time
International							
HBSC (Health Behaviour in School Aged Children)	Life satisfaction, family support, peers, wellbeing in school environment, risky behaviours (ie smoking, drug and alcohol consumption)	Child	Aged 11, 13 and 15	Yes, from the child	4-yearly (Developed countries, not including Australia)	Yes / yes	Yes
GSHS (Global School-based Student Health Survey)	Mental health (ie worry, focus, suicide), risky behaviours (ie drug, alcohol and tobacco use), connection to parents/ parental disrespect of individuality or worth.	Child	13–15 years	Limited (from child)	Unclear (Developing countries only)	Unclear/ Yes	Yes
PISA (Programme for International Student Assessment)	Educational achievement, relationship with parents, wellbeing (ie feelings of loneliness and belonging)	Child; questionnaire also filled out by school principal re: school context and in some countries (not Australia) by parents re: views of education and demographic characteristics).	Approx 15 years	Yes (asked in child questionnaire but supported by parent questionnaire	Every 3 years (Developed countries, including Australia)	Yes/ yes	Yes
ESS (European Social Survey)	Wellbeing (ie happiness, social contact, social trust)	Young person	15 +	Yes	Every 2 years (EU countries)	Yes/yes	Yes

References

Achenbach, T. M. (1991) *Manual for the Child Behavior Checklist: 14–18 and 1991 Profile*, University of Vermont Department of Psychiatry, Burlington, Vermont.

Achenbach, T. M., Dumenci, L. and Rescorla, L. (2003), 'Are American Children's Problems Still Getting Worse? A 23-Year Comparison', *Journal of Abnormal Child Psychology*, 31(1), 1.

Addabbo, T. and Di Tomasso, M. L. (2007), *Children Well-being and Family Characteristics in Italy*, Unpublished manuscript, www.capabilityapproach.com/pubs/AddabboDiTommaso07.pdf.

Alkire, S. (2002), 'Dimensions of Human Development', *World Development*, 30(2), 181–205.

Alvaro, J. L. and Garrido, A. (2003). 'Economic Hardship, Employment Status and Psychological Wellbeing of Young People in Europe', in T. Hammer (ed.), *Youth Unemployment and Social Exclusion in Europe* (pp. 173–192), Policy Press, Bristol.

Anand, P., Hunter, G. and Smith, R. (2005), 'Capabilities and Well-Being: Evidence Based on the Sen-Nussbaum Approach to Welfare', *Social Indicators Research*, 74(1), 9.

Atkinson, A. B., Cantillon, B., Marlier, E. and Nolan, B. (2002) *Social indicators: The EU and Social Inclusion*, Oxford University Press, Oxford.

Australian Bureau of Statistics (2009a), *Measures of Australia's Progress: Summary Indicators, 2009*, Cat. No. 1383.0.55.001, Australian Bureau of Statistics, Canberra. http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1383.0.55.001Main+Features32009.

Australian Bureau of Statistics (2009b), *National Health Survey 2007–08: Summary of Results*, Cat. No. 4364.0, Australian Bureau of Statistics, Canberra.

Australian Early Development Index (2010), *A Snapshot of Early Childhood Development in Australia: Australian Early Development Index (AEDI) National Report 2009, Re-issue*, March 2010, Australian Early Development Index, www.aedi.org.au.

Australian Institute of Health and Welfare (2009a), *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples*, AIHW Cat. no. IHW24, Australian Institute of Health and Welfare, Canberra. http://www.aihw.gov.au/publications/index.cfm/title/10685.

Australian Institute of Health and Welfare (2009b), *A Picture of Australia's Children 2009*, AIHW Cat. no. PHE 112, Australian Institute of Health and Welfare, Canberra. http://www.aihw.gov.au/publications/phe/phe-112-10704/phe-112-10704.pdf.

Australian Research Alliance on Children and Youth (2008), *Report Card on the Wellbeing of Young Australians*, 21 October 2008, Australian Research Alliance on Children and Youth, Canberra. http://www.aracy.org.au/publicationDocuments/REP_report_card_the_wellbeing_of_young_Australians_A5.pdf.

Bacon, N., Brophy, M., Mguni, N., Mulgan, G. and Shandro, A. (2010), *The State of Happiness: Can Public Policy Shape People's Wellbeing and Resilience?*, The Young Foundation, London. http://www.youngfoundation.org/files/images/wellbeing_happiness_Final__2_.pdf.

Ben-Arieh, A. (2000), 'Beyond Welfare: Measuring and Monitoring the State of Children – New Trends and Domains', *Social Indicators Research*, 52(3), December 2000, 235–257.

Ben-Arieh, A. (2008), 'The Child Indicators Movement: Past, Present, and Future', *Child Indicators Research*, 1(1), 3–16.

Ben-Arieh, A. and Goerge, R. (2001), 'Beyond the Numbers: How Do We Monitor the State of Our Children?', *Children and Youth Services Review*, 23(8), August 2001, 603–631.

Bernard, M. E., Stephanou, A. and Urbach, D. (2007), *ASG Student Social and Emotional Health Report*, October 2007, Australian Council for Educational Research adn Australian Scholarships Group, http://www.acer.edu.au/documents/SEWB_ASG-StudentSocialEmotionalHealthReport.pdf.

Bradshaw, J. (2008). *Child poverty and child well-being indicators in comparative perspective*. Paper presented at ARACY Access Grid Seminar, 21 August 2008.

Bradshaw, J., Hoelscher, P. and Richardson, D. (2006), *Comparing Child Well-being in OECD Countries: Concepts and Methods*, Innocenti Working Paper No.2006–03, December 2006, UNICEF Innocenti Research Centre, Florence. http://www.unicef-irc.org/publications/pdf/iwp2006_03_eng.pdf.

Bradshaw, J. and Keung, A. (2010), *Trends in Child Subjective Well-Being in the United Kingdom*, mimeo, Department of Social Policy, University of York,

Bradshaw, J., Noble, M., Bloor, K., Huby, M., McLennan, D., Rhodes, D., Sinclair, I. and Wilkinson, K. (2009), 'A Child Well-Being Index at Small Area Level in England', *Child Indicators Research*, 2(2), 201–219.

Bronfenbrenner, U. and Morris, P. (2006). 'The bioecological model of human development', in R. M. Lerner (ed.), *Handbook of Child Psychology* (6th ed., Vol. 1, pp. 793–828), John Wiley and Sons, New Jersey.

Bronfenbrenner, U. and Morris, P. A. (1998). 'The Ecology of Developmental Processes', in W. Damon and R. M. Lerner (eds.), (pp. 993–1028) *Handbook of Child Psychology: Vol.1: Theoretical Models of Human Development*.

Butterworth, P. and Crosier, T. (2004), 'The validity of the SF-36 in an Australian National Household Survey: demonstrating the applicability of the Household Income and Labour Dynamics in Australia (HILDA) Survey to examination of health inequalities', *BMC Public Health*, 4(1), 44.

Cobb, C. and Rixford, C. (1998) *Lessons Learned from the History of Social Indicators*, Redefining Progress, San Francisco.

Collishaw, S., Maughan, B., Goodman, R. and Pickles, A. (2004), 'Time trends in adolescent mental health', *Journal of Child Psychology and Psychiatry*, 45(8), 1350–1362.

Collishaw, S., Maughan, B., Natarajan, L. and Pickles, A. (forthcoming), 'Trends in adolescent emotional problems in England: a comparison of two national cohorts twenty years apart', *Journal of Child Psychology and Psychiatry*.

Commission for Children and Young People and Child Guardian (2009), *Snapshot 2009 : Children and Young People in Queensland, Commission for Children and Young People and Child Guardian*, Brisbane. http://www.ccypcg.qld.gov.au/pdf/publications/reports/snapshot2009/Snapshot2009Full.pdf.

Conceição, P. and Bandura, R. (2009), *Measuring Subjective Wellbeing: A Summary Review of the Literature*, Office of Development Studies, United Nations Development Programme, New York. http://www.undp.org/developmentstudies/docs/subjective_wellbeing_conceicao_bandura.pdf.

Council of Australian Governments (2008), *National Education Agreement (Schedule F of the Intergovernmental Agreement on Federal Financial Relations)*, Council of Australian Governments, Canberra. http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm

Council of Australian Governments (2009), *Investing in the Early Years – A National Early Childhood Development Strategy*, 2 July 2009, Commonwealth of Australia, Canberra. http://www.coag.gov.au/coag_meeting_outcomes/2009-07-02/docs/national_ECD_strategy.pdf.

Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., Molcho, M., de Mato, M., Overpeck, M., Due, P., Pickett, W., the, H. V., Injuries Prevention Focus, G. and the, H. B. W. G. (2009), 'A cross-national profile of bullying and victimization among adolescents in 40 countries', *International Journal of Public Health*, 54(0), 216–224.

Cummins, R. A. (2003), 'Normative Life Satisfaction: Measurement Issues and a Homeostatic Model', *Social Indicators Research*, 64(2), 225–256.

Cummins, R. A. (2010). *Subjective Wellbeing Informing National Policy on the Allocation of Resources*. Paper presented at a seminar, Social Policy Research Centre, the University of New South Wales, 23 March 2010.

Cummins, R. A. and Lau, A. L. D. (2005), *Personal Wellbeing Index – School Children (PWI-SC) (English)*, Deakin University, Melbourne. http://acqol.deakin.edu.au/instruments/PWI/PWI-school.pdf.

Davis, E. and Smyth, L. (2009). *Promoting Mental Health and Social and Emotional Wellbeing in Family Day Care. Paper presented at International Family Day Care Organisation Conference*, University College Cork, Ireland, July 2009.

de Maio, J. A., Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalby, R. B., Blair, E. M., Griffin, J., Milroy, H. and Cox, A. (2005), *The Western Australian Aboriginal Child Health Survey: Measuring the Social and Emotional Wellbeing of Aboriginal Children and Intergenerational Effects of Forced Separation*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

De Plater, L. (2008), 'Sowing the Seeds – Of Healthy Social and Emotional Wellbeing', *Educating Young Children*, 14(3), 27–31.

Department for Education and Skills (2007), *SEAL: Guidance Booklet*, Department for Edcuation and Skills, London. http://nationalstrategies.standards.dcsf.gov.uk/node/65859.

Department of Education and Early Childhood Development (2008), *The state of Victoria's young people: A report on how Victorian young people aged 12–24 are faring*, March 2008, Department of Education and Early Childhood Development, Melbourne. http://www.eduweb.vic.gov.au/edulibrary/public/govrel/Policy/children/sovcreport07.pdf.

Department of Education and Early childhood Development (2009), *The state of Victoria's children 2008: A report on how children and young people in Victoria are faring*, June 2009, Department of Education and Early Childhood Development, Melbourne. http://www.eduweb.vic.gov.au/edulibrary/public/govrel/Policy/children/sovcreport08.pdf.

Department of Health and Human Services (2009), *Kids Come First Report 2009*, Department of Health and Human Services, Government of Tasmania, Hobart. http://www.dhhs.tas.gov.au/about_the_department/structure/operational_units/dcyfs/program__and__strategies/kids_come_first.

Department of Human Services (2006), *The state of Victoria's children report 2006: Every child every chance*, October 2006, Department of Human Services, Melbourne. http://www.eduweb.vic.gov.au/edulibrary/public/govrel/Policy/children/sovcreport06.pdf.

Di Tomasso, M. (2006). *Measuring the well being of children using a capability approach: An application to Indian data*. Unpublished manuscript.

Doyal, L. and Gough, I. (1991) *A Theory of Human Need*, Macmillan, Houndsmills, Basingstoke (UK).

Doyal, L. and Gough, I. (1992). 'Need Satisfaction as a Measure of Human Welfare', in W. Blass and J. Foster (eds.), *Mixed Economies in Europe*, Edward Elgar Publishing, Aldershot.

Eckersley, R. (2000), 'The Mixed Blessings of Material Progress: Diminishing Returns in the Pursuit of Happiness', *Journal of Happiness Studies*, 1(3), 267–292.

Eckersley, R. (2008), *Never Better — Or getting Worse? The Health and Wellbeing of Young Australians*, Australia21, Weston, ACT. www.australia21.org.au.

Eckersley, R. (2009), 'Population Measures of Subjective Wellbeing: How Useful are They?', *Social Indicators Research*, 94(1), October 2009, 1–12.

Eckersley, R. and Dear, K. (2002), 'Cultural correlates of youth suicide', *Social Science & Medicine*, 55(11), 1891–1904.

Eckersley, R., Wierenga, A. and Wyn, J. (2006), 'Success & wellbeing. A preview of the Australia 21 report on young people's wellbeing', *Youth Studies Australia*, 26(1), 10–19.

Emerson, E., Honey, A. and Llewellyn, G., University of Sydney (2008), *The Wellbeing and Aspirations of Australian Adolescents and Young Adults with a Long-Term Health Condition, Disability or Impairment*, mimeo, University of Sydney,

Erikson, E. (1971) *Identity: Youth and Crisis,* Faber & Faber, London.

Fichter, M. M., Xepapadakos, F., Quadflieg, N., Georgopoulou, E. and Fthenakis, W. E. (2004), 'A comparative study of psychopathology in Greek adolescents in Germany and in Greece in 1980 and 1998 — 18 years apart', *European Archives of Psychiatry and Clinical Neuroscience*, 254(1), 27–35.

Giovannini, E., Hall, J., Morrone, A. and Ranuzzi, G. (2009), *A Framework to Measure the Progress of Societies*, Draft Working Paper, September 2009, OECD, Paris. http://www.oecd.org/dataoecd/40/46/43631612.pdf.

Goodman, R. (1997), 'The Strengths and Difficulties Questionnaire: A Research Note', *Journal of Child Psychology and Psychiatry*, 38(5), July 1997, 581–586.

Gough, I. (2003), *Lists and Thresholds: Comparing Our Theory of Human Need with Nussbaum's Capabilities Approach* WeD Working Paper 01, March 2003, ESRC Research Group on Wellbeing in Developing Countries, University of Bath, http://www.welldev.org.uk/research/workingpaperpdf/wed01.pdf.

Green, M. (2001), 'What We Talk About When We Talk About Indicators: Current Approaches to Human Rights Measurement ', *Human Rights Quarterly*, 23(4), November 2001, 1062–1097.

Hamilton, C. and Denniss, R. (2005) *Affluenza: When Too Much is Never Enough*, Allen & Unwin, Crows Nest, NSW.

Hammarström, A. (1994), 'Health Consequences of Youth Unemployment – Review From a Gender Perspective', *Social Science & Medicine*, 38(5), 699–709.

Haswell, M., Hunter, E., Wargent, R., Hall, B., O'Higgins, C. and West, R. (2009), *Protocols for the delivery of social and emotional well being and mental health services in Indigenous communities: guidelines for health workers, clinicians, consumers and carers*, Australian Integrated Mental Health Initiative, Queensland Health, Carins, Qld.

Hawkins, M. T., Letcher, P., Sanson, A., Smart, D. and Toumbourou, J. W. (2009), 'Positive development in emerging adulthood', *Australian Journal of Psychology*, 61(2), 89–99.

Heckman, J. J. (2006), 'Skill Formation and the Economics of Investing in Disadvantaged Children', *Science*, 312(5782), 30 June 2006, 1900–1902.

Heckman, J. J. and Masterov, D. V. (2007), 'The Productivity Argument for Investing in Young Children', *Review of Agricultural Economics*, 29(3), Fall 2007, 446–493.

Heckman, J. J., Stixrud, J. and Urzua, S. (2006), 'The Effects of Cognitive and Noncognitive Abilities on Labor Market Outcomes and Social Behavior', *Journal of Labor Economics*, 24(3), July 2006, 411–482.

Hoi Shan, S.-C., Tan, A., Chua Yee, S., Hawkins, R., Ka, A. L., But, M. S. and Fung, D. (2008), *Children's Social and Emotional Well-Being in Singapore*, Research Monograph No.7, June 2008, Children's Society, Singapore http://www.ncss.org.sg/vwocorner/research_gateway/Children_and_youth_abstract_28.pdf.

James, A., Jenks, C. and Prout, A. (2005). 'Theorising Childhood', in C. Jenks (ed.), *Childhood: Critical Concepts in Sociology* (Vol. 1), Routledge, London.

Jenks, C. (2005). 'Constituting Childhood', in C. Jenks (ed.), *Childhood: Critical Concepts in Sociology* (Vol. 1), Routledge, London.

Katz, I. and Redmond, G. (2009). 'Family Income as a Protective Factor for Child Outcomes', in K. Rummery, I. Greener and C. Holden (eds.), *Social Policy Review 21*, The Policy Press, Bristol.

Lansdown, G. (2005), *The Evolving Capacities of the Child*, Innocenti Insight, UNICEF Innocenti Research Centre, Florence. http://www.unicef-irc.org/publications/pdf/evolving-eng.pdf.

Lareau, A. (2003) *Unequal Childhoods: Class, Race, and Family Life*, University of California Press, Berkeley.

Layard, R. (2009). *Why subjective Well-being Should Be the Measure of Progress*. Paper presented at *3rd OECD World Forum* on "Statistics, Konwledge and Policy", Busan, Korea, 27–30 October 2009.

Layard, R. (2010), 'Measuring Subjective Well-Being', *Science*, 327(5965), January 29, 2010, 534–535.

Lippman, L. H., Anderson, K. and McIntosh, H. (2009), *Positive Indicators of Child-Well-Being: A Conceptual Framework, Measures and Methodological Issues*, Innocenti Working Paper No.2009–21, October 2009, UNICEF Innocenti Research Centre, Florence. http://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf.

Marzocchi, G. M., Capron, C., Di Pietro, M., Duran Tauleria, E., Duyme, M., Frigerio, A., Gaspar, M. F., Hamilton, H., Pithon, G., Simões, A. and Thérond, C. (2004), 'The Use of the Strengths and Difficulties Questionnaire (SDQ) in Southern European Countries', *European Child & Adolescent Psychiatry*, 13(Supplement ii), July 2004, 40–46.

Maughan, B., Collishaw, S., Meltzer, H. and Goodman, R. (2008), 'Recent Trends in UK Child and Adolescent Mental Health', *Social Psychiatry and Psychiatric Epidemiology*, 43(4), 305–310.

McGregor, J. A. (2006), *Researching Wellbeing: From Concepts to Methodology*, WeD Working Paper 20, September 2006, ESRC Research Group on Wellbeing in Developing Countries, University of Bath, http://www.welldev.org.uk/research/workingpaperpdf/wed20.pdf.

McNamara, J., Tanton, R., Daly, A. and Harding, A. (2009), 'Spatial Trends in the Risk of Social Exclusion for Australian Children: Patterns from 2001 to 2006', *Child Indicators Research*, 2(2), 155–179.

Ministerial Council on Education Employment Training and Youth Affairs (2008), *Melbourne Declaration on Educational Goals for Young Australians*, December 2008, Ministerial Council on Education Employment Training and Youth Affairs, Carlton, Vic. http://www.mceecdya.edu.au/verve/_resources/National_Declaration_on_the_Educational_Goals_for_Young_Australians.pdf.

Molcho, M., Craig, W., Due, P., Pickett, W., Harel-Fisch, Y., Overpeck, M. and the, H. B. W. G. (2009), 'Cross-national Time Trends in Bullying Behaviour 1994–2006: Findings from Europe and North America', *International Journal of Public Health*, 54(0), 225–234.

Muir, K., Mullan, K., Powell, A., Flaxman, S., Thompson, D. and Griffiths, M. (2009a), *State of Australia's Young People: A Report on the Social, Economic, Health and Family Lives of Young People*, Commonwealth of Australia, Canberra.

Muir, K., Powell, A., Patulny, R., Flaxman, S., McDermott, S., Oprea, I., Gendera, S., Vespignani, J., Sitek, T., Abello, D. and Katz, I. (2009b), *Headspace Evaluation Report: Independent Evaluation of Headspace: The National Youth Mental Health Foundation*, SPRC Report No.19/09, Social Policy Research Centre, University of New South Wales,

National Health Performance Committee (2001), *National Health Performance Framework Report: A report to the Australian Health Ministers' Conference*, Queensland Health, Brisbane. http://www.health.qld.gov.au/nathlthrpt/performance_framework/contents.pdf.

National Institute for Health and Clinical Excellence (2009), *Promoting Young People's Social and Emotional Wellbeing in Secondary Education*, NICE public health guidance 20, National Institute for Health and Clinical Excellence, London. www.nice.org.uk/PH20.

Nussbaum, M. (1992), 'Human Functioning and Social Justice: In Defense of Aristotelian Essentialism', *Political Theory*, 20(2), 202–246.

Nussbaum, M. (2000) *Women and Human Development: The Capabilities Approach*, Cambridge University Press, Cambridge.

OECD (2001), *Knowledge and Skills For Life: First Results from the OECD Programme for International Student Assessment (PISA) 2000*, OECD, Paris.

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

OECD (2007), *PISA 2006: Science Competencies for Tomorrow's World, Volume 1: Analysis*, OECD, Paris.

Pitel, J., Provance, E. and Kerslake, C. A. (2006), *Social and Emotional Well-being: The Foundation for School Readiness*, WestEd Center for Prevention and Early Intervention, San Francisco. www.wested.org.

Proctor, C., Alex Linley, P. and Maltby, J. (2009), 'Youth life satisfaction measures: a review', *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice*, 4(2), 128–144.

Qvortrup, J. (ed.). (1994), *Childhood Matters: An Introduction*, Avebury, Aldershot (UK).

Rawls, J. (1971) *A Theory of Justice*, Belknap Press, Cambridge, Mass.

Rawls, J. (2001) *Justice as Fairness: A Restatement*, Belknap Press of the Harvard University Press, Cambridge, MA.

Redmond, G. (forthcoming). *The Adequacy of Australian Children's Living Standards: Comparing Three Approaches Within a Human Rights Framework*. Unpublished PhD, The University of New South Wales.

Rees, G., Bradshaw, J., Goswami, H. and Keung, A. (2010), *Understanding children's well-being: A national survey of young people's well-being*, The Children's Society, London. http://www.childrenssociety.org.uk/resources/documents/Campaigns/19938_full.pdf.

Ridge, T. (2002) *Childhood Poverty and Social Exclusion: From a Child's Perspective*, Policy Press, Bristol.

Saha, R., Huebner, E., Suldo, S. and Valois, R. (2010), 'A Longitudinal Study of Adolescent Life Satisfaction and Parenting', *Child Indicators Research*, 3(2), 149–165.

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J. M., Whaites, L. C. and Zubrick, S. R. (2001), 'The Mental Health of Young People in Australia: Key Findings from the Child and Adolescent Component of the National Survey of Mental Health and Well-being', *Australian and New Zealand Journal of Psychiatry*, 35(6), December 2001, 806–814.

Schapiro, T. (1999), 'What Is a Child?', *Ethics*, 109, July 1999, 715–738.

Seligman, M. E. P. and Csikszentmihalyi, M. (2000), 'Positive psychology: An introduction', *American Psychologist*, 55(1), January 2000, 5–14.

Sen, A. (1999) *Development as Freedom*, Oxford University Press, Oxford.

Sen, A. (2009) *The Idea of Justice*, Allen Lane, London.

Smart, D. and Sanson, A. (2005), 'A Comparison of Children's Temperament and Adjustment Across 20 Years', *Family Matters*(72), Summer 2005, 50–57.

Smart, D. and Vassallo, S. (2008). *Pathways to Social and Emotional Wellbeing: Lessons From a 24-year Longitudinal Study*. Paper presented at ACER Research Conference 2008: Touching the Future: Building Skills for Life and Work, Brisbane Convention and Exhibition Centre, 10–12 August 2008.

South Australian Department of Health (2005), *Aboriginal Health – Everybody's Business: Social and Emotional Wellbeing: A South Australian Strategy for Aboriginal and Torres Strait Islander People 2005–2010*, South Australian Aboriginal Health Partnership, Adelaide.

Spicker, P. (2004), 'Developing Indicators: Issues in the Use of Quantitative Data About Poverty', *Policy & Politics*, 32(4), October 2004, 431–440.

Stiglitz, J. E., Sen, A. and Fitoussi, J.-P. (2009), *Report by the Commission on the Measurement of Economic Performance and Social Progress*, http://www.stiglitz-sen-fitoussi.fr/en/index.htm.

Sweeting, H., Young, R. and West, P. (2009), 'GHQ increases among Scottish 15 year olds 1987–2006', *Social Psychiatry and Psychiatric Epidemiology*, 44(7), 579–586.

Thabet, A. A., Stretch, D. and Vostanis, P. (2000), 'Child Mental Health Problems in Arab Children: Application of the Strengths and Difficulties Questionnaire', *International Journal of Social Psychiatry*, 46(4), Winter 2000, 266–280.

Tick, N. T., Ende, J. v. d., Koot, H. M. and Verhulst, F. C. (2007a), '14-year Changes in Emotional and Behavioural Problems of Very Young Dutch Children', *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(10), October 2007, 1333–1340.

Tick, N. T., Ende, J. v. d. and Verhulst, F. C. (2007b), 'Twenty-year trends in emotional and behavioral problems in Dutch children in a changing society', *Acta Psychiatrica Scandinavica*, 116(6), 473–482.

Torsheim, T., Currie, C., Boyce, W. and Samdal, O. (2006), 'Country material distribution and adolescents' perceived health: multilevel study of adolescents in 27 countries', *Journal of Epidemiology and Community Health*, 60(2), February 2006, 156–161.

Treasury (2004), *Policy Advice and Treasury's Wellbeing Framework*, Australian Treasury, Canberra. http://www.treasury.gov.au/documents/876/PDF/Policy_advice_Treasury_wellbeing_framework.pdf.

Twenge, J. M., Gentile, B., DeWall, C. N., Ma, D., Lacefield, K. and Schurtz, D. R. (2010), 'Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI', *Clinical Psychology Review*, 30(2), 145–154.

Ulker, A. (2008), 'Mental Health and Life Satisfaction of Young Australians: The Role of Family Background', *Australian Economic Papers*, 47(2), 199–218.

UNICEF (2007), *An Overview of Child Well-being in Rich Countries*, Report Card No.7, UNICEF Innocenti Research Centre, Florence. http://www.unicef.org/media/files/ChildPovertyReport.pdf.

United Nations Development Programme UNDP (2000) *Human Development Report 2000*, UNDP and Oxford University Press, New York and Oxford.

Varni, J. W., Seid, M. and Rode, C. A. (1999), 'The PedsQL(TM): Measurement Model for the Pediatric Quality of Life Inventory', *Medical Care*, 37(2), February 1999, 126–139.

Verhulst, F. C., Ende, J. and Rietbergen, A. (1997), 'Ten-year time trends of psychopathology in Dutch children and adolescents: no evidence for strong trends', *Acta Psychiatrica Scandinavica*, 96(1), 7–13.

Victorian Department of Human Services (2006), *Headline Indicators for Children's Health, Development and Wellbeing*., June 2006, Statewide Outcomes for Children, Office for Children, Victorian Department of Human Services, Melbourne. http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/development/headlinerrptfull.pdf.

Wångby, M., Magnusson, D. and Stattin, H. (2005), 'Time trends in the adjustment of Swedish teenage girls: A 26-year comparison of 15-year-olds', *Scandinavian Journal of Psychology*, 46(2), 145–156.

Weare, K. and Gray, G. (2003), *What Works in Developing Children's Social and Emotional Competence and Wellbeing?*, Research Repoprt RR456, Department for Education and Skills, London.

White, S. C. (2008). *But What Is Wellbeing? A Framework for Analysis in Social and Development Policy and Practice*. Paper presented at Conference on Regeneration and Wellbeing: Research into Practice, University of Bradford, 24–25 April 2008.

Wooden, M. (2009), *Use of the Kessler Psychological Distress Scale in the HILDA Survey*, HILDA Project Discussion Paper Series No.2/09, February 2009, Melbourne Institute of Economic and Social Research, University of Melbourne, http://www.melbourneinstitute.com/hilda/hdps/hdpsn209.pdf.

Zambon, A., Boyce, W., Cois, E., Currie, C., Lemma, P., Dalmasso, P., Borraccino, A. and Cavallo, F. (2006), 'Do Welfare Regimes Mediate the Effect of Socioeconomic Position on Health in Adolescence? A Cross-National Comparison in Europe, North America, and Israel', *International Journal of Health Services*, 36(2), 309–329.

Zullig, K. J., Matthews, M. R., Gilman, R., Valois, R. F. and Huebner, E. S. (2010). 'Generic Quality of Life Measures for Children and Adolescents ', in V. R. Preedy and R. R. Watson (eds.), *Handbook of Disease Burdens and Quality of Life Measures*, Springer, New York.