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Invited Commentary | Public Health

Measuring and Achieving Child Well-being—Yardsticks, Barometers, and Canaries in the Coalmine

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The challenges to the health and well-being of children are perhaps bigger and more complex than societies are comfortable acknowledging. All is not well in children's worlds, and the future is worrying. Too many children have limited access to basic needs, such as food and adequate shelter, and basic services, such as health care and good education. Social inequality and social injustices are intractable challenges, and economic and social fragility amid the climate emergency and environmental destruction have been compounded by the COVID-19 pandemic and wars that affect food and energy markets worldwide.

All of these problems affect children in the US, Europe, and the Global South (including countries such as Haiti, India, and the Philippines). But societies differ in how their policies and politics protect children's health and well-being. Some countries and some US states do much better than others, and we can learn from them when thinking about policy and practice solutions to promote child well-being.

This circumstance is a compelling rationale for the development and application of an index of child well-being, such as the Child and Adolescent Thriving Index 1.0 developed by Anderson et al.¹ As the leading management thinker W. Edwards Deming has said, "It is wrong to suppose that if you can't measure it, you can't manage it,"^{2(p26)} but it helps. When UNICEF published its first index of Child Well-Being in Rich Countries, the UK was shocked to find itself at the bottom of the list, but that was an impetus for researchers to understand why the UK ranked so low and why the Netherlands and Scandinavian countries performed so much better.³

Any index is only as good as the sum of its parts, and there are longstanding indices of child well-being in use in the US, including the Annie E. Casey Foundation's KIDS COUNT index and, until 2016, the Child Well-Being Index. As Anderson et al¹ pointed out, these indices have been surprisingly underused in research into the impact of policy; do not include measures of children's subjective well-being; and weight all components equally, when there may be variation in how individual factors relate to different outcomes.

The Child and Adolescent Thriving Index 1.0 overcomes some of these limitations. The index is a weighted mean of 11 indicators that are available in routine data sources. Anderson et al¹ used the index to look at patterns over time (from 2000 to 2019), nationally and by state and region, and can demonstrate the likely implication of public policies for high school graduation and smoking in adolescence.

Nevertheless, the Child and Adolescent Thriving Index 1.0 is as reliable as it is on routinely collected data reflects the stark reality, as the authors acknowledged, that there are no reliable, high-quality, routinely collected data on mental health, including mental illness.¹ The fact that none of the established indices of child well-being can include child mental illness means that the research community needs to campaign urgently for this situation to change.

Similarly, although there has been much debate in the child indicators literature about the value of incorporating measures of subjective well-being into an overall index,⁴ it remains challenging to do so, particularly involving younger children. In recent research on child well-being involving children aged 7 to 11 years, our team had to overcome difficulties with the children's literacy and comprehension to ask about their feelings, preferences, and behaviors.⁵ The older the child, the easier it gets, but the research and policy communities need indices that capture well-being from

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early childhood to later childhood and adolescence. Indices that focus on younger children often rely on teacher input,⁶ but that only takes us so far when it is the child's subjective experience that we need to capture. Bullying is a good example of a subjective indicator that is both important and difficult to measure. Being bullied is associated with misery, distress, anxiety, and depression; affects school attendance and attainment; and can have a lifelong implications for well-being. But to measure it, bullying has to be carefully defined and described. We are still unsure of how children's reports of being bullied are affected by culture and context or by occasional and chronic experiences, or at what age children can accurately and reliably report the experience. The choice of indicators for any index is always imperfect, but it is important that perfection does not stand in the way of the possible.

Anderson et al¹ are to be commended for their efforts to improve the measurement of child well-being by producing a policy-relevant tool that enables researchers to benchmark and compare child well-being across time and space, unpack which aspects of child well-being are changing, and look at how policies as well as individual and other factors are associated with change. It is still too early to say how the COVID-19 pandemic has changed child well-being, even in the short term. The data are not yet available that will allow us to understand how this period of unprecedented fuel and energy hardship has affected children's lives. But when such data become available, the Child and Adolescent Thriving Index 1.0 will be there to help us care for children better in the future.

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