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HOW ARE THE KIDS DOING? HOW DO WE KNOW?*

**Recent Trends in Child and Youth Well-Being in the United States
and Some International Comparisons**

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Abstract

With a focus on the United States, this paper addresses the basic social indicators question: How are we doing? More specifically, with respect to children, how are our kids (including adolescents and youths) doing? These questions can be addressed by comparisons: 1) to *past historical values*, 2) to *other contemporaneous units* (e.g., comparisons among subpopulations, states, regions, countries), or 3) to *goals or other externally established standards*. The Child and Youth Well-Being Index (CWI), which we have developed over the past decade, uses all three of these points of comparison. The CWI is a composite index based on 28 social indicator time series of various aspects of the well-being of children and youth in American society that date back to 1975, which is used as a base year for measuring changes (improvements or deterioration) in subsequent years. The CWI is *evidence-based* not only in the sense that it uses time series of empirical data for its construction, but also because the 28 indicators are grouped into seven domains of well-being or areas of social life that have been found to define the conceptual space of the quality of life in numerous studies of subjective well-being. Findings from research using the CWI reported in the paper include: (1) trends in child and youth well-being in the United States over time, (2) international comparisons, and (3) best-practice analyses.

HOW ARE THE KIDS DOING? HOW DO WE KNOW?

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Every generation of adults, and American adults in particular, is concerned about the well-being of their children and youth (Moore 1999). From the stagflation and socially turbulent days of the 1970s through the decline of the rust belt industries and transition to the information age in the 1980s to the relatively prosperous *e*-economy and multicultural years of the late-1990s followed by the economically uncertain and politically anxious early years of the 21st century, Americans have fretted over the material circumstances of the nation's children, their health and safety, their educational progress, and their moral development. Are their fears and concerns warranted? How do we know whether circumstances of life for children in the United States are bad and worsening, or good and improving? On what basis can the public and its leaders form opinions and draw conclusions?

Since the 1960s, researchers in social indicators/quality-of-life measurement have argued that well-measured and consistently collected social indicators provide a way to monitor the condition of groups in society, including children and families, today and over time (Land 2000). The information thus provided can be strategic in forming the ways we think about important issues in our personal lives and the life of the nation. Indicators of child and youth well-being, in particular, are used by child advocacy groups, policy makers, researchers, the media, and service providers to serve a number of purposes. In three instances:

- to describe the condition of children,
- to monitor or track child outcomes, and
- to set goals,

the use of indicators is well within the long-established “public enlightenment” function of social indicators. And while there are notable gaps and inadequacies in existing child and family well-being indicators in the United States (Ben-Arieh 2000; Moore 1999), there also are literally dozens of data series and indicators from which to form opinions and draw conclusions (see, e.g., Brown 1997).

THE BASIC SOCIAL INDICATORS QUESTIONS

The term *social indicators* was born and given its initial meaning in an attempt, undertaken in the early 1960s by the American Academy of Arts and Sciences for the National Aeronautics and Space Administration, to detect and anticipate the nature and magnitude of the second-order consequences of the space program for American society (Land 1983, p. 2; Noll and Zapf 1994, p. 1). Frustrated by the lack of sufficient data to detect such effects and the absence of a systematic conceptual framework and methodology for analysis, some of those involved in the Academy project attempted to develop a system of social indicators with which to detect and anticipate social change as well as to evaluate specific programs and determine their impact. The results of this part of the Academy project were published in a volume bearing the name *Social Indicators* and the following definition:

“... *social indicators* – statistics, statistical series, and all other forms of evidence

– that enable us to assess where we stand and are going with respect to our values and goals...” (Bauer 1966, p. 1)

In brief, the *basic social indicators question* is: How are we doing? Focused more specifically on children, the fundamental question is: How are our kids (including adolescents and youths) doing? Land (2000) noted that social indicators approaches to answering these questions have taken the form of comparisons:

- to *past historical values*,
- to *other contemporaneous units* (e.g., comparisons among subpopulations, states, regions, countries), or
- to *goals or other externally established standards*.

These comparisons can be made for specific social indicators as well as for global or composite well-being indices.

In addition, as Land, Lamb, Meadows, and Taylor (2007) noted, the traditions of social indicators (Bauer 1966) and quality-of-life/subjective well-being research (Andrews and Withey 1976; Campbell, Converse, and Rodgers 1976) initiated in the 1960s and 1970s, have led to two major lines of development over the past 30-plus years: 1) objective social indicators, and 2) subjective well-being indicators. Land et al. (2007) then posed the question: Can the empirical findings from subjective well-being studies about domains of well-being be used to inform the construction of summary quality-of-life indices? In other words, rather than relying solely on the opinions of expert panels, can we use the accumulated body of empirical findings from subjective well-being studies in a manner similar to the use of research findings or best evidence to inform decisions in clinical and public health in modern evidence-based medicine (see, e.g.,

Jenicek 2003)? The question thus is: Can subjective well-being studies be used to make composite or summary quality-of-life indices *more evidence-based* not only in the use of empirical data, but also in the selection of the domains of well-being and indicators used in their construction? The work of Land et al. (2007; see also Land, Lamb, and Mustillo 2001; Land 2004; Meadows, Land, and Lamb 2005) on the development of a composite index of child and youth well-being is illustrative of how this can be done.

THE CHILD AND YOUTH WELL-BEING INDEX

The Child and Youth Well-Being Index is:

- a composite measure of trends over time in the well-being of America's children and young people,
- that consists of several interrelated summary indices of annual time series of numerous social indicators of the well-being of children and youth in the United States.

The general objective of the CWI summary indices is to:

- give a sense of the overall direction of change in the well-being of children and youth in the U.S. as compared to two base years, 1975 and 1985.

The CWI is designed to address questions such as the following:

- Overall, on average, how did child and youth well-being in the U.S. change in the last quarter of the 20th century and beyond?
- Did it improve or deteriorate?
- By approximately how much?

- In which domains of social life?
- For specific age groups?
- For particular race/ethnic groups?
- For each of the sexes?
- And did race/ethnic group and sex disparities increase or decrease?

Methods of Construction

Annual time series data (from vital statistics and sample surveys) have been assembled on some 28 national-level Key Indicators in seven quality-of-life domains:

- Family economic well-being,
- Health,
- Safety/behavioral concerns,
- Educational attainment (productive activity),
- Community connectedness (participation in schooling or work institutions),
- Social relationships (with family and peers), and
- Emotional/spiritual well-being.

With some variations in labels and content, these seven domains of quality of life have been well-established as recurring time after time in over two decades of empirical research in numerous subjective well-being studies (Cummins 1996, 1997). Furthermore, while the model of subjective well-being and life satisfaction initially was developed on samples of adults, it has been found to be applicable to children and adolescents aged eight and above (Huebner 1997, 2004). And these seven domains of well-being also have been found, in one form or another, in studies of the well-being of these younger persons.

The 28 Key Indicators used in the construction of the CWI are identified with brief descriptions in Table 1. A full description and justification for the use of the Key Indicators in the construction of the CWI is given in Land et al. (2001).

To calculate the CWI, each of the 28 time series of the Key Indicators is indexed by a base year (1975 or 1985). The base year value of the indicator is assigned a value of 100 and subsequent values of the indicator are taken as percentage changes in the index. The directions of the indicators are oriented so that a value greater (lesser) than 100 in subsequent years means the social condition measured has improved (deteriorated). The 28 indexed Key Indicator time series are grouped into the seven domains of well-being (as indicated in Table 1; for a full description of the Key Indicators and their groupings into the seven domains, see Land et al. 2001) by equal weighting to compute the domain-specific Index values for each year. The seven domain-specific Indices then are grouped into an equally-weighted Child and Youth Well-Being Index value for each year. In the absence of a set of unequal weights that achieves high consensus among the members of a society, Hagerty and Land (2007) show that an equal-weighting strategy for composite/summary indicators of well-being is privileged in the sense that it is a minimax estimator – it minimizes extreme disagreements among all possible individuals' weights.

Since it builds on the subjective well-being empirical research base in its identification of domains of well-being to be measured and the assignment of Key Indicators to the domains as well as in the use of empirical observations on the values of the indicators for each year, the CWI can be viewed as *evidence-based well-being*

Table 1. Twenty-Eight Key National Indicators of Child Well-Being in the United States.

Family Economic Well-Being Domain

1. Poverty Rate (All Families with Children)
2. Secure Parental Employment Rate
3. Median Annual Income (All Families with Children)
4. Rate of Children with Health Insurance

Health Domain

1. Infant Mortality Rate
2. Low Birth Weight Rate
3. Mortality Rate (Ages 1-19)
4. Rate of Children with Very Good or Excellent Health (as reported by parents)
5. Rate of Children with Activity Limitations (as reported by parents)
6. Rate of Overweight Children and Adolescents (Ages 6-19)

Safety/Behavioral Domain

1. Teenage Birth Rate (Ages 10-17)
2. Rate of Violent Crime Victimization (Ages 12-19)
3. Rate of Violent Crime Offenders (Ages 12-17)
4. Rate of Cigarette Smoking (Grade 12)
5. Rate of Alcohol Drinking (Grade 12)
6. Rate of Illicit Drug Use (Grade 12)

Educational Attainment Domain

1. Reading Test Scores (Ages 9, 13, and 17)
2. Mathematics Test Scores (Ages 9, 13, and 17)

Community Connectedness

1. Rate of Persons who have Received a High School Diploma (Ages 18-24)
2. Rate of Youths Not Working and Not in School (Ages 16-19)
3. Rate of Pre-Kindergarten Enrollment (Ages 3-4)
4. Rate of Persons who have Received a Bachelor's Degree (Ages 25-29)
5. Rate of Voting in Presidential Elections (Ages 18-20)

Social Relationships Domain

1. Rate of Children in Families Headed by a Single Parent
2. Rate of Children who have Moved within the Last Year (Ages 1-18)

Emotional/Spiritual Well-Being Domain:

1. Suicide Rate (Ages 10-19)
2. Rate of Weekly Religious Attendance (Grade 12)
3. Percent who Report Religion as Being Very Important (Grade 12)

Note: Unless otherwise noted, indicators refer to children ages 0-17.

measure of trends in averages of the social conditions encountered by children and youth in the United States across recent decades.

SOME FINDINGS ON TRENDS IN CHILD AND YOUTH WELL-BEING

Some significant empirical findings regarding trends in child and youth well-being in the United States across the past three decades are summarized in Figures 1 and 2. Figure 1 displays the overall composite CWI for the period 1975 to 2006 with projections for 2007. Figure 2 shows the corresponding trends in the seven domain-specific indices of well-being.

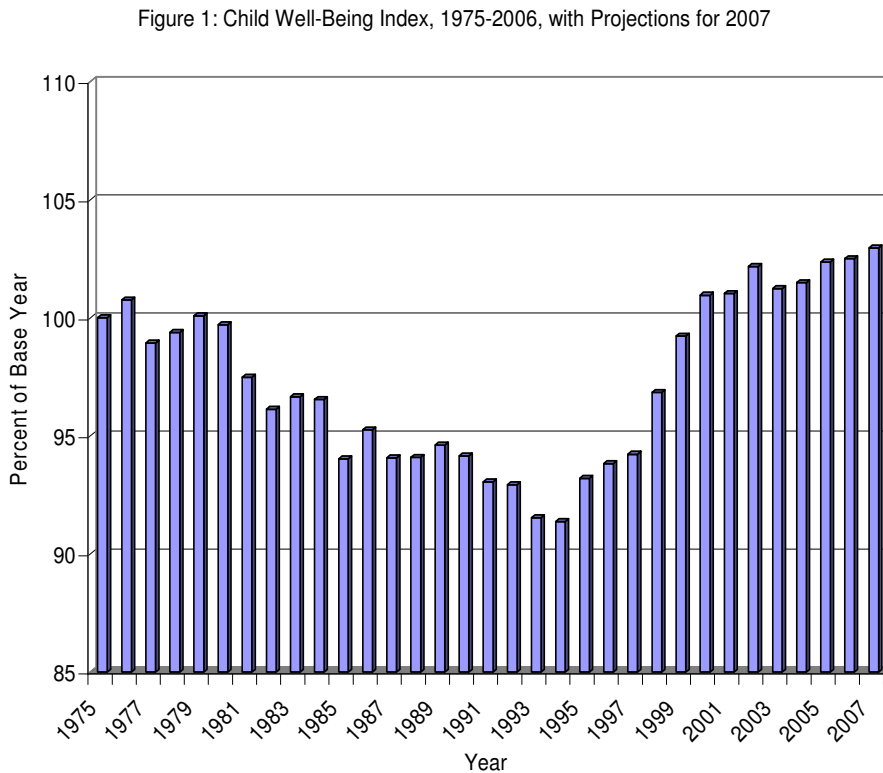
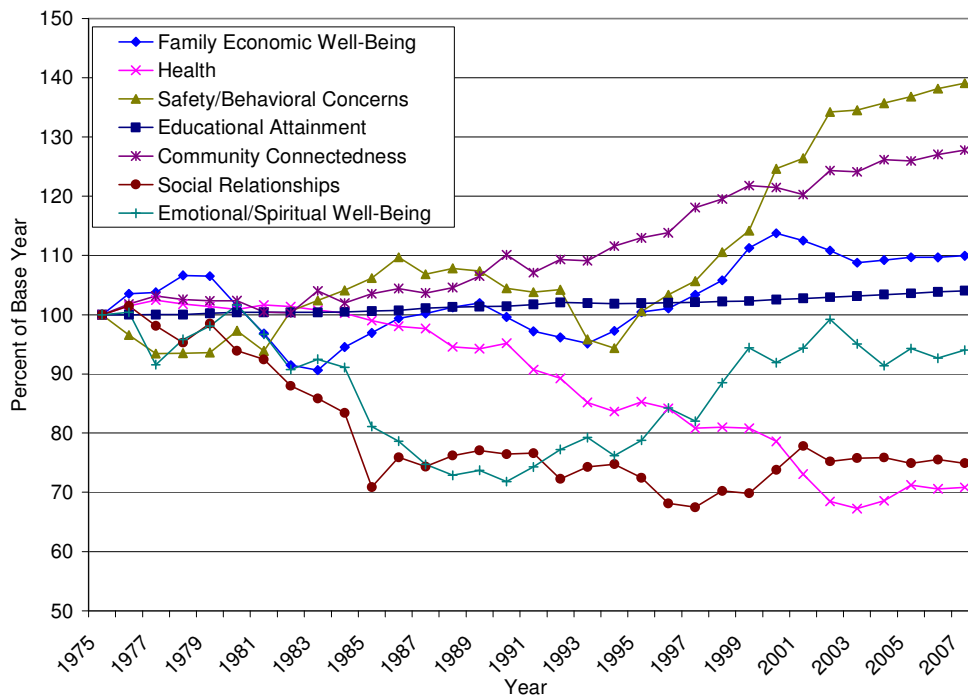


Figure 1 shows that:

- After an oscillating period of ups and downs in the late-1970s, child and youth well-being in the U.S. went into a long “recession” from 1981 to 1994.
- This was followed by a “recovery” during the years 1994 to 2002.
- But improvements in the CWI essentially slowed and stalled in the early years of this first decade of the 21st century.

In brief, construction and analysis of trends in child and youth well-being via the CWI allowed us be the first to signal that the steady increases in numerous *Key Indicators* in the period 1994-2002 were indicative not just of isolated trends, but rather of an overall improvement in well-being (Land et al. 2001). More recently, the CWI allowed us to signal that this trend of overall improvement has come to an end (Land et al. 2007).

Figure 2. Domain-Specific Summary Indices, 1975-2006, with Projections for 2007.



As noted earlier, the CWI is composed of seven quality-of-life domains that are important indicators of the well-being of children and youths. Analysis of the trends, shown in Figure 2, in the domain-specific indices that comprise the CWI have led to the identification of:

- domains of well-being in which improvements have been dramatic over two decades – safety/behavioral concerns and community connectedness/attachment to community institutions;
- domains that have shown some improvements – family economic well-being and educational attainments;
- one domain – emotional/spiritual well-being – that declined and then increased;
- and two domains that have deteriorated quite substantially – health and social relationships.

The improvements in the safety/behavioral concerns are due to reductions in all of the domain indicators. Students in the last year of high school were less likely to smoke cigarettes, drink alcoholic beverages, or use illicit drugs. In addition, there has been a reduction in both the commission of violent crimes and being victims of violent crimes, and teen birth rates have declined. The community connectedness domain indicators have improved in preschool attendance and the confirmation of baccalaureate degrees, and the decline in teenagers who are not working or in school.

There are concerns about the overall declines in health and social relationships domains. The health domain has been particularly affected by the increase in overweight children. The 1975 rate doubled by 1989 and tripled by 2000. Fortunately it appears this

trend is leveling off with the most recent data. Social relationships have been affected by the increase in the proportion of children in single parent households.

One domain that merits close attention is family economic well-being. There are macroeconomic changes since 2005, especially for the years 2007 and 2008 (and likely 2009 as well) that could adversely affect the well-being of U.S. children and adolescents. If this period of economic duress is sufficiently deep and long, it also will impact public finances and, through that, publicly financed childcare, health, and education programs.

INDEX VALIDATION

The preceding section described the evidenced-based foundations for the Child and Youth Well-Being Index. Not only does the CWI use empirical observations on the values of the component indicators for each year in its computation, but the theoretical/conceptual rationale for the Index is based on the subjective well-being research literature. As noted, it is in this sense that the CWI can be viewed as evidence-based well-being measure of trends in averages of the social conditions encountered by children and youth in the United States across recent decades.

To fully support the claim that the CWI is an evidence-based measure of changes in subjective well-being, it would, of course, be desirable to have at hand a more complete database. Specifically, it would be preferable to have annual, nationally representative sample survey-based responses by children and youth to questions concerning life satisfaction and happiness with life overall as well as in the several domains of well-being that have been identified in numerous studies over the years.

Changes in the CWI over time then could be compared to those in the subjective well-being data in order to provide validating support for the former as a measure of the latter.

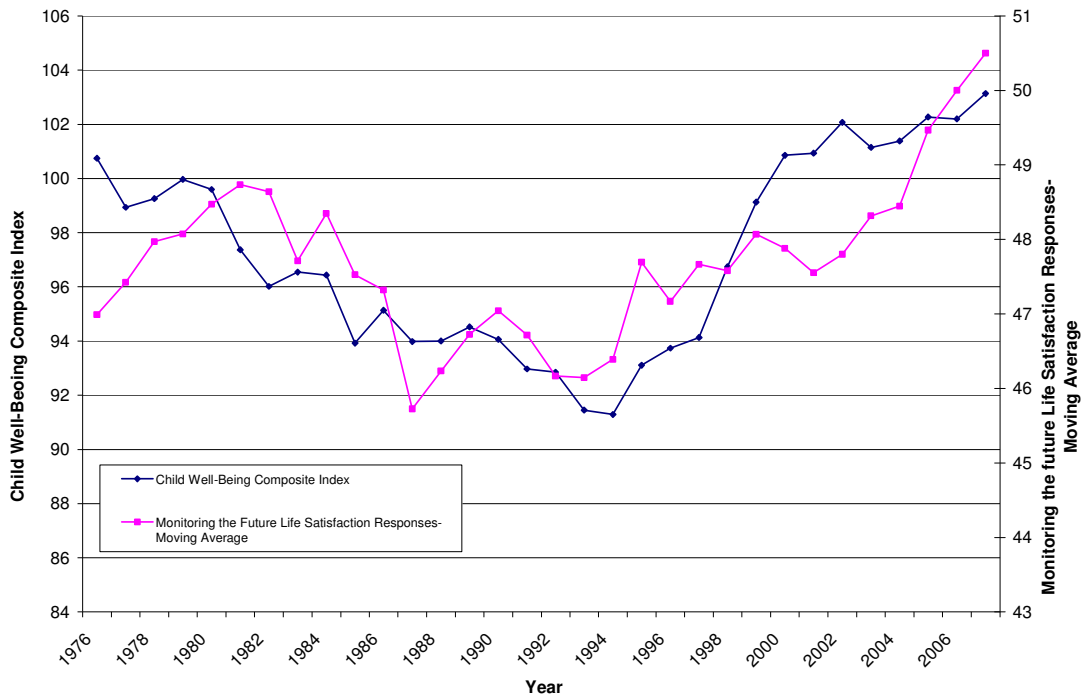
While such a database is not available, the *Monitoring the Future* (MTF) Survey Project (Johnston, Bachman, O'Malley, and Schulenberg 2003), which began in 1975 as the *High School Senior Survey*, provides a continuous time series of observations on the subjective well-being of 12th graders that Land et al. (2007) used as a criterion against which to validate the CWI. The MTF question (variables number V1652 in the MTF codebook) is of the conventional global satisfaction with life form:

"How satisfied are you with your life as a whole these days?"

The answer range is a seven-point Likert rating scale: Completely Dissatisfied, Quite Dissatisfied, Somewhat Dissatisfied, Neither Satisfied or Dissatisfied, Somewhat Satisfied, Quite Satisfied, and Completely Satisfied. For comparisons with the CWI, we first combined the last two response categories to compute the percent of the 12th graders who respond that they either are Quite or Completely Satisfied in each year from 1975 to 2003.

In order to produce a graph of changes in the responses that reduces year-to-year variability in the percents and shows the main directions of changes over time, Land et al. (2007) used a moving-average statistical procedure. Specifically, a three-point moving average was applied two times to the MTF life satisfaction data series. The resulting smoothed series is plotted in Figure 3 alongside the composite CWI with the scale for the CWI series on the left margin and that for the smoothed MTF life satisfaction responses on the right.

Figure 3. CWI and Smoothed MTF Life Satisfaction Score, 1976-2007



Overall, it can be seen that the two time series covary considerably across the three decades shown in Figure 3. The smoothed MTF life satisfaction series shows an increase from 1976 to 1981 compared with the CWI. But both series begin a decline in the early-1980s, with the CWI turning down in 1981 and the MTF series in 1982. Both series decline to relatively low levels in the late-1980s and early-1990s and then begin a trend upward through the mid-to-late-1990s. Note that life satisfaction data have homeostatic properties (Cummins, Gullone, and Lau 2002), which effectively places a floor and ceiling on the normal ranges of variation of population averages over time. Therefore, it cannot be expected that the smoothed MTF series will rise much higher than the 50 to 50.5 percent range exhibited for the last years shown in Figure 3. By comparison, the CWI does not have a corresponding ceiling effect, as it contains some

indicators such as the median family income of families with children ages 0 to 17 that potentially can continue to rise indefinitely.

The basic finding from Figure 3 is the considerable covariation of the two series over time. This provides independent, externally validating evidence for an interpretation of the CWI as an index of changes in the quality-of-life of children and youth in America across the past 30 years for the following reasons. First, responses to a global life satisfaction question are a standard outcome variable in subjective well-being studies of the quality of life. Second, while the responses to the global life satisfaction question used in the comparison shown in Figure 3 are available only from 12th graders, responses to other questions in the MTF study (e.g., regarding smoking cigarettes, drinking alcohol, and using illicit drugs) that have been asked of 8th and 10th graders since 1991 show substantial covariation over time with those of the 12th graders. Thus, ups and downs in the global life satisfaction responses from 12th graders likely correlate positively with ups and downs in those responses from youths who are younger as well. Third, while the CWI was constructed on the basis of empirical findings of quality-of-life studies with respect to the number and content of domains of well-being, no use was made of the MTF global life satisfaction question prior to the present comparison. Therefore, the fact that the two series plotted in Figure 3 exhibit positive covariation of changes over time can be taken as corroborating evidence of the interpretation of the CWI as an index of changes in the quality-of-life. Of course, positive covariation over time does not prove anything. But, in absence of such covariation, a quality-of-life interpretation would be more “assumed” than “apparent” (Veenhoven 2005).

SOME INTERNATIONAL COMPARISONS

In brief, the CWI rests on conceptual foundations that are based on over three decades of research on subjective well-being. Its compilation and analysis leads to a number of substantive insights into trends in child and youth well-being in the United States over the three decades from the mid-1970s to the early 2000s. And the CWI shows some degree of external validation in the sense that trends therein are consistent with the limited time series data available on trends in the subjective well-being of America's adolescents. But the question remains: How well are America's children and youth doing in recent years as compared to the children and youth of other nations?

To address this question, we compare U.S. data on a number of child and youth well-being indicators with those of four other English-speaking countries, specifically: Australia, Canada, New Zealand, and the United Kingdom. These four nations were chosen for comparison with the United States for a number of reasons:

- ✓ all share a common language;
- ✓ Australia, Canada, New Zealand, and the U.S. are former colonies of the United Kingdom;
- ✓ all five nations are liberal democracies that have representative democratic forms of government;
- ✓ all five also place considerable emphasis on the use of economic markets for the production and distribution of goods and services; and
- ✓ because of all the above, all share some common elements of culture.

To compare these five nations with respect to measures of child and youth well-being, we assembled data on 19 *Key International Indicators* that were measured around the year

Table 2. Comparison of Child and Youth Well-Being in US and Four English Speaking Countries: Canada, UK, Australia and New Zealand

Countries	Canada	United Kingdom	Australia	New Zealand
Domains				
Family Economic Well-Being	1/2	1/2	1/2	1/2
<ul style="list-style-type: none"> • <i>Poverty Rate: All Children (Age 0-17)</i> • <i>Percentage of Working Age Households with Children Without An Employed Parent</i> 	W B	W B	W B	W B
Social Relationships	0/1	1/1	0/1	
<ul style="list-style-type: none"> • <i>Percent of All Children Ages 0-17 Living in Single Mother Families</i> 	W	B	W	
Health	0/5	1/5	0/3	0/3
<ul style="list-style-type: none"> • <i>Low Birth Weight</i> • <i>Infant Mortality</i> • <i>Child and Youth Mortality (Age 1-19)</i> • <i>Overweight (Age 13 and 15)</i> • <i>Self rated "poor or fair health" (Age 11, 13 and 15)</i> 	W W W W W	= W W W B	W W W	W W =
Safety and Behavior	3/4	3/4	0/1	0/1
<ul style="list-style-type: none"> • <i>Teenage Birth Rate (Age 15-19)</i> • <i>Smoking Daily (Age 11, 13, and 15)</i> • <i>Drunk Twice or More (Age 11, 13, and 15)</i> • <i>Having Used Cannabis (Age 15)</i> 	W B B B	W B B B	W	W
Educational Attainment	0/2	0/2	0/2	0/2
<ul style="list-style-type: none"> • <i>Reading (Age 15)</i> • <i>Math (Age 15)</i> 	W W	W W	W W	W W
Community Connectedness	2/4	3/4	3/4	2/3
<ul style="list-style-type: none"> • <i>High School Completion (Age 25-34)</i> • <i>Not Working or In School (Age 15-19)</i> • <i>Bachelor's Degree (Age 25-34)</i> • <i>Preschool Enrollment Rate (Age 3-4)</i> 	= = B B	B B B W	B W B B	B W B W
Emotional Well Being	1/1	0/1	1/1	1/1
<ul style="list-style-type: none"> • <i>Suicide Rate (Age 15-24)</i> 	B	W	B	B
Overall Tally	7/19	9/19	5/14	4/12

2000. The 19 *Key International Indicators* can be classified into the seven domains of well-being used in the CWI.

Table 2 presents a “report card” comparison of child and youth well-being by domain for the United States and the four English-speaking countries. The table identifies the specific indicators used within each domain. The **B [W]** indicates the rates for the U.S. are **better [worse]** than for the comparison country. An = means the rates are **equal**. A **blank** cell indicates no country-level *Key International Indicator* was available. The tallies for each domain of well-being and the overall tally at the bottom of the table give the numbers of indicators for each country for which the U.S. values are better. Thus, the overall tallies show that the U.S. does better on 9 of 19 indicators in comparison with the United Kingdom, 7 of 19 for Canada, 4 of 14 for Australia, and 4 of 12 for New Zealand.

Table 3 presents a different perspective on these international comparisons that takes into account the ordinal positions of the countries on the indicators. It presents a *summary of the relative ranking* of the five Anglophone countries based on each of the seven child and youth well-being domains and indicators. The domain-specific rankings are based on the averages of the rankings of the indicators within each domain. They range from ‘1’, the **highest ranking** of child well-being, down to ‘5’ (or ‘4’ for social relationships), which indicates the **lowest ranking** among the five countries. Two **composite rankings** for each country are given at the bottom of the table: 1) the **average rank across the seven domains**, and 2) the **average rank across all 19 indicators** (or as many as are available). Both on the basis of average ranks across the domains and the

average ranks across the 19 indicators, the U.S. comes out in third position, behind Canada and Australia and ahead of New Zealand and the United Kingdom.

Table 3. Relative Ranks of Five English-Speaking Countries for Child and Youth Well-Being by Each Domain and Across All Domains and All Indicators

Country	Canada	Australia	US	New Zealand	UK
Domain					
Family Economic Well-Being	1	2	2	2	5
Social Relationships	1	2	3	-	4
Health	1	3	5	4	2
Safety/Behavior Concerns	3	1	2	5	4
Educational Attainment	1	3	5	1	4
Educational Attainment/Community Connectedness	2	3	1	3	5
Emotional Well-Being	3	4	2	5	1
Average Rank Across All 7 Domains	1.7	2.6	2.9	3.3	3.6
Average Rank Across All 19 Indicators	2.0	2.6	2.9	3.0	3.1

In brief, on the basis of the comparisons shown in Tables 2 and 3, it can be concluded that none of these four Anglophone countries outscores the United States on *all* domains of child and youth well-being and that the U.S., on average, ranks in the middle of the comparison group. There are, however, comparative *deficiencies* in U.S. child and youth well-being, particularly in the **Family Economic Well-Being, Health,** and **Educational Attainment** domains. On the other hand, the U.S. does *relatively well* on indicators in the **Safety/Behavior, Community Connectedness,** and **Emotional Well-Being** domains. These findings are consistent with: (1) the relatively small public sector in the U.S., (2) its political economic emphasis on private sector market allocations of access to resources, and (3) its strong civil society centered on personal responsibility.

To further interpret these findings, the work of Epseng-Andersen (1990) can be invoked. In a statistical analysis of characteristics of countries, he created a *model of three worlds of welfare capitalism: Liberalism, Conservatism, and Socialism*. In this classification, *Liberal States* were characterized by relief for the poor with strict entitlement rules, and private pensions in old age. All of the five countries in our study scored low on the *Conservatism* scale, which is characterized by the maintenance of traditional levels of power and stratification. *Socialist States* had universalism and/or egalitarianism traits. Australia, Canada, New Zealand, and the United Kingdom received medium scores in the Socialism scale, whereas the United States scored low due to having few universal welfare plans.

All of these characteristics are consistent with the findings reported above concerning those domains of child well-being in which the U.S. scores relatively well compared to the other Anglophone countries – Safety/Behavior, Community Connectedness, and Emotional Well-Being – domains in which non-public sector initiatives by families, religious, and civil society groups can be effective in producing positive outcomes as well as findings concerning those domains in which the U.S. scores relatively poorly – Family Economic Well-Being, Health, and Educational Attainment – domains in which the role of the public sector is relatively more important. Indeed, Epseng-Andersen’s ranking of states by Degree of Liberalism shows the following ordering of the five nations considered here from highest to lowest: Australia, Canada, United States, United Kingdom, and New Zealand. This ordering is very similar to that based on the average ranks in Table 3.

BEST PRACTICE ANALYSES

As noted earlier, the basic social indicators question of how are we doing can be answered in three ways. In addition to comparisons with how we are doing in comparison to the past and in comparison to other countries or social units, we can address this question in terms of comparisons to goals or other externally-constructed standards. There is no “gold standard” for indicators of child and youth well-being, thus it may be difficult to evaluate the numerical values in the CWI. Because the metric of a composite index like the CWI is somewhat arbitrary, it is impossible to know how to interpret its numerical values. That is, for example, with recent values of the CWI just above 100, the question remains as to whether the index could be much larger.

An externally-constructed standard that we have used for the CWI (Land et al. 2001) is a “best practice” standard, where best practice refers either to the

- ✓ “best historical value” of each indicator ever observed in the U.S., (or the goals for *Health 2010*) or to the
- ✓ “best internationally observed” value of each indicator among countries for which data on the indicator are available.

The intent is to see how much improvement could be gained if the “best” values could occur compared with the 1975 base year values. Recent calculations of the best values the CWI would obtain if all of the 28 indicators were at their best values are:

- ✓ 126.53 for historical best-practice U.S. values, and
- ✓ 147.36 for international best-practice values.

These best-practice values of the CWI indicate that, as compared to recent CWI values just over 100, the CWI could be approximately 25 percent higher if all of the 28 indicators in the Index were at their best values ever recorded in the U.S. The international best-practice value is an even more stringent external standard by which to assess recent levels of the CWI. This is due to the fact that no nation is at the best internationally observed value on all 28 indicators. At the same time, however, it presents an extremely exacting criterion by which to assess the recent performance of the CWI in the sense that it indicates that, if the U.S. were at the best internationally observed values on all 28 indicators in the Index, then its recent values would be close to 50 percent higher than they have been. Suffice it to say that by either external standard there remains much room for improvement in child and youth well-being in the U.S.

DISCUSSION AND CONCLUSIONS

The Child Well-Being Index is a useful tool for examining the well-being of children and youth and has been used in a variety of ways to examine this topic. In addition to the work described in this paper, other topics have been explored. We have focused on gender differences and disparities in CWI (Meadows et al., 2005) and found that both boys and girls well-being had improved since 1985 and that their disparities had decreased. Both girls and boys had domains in which they excelled and domains in which there needs to be improvement. Hernandez and Macartney (2008) examined racial and ethnic-specific well-being indices as well as disparities. Black, white, and Hispanic CWIs increased between 1985 and 2004, however there were great black-white and

Hispanic-white disparities over that period. Fortunately, both sets of disparities were decreasing by the end of the period under study.

The overall CWI uses indicators that date back to 1975. New indicators, particularly tapping well-being domains of younger children, have been developed since that time. We have created an expanded CWI (Land et al., 2007), which incorporated more recent indicators. The trends were very similar to that of the original CWI. Other uses of the CWI can be to compare the well-being of age groups or to focus on a particular geographical area or the 50 United States (O'Hare and Lamb, 2004).

In sum, this paper commenced with the basic social indicators question: How are the kids doing? It has described the approach taken to answering this question in the work we have done on the Child and Youth Well-Being Index and its empirical applications to the United States. The following overall conclusions are based on these analyses:

- *Trends:* The composite CWI revealed a substantial recession in overall child and youth well-being in the late-1980s and early-1990s. This was followed by substantial improvements in the 1994 to 2002 period to levels just above those of a generation ago. Since 2002, the CWI indicates a period of stagnation-slight decline in well-being.
- *International Comparisons:* Among English-speaking nations, child well-being in the U.S. appears to be in the middle of the pack—ahead of New Zealand and the U.K. but behind Canada and Australia.
- *Best-Practice Analyses:* These show that there is much room for additional gains in the well-being of America's children and youth.

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