

## **Toward a Theory of Child Well-Being**

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### **Abstract**

Assuring the well-being of children has emerged over the past several decades as an important goal for health and social policymakers. Although the concept of child well-being has been operationalized and measured in different ways by different child-serving entities, there are few unifying theories that could undergird and inform these various conceptual and measurement efforts. In this paper, we attempt to construct a theory of child well-being. We first review the social and policy history of the concept of child well-being, and briefly review its measurement based on these conceptualizations. We then examine three types of theories of well-being extant in philosophy – mental states theories, desire-based theories and needs-based theories – and investigate their suitability to serve as prototypes of a theory of child well-being. We develop a constraint that child well-being is important in and of itself and not merely as a way station to future adult well-being (we call this a non-reduction constraint). Using this constraint, we identify the limitations of each of the three sets of theories to serve as a basis for a theory of child well-being. Based on a developmentalist approach, we then articulate a theory of child well-being that contains two conditions. First, a child's stage-appropriate capacities that equip her for successful adulthood, given her environment; and, second, an engagement with the world in child-appropriate ways. We conclude by reviewing seven implications of this theoretical approach for the measurement of child well-being.

### **Key Words**

Child well-being, philosophy, social policy, child development

## **1. Introduction**

Child well-being is an example of an object of scientific inquiry characterized by a plurality of approaches and measures. The notion of well-being of a child is also crucial to policy making, therapy, social work and, of course, personal deliberation and decision making about our lives. Yet, there is no explicit theory of child well-being underlying all of these valuable efforts (Pollard and Lee 2003; Axford 2009). Although there is a great deal of work on determinants and indicators of child well-being, there is neither consensus, nor much discussion on what *constitutes* child well-being. What exactly is it that is intrinsically good for children that our models of determinants study, and that our best measures detect? This is in stark contrast to the more general literature on well-being, in which theorizing about constituents of well-being is part and parcel of its empirical study (Diener et al. 2008).

In this paper we propose a theory of child well-being that can serve as a foundation for existing and future social science and policy work. We do not claim that such a theory must be prior to any empirical study of child well-being. (It is, after all, possible to study an object whose nature we do not fully understand). Our theory has three promises: a) to explain why child well-being specialists focus on the causal factors and indicators that they do; b) to synthesize the judgments of experts from psychologists, to social workers, to philosophers; and c) to provide guidance on how to improve existing measures of child well-being.

One obstacle to get out of the way is the idea that constituents of child well-being are obvious and commonsensical. Both history and philosophy show that it is far from being so. In sections 2 and 3 we show that the notion of child well-being did not always exist, and that its understanding changed dramatically throughout history. In section 4 we review its current measurement practices in the hopes of limning their presuppositions about what child well-being is. Still, measures are often based on indicators of child well-being rather than on its components; so for the candidate components we review current theories of well-being in philosophy. We find that none come readily equipped to handle the case of children; however, some approaches do provide useful resources for building a theory. In our concluding sections, we propose what we call a Two Source theory and explore its payoffs, especially its implications for measurement and construct development.

## **2. Historical Conceptualizations of Child Well-Being**

For much of human history, childhood for some seems to have been a stage best endured and survived rather than one best enjoyed and cherished (deMause 1995; Aries 1962). Writing in his *Politics* (Book II Part IV) Aristotle, for example, opposed Socrates' notion of holding children in common (as opposed to within families) because of the risk of incest when child sex partners were not recognized as kin (Aristotle n.d.), suggesting that the sexual use of children was accepted practice within Athenian society. The systematic abandonment of children – whether to be reared by others, to serve as pages or servants in wealthier households, or to be bartered as hostages or slaves – has been a persistent feature of society from Babylonian times through 17<sup>th</sup> century Ireland (Joyce 1968), seemingly unaccompanied by general social censure. And although whipping or mutilating children for disciplinary purposes had declined considerably by the 16<sup>th</sup> century, child labor was still seen as desirable and formed part of early social policy, such as Britain's Act for the Relief of the Poor of 1598 (Tucker 1995). Admittedly, many children in antiquity and medieval times did grow up within loving and nurturing households, especially in western Europe (Pollock 1983; Hanawalt 1993). But for others, childhood was a generally hazardous period of one's existence.

Four interrelated developments in the 17<sup>th</sup> through 19<sup>th</sup> centuries increased the importance of children. First, western Europe and northern America began their demographic transitions from high-fertility, high-child mortality societies to ones characterized by lower fertility and lower child mortality (Teitelbaum 1984; R. D. Brown 1976). As children became fewer, they became more valuable. Second, the rise of the industrial revolution in 18<sup>th</sup> century dramatically expanded the entry of children into organized labor; children, consequently, had far greater economic value than they had ever enjoyed throughout human history (Thompson 1968). Third, by the late 19<sup>th</sup> century in America, greater emotional investments in children rendered their economic utility as wage earners “radically incompatible” (Zelizer 1985). Soon, children began exiting the labor market; parental emotional investments in their children was quantified economically, and used in legal compensation when wrongful death or injury to a child occurred; child life insurance changed from compensation for lost income and burial charges to coverage for parental emotional loss; and children began to be seen as having an intrinsic supra-economic worth – a special category to whom theories of labor economics did not apply (Dobbin 2004). Finally, the influence of Enlightenment thinkers like Rousseau, who argued for developmentally-appropriate education, accelerated educational opportunities for middle-class children, adding to their human capital (Rousseau et al. 2010). Rousseau’s ideas had far greater influence in America than in France; in the 18<sup>th</sup> century a third of all French children were abandoned, at a time when the Puritans in Massachusetts outlawed the practice and required parents to care for their children (Sealand 2003).

### **3. The Policy History of the Notion of Child Well-Being**

The emergence of children as social entities – instead of as purely intrafamilial entities – in the 18<sup>th</sup> century led to societal attempts to enforce their care. Now, this is not to say that there were no systematic efforts to protect children prior to the 18<sup>th</sup> century. In fact, in an attempt to prevent population decline in Rome, legislation treating infanticide as murder had been enacted in 374 CE, ecclesiastical authorities in the 4<sup>th</sup> century had begun to require the reading of the names of abandoned children in churches where they could be adopted, and the first orphanage had been established in Milan as early as 787 CE (deMause 1995). But these efforts were principally local, and did not seem to represent organized societal efforts towards the safeguarding of children. The British Parliament’s passage of legislation aimed at relief for the poor in Elizabethan England in 1598, and then again in 1601, were early examples of state policymaking for the protection of children. Despite such pioneering legislation, state intervention in matters of the family in Britain, the Netherlands, and France was undertaken with ‘reluctance’ (Levene 2006).

American social policy did not share this reluctance (Simms 1991). Paying families to take care of neglected children dates back to 1868 when the state of Massachusetts began paying board rates of \$2 a week to families who took a child into their homes (Bremner 1970). While perhaps motivated by a desire to minimize economic exploitation of the placed child and to protect them from institutional care, the system was also motivated by a desire to accelerate the placement of those difficult to place – the child with physical and mental disabilities. This focus on disability marked an expansion of the targets of social policy directed at children and, consequently, an expansion of what assuring well-being actually meant. Hitherto, the purpose of policymaking had been principally protective in nature, guaranteeing the safety of children, their feeding and shelter, and their protection from physical or sexual exploitation. Beginning in the 1890s, policymaking embraced “child saving,” which involved removing children from almshouses, creation of societies to prevent child cruelty, deinstitutionalization of children into foster homes, reformation of juvenile justice by the introduction of courts focused on youth and the expansion

of probation, educational reform, promoting playgrounds for children, and efforts to reduce child mortality and infectious disease (M. B. Katz 1996).

Federal policymaking soon not only expanded the notion of well-being at the child level, it also expanded it to the child's parents and other caregivers (Bornstein et al. 2012). This social-ecological approach to child well-being is illustrated by the passage of the Aid to Dependent Children legislation as Title IV-A of the 1935 Social Security Act. Under the provisions of this legislation, poor families that would otherwise have had to give up their children to orphanages or into foster care could now receive support that would enable them to keep their children with them in their own homes (Hacsi 1995). The passage of the Adoption Assistance and Child Welfare Act of 1980 created a new title, Title IV-E of the Social Security Act, and made available federal funding for in-home services, efforts toward early family reunification, and other programs intended to prevent families from breaking up.

Child well-being emerged as an explicit target of Federal policymaking with the passage of the landmark 1997 Adoption and Safe Families Act (ASFA), which recognized that the needs of children presenting to child protection and child welfare agencies in the United States were becoming increasingly complex (English and Freundlich 1997). ASFA added a metric of *well-being*, and required that states show progress towards assuring the well-being of children within their care and custody. Well-being was operationalized into three domains: (1) Families have enhanced capacity to provide for their children's needs. (2) Children receive appropriate services to meet their educational needs. (3) Children receive adequate services to meet their physical and mental health needs (United States Department of Health and Human Services. 2006) .

Although ASFA is perhaps the most explicit legislative effort to promote child well-being, it is but one thread in the warp and weft of American policy towards safeguarding the well-being of children. Child-oriented policy today has been enacted by a variety of regulatory agencies concerned with welfare, health, education, and labor. Each of these agencies has conceptualized child well-being in different ways – family support, health services, educational access, and delayed entry into the labor market, among others. For instance, passage of income support policies (“welfare reform”) occurred with the support of three major children’s advocacy organizations, which presumably recognized the central role of economic support to families in assuring the welfare of children (Weaver 2000). Mandatory immunizations and many provisions of Medicaid were expressly designed to resource the preventative and curative healthcare needs of children (Olson 2010; Engel 2006). The Fair Labor Standards Act of 1938 barred the employment of youth under the age of 17 years in hazardous industries, and an amendment introduced in 1974 further restricted children under the age of 12 from working on farms (Whittaker 2004). In the field of education, school attendance was made compulsory for children between the ages of 7 and 14, first in Massachusetts in 1852, and then in other New England states (M. S. Katz 1976). These efforts at school-aged children soon expanded to younger children. The Sheppard-Towner Maternity and Child Protection Act of 1921 sent female nurses into homes of infants and young children, examining their little bodies and advising their mothers about proper child development (Nolan 1998). Nursery schools, established by the Works Progress Administration in the 1930s, and Head Start established in 1965, greatly expanded the role of government in assuring the social and cognitive development of preschool children (Sealand 2003; Zigler and Muenchow 1992). Nor has the physical health of children been neglected; from governing milk safety standards (Duffy 1990), to mandating physical education in schools, to restricting (unsuccessfully) the size of carbonated beverage containers

in New York (Buckley 2013), government agencies have attempted various ways to assure the well-being of America's children.

This bewildering array of the goals of all of these efforts aimed at well-being is informed by what we referred to earlier as a model of the main determinants of child well-being. Policymakers in education, for example, and quite reasonably, conceive of child well-being with respect to the child's social-cognitive status and attempt to find ways to maximize her educational achievement ("school readiness"). This approach also dominates current approaches to measurement, as we shall see below.

#### **4. The Measurement of Child Well-Being**

As we have seen, the history of the concept of child well-being is a progression from an emphasis on child protection (or child welfare, or child saving) to the aspiration that all aspects of the ontology of childhood should be promoted – intrapersonal, interpersonal, familial, and social – called child development or, in our usage, child well-being (A. Ben-Arieh 2010). This aspiration has resulted in a concomitant expansion in measuring child well-being, or developing indicators of well-being (Lippman 2007). Well-being today is seen as ecological, with measurement approaches transcending an intrapersonal focus and encompassing at least parts of a child's lived experience. In such cases, assessments, instruments, and tests cede to broader indicators that track the well-being of children at a social, national, or international level (A. Ben-Arieh and Goerge 2006).

Although social indicators have existed since the 1960s, the United Nations Children's Fund's (UNICEF) release of its *State of the World's Children* report in 1979 accelerated the development of child well-being indicators by national bodies (A. Ben-Arieh 2010). Initially focused heavily on child survival and other child health outcomes, the current 2012 report, titled *Children in an Urban World*, has 13 domains of well-being (United Nations Children's Fund 2012). These include traditional survival indicators ("basic indicators"), in addition to others contained in domains of children's nutritional status, health risks, HIV/AIDS prevalence, educational access, demographics, family economic status, women's status and health, child protection, temporal trends in a variety of areas, adolescent health, and two sections on health and social equity. The Child Health Indicators of Life and Development (CHILD) project, conducted as part of a European health monitoring program, identified 38 national indicators grouped within 4 domains – demographic and socio-economic, child health status and well-being, health determinants with risk and protective factors, and child health system and policy (Rigby et al. 2003). Other pan-European efforts include one by Bradshaw and colleagues, who assess the performance of European Union member states on 8 clusters (children's material situation, housing, health, subjective well-being, education, relationships, civic participation, and risk and safety). The Child and Youth Well-Being Index is another multidimensional measure that captures 28 indicators across 7 domains and explicitly tracks them over time (Land et al. 2007; Land et al. 2001). These 8 clusters contain 23 domains, which in turn contain a total of 51 indicators (Jonathan Bradshaw et al. 2007). In the United States, the Federal Interagency Forum on Child and Family Statistics has published national indicators of child well-being grouped into 7 domains: Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health (Federal Interagency Forum on Child and Family Statistics 2012). All of these are examples of the social indicators approach to measuring well-being (B. A. Brown and Moore 2005).

Such global and multidimensional indicators reside along with, instead of in opposition to, indicators developed within a single discipline and serving the needs of professionals within that

discipline. Growth charts used to monitor the physical stature of infants are examples of an index that is unidimensional, is exclusively child-focused, and is used in pediatricians' offices worldwide (Ziegler and Nelson 2012). Recognizing the differing needs of child welfare professionals, a measure of child well-being in the child welfare field (Magura and Moses 1986) defines child well-being in terms of context alone (caregiving environment, and adjustment, which can be thought of a response to this environment). Only 4 out of its 43 scales addresses children's functioning. The design and use of indicators, therefore, is primarily to serve the needs of the individuals using them.

Indicators of child well-being are also dynamic. In his review of changes in child indicators, Asher Ben-Arieh notes a total of 9 changes: a shift in focus from survival towards well-being, a shift from examining negative outcomes to studying positive outcomes, the increasing incorporation of a child rights perspective, an emphasis on the child's current (rather than future) well-being, the development of indicators that cut across professional disciplines, the incorporation of children's perspectives on well-being, the expansion of units of analyses from nations to other geographic units, the growth of composite indices, and an increasing policy relevance to such indicator development efforts (A. Ben-Arieh 2010).

Synthetic approaches that attempt to construct conceptualizations of well-being – not necessarily focused on constructing indicators – also abound. Wulczyn and colleagues propose a conceptualization of well-being that recognizes that a child lives within his/her social ecology as well as exo- and macro-systems comprised of child serving agencies and policies and cultural norms; that recognizes that children display trajectories of competencies, risk of maltreatment, and consequent use of different types of services depending upon their age; and that preventative and empirical approaches can best serve their needs and contribute to their well-being (Wulczyn et al. 2005). Other approaches apply theories drawn from philosophy, such as the capabilities approach (Nussbaum 2011), to child well-being using empirical data (DiTommaso 2006).

## **5. Theories of Well-being**

This last set of projects, which attempt to develop unitary conceptualizations of child well-being, is our starting point. We are looking for a unified theory of that which the diverse indicators measure. A natural place to start is by looking at theories of well-being developed by philosophers. These theories have been in the making since Plato and Aristotle, and are well worked out by now. Although they are not specifically about children, they are not about adults either. Rather, these are theories of what is intrinsically good for a person in the most general sense, all things considered, independently of who the person in question is and, importantly, independently of what is morally or aesthetically good.

A common classification of theories of well-being divides them into mental states theories, desire-based theories and needs-based theories [(Parfit 1984), also see (Crisp 2008) for an overview and references to standard literature]. The best known *mental state* theory is hedonism – to do well is to feel well over the course of one's life, that is to have a positive mental state. Other, mind-independent, features of the world do not matter directly. Well-being is just happiness. Despite common misconceptions, hedonism does not recommend a hedonistic life style (since that may not be appropriate for sustaining a positive mental state in the long run), and it does not claim that achievement, friendships and authenticity are unimportant (they can be, but only instrumentally, as means to achieve a positive mental state).

*Desire-based* theories are importantly different because they ground well-being in the actual fulfillment of the individual's desires (or preferences, or values, or a life plan), not just in how the individual feels about their fulfillment. These theories are known as subjectivist because they take most seriously the requirement that the person's well-being be determined only by her individual commitments. If she does not think it is important to her to feel good, for example, this must be respected. Still, most desire theorists introduce some constraints on what desires are constitutive of well-being. Not just any - it is usually thought - but only the fulfillment of considered or rational or informed desires, is most conducive to the attainment of well-being.

*Needs-based* theorists usually operate with a notion of human nature – there are certain things humans need in virtue of being the kind of animals they are. They do need happiness (as hedonists insist), and maybe even fulfillment of one's own individual life plan (as subjectivists insist), but they also need genuine relationships, and perhaps also contact with truth and beauty and other objective values. Humans need them whether they like it or not, which is why these theories are sometimes called 'objectivist'.

Our goal here is to test these theories as candidates for a theory of child well-being. Can they be straightforwardly extended to the case of children? Probably not, given that they were not created with children, but rather with a generic human (or animal, in the case of hedonism), in mind. While philosophers from Aristotle to Rousseau and beyond have been concerned with children in some way or another, they have not been concerned with developing a theory of well-being specific to them. It is unclear what explains the absence of a theory of child well-being. Most likely it stems from the dominant and longstanding view of children as merely future adults, who, as a result, do not require a theory of their own. The deficiency model of childhood, according to which a child is defined as an incomplete or immature adult, is a natural companion to this view; see (Matthews 1994). By extension, the generic theory of well-being should be used for adults, and a child is doing well to the extent that he becomes a well-functioning adult. From this perspective, it makes sense to measure child well-being by measuring indicators of successful adulthood, and remnants of this concept persist today in notions of "well-becoming" (Asher Ben-Arieh and Frønes 2011).

A solely future-based orientation is, however, limited. Children are, of course, in part future adults, but they are also something more [e.g., see Alison Gopnik for her view that "children and adults are different forms of homo sapiens" (Gopnik 2011)]. Hence, a theory of well-being for them has to be more than a theory for emerging adults. When developmental psychologists, social workers, and teachers worry about what is good for children, they do and should worry about more than just how to make children into successful adults. They are also concerned with a more philosophical and more fundamental question about the nature of a good childhood, independently of the outcomes it leads to in adulthood, and how to ensure that every child has a reasonable chance at a "good" childhood. It is thus a constraint on a theory of child well-being that it does not reduce childhood into a mere stage on the way to adulthood, but treats it as something important in and of itself. We call this the *non-reduction constraint*, and we can now test if existing theories of well-being can be extended to children while satisfying this constraint.

Applied to children, hedonism states that a child's life is going well to the extent that this child has a positive mental state, be it happiness, pleasure, satisfaction, or some other characterization. The non-reduction constraint means that we must specify that this positive mental state occurs during childhood, not throughout the child's future life, or in adulthood. Applying this constraint implies that a child who was unhappy during childhood but "caught up" on happiness in adulthood does not come out as having had a good childhood. (Of course, this

is perfectly compatible with hedonism without this constraint – there are probably several happy adults who have transcended unhappy childhoods. But we are concerned here with happiness during childhood – *child* well-being – not with its adult manifestations.)

Hedonism applied to children faces two problems that preclude it from being a suitable theoretical basis for child well-being – a positive mental state is neither (a) sufficient nor (b) necessary for well-being. Normally, philosophers dispatch the (a) sufficiency by appealing to the experience machine argument – who would think that a child hooked up to a machine that gives her a reliably positive mental state is doing well? (This is the central conceit in the 1999 science-fiction film, *The Matrix* and a scenario popularized in philosophy by Robert Nozick.) But in case of children, we do not need to resort to this standard trick. Childhood is the time for developing crucial skills – learning to communicate, to secure attachment, to love and to trust, learning to use one’s body and mind to the extent that we are able – and it is the **only** time humans can acquire these skills. In other words, due to complex neurobiological maturational processes, a critical period, or window, exists within which mastery of these skills has to occur (Rice and Barone Jr 2000). A dramatic example of insufficiency of mental state accounts are children who grow up in orphanages and institutions under conditions of social deprivation (Nelson et al. 2007). Prospective parents who visit them are often struck by their emotional blankness, equanimity, lack of crying, and a seemingly detached mental state – but positive only in the sense that their terrible state is not worth getting upset about since nobody will come to their rescue. This is a variant of learned helplessness described in psychology (Abramson et al. 1978), or of adaptive preferences described by Amartya Sen and Martha Nussbaum (Teschl and Comim 2005).

What about the argument against the (b) necessity of a positive mental state for well-being? One way to support this argument is to recognize that children’s emotional apparatus is not mature enough for their emotional state to properly reflect (and reflect upon) what is happening to them (Schore 1994). Children often exhibit highly labile emotional states, such as tantrums; yet, such tantrums are transitory and are rarely associated with residual deficits (Caspi 1987). A child who is well taken care of and loved, may not always be a happy child, even if she is happy generally. None of this is to deny the importance of happiness, laughter and joy for a good childhood, but it should be clear by now that as a theory, i.e. an account that specifies essential features of a good childhood, hedonism will not do.

Desire-based theories are equally unsatisfactory, but for different reasons. On any desire-based view, well-being consists in the fulfillment of the individual’s core commitments, which can be operationalized as her considered preferences (Sugden 2006), or rational aims (Scanlon 1998), or fully informed desires (Railton 2008). Any version of such a view postulates an intellectual capacity to form, to order and to evaluate goals, and to plan, tasks that require a high order of executive functioning that a child’s developing prefrontal cortex simply cannot support (Welsh et al. 1991). This is why societies impose minimum age limits for tasks that require higher levels of maturity and judgment, such as consuming alcohol, driving automobiles, or voting.

Of course, a desire theorist can appeal to adult desires in order to underpin child well-being. For example, a rational adult may form preferences about how she would wish her childhood to have gone in order to best equip her to pursue her aims in adulthood. Those preferences would then underwrite this person’s well-being as a child. But this does not give us any guidance as to the core features of child well-being and how we might go about measuring them. Also, from a methodological perspective, should we ask successful and rational adults to reflect about their own childhoods? Such efforts can easily be tainted given what we know about the susceptibility



to suggestion of childhood memories from forensic settings (Pezdek and Banks 1996), and of problems associated with their recall during adulthood (Maughan and Rutter 1997). Finally, this approach fails our non-reduction constraint, as now child well-being has become entirely a matter of adult preferences.

Need-based or objectivist views hold greatest promise for a theory of child well-being. Most such theories have roots in Aristotle's conception of *eudaimonia*, best translated as flourishing or excellent functioning in accordance with the organism's nature. Aristotle's original proposal appealed to rational exercise of distinctly human virtues such as prudence, courage and benevolence – a theory we should reject because, just like desire-based views, it demands the impossible of children. But there is a set of Aristotelian proposals that are far more applicable to the case of children. One that is especially promising is Richard Kraut's *developmentalism* according to which well-being is "flourishing, that is possessing, developing and enjoying physical, cognitive and emotional powers of human beings, at whatever level that is appropriate to their stage of development." (Kraut 2009).

Developmentalism is a good starting point precisely because it is already proposed with beings other than adults in mind and does not require ad hoc moves to accommodate children. Still, there are two important gaps in the developmentalist proposal as it stands.

The first gap is specifying the relevant powers that constitute flourishing. Kraut talks of cognitive, social, affective and physical skills, but says there is no mechanical procedure for making the list more precise; there are also some natural capacities that would be bad for us to develop. Instead, we start with some obvious examples (enjoying dinner with friends is good for us because it actualizes our powers of eating and socializing) and watch them fall into a pattern.

The problem though is that this method of generalizing from obvious examples cannot take us very far. Some natural capacities are bad for us to actualize, as Kraut accepts. For example, he claims that experiencing pain is bad for us (except instrumentally) even though it actualizes the power of our organism to respond to harm. Same with our powers to rape, to kill, and to pick our noses. So which powers exactly are good for us, and how do they trade off against each other? Other than appeals to common sense, we have no tools to answer these important questions. Kraut's theory has been criticized on all of these grounds (Sobel 2011), and developmentalism requires further development in order to evolve into a fully fledged theory of well-being, let alone for child well-being.

The other problem with developmentalism is the proper place of cultural and historical context. Kraut recognizes that some capacities depend on the existence of context, and so components of flourishing will change with changes in culture and history. But he also claims that developing our capacity to manipulate formal mathematical structures is good for us universally, not just relative to a culture. Clearly, a more straightforward and explicit incorporation of ecological, social and cultural context into a theory of child well-being is required, one that distinguishes between the universal and the particular, given a child's social ecology.

## **6. A Theory of Child Wellbeing**

This examination of existing measures and theories of well-being allows us to unify several crucial insights, and outline a theory of well-being. As we have seen, measures of child well-being are invariably partially objective and multi-dimensional. This reflects the intuition that children's mental states or stated desires can be neither the sole constituent, nor even a good indicator of their well-being.

Multidimensionality of measures points perhaps to the existence of several preconditions in a child's life or several capabilities, the actualizations of which are crucial to this child's good functioning. Both of these elements fit well in Kraut's developmentalist framework outlined above. Developmentalism itself points to the forward-looking nature of well-being, which is especially suitable to the case of children. And finally, the non-reduction constraint means that our theory should capture something specific about children as their own beings and not merely future adults.

Given the above, a theory of child well-being can be articulated as follows. A child is doing well to the extent that she:

1. Develops those **stage-appropriate** capacities that would, for all we know, equip her for **successful future**, given her **environment**.
2. And engages with the world in **child-appropriate** ways, for instance, with curiosity and exploration, spontaneity, and emotional security.

The terms in bold are key elements of this theory. **Stage-appropriateness** reflects the fact that any theory of child well-being should be developmental, with the "whats" changing as a function of "whens", relative to a child's developmental age. (We avoid the term 'age-appropriate' to accommodate the facts of disability and variation among children's ability to develop.)

**Successful future** is supposed to represent the idea that child well-being is *in part* well-becoming (Asher Ben-Arieh and Frønes 2011) and captures success at any stage of the future of a child including adulthood. Indeed, anyone's well-being is in part well-becoming; for children, the forward-looking component is especially crucial because many of the skills they are developing can only be acquired in childhood, and the ultimate purpose of such acquisition is the successful use of these skills in adulthood. **Environment** reflects the fact that both age-appropriateness and successful future depends in part of the social, economic, cultural environment. Children exist within a complex social ecology, and well-being is in many ways a goodness of fit between the child and her environment (Earls and Carlson 2001). This is the extent to which well-being is context-relative. But this relativity does not imply that *any* capacity actualization goes, so long as it suits the socio-cultural conditions. The notion of successful future is normative and can constrain the range of capacities that Condition 1 allows. For example, just because pick pocketing gives a child a shot at a future, does not mean it necessarily satisfies Condition 1, because it may not give her a shot at a *successful* future. What constitutes a successful future is, of course, a big question, one which we do not pretend to answer. Conceptually, the notion of child well-being depends on the notion of successful adulthood, but for purposes of measurement we can rely on an overlapping consensus within a given community about what it means to function well as an adult (Keyes et al. 2002).

Recall the "which powers?" problem faced by Kraut's developmentalism. Condition 1 of our theory answers this question by appeal to future outcomes within a given environment. At the within-child level, there is much empirical evidence that mastery of certain critical internal states during childhood presages successful adult mental health and physical health outcomes. For example, the ability to develop stable and secure attachment to an adult figure during infancy and early childhood seems to confer protection against the development of mood and anxiety disorders later in life (Warren et al. 1997). The psychological security engendered by stable attachment also seems to encourage exploration, something that is critical if children are to fully actualize their childhood (Grossmann et al. 2008). The ability to secure attachment is one example of the set of skills needed for a successful adulthood – the acquisition of self-

regulation, the ability to communicate and to learn, and the ability to form social relationships, among others (Shonkoff and Phillips 2000).

If Condition 1 attempted to specify the future-directed aspect of childhood, the Condition 2 tries to specify the 'here and now' aspect, for which we have laid the foundation previously. A good childhood is valuable not only because it leads to successful adulthood, but also for its own sake. What is it that is valuable in childhood for its own sake? Condition 2 introduces the notion of "child-appropriate ways" of relating to the world. What are these ways? To specify them we cannot appeal to the future outcomes, or the child's desires, nor solely the child's mental state. We treat child-appropriate ways as a combination of emotional outlook and behaviors, characteristic of well-faring children. Specifying these ways precisely and in a non-circular way is much of the task of disciplines as diverse as child psychiatry (Gemelli 1996) and population health (Hertzman and Wiens 1996). One way to reify these ways is to appeal to a prototype of "normal childhood" (Dixon and Stein 2006). There is a peculiar child's way of looking at and relating to the world that involves attachment to humans and inanimate objects, exploration and curiosity, spontaneity, and the acquisition and expression of other behaviors. Each of these behaviors, attitudes, and modes of interaction change over time as the child's brain matures and she acquires additional sociocognitive, sensorimotor, and executive capacity. It is to this constellation of normative child development that is critical to a healthy childhood that we refer in our condition 2.

Let us call this the *Two Sources* theory of child well-being to emphasize its main disagreement with the existing theories of well-being in philosophy. Conditions 1 and 2 are both necessary and jointly sufficient for child well-being. Neither can be reduced to, or traded off against, the other. Nor can it be articulated in terms of mental states or desires as hedonists and subjectivists would insist. Although there is a lot more to say on the precise ways of filling out the Two Sources theory, we can already begin to appreciate its payoffs. As promised, the theory explains why the best of the existing measures focus on future-oriented determinants: it is because certain factors, more than others, predict successful adulthood as Condition 1 urges is essential. Condition 2 explains dissatisfaction with measures that are solely focused on well-becoming and the proliferation of subjective approaches. Our second goal was to systematize the diverse intuitions of experts on child well-being such as the role of ecology, children's distinctness from adults, and the unique developmental role of childhood. Our third goal for the theory is to be a catalyst for better measurement, to which we now turn.

## **7. Implications for Measurement**

This paper has primarily focused on examining, refuting, and synthesizing a theory of child well-being; as such, a full treatment of the implications for such a theory for purposes of measurement is beyond the scope of this paper. However, such a theory has seven principal implications for the evaluation and further development of the measurement approaches that we have discussed earlier in this paper, which we discuss below.

First, Condition 1 implies that measures of child well-being should incorporate not only subjective perceptions but also objective outcomes. In the current state of knowledge, objective measures, such as those capturing mental and physical health, family and belonging, safety, permanence, and educational achievement are associated with a range of positive outcomes in adulthood. It is conceivable that at some point, as subjects mature, subjective indicators of happiness and quality of life become more and more appropriate and even exhaustive. Now, researchers have used first person reports to measure well-being of adolescents in scientifically rigorous ways ((Yarcheski et al. 1994) among many others), and the Children and Young

People's Outcome Framework captures important positive attitudes about their lives, subjective feelings of fitness and health, and a set of indicators covering enjoyment and achievement in school, sports, the arts, and social skills (J. Bradshaw 2006). While such approaches are important in capturing the 'here-and-now,' the future orientation of Condition 1 suggests that their assessment must not come at the expense of more objective measures such as – for example – those capturing the experience of bullying, use of substances, and school readiness, as captured by the Child Trends indicators (Child Trends 2014).

Second, Condition 1 (and developmentalism, in general) implies that child well-being is invariably a developmentally-situated notion. Measures of well-being, therefore, have to incorporate stage-appropriate variations in the achievement of various domains of achievement, each of which can change over time (Land et al. 2007). Measures such as the EU25 Child Well-Being Index are explicitly designed to measure domains of relevance to younger children (such as brushing teeth more than once a day, or eating breakfast daily) but also to older youth (such as youth labor market participation) (Jonathan Bradshaw et al. 2007). Other examples that take a developmental approach include the youth development set of Child Trends indicators (Child Trends 2014), and those measuring attainment of varying levels of cognitive development and education (Lippman et al. 2011). Clearly, there may be indicators of child well-being – such as growth charts – that are unidimensional and do not require adaptation to the child's age (the outcomes of such measurement are what vary with respect to the child's age, not the measure itself). Such instruments are, however, few and far between, and developers of indicators need to explicitly justify the temporal applicability of their measures.

Third, Condition 1 recognizes that differently abled children cannot automatically be assumed to be deficient in child well-being. While disability may restrict the scope of activity of childhood, and may make certain childhood experiences and processes harder to accomplish or achieve, indicators of well-being require adaptation if they are to do justice to the ontology of childhood disability. Many indicators capture the presence of disability – e.g., the presence of learning disabilities in Child Trends set of educational indicators (Child Trends 2014), or the ones proposed for Ireland's National Children's Strategy (Hanafin and Brooks 2005). But there seem to be few approaches to adapting well-being measurement to account for children with disabilities, something that future work will need to address.

Fourth, Conditions 1 and 2 recognize that well-being is inherently an "ecosocial" or contextual notion, rooted within the social ecology of the particular child. Such social ecologies vary by childhood condition (such as poverty), geographical location (well-being may look very different in a low income country), or other such contextual factors as cultural norms or roles (Weisner 1998). While some measures of well-being may be context independent (especially relational measures described earlier), others may be a function of their local circumstances. If so, comparing child well-being across national and historical environments, though important, is fraught with danger. For example, the number of 1 year olds immunized against measles (an indicator within the Health domain of the UNICEF indicators) is an assessment of health system performance as measured on the child. The fact that Austria has only 76% of its children immunized against measles – an immunization rate shared by Congo – does not necessarily imply that those two countries have equivalent health system performances with respect to childhood immunizations. Using child-level or population-level indicators to make cross-national comparisons of ecological phenomena is challenging, and work that identifies 'core indicators' that can be reliably and validly used for such cross-national comparisons is necessary.

Fifth, being mindful of social ecology means that indicators not presume normative child rearing practices. Continued breastfeeding at age 2 [an indicator within the Nutrition domain of the UNICEF indicators referenced earlier (United Nations Children's Fund 2012)], for example, presupposes the availability of the mother (a condition that may not be met for some infants in the child welfare system), the ability of the mother to produce milk (a condition that may not be met in cases of maternal nutritional deficit), and the notion that this is a normative child feeding practice within her community. Relatedly, the achievement of several indicators is conditional upon health knowledge (in the above example, of the importance of breast milk for infants). Hence, assessing health knowledge – in the way that these UNICEF indicators assess knowledge of HIV/AIDS, for example – is critical to the interpretation of attainment of indicators.

Sixth, indicators can either be transitive – being based on the successful attainment of prior indicators – or final, and measurement models should ideally consist of a mix of the two. Consider the UNICEF indicators referenced earlier (United Nations Children's Fund 2012). Participation in pre-primary school (an indicator within the Education domain), for example, is conditional upon successfully surviving past the period of infancy. Countries that have low infant survival can face a double jeopardy when it comes to reporting their pre-primary school participation rates.

## **8. Conclusion**

Given its plurality, the search for a unified theory of child well-being is a worthwhile endeavor for child theorists. In this paper, we outline a theory of child well-being informed by its myriad conceptualizations in history, policy, and philosophy, and draw upon theory building in philosophy to articulate its elements. This effort is necessarily initial, and future efforts that use other conceptual and methodological tools are critical to evolve a theory of child well-being that encompasses the totality of the ontology of a child.

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