

Innocenti Report Card 16

Worlds of Influence

Understanding What Shapes Child
Well-being in Rich Countries

Innocenti Report Card 16 was written by Anna Gromada, Gwyther Rees and Yekaterina Chzhen with contributions from Dominic Richardson, Céline Little and David Anthony. The report was fact-checked by Alessandro Carraro, supervised by Gunilla Olsson and Priscilla Idele and edited by Madelaine Drohan.

The United Nations Children's Fund Office of Research – Innocenti (UNICEF Innocenti) would like to acknowledge the generous support for *Innocenti Report Card 16* provided by the Government of Italy.

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

UNICEF Innocenti, 'Worlds of Influence: Understanding what shapes child well-being in rich countries', *Innocenti Report Card 16*, UNICEF Office of Research – Innocenti, Florence, 2020.

The *Innocenti Report Card* series is designed to monitor and compare the performance of economically advanced countries in securing the rights of their children.

In 1988, the United Nations Children's Fund (UNICEF) established a research centre to support its advocacy for children worldwide and to identify and research current and future areas of UNICEF work. The prime objectives of the UNICEF Office of Research – Innocenti are to improve international understanding of issues relating to children's rights, to help facilitate full implementation of the Convention on the Rights of the Child, and to support advocacy worldwide. The Office aims to set out a comprehensive framework for research and knowledge within the organization, in support of its global policies and programmes. Through strengthening research partnerships with leading academic institutions and development networks in both the North and the South, UNICEF Innocenti seeks to leverage additional resources and influence in support of efforts towards policy reform, in favour of children.

Publications produced by the Office are contributions to a global debate on children and may not necessarily reflect UNICEF policies or approaches. The views expressed are those of the authors.

The Office of Research – Innocenti receives financial support from the Government of Italy, while funding for specific projects is also provided by other governments, international institutions and private sources, including UNICEF National Committees.

Cover photo © Dissolve/fStop

©United Nations Children's Fund (UNICEF), 2020

ISBN: 978-92-1-103307-6

eISBN: 978-92-1-005303-7

Print ISSN: 1605-7317

Online ISSN: 2519-108X

UNICEF Office of Research – Innocenti

Via degli Alfani 58

50121 Florence, Italy

Tel: +39 055 2033 0

Fax: +39 055 2033 220

florence@unicef.org

www.unicef-irc.org

@UNICEFInnocenti

facebook.com/UnicefInnocenti/

Graphic design: MCC Design, UK (mccdesign.com)

Production: Sarah Marchant, UNICEF Innocenti

Innocenti Report Card 16

Worlds of Influence

Understanding What Shapes Child
Well-being in Rich Countries

EXECUTIVE SUMMARY

A new look at children from the world's richest countries offers a mixed picture of their health, skills and happiness. For far too many, issues such as poverty, exclusion and pollution threaten their mental well-being, physical health and opportunities to develop skills. Even countries with good social, economic and environmental conditions are a long way from meeting the targets set in the 2030 Agenda for Sustainable Development. Focused and accelerated action is needed if these goals are to be met.

The evidence from 41 Organisation for Economic Co-operation and Development (OECD) and European Union (EU) countries tells its own story: from children's chances of survival, growth and protection, to whether they are learning and feel listened to, to whether their parents have the support and resources to give their children the best chance for a healthy, happy childhood. This report reveals children's experiences against the backdrop of their country's policies and social, educational, economic and environmental contexts.

What makes a good childhood?

Good mental well-being

Feeling positive and being in good mental health are key aspects of quality of life. However, a striking number of children in rich countries do not have good mental well-being:

- In 12 of 41 countries, less than 75 per cent of children aged 15 have high life satisfaction.
- There are no reliable, comparable data on children's mental health across this set of rich countries. But suicide is one of the most common causes of death for adolescents aged 15 to 19.

Good physical health

Health indicators also highlight areas of concern:

- 1 in 15 infants in rich countries is born with low weight – a key risk to survival.
- In 10 countries, more than one in three children is overweight or obese. The number of obese children (aged 5–19) worldwide is expected to grow from 158 million to 250 million by 2030.

Skills for life

Many also lack basic academic and social skills by the age of 15:

- Two in five children (on average) do not acquire basic reading and mathematics skills by age 15. In seven countries, the number drops to less than one in two.
- For an equally important skill set – feeling confident in developing interpersonal relationships – most children agree that they make friends easily. But in 18 countries more than one in four children disagree.

Why do all children in rich countries not have a good childhood?

Poor-quality relationships

- Children view good relationships as crucial. Those with more supportive families have better mental well-being.
- Many children feel that they lack opportunities to participate in decisions at home and at school.

- Bullying by peers remains a serious problem; it has a lasting negative impact on relationships and health. Children who are frequently bullied have lower mean life satisfaction.
- In some countries, at least 1 in 10 parents report no family or friends they can count on for help with looking after their children.

Lack of resources

- In almost half of rich countries, more than one in five children live in poverty. In many countries, the poorest children are at greater risk of depression, obesity and low academic achievement.
- Children without books at home to help with school work suffer academically.
- More time playing outside is linked to much higher levels of happiness. Yet many children say that good play and leisure facilities are not available in their neighbourhoods.

Gaps in services

- Measles immunization rates have dropped in 14 out of 35 countries with available time-series data.
- Public provision of high-quality childcare provides a stimulating social and learning environment – and helps to reduce socio-economic disadvantage. And yet, on average, across 29 European countries, one in seven parents with a child under 3 has unmet childcare needs.

- Adolescents disengaged from education and the labour market face a difficult start to adult life. In five rich countries, more than 10 per cent of young people aged 15 to 19 are not in education, training or work.

Gaps in family policy

- In five rich countries, parental leave is less than 10 weeks (full-pay equivalent). Leave reserved for fathers makes up only one tenth of all parental leave.
- Expectations to prioritize work can lead to long hours and stress that reduce the time and energy parents have for their children. On average, two out of five employees in Europe found it difficult to fulfil family responsibilities at least several times per month.

The broader context

- Unemployment – which affects family relationships and child well-being – has still not dropped below its pre-Great Recession levels in some countries.
- In 11 of 41 countries, at least 5 per cent of households do not have safely managed water.
- High levels of air pollution still threaten the physical and mental health of children – who suffer the greatest harms.

What needs to be done?

For every child to enjoy a good childhood, UNICEF calls on high-income countries to act on three fronts:

- **Consult children.** They see things from a different viewpoint and express serious concern for the future of the environment, how much they value relationships and participating in decisions.
- **Connect policies.** Carefully integrated policies that complement and strengthen one another are key to improving child well-being.
- **Create strong foundations.** The Sustainable Development Goals provide a roadmap to ensuring child well-being now and for the future. Governments should intensify and accelerate their efforts to meet these goals, including:
 1. Reduce poverty, and ensure that all children have access to the resources they need.
 2. Improve access to affordable and high-quality early years childcare for all children.
 3. Improve mental health services for children and adolescents.
 4. Implement and expand family-friendly policies related to the workplace.
 5. Reduce the stubbornly high levels of air pollution.
 6. Strengthen efforts to immunize children against preventable diseases.

SECTION 1

INTRODUCTION

The COVID-19 crisis that has engulfed the world during 2020 presents new threats to child well-being. Even before the crisis, in the world's richest countries, the daily lives of millions of children fell far short of what anyone would call a good childhood. They suffered stress, anxiety and depression, lagged behind their peers at school, and were physically unwell. Living in a wealthy country did not bring them happiness. Nor did it guarantee them better health or education.

For the last 20 years, the *Innocenti Report Card* series has led the way in comparing children's well-being across rich countries. *Report Card 16* develops this further through a multi-level approach to show that children's well-being is influenced by children's own actions and relationships, by the networks and resources of their caregivers, and by public policies and the national context. This approach is aligned with the 1989 United Nations Convention on the Rights of the Child, in that it recognizes the

responsibilities of governments, families and communities to help realize children's rights and promote their well-being.

This report finds that many of the wealthiest countries do not manage to convert good economic and social conditions into consistently high child well-being outcomes. It shows that no country is a leader on all fronts, and that all 41 countries have significant room for improvement. Such improvement is urgently needed if the world's most affluent nations are to meet the commitments they made five years ago when they endorsed the 2030 Sustainable Development Goals. Yet there are worrying signs of back-sliding on aspects such as immunization, learning and mental health.

The COVID-19 crisis adds to these challenges. What started as a health crisis will spread to touch all aspects of economies and societies. Children will not suffer the worse direct health effects of

the virus. But, as we know from previous crises, they will be a group that experiences the longer-term negative impacts most acutely. In this report, we present a baseline picture of children's well-being in rich countries at the start of the current crisis. In a companion paper, we look ahead to how the crisis may affect child well-being over the coming years.

The time is right for countries to step up efforts to realize the rights of all children. A multi-level approach to child well-being can support this goal because it delivers a realistic picture. It clarifies the links between the outcomes of individual children, the people and communities around them, and the nation in which they live. Many countries have all the requisites – wealth, a clean environment and generous social policies – to support high levels of child well-being. Yet too many children in these countries still do not experience a good childhood.

Our framework

We view a good childhood as one in which children have a positive experience of childhood and the prospect of a good future.¹ We develop a multi-level approach to well-being and adapt it for international comparisons. Our model of concentric spheres of influence is similar to the one developed by American psychologist Urie Bronfenbrenner to explain how children interact with their environment and how this influences their development (see Figure 1).²

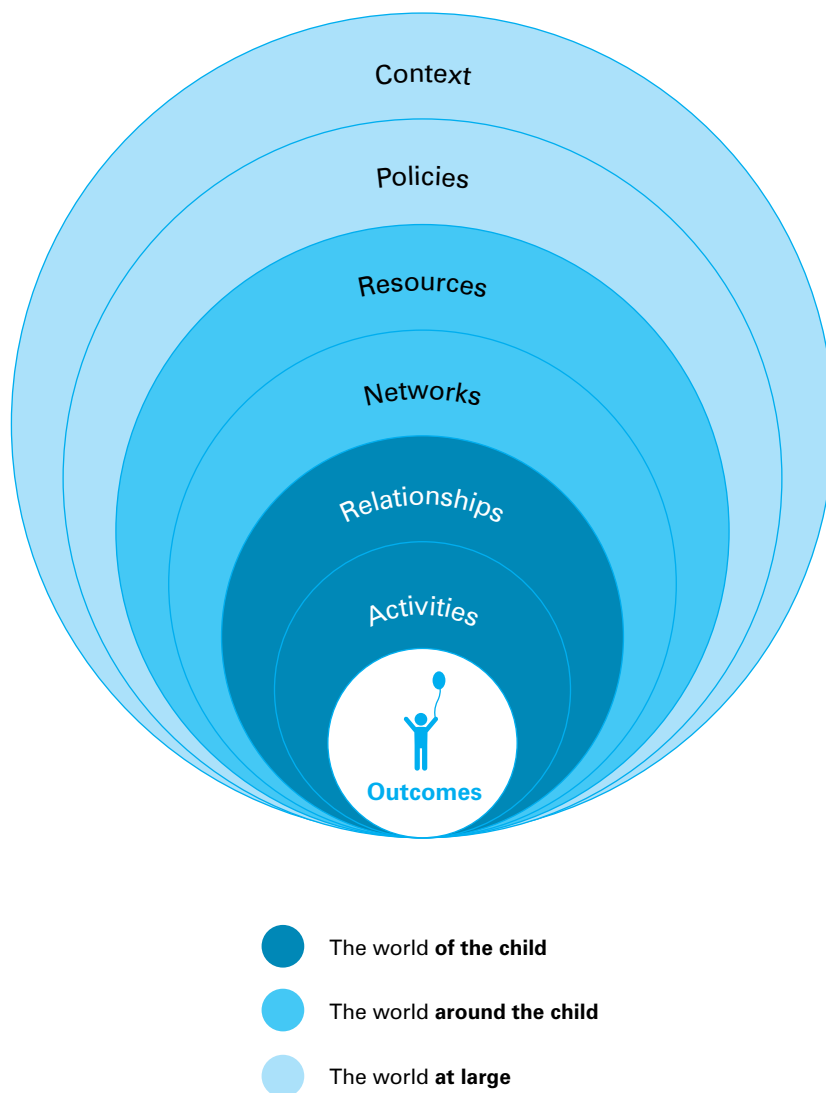
The child stands at the heart of the framework. Child well-being outcomes can be objective, such as child mortality or educational achievement. They can also be subjective and expressed from the child’s point of view, for example whether they are satisfied with life or feel they can make friends easily.

Outcomes are influenced by the world of the child, the world around the child and the world at large. The world of the child (in dark blue) represents factors experienced directly by a child: the child’s Activities and Relationships, such as those with family and peers. The world around the child (in medium blue) consists of Resources and Networks. Resources include children’s household economic status and the quality of the neighbourhoods they live in. Networks are the connections between people around the child, which the child may not directly experience, but which can affect their well-being. An example is work pressure on their parents. These four inner circles of the framework can explain variations *between* children *within* countries.

The world at large entails Policies and Context (the two outer circles in light blue). Policies refer to national programmes of direct relevance to the child, including social policy, education and health. Context includes broader

economic, social and environmental factors that influence child well-being either directly or indirectly. Policies and Context are national conditions for well-being that potentially explain variations in child well-being *between* countries.

Figure 1: A multi-level framework of child well-being



Spotlight 1 About the data used in this report

This is our third study of multidimensional child well-being in rich countries and it builds on our previous work. *Report Card 7* broke new ground by comparing child well-being across 21 countries. It had a major impact on public discourse and on policymakers. *Report Card 11* extended the number of countries to 29 and updated the rankings. *Report Cards 7* and *11* took a dashboard approach, assessing aspects of children's physical, cognitive and mental well-being side-by-side.

Report Card 16 introduces a multi-level framework and expands the coverage of child well-being both conceptually and geographically. It covers 41 high-income countries (members of the OECD and/or the EU). The report also adopts a broader outlook on child well-being. For example, we consider social skills to be of equal value to academic skills so we included a new indicator for making friends easily. We also pay more attention to environmental factors given how worried children are about the future of the planet.

These innovations, along with missing data, reduced the potential for comparisons of *Report Card 16* with *Report Cards 7* and *11*. Yet, to help with tracking well-being trends, we updated those elements of the previous *Report Cards* for which we have new data.

Criteria for data selection

Report Card 16 employs an array of data from high-quality administrative datasets and international surveys. Indicators were chosen to represent key concepts within our framework (see *Figure 1*). Our selection of key indicators for the league tables was guided by the following criteria:

- **Coverage.** Data should be available for the large majority of the 41 *Report Card* countries.
- **Recency.** Data relating to 2016 or later should be available.
- **Relevance.** The data should be relevant to cross-national comparisons.
- **Variability.** There should be enough variability in the indicators between countries to be informative.
- **Comparability.** The indicators should have the same meaning across cultures.

The last criterion presents challenges for objective and subjective indicators. For example, the number

of books that a child has at home is often used as an objective measure of home educational resources, but it may have different significance in different countries.³ Subjective indicators may also vary in meaning. For example, there may be cultural differences in self-evaluations of life satisfaction,⁴ although it is possible to explain most of the variation between countries in mean life satisfaction scores based on national social and economic conditions.⁵

Where a number of options met these criteria, we prioritized the continuity of indicators from previous multidimensional *Report Cards*.

Data gaps

In many cases our choices were limited or there was a lack of comprehensive data. Some of the most important data shortages or gaps that we highlighted in our search for indicators were:

- **Mental well-being.** There are limited data on children's positive sense of well-being and flourishing. The best indicator we could find – life satisfaction – was only available for 33 of the 41 countries. There is also a shortage of comparable international data on children's mental ill-health. We have used suicide rates as a proxy but for many countries these data were only available up until 2015.
- **Violence and protection.** We were not able to find any comparable indicators either on children's experience of violence or on child protection policies.
- **Participation.** Children's experiences of being able to participate, have their views heard or make choices are hardly covered in most international surveys. Only one such survey – Children's Worlds – which currently covers a minority of OECD/ EU countries, asks about these issues or about children's knowledge of their rights.

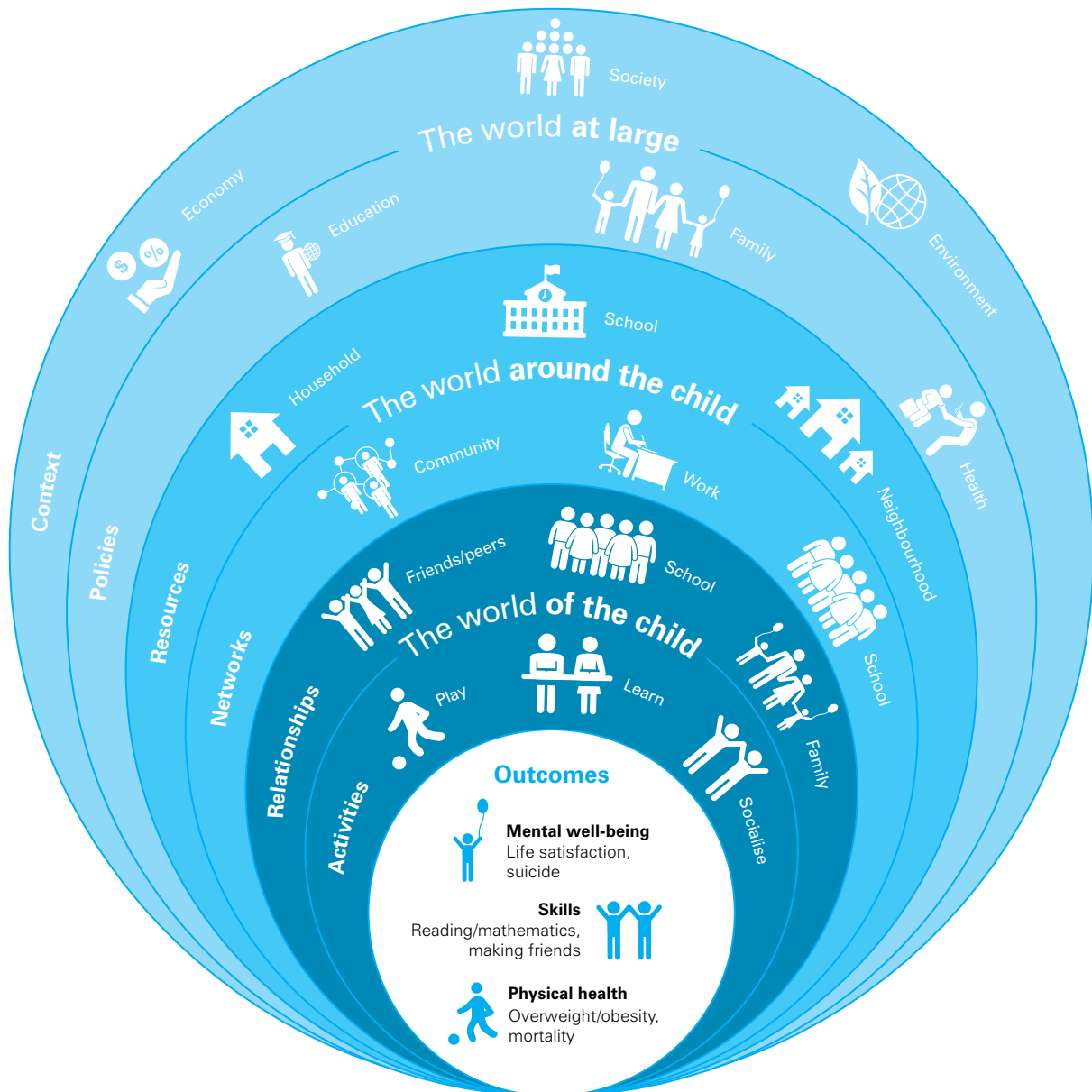
These are three topic areas that urgently need to be addressed by government statistical departments and the international research community.

The application of the well-being framework to the COVID-19 crisis can be found in Rees, Gwyther, Anna Gromada, Dominic Richardson and Alessandro Carraro, *Childhood in a Time of Crisis: Understanding how the COVID-19 pandemic is shaping child well-being in rich countries*, United Nations Children's Fund Office of Research – Innocenti, Florence, 2020.

Figure 2 shows how we have applied the framework presented in Figure 1 for this report. Our selection of dimensions within each sphere of the framework reflects available data. Future work using the framework could include

additional dimensions. For example, child protection and implementation of children’s rights could be added to the Policies sphere, and peace and security to the Context sphere.

Figure 2: Overview of the application of the framework for this report



Box 1: Indicators used in the report

	Dimension	Components	Indicators	Source
Outcomes	Mental well-being	Life satisfaction	Percentage of children with high life satisfaction at 15	PISA, 2018
		Adolescent suicide	Suicide rate for 15- to 19-year-olds	WHO Mortality Database, 2015
	Physical health	Child mortality	Child mortality rate (all causes), 5–14	UN IGME project, 2018
		Overweight	Percentage of children overweight, 5–19	State of the World's Children, 2016
	Skills	Academic proficiency	Percentage proficient in mathematics and reading at 15	PISA, 2018
Social skills		Percentage who make friends easily at school at 15	PISA, 2018	
Activities	Play	Playing outside	Frequency of playing outside at 10 years old (days per week)	Children's Worlds, 2017–19
	Digital	Internet use	Average duration of Internet use by children	EU Kids Online, 2018–19
Relationships	Family	Family support	Level of family support reported by children at 15 years old	HBSC, 2017/18
		Family participation	Percentage of children aged 10 totally agreeing that they participate in decision-making at home	Children's Worlds, 2017–19
	Peers	Being bullied	Frequency of children being bullied at 15 years old	PISA, 2018
	School	School belonging	Sense of belonging at school at 15 years old	PISA, 2018
		School participation	Percentage of children aged 10 totally agreeing that they participate in decision-making at school	Children's Worlds, 2017–19
Networks	Parent–community	Parental support networks	Main sources of support for parents in looking after children	European Quality of Life Survey, 2016
	Parent–work	Work–family balance	Percentage of employees struggling to fulfil family responsibilities	European Quality of Life Survey, 2016
		Hours worked	Average weekly hours worked on main job	OECD based on Labour Market Statistics, 2017
	Parent–school	Relationship with school	Parents' rating of their relationship with school	European Quality of Life Survey, 2016
Resources	Household resources	School books at home	Percentage of children aged 15 having books at home to help with school work	PISA, 2018
	Neighbourhood resources	Local play facilities	Percentage of children aged 10 who agree that there are enough places to play in their local area	Children's Worlds, 2017–19
Policies	Family policy	Parental leave	Weeks of full-rate equivalent parental leave in early childhood	OECD Family Database, 2018
		Child poverty	Percentage of children in households below 60% of median income	Eurostat, HILDA, LIS and national statistical agencies, 2018
	Education	Early childhood education and care	Percentage of children attending early childhood education and care one year before school	UNESCO, 2017, <i>Report Card 15</i> and UNSTATS
		NEET	Percentage of 15- to 19-year-olds out of school, employment or training	OECD Family Database and Eurostat, 2018
	Health	Immunization	Measles immunization	WHO/UNICEF, 2018
		Low birthweight	Percentage of newborns weighing less than 2,500 grams	OECD Health Database and WHO, 2017
Context	Economy	Income	Gross national income per capita in international dollars	World Bank, 2018
		Jobs	Unemployment rate (percentage of active population)	World Bank, 2019
	Society	Social support	Percentage of adults who have someone to count on	Gallup World Poll, 2016–18
		Violence	Homicide rate	World Bank, 2017
	Environment	Air pollution	Mean levels of fine particulate matter PM2.5	Global Burden of Disease Study, 2017
		Water quality	Percentage of population using safe water	WHO/UNICEF Joint Monitoring Programme, 2017

SECTION 2

OUTCOMES

For this section, we consider two questions.

1. How do children experience their lives in the present?
2. And what are their prospects for the future?

These questions are related. For example, having good health leads to both current and future well-being. To address these questions, we focus on indicators that directly describe the well-being outcomes of the child.

Our league table of child well-being outcomes corresponds to the innermost circle of our model (see *Figure 3*). It consists of three dimensions (see *Box 1*):

- **Mental well-being:** This includes both positive and negative aspects of a child's mental well-being – life satisfaction and suicide rates.
- **Physical health:** This includes rates of overweight and obesity, which affect children now and in future, and child mortality.
- **Skills:** This dimension focuses both on academic skills – proficiency in reading and mathematics; and social skills – feeling able to make friends easily.

The rationale for the inclusion of these components, indicators and their sources is explained later in this section. We were unable to include 3 of the 41 countries – Israel, Mexico and Turkey – in the league table of well-being outcomes due to shortages of data (see *note to Figure 3*). However, these three countries are included, where possible, throughout the rest of the report.

The Netherlands ranks highest in the league table of outcomes, followed by Denmark and Norway. These three countries along with Switzerland and Finland are in the top third of rankings in all three outcomes. Chile, Bulgaria and the United States of America are at the bottom of the table. Only Chile, the United States and Malta are in the bottom third of rankings for each of the three well-being outcomes. National income is clearly no guarantee of the best outcomes. Each third of the league table contains a mixture of countries with contrasting income levels. For example, Slovenia ranks above Sweden in the top third, while in the bottom third Lithuania fares better than the United States.

The rankings of some countries vary widely from one well-being outcome to another. For example, the Republic of Korea is in the top third for physical health and skills, but in the bottom third for mental well-being. In contrast, Romania is ranked fourth highest for mental well-being but is in the bottom third for the physical health and skills dimensions.

The physical health and skills dimensions are moderately correlated ($r=0.58$), meaning that if a country reports good results in one of these dimensions, it is likely to report good results in the other. But skills are less strongly correlated with mental well-being ($r=0.30$), while physical health and mental well-being are even more weakly linked ($r=0.10$). This highlights the multidimensional nature of child well-being outcomes.

Figure 3: A league table of child well-being outcomes: mental well-being, physical health, and academic and social skills

Overall ranking	Country	Mental well-being	Physical health	Skills
1	Netherlands	1	9	3
2	Denmark	5	4	7
3	Norway	11	8	1
4	Switzerland	13	3	12
5	Finland	12	6	9
6	Spain	3	23	4
7	France	7	18	5
8	Belgium	17	7	8
9	Slovenia	23	11	2
10	Sweden	22	5	14
11	Croatia	10	25	10
12	Ireland	26	17	6
13	Luxembourg	19	2	28
14	Germany	16	10	21
15	Hungary	15	21	13
16	Austria	21	12	17
17	Portugal	6	26	20
18	Cyprus	2	29	24
19	Italy	9	31	15
20	Japan	37	1	27
21	Republic of Korea	34	13	11
22	Czech Republic	24	14	22
23	Estonia	33	15	16
24	Iceland	20	16	34
25	Romania	4	34	30
26	Slovakia	14	27	36
27	United Kingdom	29	19	26
28	Latvia	25	24	29
29	Greece	8	35	31
30	Canada	31	30	18
31	Poland	30	22	25
32	Australia	35	28	19
33	Lithuania	36	20	33
34	Malta	28	32	35
35	New Zealand	38	33	23
36	United States	32	38	32
37	Bulgaria	18	37	37
38	Chile	27	36	38

Note: A light blue background indicates a place in the top third of rankings, medium blue denotes the middle third, and dark blue the bottom third. The rankings in the table were produced as follows: (1) We calculated a z-score for each indicator (reversed where necessary so that a higher score represents a more positive outcome); (2) we calculated the mean of the two z-scores within each dimension; (3) we calculated the z-score for each mean; and (4) for the overall ranking, we then calculated the mean of the mean z-scores for each dimension. This table includes the 38 OECD/EU countries which had data of sufficient quality across at least five of the six Outcomes indicators listed in Box 1. We were unable to include Mexico and Turkey due to low coverage rates in the Programme for International Student Assessment (PISA) 2018 survey (which provides three of the six indicators that make up the league table). We were also unable to include Israel as data were missing on two of the six indicators.

Mental well-being

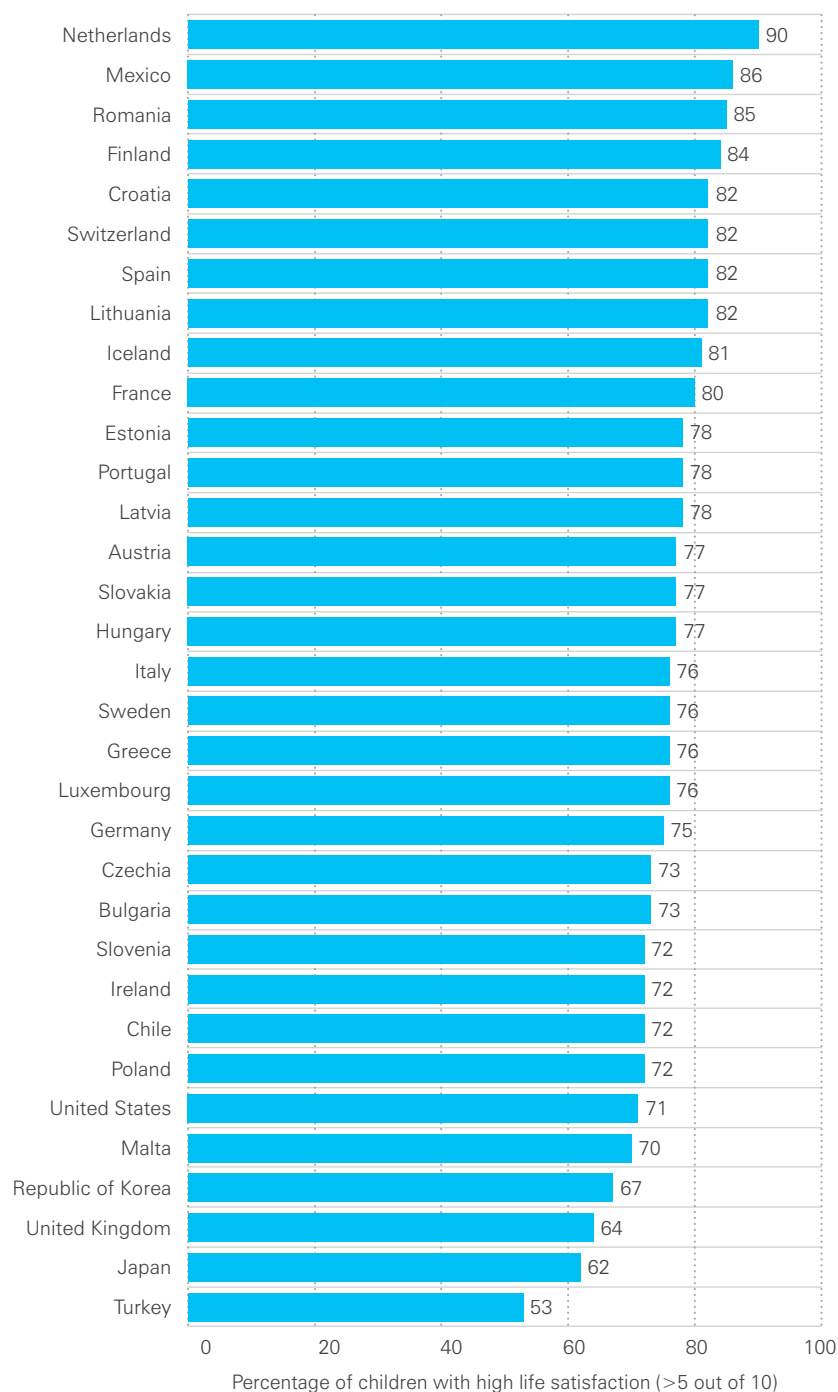
Mental well-being means not only the absence of mental ill-health but also a broader sense of positive functioning.⁶ We represent both of these aspects in the first league table.

Positive functioning encompasses various components including emotions such as feeling happy, satisfaction with life and a sense of flourishing. The league table includes a question about life satisfaction from the Programme for International Student Assessment (PISA) study, based on the criteria for indicator selection (see *Spotlight 1*). Children aged 15 years were each asked to say how satisfied they felt with their life as a whole using a scale from 0 (worst possible life) to 10 (best possible life). In all countries, most children were reasonably satisfied with their lives (a score above the midpoint on the scale), but there was variation between countries in this regard – ranging from less than 55 per cent of children in Turkey to 90 per cent of children in the Netherlands (see *Figure 4*).

The fact that most children are reasonably satisfied with their lives is encouraging. We still need to consider what these percentages mean in terms of the large numbers of children who have low life satisfaction. This is more than merely a question of momentary 'happiness'. For example, a study in the United Kingdom showed that, compared with children with average to high life satisfaction, those with low life satisfaction were about eight times as likely to report family conflict, six times as likely to feel that they could not express their opinions, five times as likely to be bullied, and more than

In some countries, less than two thirds of children have high life satisfaction

Figure 4: Percentage of children with high life satisfaction at 15 years of age

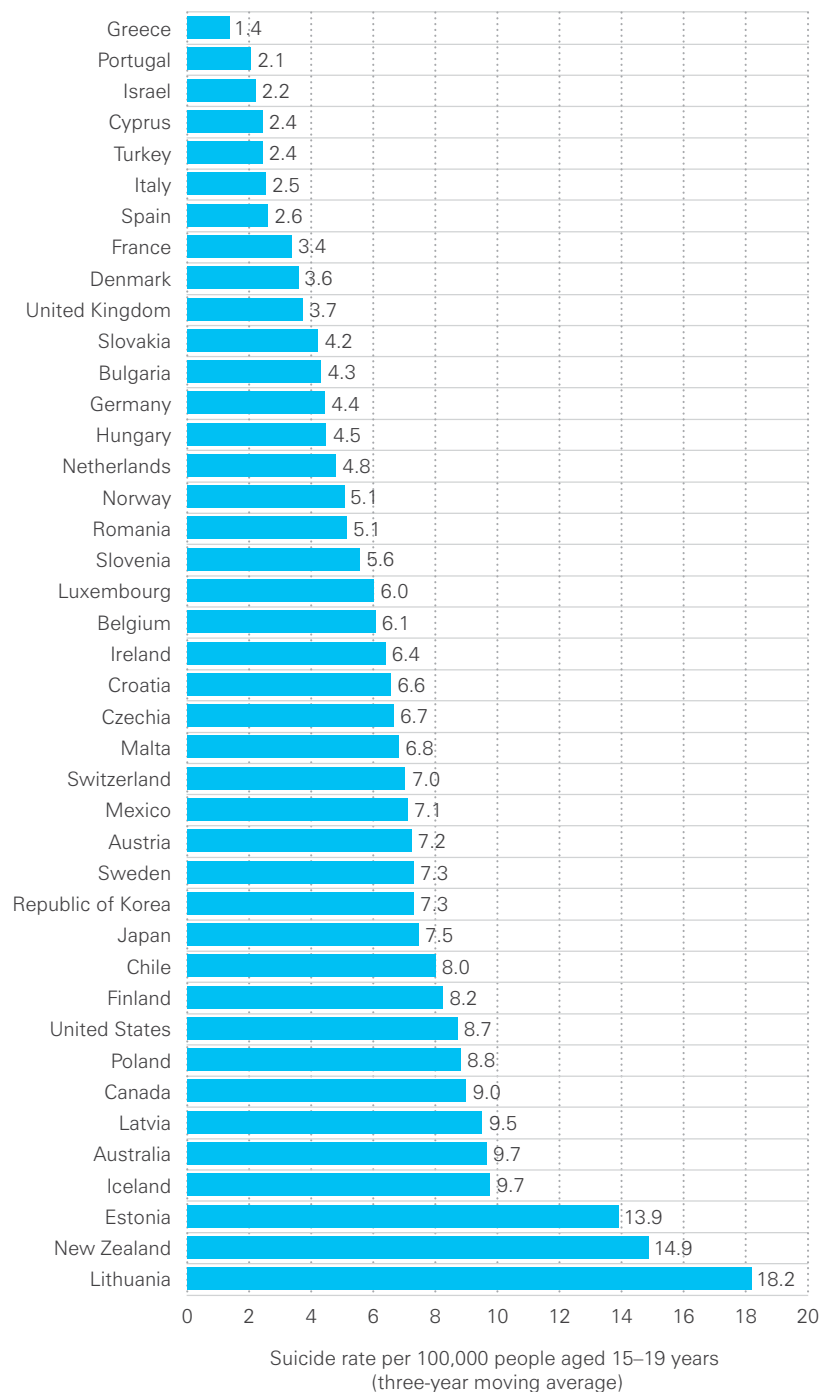


Note: Percentage of children scoring more than 5 out of 10 on the Cantril Ladder for satisfaction with life as a whole. No data available for Australia, Belgium, Canada, Cyprus, Denmark, Israel, New Zealand and Norway.

Source: Programme for International Student Assessment (PISA) 2018.

More than 10 in 100,000 adolescents aged 15–19 years commit suicide in some rich countries

Figure 5: Suicide rate per 100,000 adolescents aged 15–19 years



Notes: Figures are three-year averages for 2013–2015, except that: (1) data were only available for two of these three years in Greece, New Zealand and Slovakia; and (2) five-year averages are used for the following three countries that had fewer than 50,000 people in this age group – Cyprus, Iceland and Luxembourg. **Source:** World Health Organization Mortality Database (numbers of suicides) and World Bank database (population estimates).

twice as likely not to look forward to going to school.⁷ Only 64 per cent of children with low self-reported well-being felt they had people who supported them, compared with 93 per cent of other children. And 24 per cent of children with low well-being said that they did not feel safe at home, compared with only about 1 per cent of other children.

There is a lack of reliable, comparable data on mental ill-health among children globally. As in previous *Report Cards*, we used the suicide rate among adolescents aged 15–19 years as the best available indicator. Unfortunately, data were only generally available up to 2015. Suicide rates in this age group were above 10 per 100,000 in Lithuania, New Zealand and Estonia, and lowest in Greece, Portugal and Israel.

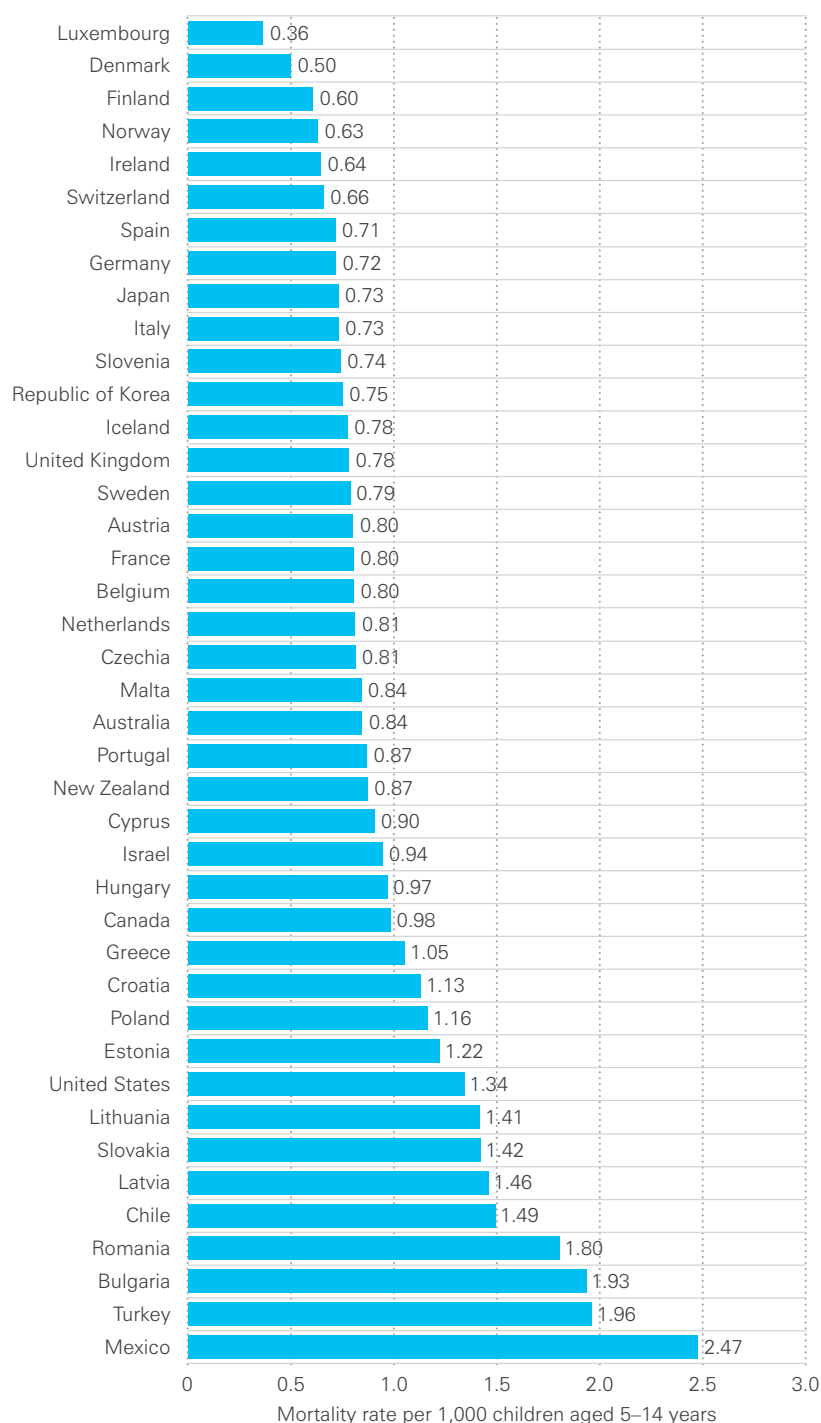
Physical health

The full extent of the health outcomes associated with childhood and adolescence only becomes apparent later in life. There are, however, some useful indicators relating to children's physical health during childhood. Here we look at two indicators that have also been included in previous *Report Cards*: child mortality and overweight (including obesity).

For child mortality, we use the mortality rate for children aged 5–14 years, provided by the United Nations Inter-agency Group for Child Mortality Estimation.⁸

In more than a quarter of countries, child mortality rates are still over 1 per 1,000

Figure 6: Mortality rate per 1,000 children aged 5–14 years, 2018



Source: United Nations Inter-agency Group for Child Mortality Estimation project.

Figure 6 shows a wide range of rates, with child mortality about four times higher in Mexico than it is in each of the six countries with the lowest rates. Among the 41 countries, the child mortality rate is the outcome indicator most closely associated with national income and inequality (see *Spotlight 6*). Among the richer countries in our list, the United States stands out. It has a higher child mortality rate than countries with similar levels of per capita income.

The second indicator of physical health is overweight and obesity. Being overweight is defined as having a body mass index (BMI) of over 25, while obesity is indicated by a BMI of over 30. Obesity is a serious problem for both medical and psychological reasons. It contributes to diabetes, cardiovascular diseases, hypertension, cancer, gallbladder disease and a shorter life expectancy.⁹ It takes a social and emotional toll by limiting participation in social life and lowering self-esteem.

In recent years, rates of overweight and obesity have increased substantially in high-income countries. For example, obesity among children and adolescents aged 2–19 years in the United States has risen by more than one third in the last 15 years.¹⁰ The global picture is bleak. The number of obese children and adolescents aged 5–19 years worldwide is expected to grow from 158 million

in 2020 to 254 million by 2030.¹¹

The recent rise in obesity appears to be linked with lifestyle changes and insufficient regulation of food production and advertising, including predatory commercial practices, which could be addressed by governments.¹²

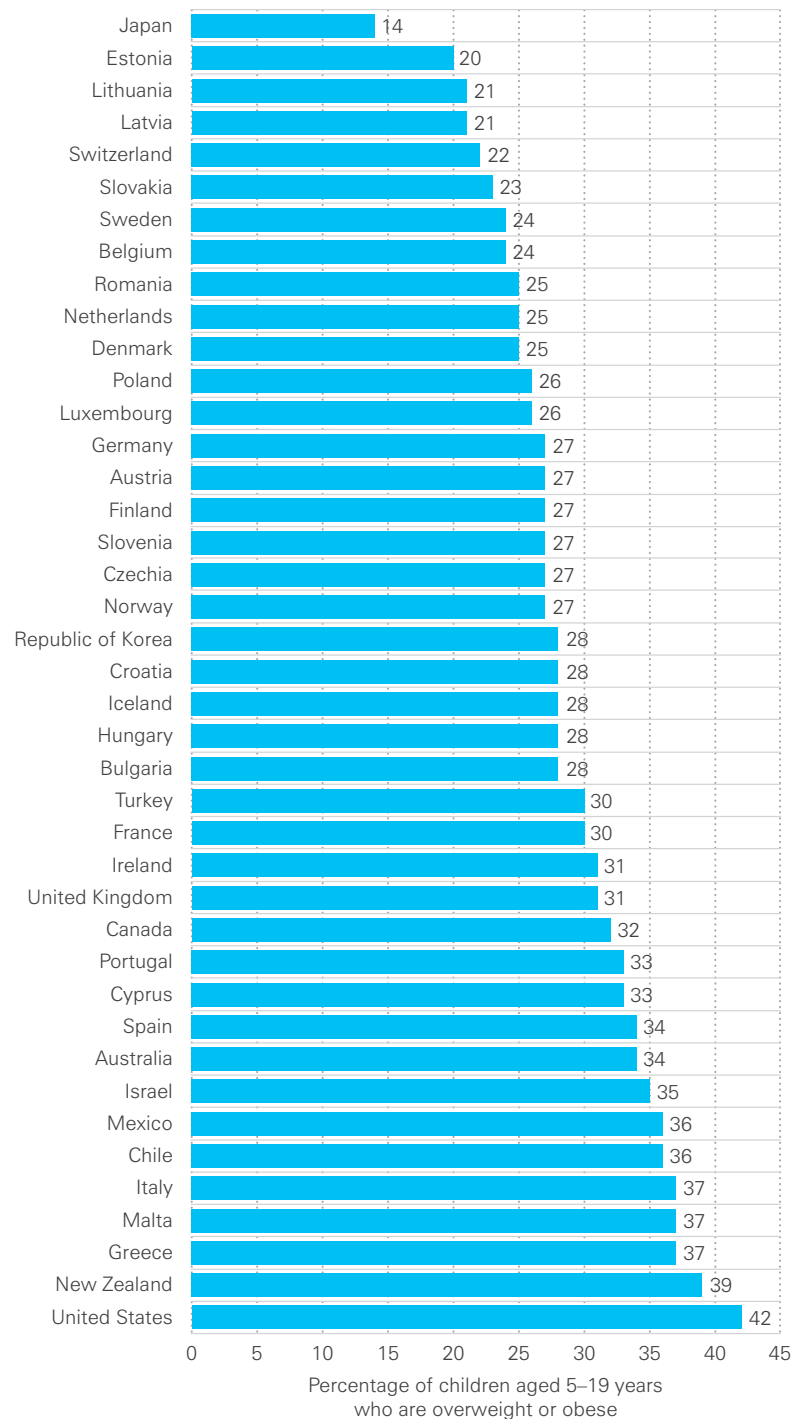
Unlike the mortality indicator, there is no clear link between overweight/obesity rates and national income among the rich countries included in this report. There do appear to be some geographical patterns. Lower rates tend to be found mostly in countries in the northern half of Europe and East Asia. Higher rates are found primarily in countries around the Mediterranean and in the Americas and Oceania.

Skills

Learning new skills can be a rewarding experience for children in the present, as well as a foundation for adulthood. Child well-being indices often include indicators of skills development, but the focus has usually been on academic skills. Social and emotional skills are also important both during childhood and as a foundation for adulthood. These types of skills are also increasingly seen as important for employability. With this in mind, we aimed to include in our two indicators for the skills dimension – a measure of educational achievement near the end of compulsory secondary education and a measure of social skills.

In 10 countries, more than one in three children and adolescents is overweight (including obese)

Figure 7: Percentage of young people aged 5–19 years who were overweight or obese in 2016



Source: United Nations Children's Fund, *The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world*, UNICEF, New York, 2019.

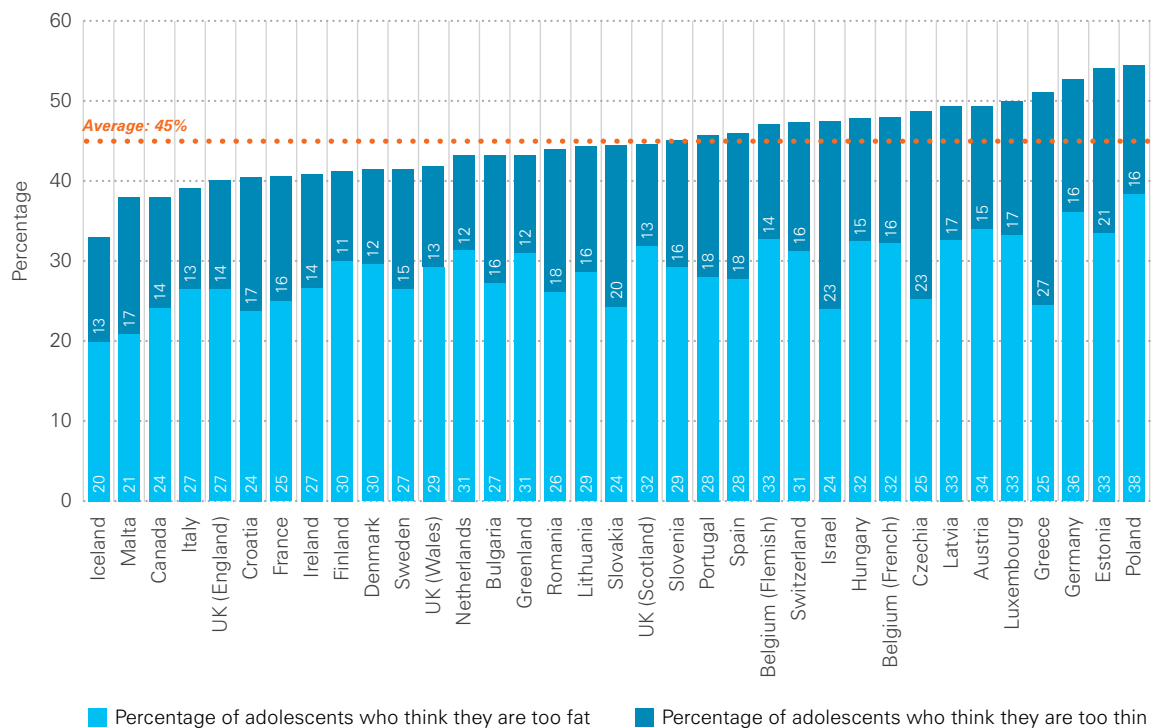
Spotlight 2 Body image relates to life satisfaction twice as strongly for girls than for boys

How adolescents feel about their bodies has an impact on their well-being. A positive body image is linked to greater self-confidence. A negative body image can lead to shame, anxiety, depression, isolation and low self-confidence.¹³ It is also the strongest contributor to anorexia and bulimia.¹⁴ For example, in the United States, most adolescent girls and one third of adolescent boys report unhealthy attempts at weight control, such as smoking, fasting, vomiting or taking weight-regulating drugs.¹⁵

In those countries for which we have data, the proportion of children aged 11, 13 and 15 years who were dissatisfied with their own body ranged from more than 33 per cent in Iceland to 55 per cent in Poland. More children overall thought they were too fat (29 per cent) than too thin (16 per cent). Based on weight and height measurements, 23 per cent of girls and 27 per cent of boys aged 15 years were actually overweight.¹⁶ Yet, girls of this age were more likely to see themselves as fat (34 per cent) than boys (24 per

In most rich countries, more than two in five adolescents are dissatisfied with their bodies

Figure 8: Percentage of adolescents aged 11, 13 and 15 years who say they are too fat or too thin



Source: Health Behaviour in School-aged Children (HBSC) 2018.

cent). This suggests that many children with a healthy weight think they are fat, particularly girls. The numbers are very similar at the ages of 11, 13 and 15 years, indicating that these negative feelings may have started even before adolescence.

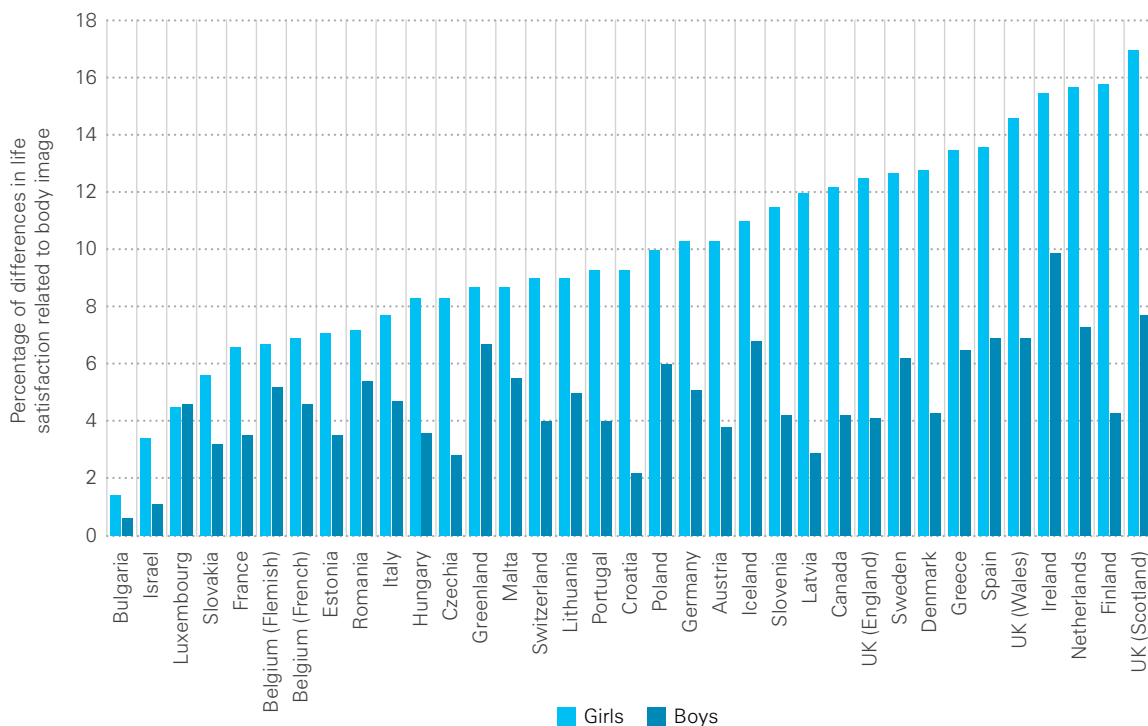
Body image is much more closely linked to life satisfaction for girls. On average, body image explains 10 per cent of the differences in life satisfaction of girls and 5 per cent of the differences for boys. Yet the link between body image and life satisfaction varies

enormously (see Figure 9). It does not impact boys in Bulgaria, where 1 in 10 boys is overweight. It is strongest for girls in Scotland (United Kingdom), Finland, the Netherlands and Ireland.

Girls who are satisfied with their bodies typically come from families and peer groups who express fewer weight-related concerns and emphasize positive body behaviours (such as exercising and eating well) as opposed to negative behaviours (such as dieting).¹⁷

The link between body image and life satisfaction is twice as strong for girls than boys

Figure 9: Percentage of differences in life satisfaction accounted for by body image



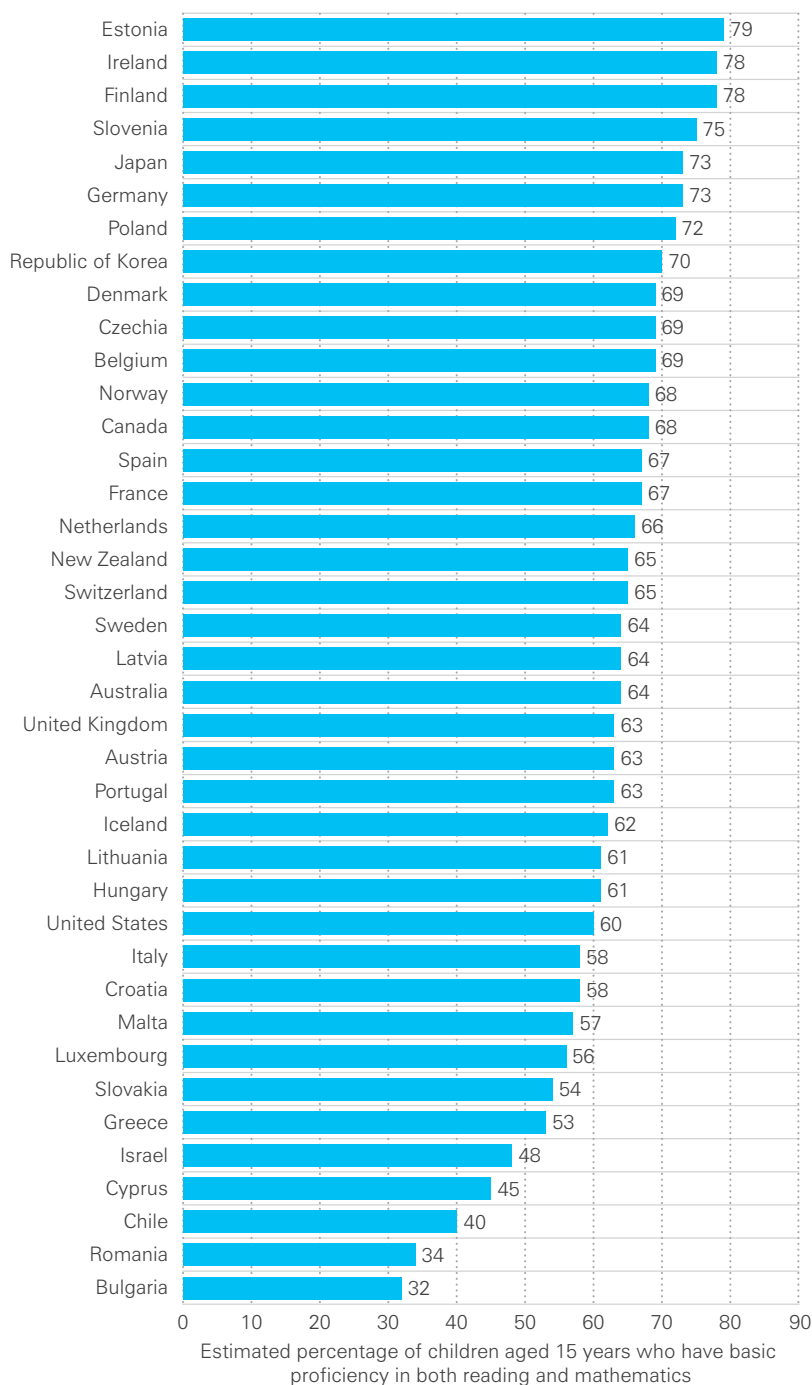
Notes: R-squared from regression model controlled for age with full weights. All regression coefficients significant at $p=.01$, apart from for boys in Bulgaria.

Source: Health Behaviour in School-aged Children (HBSC) 2018 (weighted and clustered).

For educational achievement, we focus on the proportion of children who meet basic standards of proficiency. We also take into account the percentage of children who are still in school in each country at the age of 15. For this purpose, we use Coverage Index 3 from the PISA study, which can be viewed as a measure of verified enrolment.¹⁸ Our indicator is the estimated proportion of the total child population who are still in school and have reached a basic level of proficiency in both reading and mathematics (see Figure 10). It can be interpreted as a minimum estimate of the level of proficiency in the child population at 15 years of age. Even in the best-performing country, Estonia, more than one in five children do not meet the basic proficiency standard. In five countries, less than half of children do so.

Many children still reach 15 years of age without having basic reading and mathematics skills

Figure 10: Percentage of children aged 15 years with basic proficiency in reading and mathematics



Note: The percentage of children meeting or exceeding basic proficiency in both reading and mathematics tests, multiplied by the Coverage Index 3 of the PISA survey.

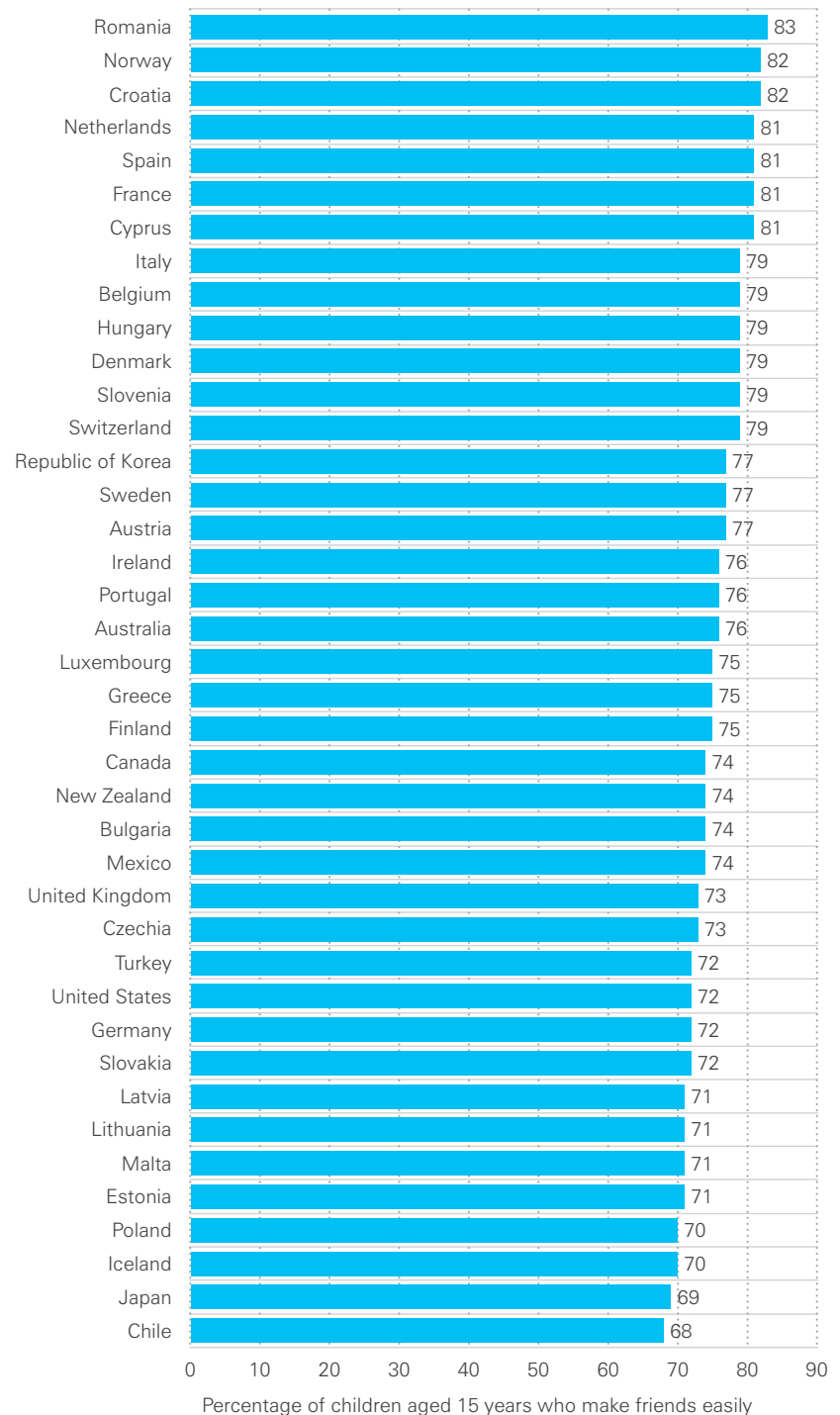
Source: Programme for International Student Assessment (PISA) 2018, except for Spain (figures for Spain from PISA 2015, as 2018 data were unavailable).

Our second indicator focuses on social skills. We use a question asked in the PISA study about whether children feel that they are able to make friends easily. We view this indicator as tapping into the extent to which children feel confident in developing interpersonal relationships. This type of skill is likely to be beneficial to children both in the present and in adulthood in all aspect of their lives. Figure 11 shows the percentage of children who agreed or strongly agreed that they make friends easily. Romania ranks highest on this indicator and is one of seven countries where more than four in five children felt that they make friends easily. In two countries – Chile and Japan – less than 70 per cent of children felt this way.

Our analysis of this range of important well-being outcomes presents a challenge to policymakers. While all countries can feel positive about their position in the rankings on one or more of these key indicators, none can feel satisfied with their position on all six. And even in countries at the top of the rankings, there are still many children who are falling behind. In subsequent sections, we will try to understand what factors lie behind these variations in child well-being outcomes and therefore what improvements can be made. We begin by looking at factors close to the child – their daily lives and their closest relationships – and then gradually move outwards, towards the broader conditions within societies that also have an impact on children’s experiences and well-being.

Many 15-year-old children do not feel confident in their skills to make friends

Figure 11: Percentage of children aged 15 years who make friends easily



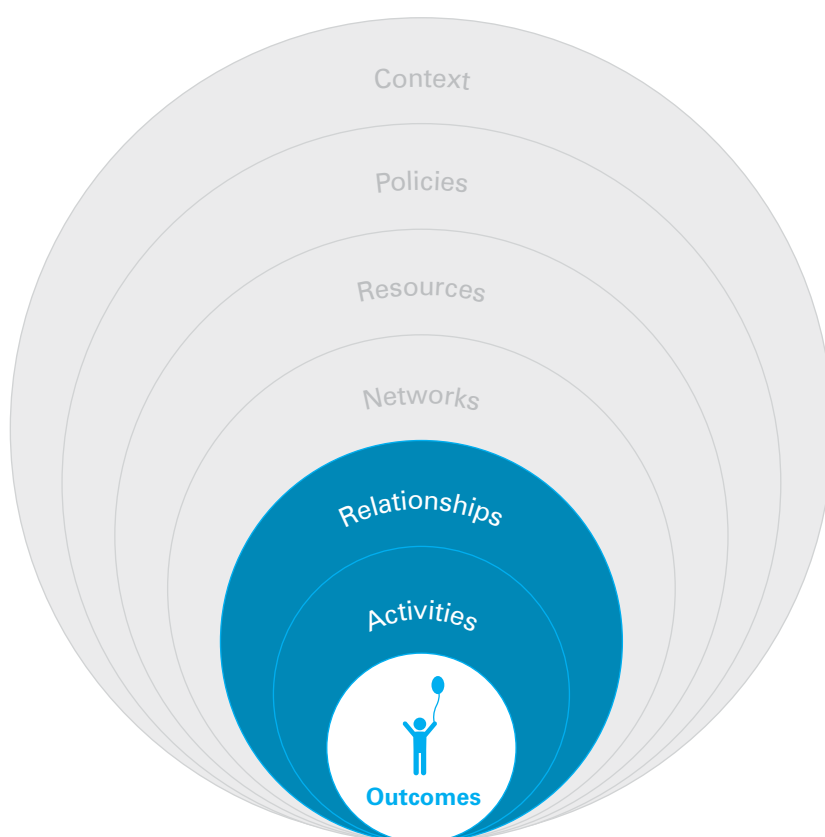
Note: The percentage of children aged 15 years who agreed or strongly agreed that they make friends easily at school.

Source: Programme for International Student Assessment (PISA) 2018, except for Cyprus (figures for Cyprus from PISA 2015, as 2018 data were unavailable) and Israel (no data available).

SECTION 3

THE WORLD OF THE CHILD

How direct experiences differentiate child well-being within countries



- The world **of the child**
- The world **around the child**
- The world **at large**

In this section and the next, we look at the four levels of the framework closest to outcomes, as they can help us to understand why, within the same country, some children have higher well-being than others.¹⁹ We start with ‘the world of the child’: the activities in which children are involved and their relationships with people close to them such as parents, peers and teachers.

Activities

Children’s activities inform us about their daily lives. These activities may not always be chosen by children and may reflect the priorities of others, for example, their parents. Indeed, children spend substantial amounts of time in compulsory schooling. In 2018, across OECD countries, the average compulsory instruction time per pupil in lower secondary school ranged from 766 hours per year in Slovenia and Sweden to 1,200 hours per year in Denmark.²⁰

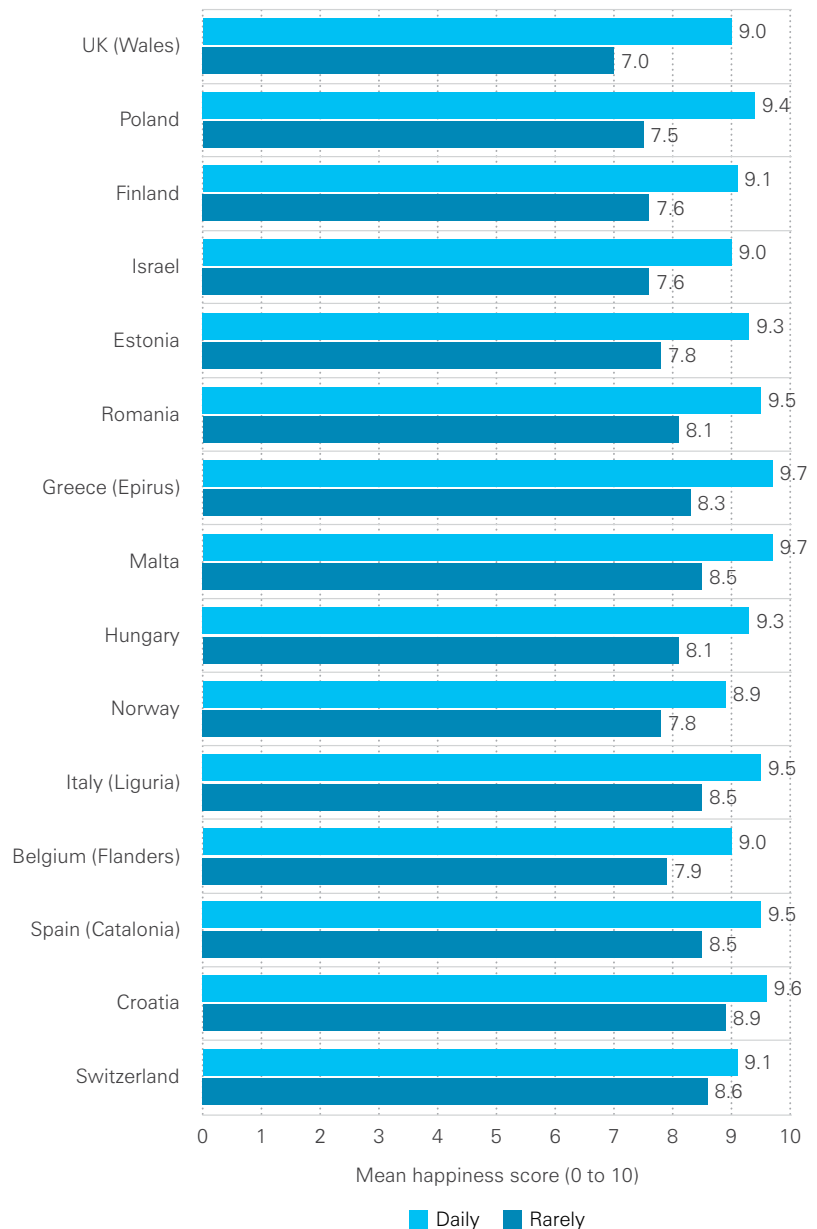
International comparative studies of children’s daily lives outside of school are rare. We use new data on children’s activities in 15 rich countries from the latest wave of the Children’s Worlds survey. Children were asked how often during the last week they had done

15 different activities – for example, helping around the home, doing homework, using a computer and spending time playing outside.

We were interested to see which of these activities were linked with children’s sense of well-being, based on how happy they had felt in the past two weeks. Here we choose happiness rather than life satisfaction as an indicator because it is likely to be more closely associated with factors that may vary over time, such as activities. The strongest link found was between happiness and time spent with family.²¹ This is consistent with other research showing the importance of family relationships for children. There were also strong links between happiness and the frequency of playing outside.²² In comparison, other factors such as social media use and doing housework were weakly, and less often significantly, linked with happiness. Figure 12 shows the differences in happiness between children who played outside rarely and those who did so daily. These differences are large – more than 1 point on a happiness scale of 0 to 10 (from least to most happy) – in almost every country.

This example illustrates how children’s activities can be linked to their subjective experiences. Of course, children do not necessarily have a free choice about how they spend their time. In line with our framework, this will be affected by the resources and relationships around them. For example, how often children play outside may depend on parenting styles, cultural differences, family economic circumstances, and safety and facilities available in their local area. Further analysis of the Children’s

Children who play outside often are happier than children who do not
Figure 12: Mean happiness scores of children who played outside rarely and those who did so daily



Worlds data shows that all of these factors are indeed relevant. Children were more likely to play outside if their parents involved them in making decisions about their lives, if they lived in more affluent families and if they lived in neighbourhoods with good play facilities.

Notes: Children were asked how often they played outside. They were also asked to rate their happiness in the past two weeks on a scale from 0 to 10 (least to most happy). The figure compares the mean happiness scores for children who said that they played outside less than once a week and those who said they did so every day. All differences significant ($p < 0.01$), except Switzerland ($p < 0.05$).
Source: Children’s Worlds survey, Wave 3, 2017–2019, children aged about 10 years.

Spotlight 3 Screen time has a small negative influence, and other activities matter more for well-being

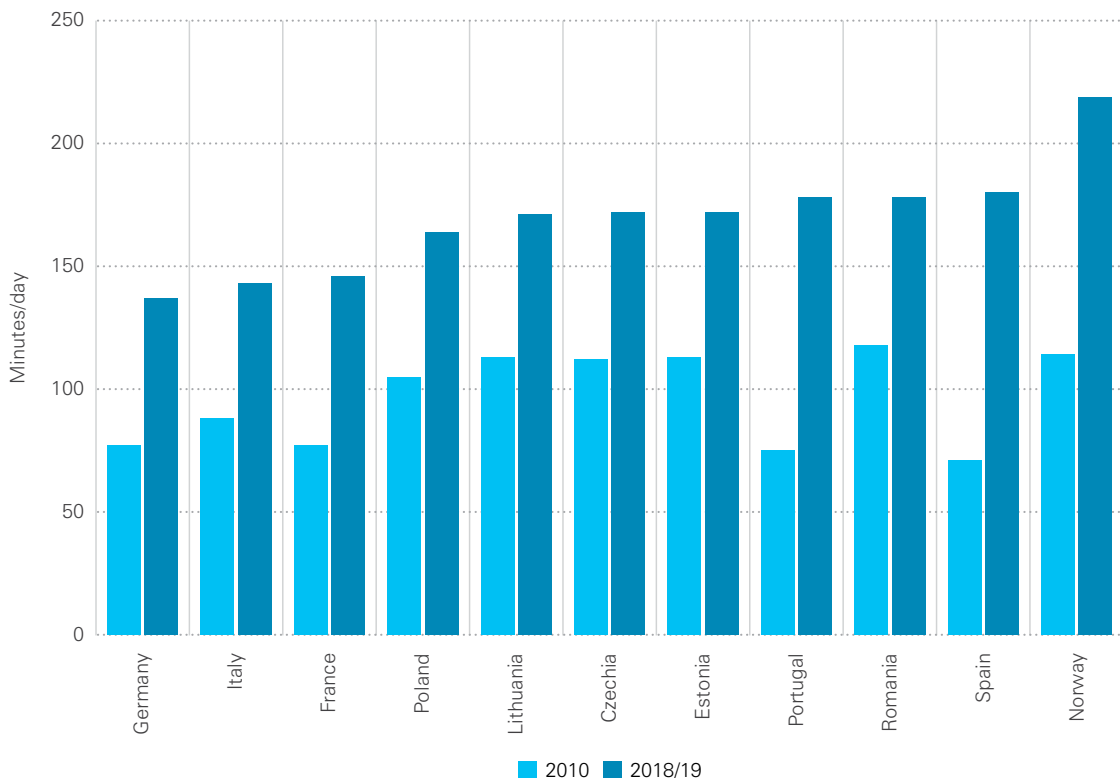
The amount of time children spend online is increasing rapidly. In the United States, the proportion of adolescents who say they are connected “almost constantly” has increased from 24 per cent to 45 per cent in three years.²³ An additional 44 per cent report using the Internet several times a day. In 11 European countries, the amount of time children spend online almost doubled in less than a decade: from an hour and a half to almost three hours daily (see Figure 13). It is understandable that parents and educators may be concerned about the impact of new technologies on children’s well-being.

But does more screen time have a negative impact on children’s well-being? Despite public concern about this issue, the link appears to be weak.²⁵ Robust studies suggest that moderate use is key.²⁶ In these studies, the highest mental well-being was observed not among those children who reported no screen use, but among those who used screens for less than 2 hours per day.

Moderate use (between 30 minutes and 3 hours per day, depending on device and timing) was associated with the highest mental well-being. Children who did

Children are online almost twice as long than a decade ago

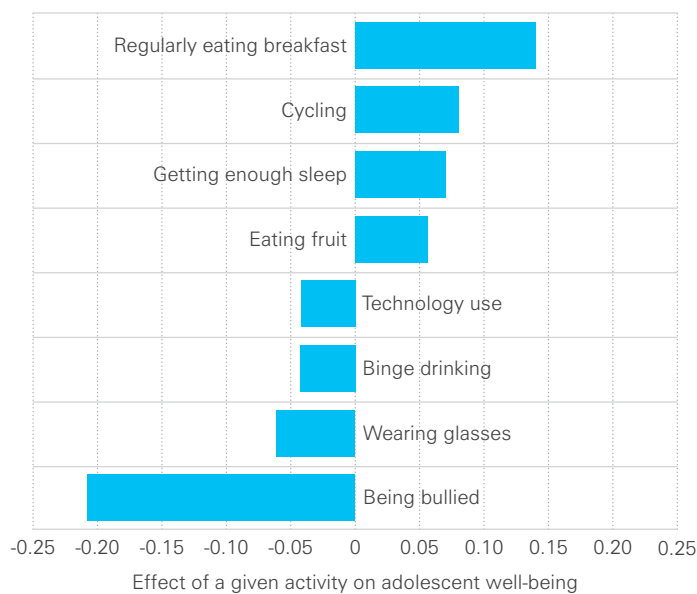
Figure 13: Average duration of Internet use in minutes per day among 9- to 16-year-olds



Notes: Values have been calculated based on questions about how long children use the Internet a) on a normal weekday, and b) on a weekend or holiday (approximately 1,000 cases per country). Only children who actively use the Internet were asked to estimate its duration so the increase is not fuelled by increased access to the Internet. For full reports about the surveys see Livingstone et al. (2011), and Smahel et al. (2020).²⁴ For details of the methodology see www.eukidsonline.net.
Source: EU Kids Online.

The impact of screen time is four times smaller than that of being bullied

Figure 14: Links between eight different activities and adolescent mental well-being



Notes: The chart shows median standardized coefficients from the specification curve analysis based on the UK Millennium Cohort Study. The sample included 5,926 girls and 5,946 boys aged 13–15 and 10,605 primary caregivers. Technology use was measured through five questions concerning TV use, electronic games, social media use, owning a computer and using the Internet at home.

Source: Orben, Amy and Andrew K. Przybylski, 'The association between adolescent well-being and digital technology use', *Nature Human Behaviour*, vol. 3, no. 2, February 2019, pp. 173–182.

not use technology, as well as those who were very intensive users, had lower well-being. The impact of technology has been shown to be time-specific – stronger on school days than on weekends. This may reflect greater pressures on children during the days when they attend school.

However, the impact of screen time should be put into perspective and assessed against other real-world benchmarks. An analysis of data from the United States and the United Kingdom suggests that the overall link between technology use and adolescent mental well-being is negative but small, explaining only 0.4 per cent of the differences in mental well-being.²⁷ Many common activities that do not draw as much media attention – such as eating breakfast, cycling or getting enough sleep – have a larger association with adolescent mental well-being (see Figure 14). Among negative factors, screen time had an association with adolescent well-being four times less strong than that of being bullied.

Children's relationships

When asked about what matters to their well-being, children emphasize good-quality relationships.²⁸ Survey findings back this up, showing that positive relationships with family, with peers and at school are linked with higher well-being in one or more dimensions.²⁹

Family relationships

Comparative data on children's family relationships are scarce. The Health Behaviour in School-aged Children (HBSC) survey, covering most European countries plus Canada, asks children aged 11, 13 and 15 years four questions about how much they feel helped and supported by their family: whether their family tries to help them; whether they get the emotional help and support they need from their family; whether they can talk about problems with their family; and whether their family is willing to help them make decisions.

We averaged the responses to these four questions to create an indicator of the quality of family relationships, defining those children who scored below the midpoint (which means they were more likely, on average, to disagree than agree) as having poor-quality relationships. Across 35 countries and territories included in this report, the percentage of children who had poor-quality family relationships ranged from 6 per cent in Hungary, the Netherlands and Norway to over 30 per cent in Bulgaria.

In all countries, children who have less supportive families tend to have poorer emotional well-being

Figure 15: Emotional well-being of 15-year-olds according to the quality of their family relationships

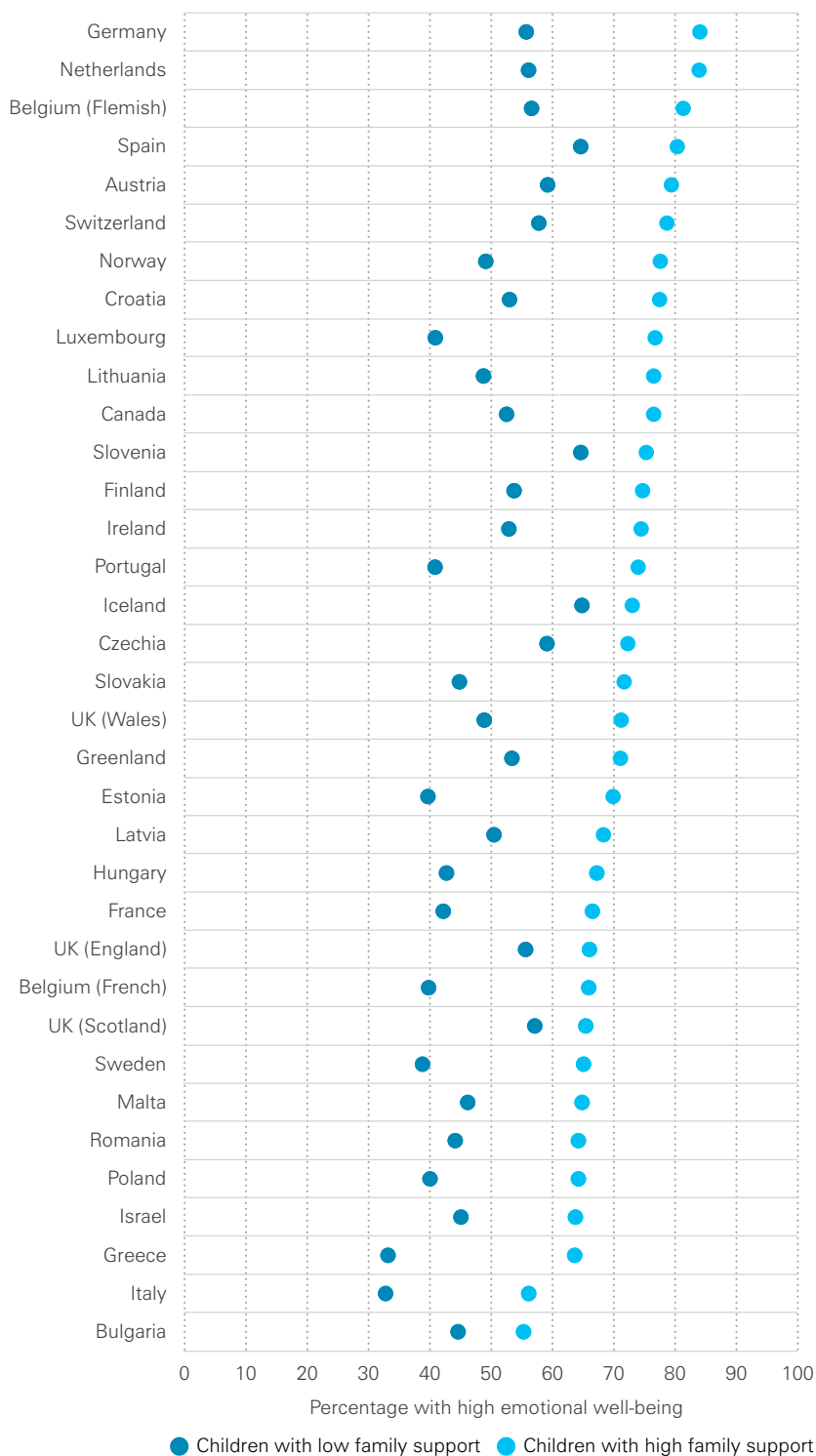


Figure 15 shows the link between the quality of family relationships and children’s emotional well-being. Emotional well-being is measured by four questions about the frequency of children feeling low; feeling irritable or in a bad temper; feeling nervous; and having difficulty sleeping. In all countries, children who reported having supportive family relationships were also more likely to have good emotional well-being. The link between supportive family relationships and emotional well-being was much stronger in some countries, like Luxembourg and Portugal, than in others such as Iceland and Scotland (United Kingdom).

Peer relationships

Peer relationships become increasingly important for children’s well-being as they grow up.³⁰ There is no good indicator of the overall quality of peer relationships for all 41 countries. This is another major evidence gap. The PISA study does, however, contain information on children’s experiences of being bullied at school. Being bullied is associated with children’s subjective well-being, particularly in certain European countries.³¹

Notes: Excludes Denmark (no data), and England (UK), Slovakia and Wales (UK) (over 10 per cent missing data). An index was created from the mean response to four statement-based questions: (1) My family really tries to help me; (2) I get the emotional help and support I need from my family; (3) I can talk about my problems with my family; and (4) My family is willing to help me make decisions. Children were asked to indicate to what extent they agreed with each statement. The percentages are of children who scored below the midpoint on this index – i.e., were more likely, on average, to disagree than agree. The indicator of emotional well-being is constructed from four questions about how often children felt low, felt nervous, had difficulty sleeping, and felt irritable or in a bad temper. Children are classified as having low emotional well-being if they had more than one of these experiences more than once a week. All differences are significant ($p < 0.01$) except England (UK), Scotland (UK) and Greenland ($p < 0.05$). **Source:** Health Behaviour in School-aged Children (HBSC) 2017/18.

Frequently bullied children are less satisfied with life

Figure 16: Bullying frequency and life satisfaction of 15-year-olds



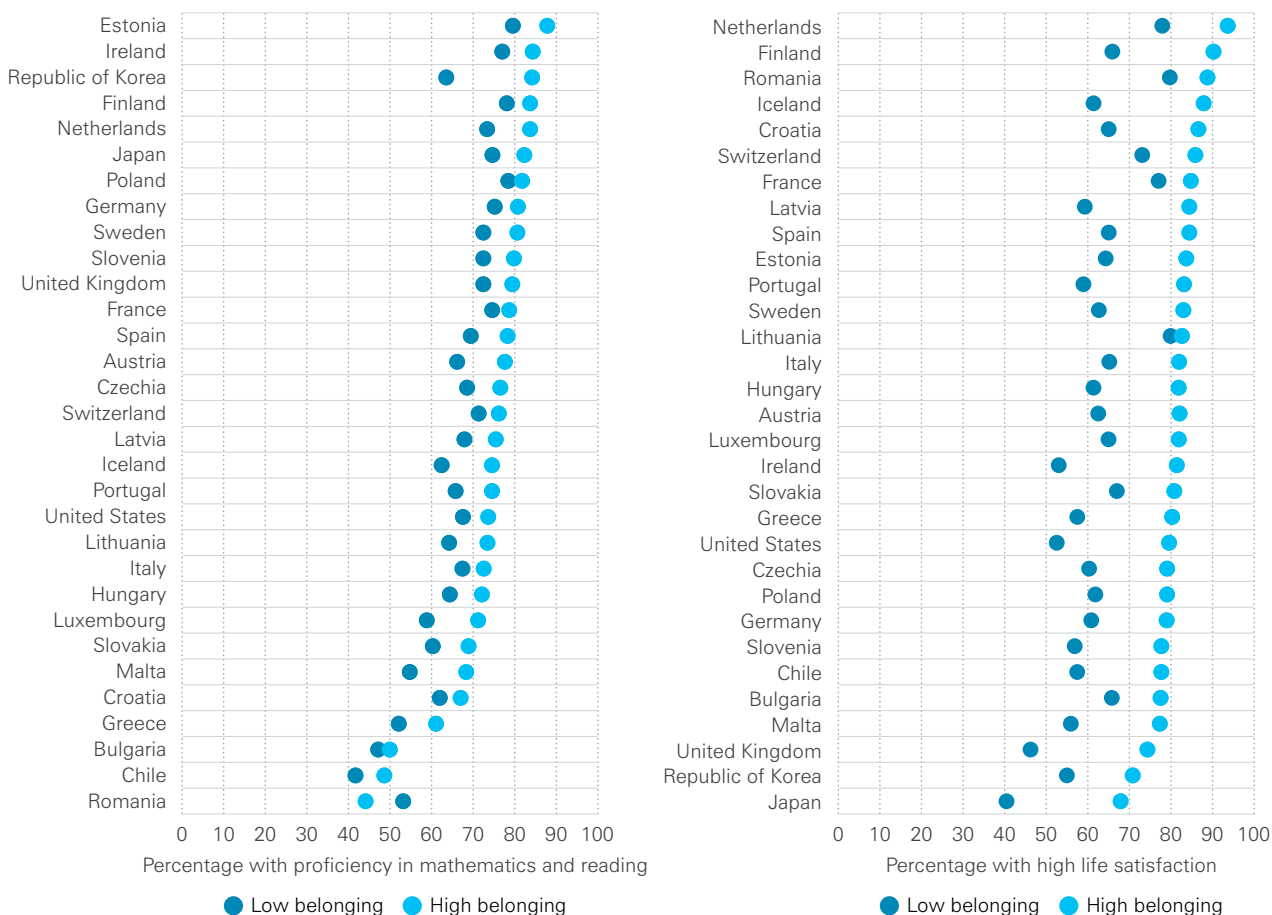
As we showed in *Report Card 15*, it is also linked to lower educational performance in most countries.³² Studies primarily from the United States and the United Kingdom have shown that being bullied has a lasting negative impact even up to the age of 50, both on a person's social relationships and on their mental and physical health.³³

Figure 16 shows the relationship at 15 years of age between frequent bullying – defined as experiencing at least one of six forms of bullying at school at least a few times a month³⁴ – and life satisfaction. In all countries, children who had been bullied frequently had lower mean life satisfaction scores than children who had not. The gap in life satisfaction between those who had and had not been bullied often was much bigger in some countries, like the United States and the United Kingdom, than in others such as Bulgaria and Lithuania.

Note: Frequently bullied means that a child had experienced at least one of six forms of bullying at least a few times a month, based on the question 'During the past 12 months, how often have you had the following experiences in school?', with the possible experiences listed as: 'Other students left me out of things on purpose'; 'Other students made fun of me'; 'I was threatened by other students'; 'Other students took away or destroyed things that belonged to me'; 'I got hit or pushed around by other students'; and 'Other students spread nasty rumours about me'. Excludes Cyprus (data not available) and Australia, Belgium, Canada, Denmark, Israel, New Zealand and Norway (question on life satisfaction not asked). All differences are significant ($p < 0.01$).
Source: Programme for International Student Assessment (PISA) 2018.

Children with a stronger sense of school belonging do better at school and have higher life satisfaction

Figure 17: Differences in academic proficiency and in life satisfaction for 15-year-olds with a high and low sense of belonging to school



Note: Excludes Cyprus (data not available) and Mexico and Turkey (more than 20 per cent of children aged 15 years not included in the survey). Data on reading scores not available for Spain. Question on sense of belonging not asked in Israel. Question on life satisfaction not asked in Australia, Belgium, Canada, Denmark, Israel, New Zealand and Norway. All proficiency differences are significant ($p < 0.01$), except Bulgaria (ns). All life satisfaction differences are significant ($p < 0.01$).
Source: Programme for International Student Assessment (PISA) 2018.

Connections with school

Children who have a strong sense of belonging to school tend to have higher academic achievement. As school is such a major part of most children’s lives, it is reasonable to suppose that aspects such as school belonging also contribute to life satisfaction. Indeed, the PISA study shows that, in most countries, school belonging is positively associated with academic achievement and with life satisfaction. Figure 17 shows the

differences in proficiency in reading and mathematics and the differences in life satisfaction between 15-year-olds who agreed and did not agree with the statement ‘I feel like I belong at school’ across 33 rich countries. In all but one country, more of those children with a greater sense of belonging to school tended to have reached the basic level of proficiency in reading and mathematics. This pattern was particularly strong in the Republic of

Korea. The only exception to the general pattern was Romania, where more children with a lower sense of belonging had met the basic proficiency standard. In all countries for which data are available, more children with a higher sense of school belonging tended also to report high life satisfaction, although the difference was small in Lithuania. In general, school belonging appeared to be more strongly linked with life satisfaction than with academic proficiency.

Spotlight 4 Protection and provision do not suffice – children also need participation

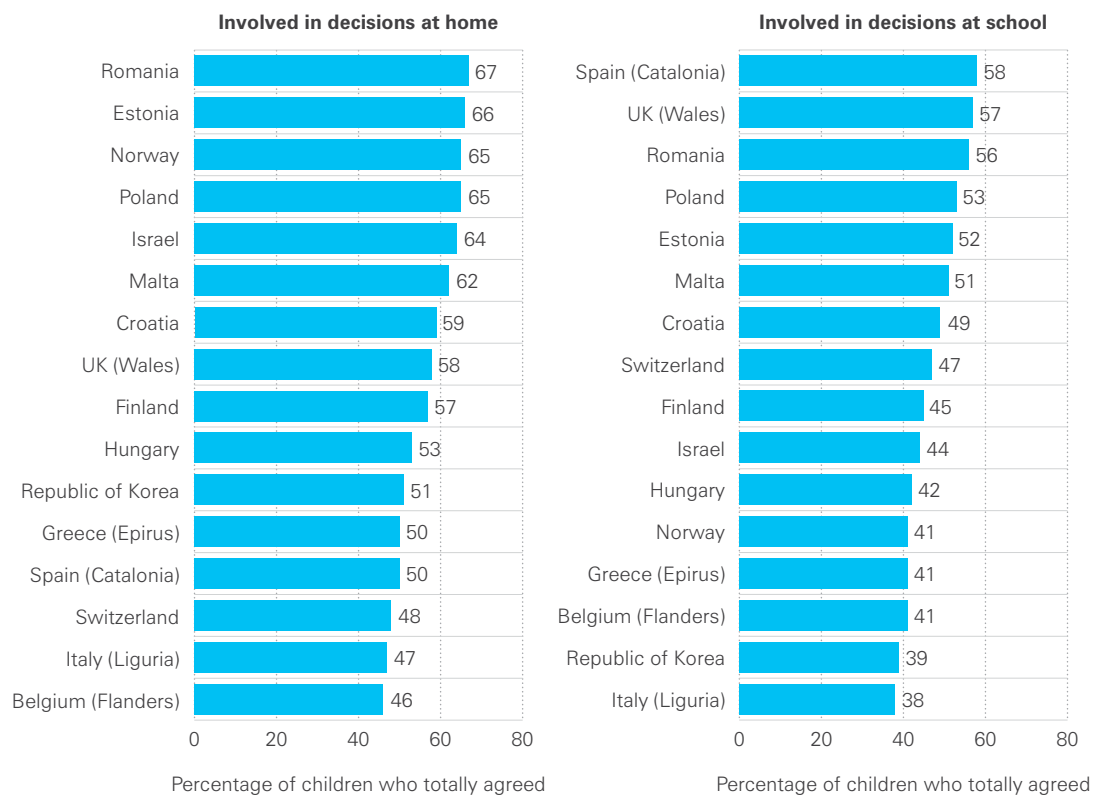
It is important that children have the opportunity to express their views and are involved in decision-making. This is enshrined in Article 12 of the United Nations Convention on the Rights of the Child. Such opportunities are vital for children's well-being in the present and for their development towards adulthood. As children grow up, parents and other adults need to adjust the balance between protecting children and enabling them to have appropriate levels of autonomy. Children's perceived satisfaction with their freedom contributes independently to their subjective well-being, after taking account of their feelings of safety.³⁵

Participation is one of the three Ps of the Convention on the Rights of the Child, along with protection and

provision. Yet, international monitoring of opportunities for participation is scarce compared with monitoring in relation to the other two themes. Only some countries have data on this topic. In these countries, children's sense that their voices are being heard varies widely. The proportion of children who totally agree that their parents involve them in decisions at home ranges from under half in regions of Belgium and Italy, and in Switzerland, to two thirds in Romania. In Italy (Liguria) and the Republic of Korea, fewer than two in five children totally agree that they are involved in decision-making at school, compared with at least half of children in six other countries or territories.

Many children do not feel consulted about decisions at home and at school

Figure 18: Percentage of children who participate in decisions at home and at school

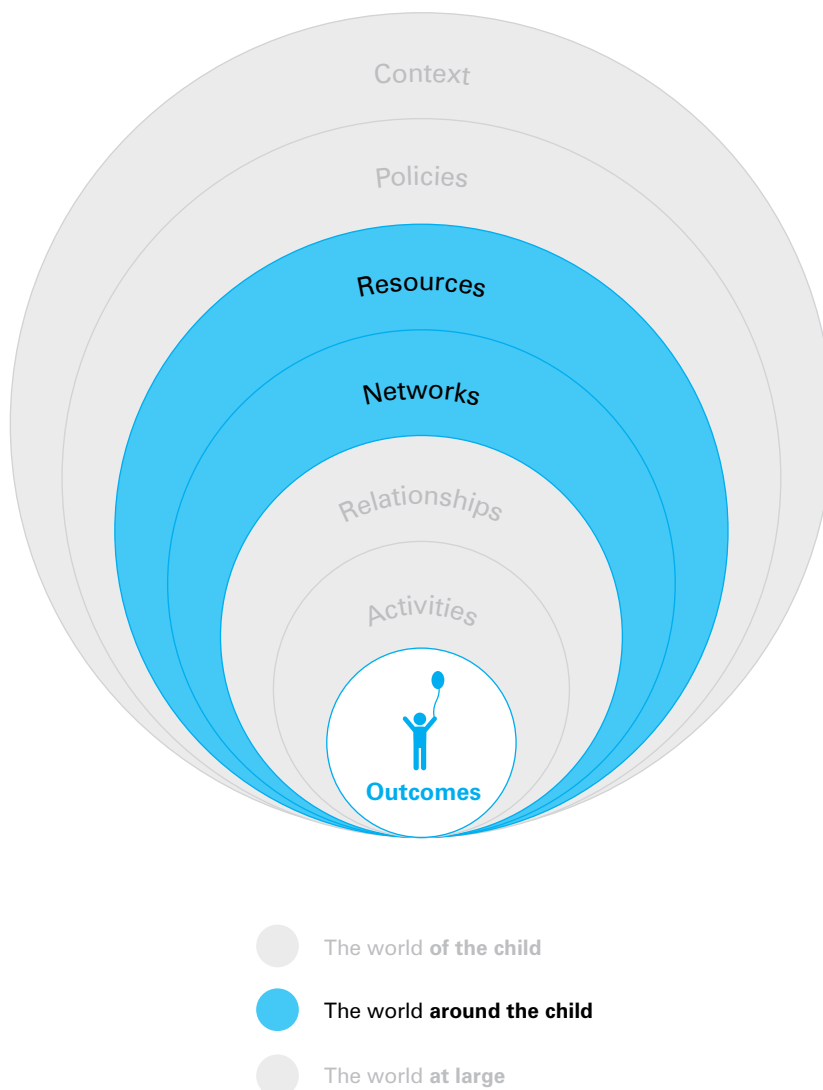


Note: Responses of 10-year-olds to closed questions with five responses to choose from: 'I do not agree'; 'I agree a little bit'; 'I agree somewhat'; 'I agree a lot'; and 'I totally agree'. Chart shows proportion who responded to each question, 'I totally agree'.
Source: Children's Worlds, 2017–2019.

SECTION 4

THE WORLD AROUND THE CHILD

How do immediate surroundings differentiate child well-being within countries



In this section, we look at 'the world around the child': a range of factors within the child's environment that can trickle down to influence their well-being. These include the networks of the adults closest to the child, household resources and the quality of the local neighbourhood.

Networks around the child

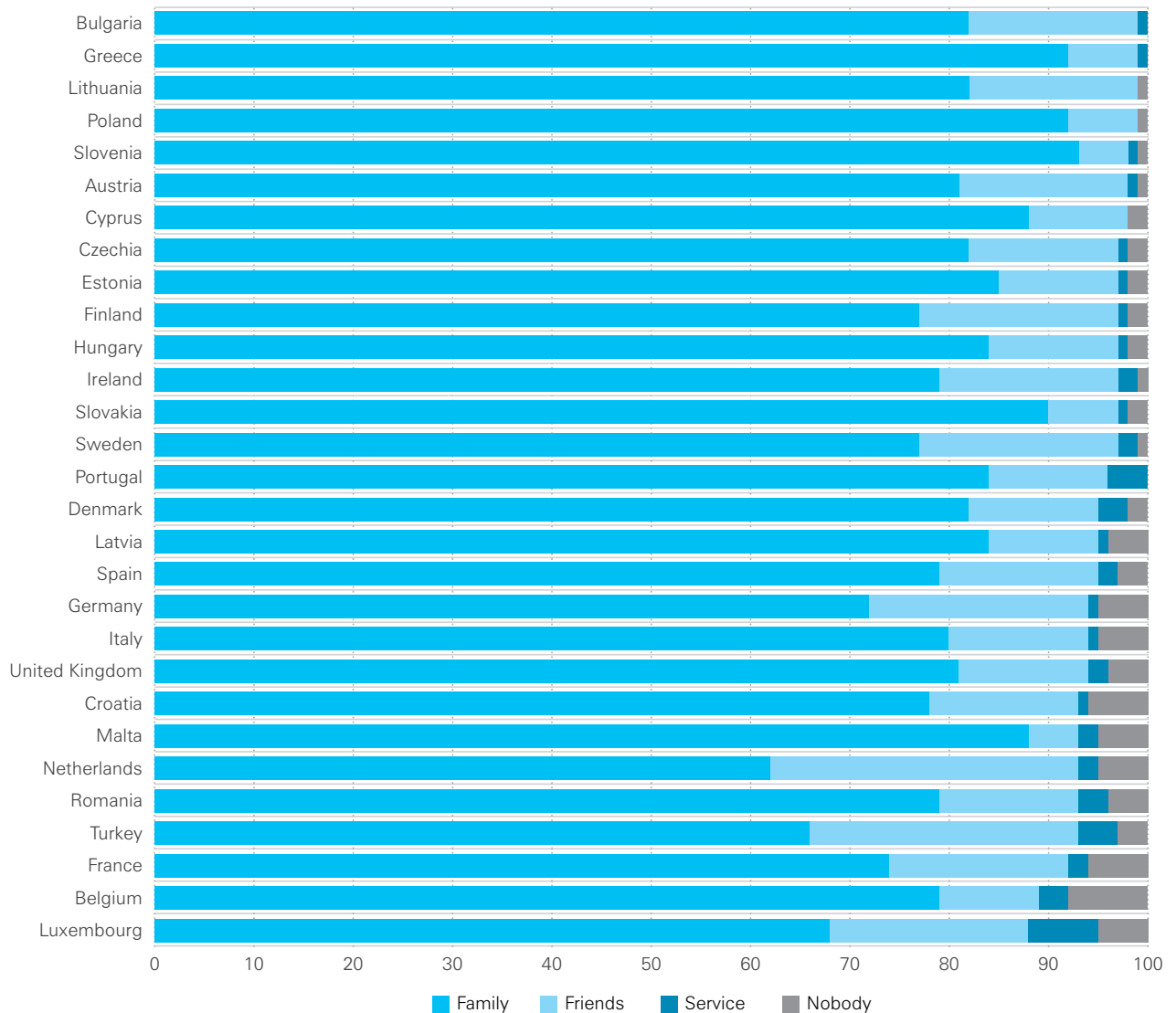
The networks of relations around children affect their well-being even though they do not always experience them directly. In contrast to the relationships described in section 3, which referred only to relations involving the child, networks refer to connections established by the adults closest to the child – especially by the parents. They include: the family support network, and parents' relationships with work and with their child's school. Unfortunately, we are unable to link these connections with data on child well-being outcomes as information on networks is not available within the same international surveys.

Support for parents

Families that lack social support networks may find it more difficult to cope with adversity. This can negatively affect children's well-

Who can parents count on if they need help to look after their children?

Figure 19: Percentage of parents able to seek support from a family member, friend or service provider



Note: Data were only available for the 27 EU countries, plus Turkey and the United Kingdom. Original question: 'From whom would you get support if you needed help in looking after your children? Choose the most important source.' Ranked by the proportion of parents who said they could count on help from either a family member or a friend.

Source: European Quality of Life Survey (EQLS) 2016.

being. That is why the presence of informal support for families through social networks is often seen as a protective factor for children's healthy development.³⁶

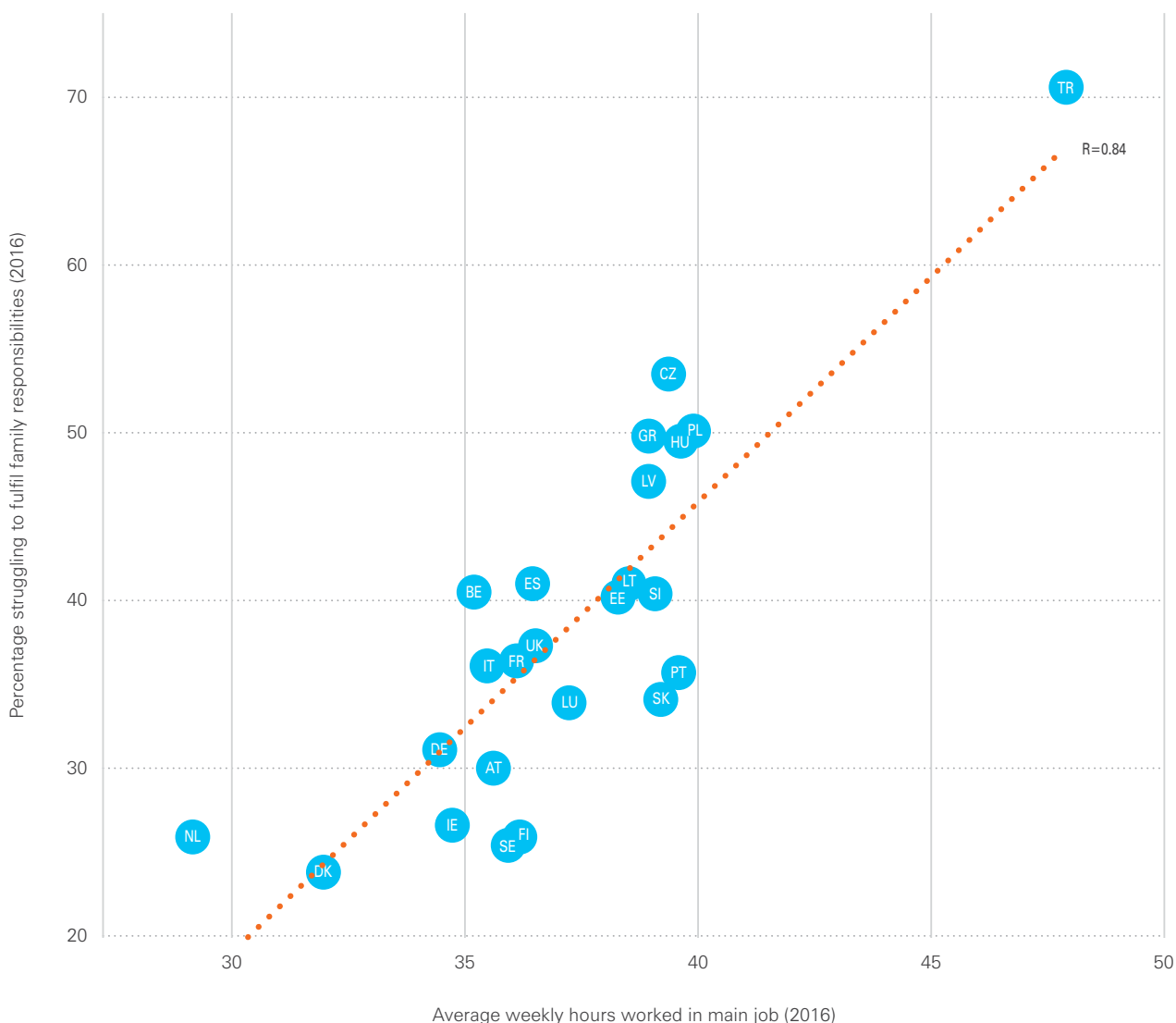
Figure 19 shows the proportion of parents who say that they would be able to seek support from a family

member, friend or service provider if they needed help to look after their children. The chart is ranked by the proportion of parents who said that they would be able to seek support from either a family member or a friend. Only a small proportion of parents said they

would be unable to seek help from either of these sources. This ranges from less than 1 in every 100 parents in Poland, Bulgaria, Greece, Slovenia and Lithuania to more than 10 in every 100 parents in Luxembourg and Belgium.

Inability to fulfil family responsibilities relates to long working hours

Figure 20: Percentage of employees struggling to balance work and family, and average working hours in European countries



Note: 'Average weekly hours worked in main job' includes any paid or unpaid overtime. 'Percentage struggling to fulfil family responsibilities' refers to the percentage of employees who have chosen the option 'At least several times a month' under 'It has been difficult to fulfil family responsibilities because of time spent on job'. Work-family balance data only available for the 27 EU countries, plus Turkey and the United Kingdom. Data on long working hours unavailable for Bulgaria, Croatia, Cyprus, Malta and Romania.
Source: Data on work-family balance: European Quality of Life Survey (EQLS) 2016. Data on long working hours: OECD (2017) based on Labour Market Statistics, 2016 or latest available year.

Work pressure on parents

Although not working due to involuntary unemployment is economically and socially corrosive, overworking is not conducive to well-being either. It can damage the

individual and their relationships with people around them. A culture of regularly working overtime leads to expectations that all employees (whether parents or not) will prioritize work. Long hours and

work-related stress can reduce the time and energy parents have to interact with their children. And, indeed, it is in those countries with long working hours that more employees find it difficult to fulfil

family responsibilities because of time spent at work (see Figure 20). On average across the 24 countries in this figure, 39 per cent of employees found it difficult to fulfil family responsibilities at least several times per month. The proportion of employees who struggle to balance work and family varies across countries, ranging from one quarter of respondents in Denmark to more than two thirds of those in Turkey.

The relationship between parents and schools

Parents' relationships with their child's school is another important aspect of the Networks around the child.

Figure 21 shows a rating on a scale from 1 to 10 (from least to most satisfied) that averaged the answers to three questions about whether parents feel that education professionals consult them, are attentive and treat all people equally. Satisfaction with these relationships ranges from 6.8 in Turkey to 8.3 in Bulgaria, Ireland and Malta.

Resources available to children

A good childhood requires sufficient resources to support the child both within the household and within the neighbourhood.

Household resources

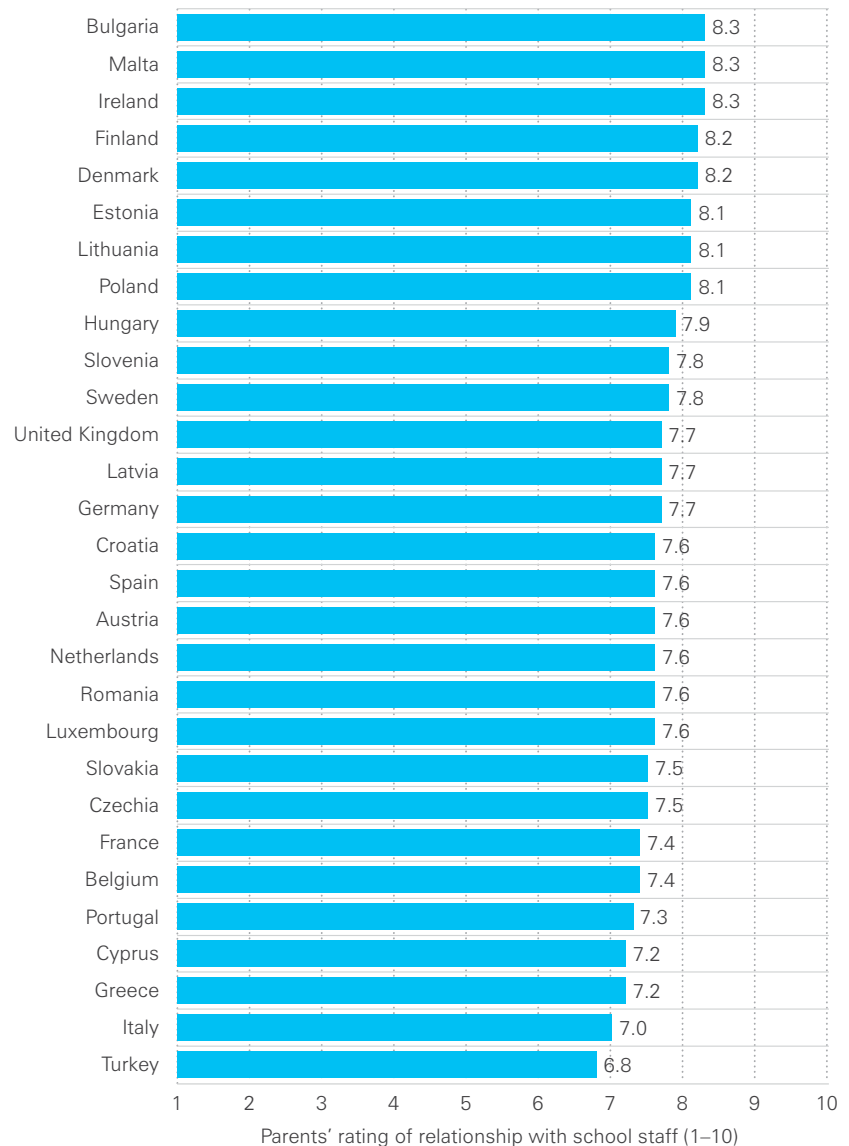
The material resources available to children in their homes can affect various aspects of their well-being, including their cognitive development, physical health and subjective well-being. Household resources can mean resources individual to the child. For example, does the child have a computer? Does the child have her/his own bedroom? Or the term can refer more broadly to resources for the entire family. Does the family own

a car? Can the family afford to take holidays? A lack of resources can affect children through various routes. For example, research indicates that low family affluence

is linked to higher rates of overweight and obesity through a variety of mechanisms, including access to different types of food and patterns of physical activity.³⁷

Parents' rating of their relationships with their child's school in European countries

Figure 21: What do parents think about their relationship with the staff at their child's school?

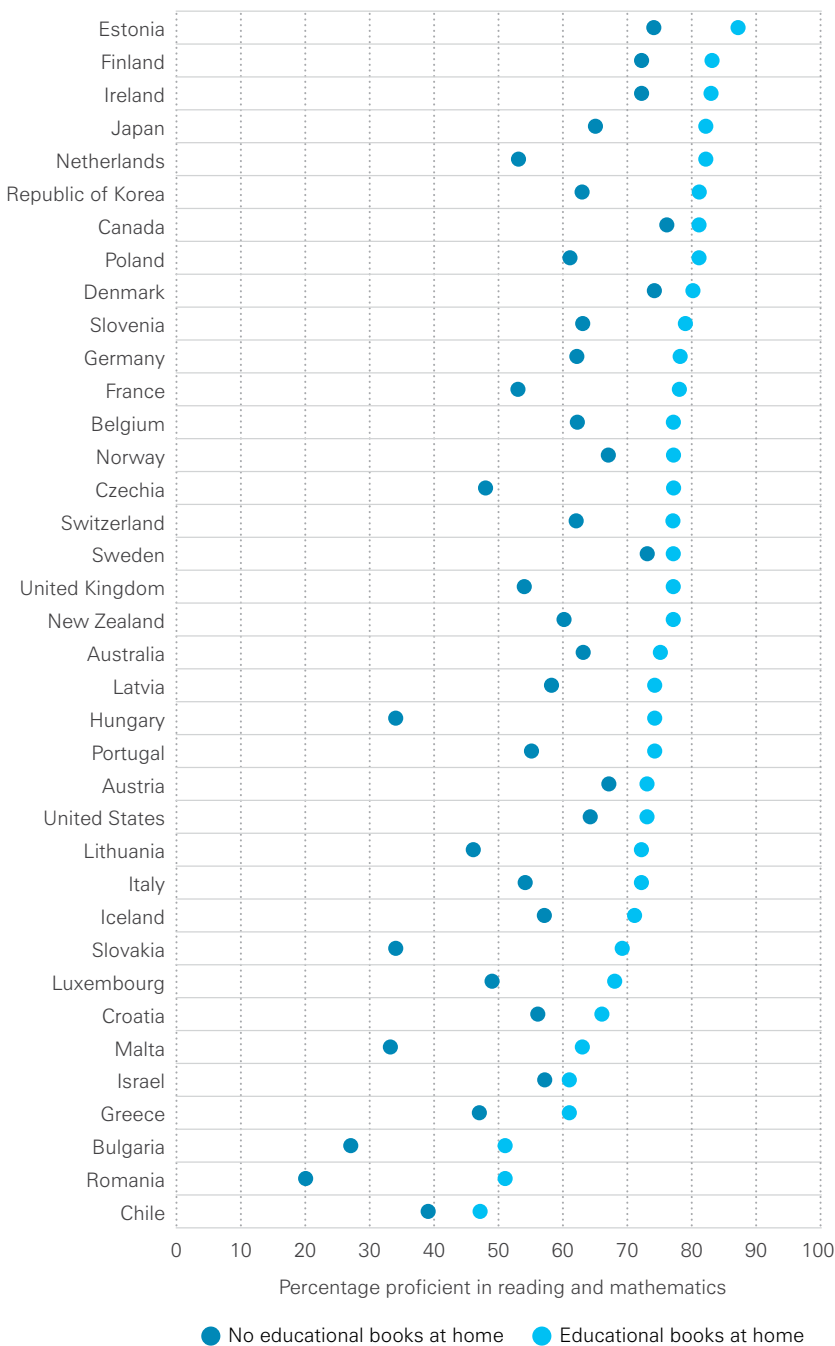


Note: Data only available for the 27 EU countries, plus Turkey and the United Kingdom. The chart presents an average of parents' answers to three questions about satisfaction with: (1) personal attention given by education professionals; (2) being informed or consulted about their child's education; and (3) all people being treated equally by education services in the area.

Source: European Quality of Life Survey (EQLS) 2016.

Children living in households without educational books have lower levels of academic proficiency

Figure 22: Percentage of 15-year-olds who have reached basic proficiency in reading and mathematics, according to whether or not there were books at home to help with schoolwork



A lack of resources can also be a barrier to academic achievement. As an example, Figure 22 shows the proportion of children with basic proficiency in reading and mathematics at age 15 for two groups – those who had books at home to help with schoolwork and those who did not. The proficiency gap between the groups is quite substantial in most countries.

Neighbourhoods

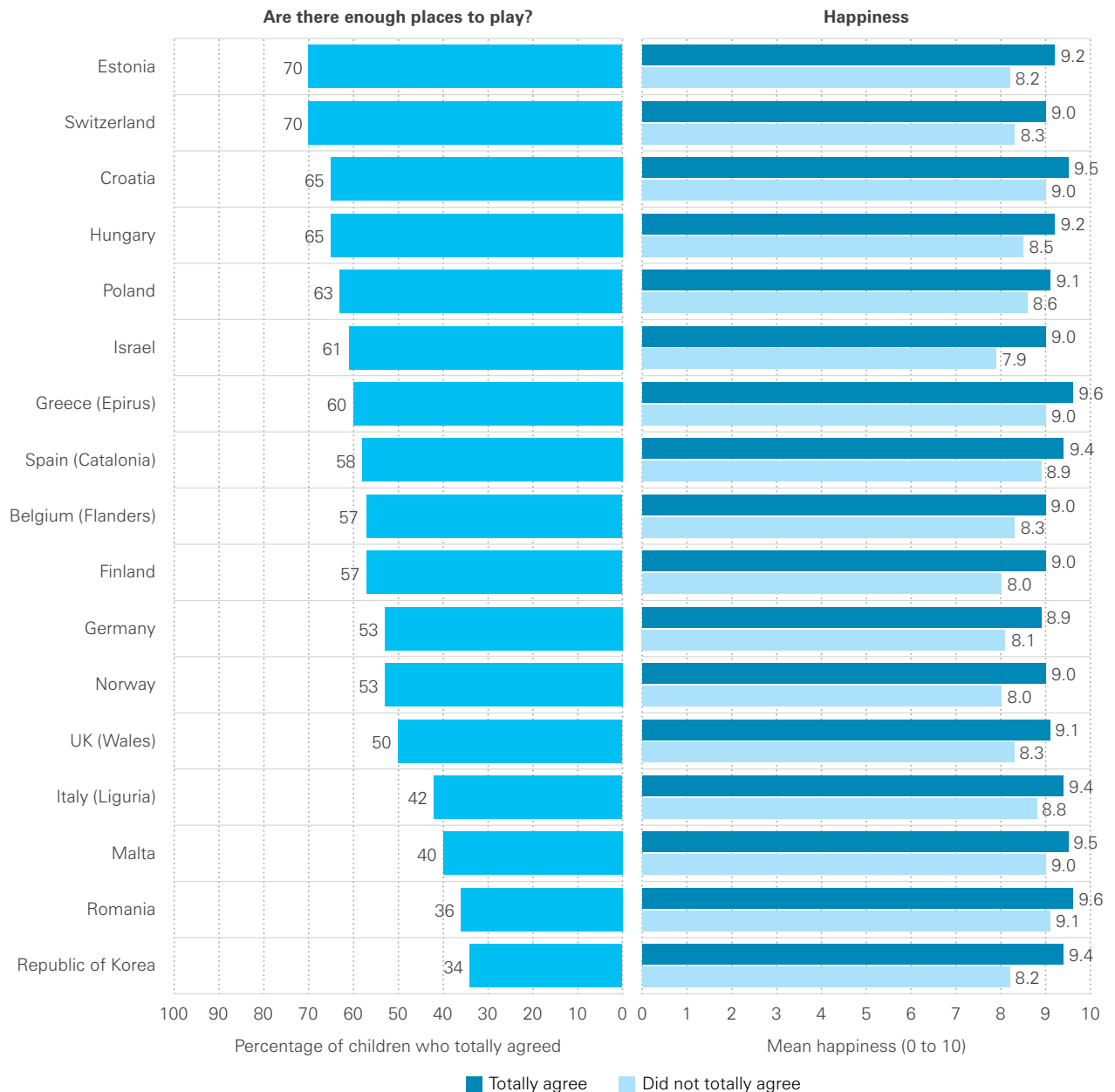
From a child’s viewpoint, the environment starts in the child’s neighbourhood, particularly in those places in which they spend time and play. There are scarce comparative data on this topic drawn from children themselves, but the Children’s Worlds survey gathers children’s views on their neighbourhoods for a selection of countries. The proportion of children who totally agreed that they have local places to play ranged from one third in the Republic of Korea to two thirds in Estonia and Switzerland.

Figure 23 shows that children who live in neighbourhoods with places to play tend to be happier than those who do not. In Estonia and Switzerland, 7 in 10 children totally agreed when asked whether their neighbourhood had enough places to play. In the Republic of Korea, only one third of children did so. Asked about their happiness, these same children expressed greater happiness than those who had said that their neighbourhood lacked such amenities. The difference in mean happiness scores between the two groups was more than one point (on an 11-point scale) in the Republic of Korea and Israel.

Notes: Children were asked whether or not there were books at home to help with schoolwork. The measure of academic proficiency is the one introduced in section 3 (see Figure 10). All differences between the two groups were significant at $p < 0.01$ except Israel, significant at $p < 0.05$.
Source: Programme for International Student Assessment (PISA) 2018.

Children who live in neighbourhoods with enough places to play are happier

Figure 23: The extent to which children agreed that they have enough places to play in their neighbourhood, and mean levels of happiness for children who totally agreed and for those who did not

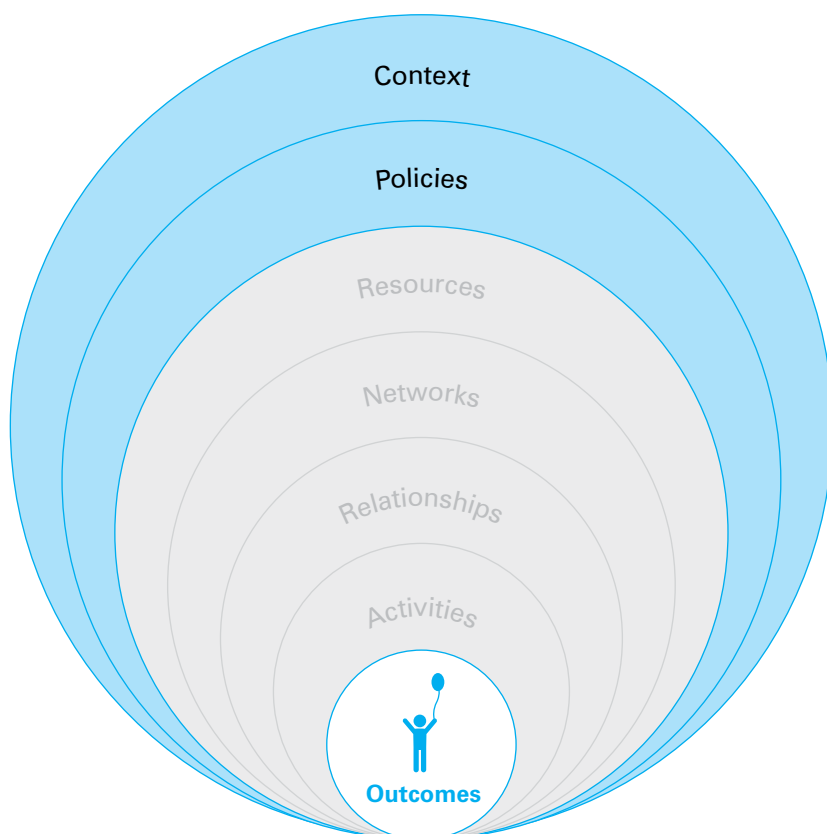


Notes: Data relate to children aged 10 years. The first chart shows responses to the statement 'In my area, there are enough places to play or have a good time'. The second chart compares mean scores for happiness in the last two weeks for children who totally agreed with the statement about having enough places to play and those who did not. All differences significant at 99% level.
Source: Children's Worlds survey, Wave 3, 2017–2019.

SECTION 5

THE WORLD AT LARGE

Why do some countries have higher child well-being than others?



The world of the child and the world around the child allowed us to see how well-being varies between children within the same country. Yet, children's experience of childhood does not exist in a social vacuum – it is rooted in the society in which they live. Therefore, we now broaden our focus to the world at large, understood as 'national conditions that support child well-being' – the outermost levels of our framework – to see why some countries have higher child well-being than others.

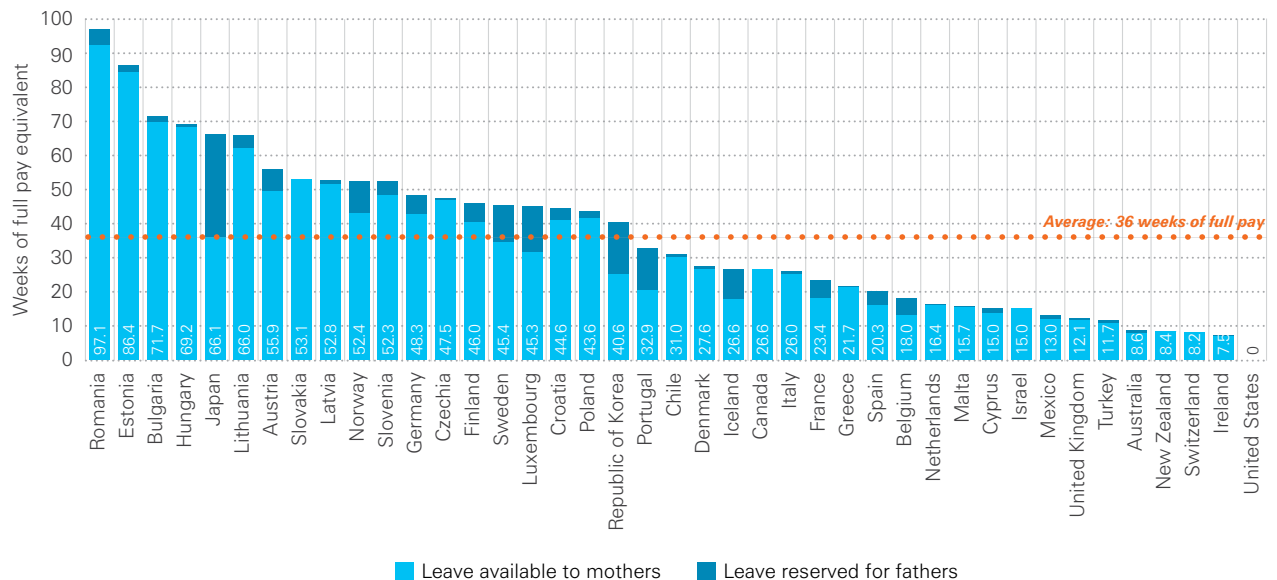
In the next circle outwards (Policies), we look at the results of a country's social, education and health policies in providing services to children. In the outermost circle (Context), we focus on general quality of life issues such as air quality and levels of social support. Comparing policies and context between countries is fundamental to understanding why their child well-being outcomes differ.

Policies

The penultimate circle (Policies), refers to benefits and services delivered to children and their families that can influence current and future child well-being. We focus on three policy areas – social, education and health policy – which are interrelated and may influence

Leave reserved for fathers makes up one tenth of parental leave in rich countries

Figure 24: Weeks of leave available to mothers and reserved for fathers in 2018, in full rate equivalent



Note: The medium blue bar (leave available to mothers) shows a combination of maternity leave and paid parental leave that can be used by the mother and is not reserved for the father. The dark blue bar shows the leave reserved for fathers on a 'use-it-or-lose-it' basis. Number of weeks of maternal and paternal leave each refer to the full-rate equivalent. For example, if a mother is entitled to 20 weeks of maternity leave at 50 per cent of her usual salary, her full-rate equivalent leave is 10 weeks. **Source:** Organisation for Economic Co-operation and Development (OECD) Family Database.

one another. For example, while low birthweight is treated as an indicator of health policy, it is also influenced by policies aimed at tackling poverty.

Social policies

Governments can use social policy to support children's well-being. One way that they can do this is through family policies that help parents to raise their children. Here we look at one such policy, parental leave. We also look at the rate of relative child poverty, which reflects social policy in terms of the distribution of income among families with children after taxes and government transfers.

Parental leave

Family policies matter for ethical, social, medical, educational, economic and demographic reasons. Maternity leave facilitates bonding between the child and mother. It also allows women to prepare for childbirth and to recover from pregnancy and it facilitates breastfeeding. A period of well-paid, job-protected leave from work helps eligible employees to maintain their income and their attachment to the labour market. Yet, leave entitlements that are inflexible, underpaid or have a gender imbalance can have a negative effect on the work prospects of women and, to a lesser extent, men.³⁸

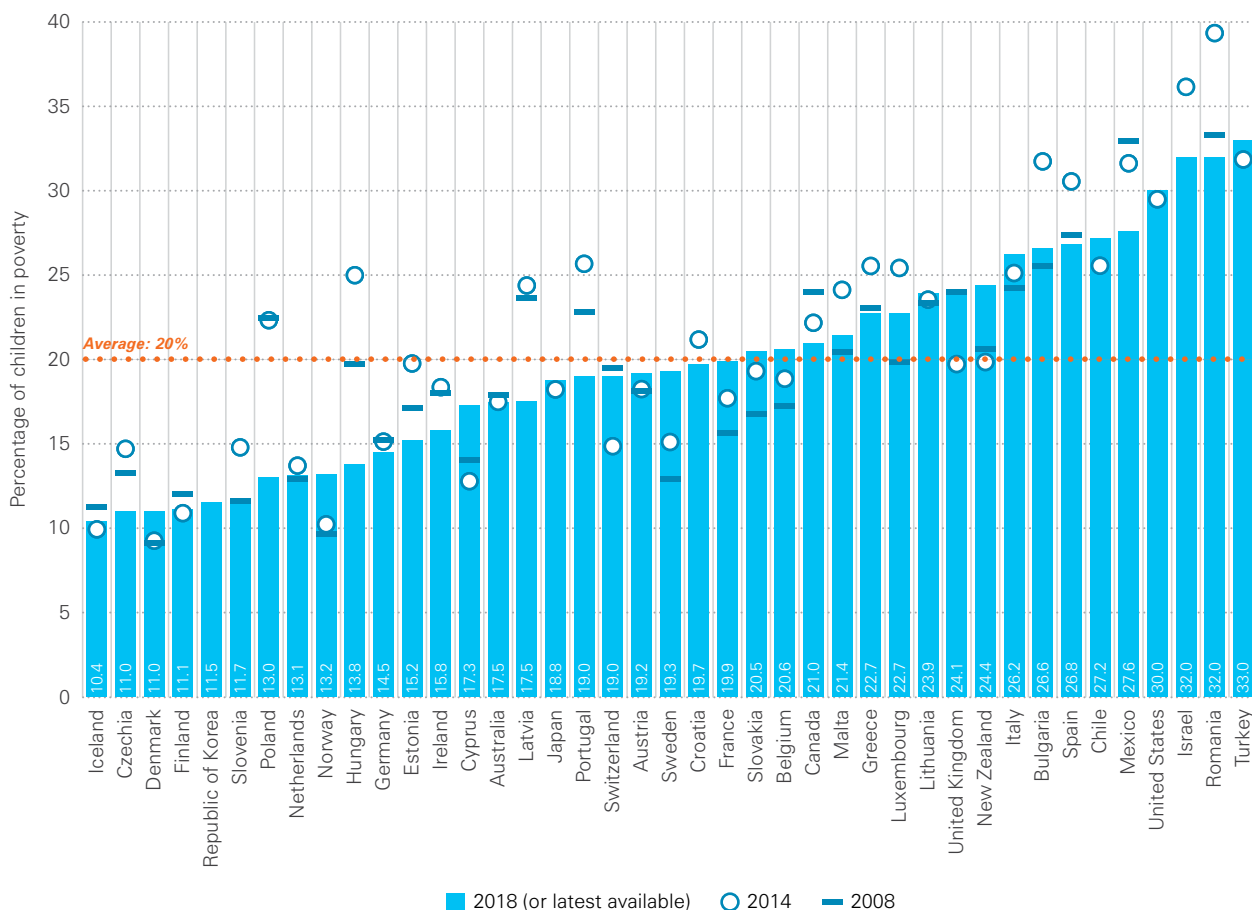
If taken, leave reserved for fathers gives children access to both parents, which is one of their rights under the Convention on the Rights of the Child, and supports child-

father bonding. It also promotes family stability, as men who take parental leave are more likely to remain engaged fathers many years after the leave is over.³⁹

Early adopters of new paternity leave entitlements can face professional and cultural barriers that prevent them from staying with their child.⁴⁰ To encourage uptake, 35 out of the 41 countries included in this report have introduced leave reserved for fathers on a 'use-it-or-lose-it' basis. For example, Iceland has rewritten its family law to reflect the child's right to access both parents – starting with each of them taking at least three months of leave during the period when the child is an infant.⁴¹ Figure 24 shows statutory parental leave entitlements in terms of the equivalent number of weeks of pay at the full rate. There is wide variation across the countries,

In almost half of rich countries, more than one in five children lives in poverty

Figure 25: Percentage of children living in households with income below 60 per cent of the national median income in 2008, 2014 and 2018



Notes: Percentage of children living in households with post-tax, post-transfer income – adjusted for family size and composition – below 60 per cent of the national median income. Equivalence scale: first adult in a household counted as 1; each other household member aged 14 years or above counts as 0.5 person; each household member aged 13 years or below counts as 0.3 person. Data for 2018 except for Canada, Chile, New Zealand, Turkey (2017); Australia, Iceland, Israel, United States (2016); and Japan (2015).

Source: EU Statistics on Income and Living Conditions, HILDA wave 17 (Australia), ENIGH, Household Economic Survey (New Zealand) estimates taken from Perry, B (2017), Canadian Income Survey (estimates from L. Wolff and D. Fox), Survey of Living Conditions (Japan) estimates taken from A. Abe, Luxembourg Income Study (Chile, Israel, Mexico, United States), combined data of Household Income and Expenditure Survey and Farm Household Economy Survey (Republic of Korea), courtesy of Statistics Korea and the Korean Committee for UNICEF.

ranging from no statutory leave in the United States to more than one year of leave in several countries. On average, only 10 per cent of the total duration of leave is reserved for fathers.

In many of the countries we cover in this report, family formations are becoming increasingly diverse. This diversity often includes increasing proportions of lone-parent families,

stepfamilies and two-household families, where children alternate their time between the homes of both parents; a higher incidence of one or both parents spending lengthy periods of time working abroad; and new rights for same-sex partnerships. These developments are gradually being reflected in family policies. For instance, in 2019, Canada and

Spain introduced parental leave for both parents of same-sex couples.⁴²

Child poverty

Children often pay a high price for growing up in poverty. Children in poorer families tend to have worse cognitive and socio-emotional development, and worse health as adults.⁴³ Relative child poverty is defined here as children who live in households which, taking account

of household size and composition, fall below 60 per cent of the national median per capita income. This measure shows how effective a national system of taxes and transfers is in preventing families with children from falling into poverty. In this sense, we treat national child poverty as an outcome of multiple social policies.

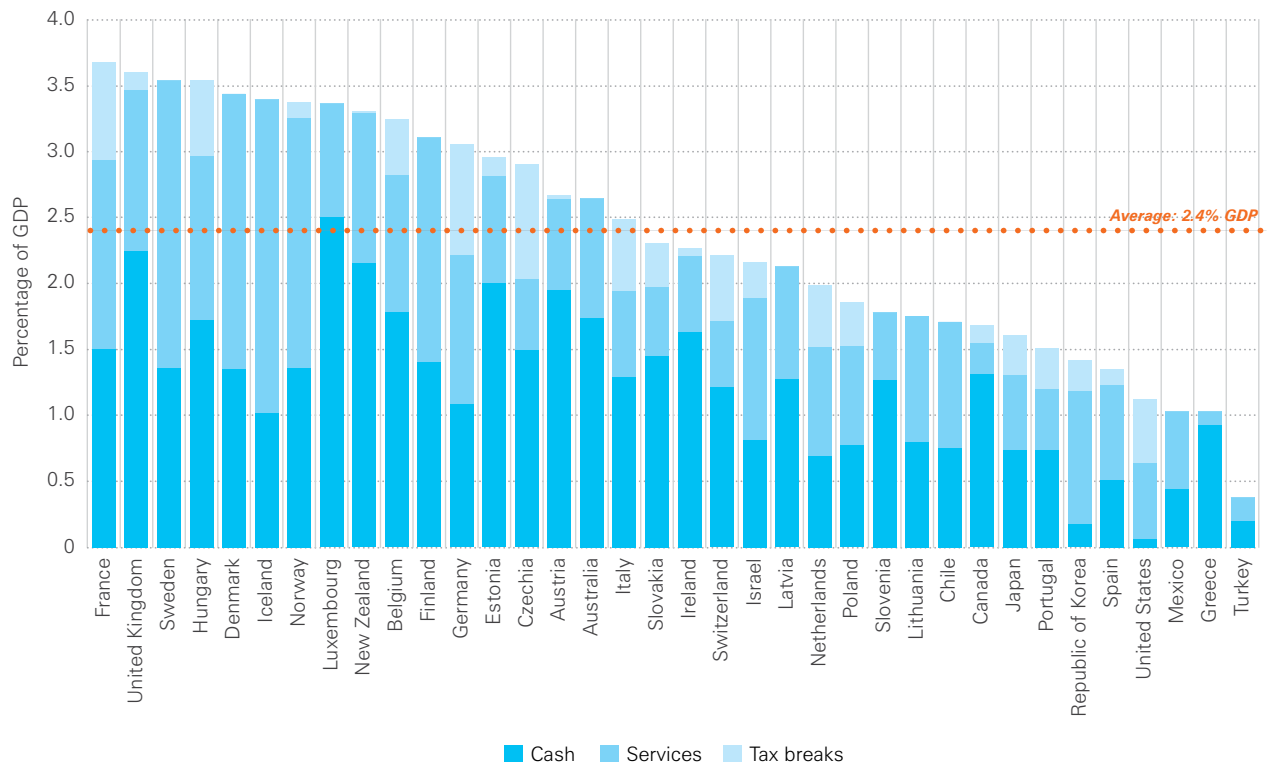
In 2018, the average relative child poverty rate across the 41 countries was 20 per cent. This rate ranged

by country from 10 per cent in Iceland to 33 per cent in Turkey (see Figure 25). Yet, as we will show in the economic context subsection, the countries with the lowest relative child poverty (Iceland, Czechia and Denmark) only partially overlap with the countries with the lowest income inequality (Slovakia, Slovenia and Czechia) (see Figure 35). This is partly due to different demographic structures as well as higher

spending on families with children in Nordic countries in comparison with the post-communist countries (see Figure 26). However, it is not only a matter of how much is spent, but also how it is spent. Tax breaks run the risk of favouring more middle-class and affluent families. Conversely, high-quality public services, if sufficiently accessible and affordable, can support all children and their families.

On average, rich countries spend 2.4 per cent of gross domestic product (GDP) on families – services account for half of this sum

Figure 26: Public spending on cash transfers, services and tax breaks for families in 2015



Source: Organisation for Economic Co-operation and Development (OECD) Social Expenditure Database, 2015.

Spotlight 5 Poor children in the United Kingdom are more likely to be obese and have low skills

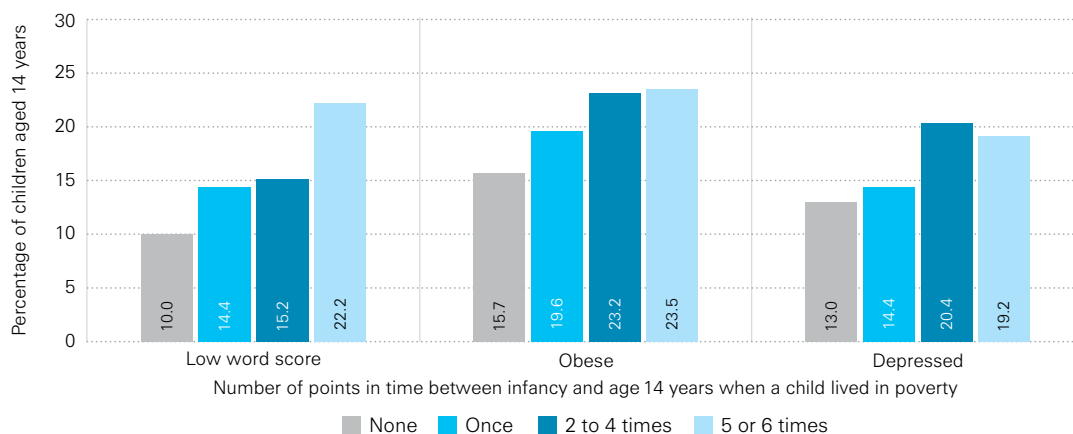
Poverty is not just a monetary circumstance. It spills over into other aspects of children’s lives. We looked at its consequences for depression, obesity and vocabulary, corresponding to the mental well-being, physical health and skills dimensions at the heart of the well-being framework (see Box 1). We used data from a UK study that followed thousands of children born in the early 2000s for almost two decades.

We divided households with children into five income groups. At 14 years of age, children in the poorest group were 2.6 times more likely to have a poor vocabulary and 1.8 times more likely to be obese than children in the richest group. The link between income and depression was less clear.

To learn whether these patterns change with time, we grouped 14-year-old children into categories according to how often they had been in poverty at six points in time during their childhood (at the age of 9 months and then at 3, 5, 7, 11 and 14 years of age). Children who had lived in more persistent poverty had poorer vocabulary skills (see Figure 27). The effect was cumulative: the more often children had experienced poverty, the more likely they were to have a poor vocabulary. This probably reflects the fact that new skills build on existing skills. Children who had experienced poverty were also significantly more likely to be obese and slightly more likely to be depressed at 14 years of age. Yet, in the latter case, we found less evidence of a cumulative effect of poverty.

Persistent poverty impedes children’s development

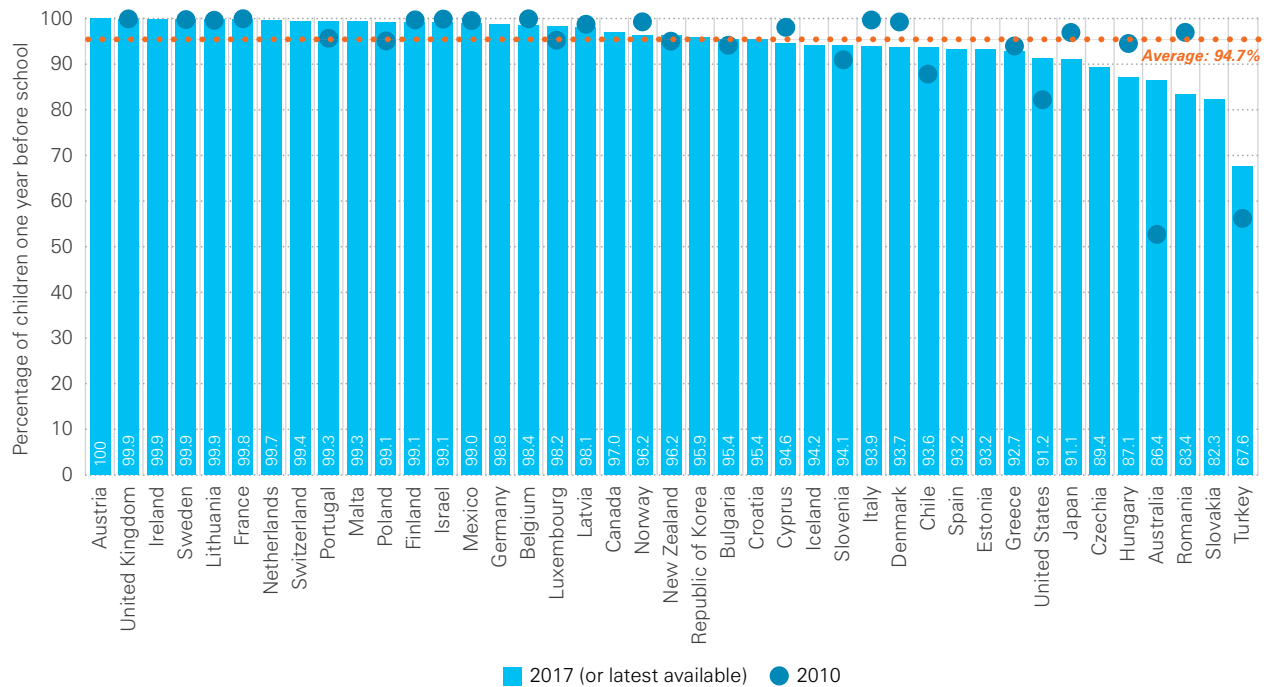
Figure 27: History of household income poverty and three child outcomes at 14 years of age in the United Kingdom: vocabulary, obesity and depression



Notes: Children aged 14 years in the United Kingdom. The word score is based on a 20-item test of word recognition. Obesity is defined as a BMI above 30. Depression is defined as a score of 12 or more using the 13-item Moods and Feelings Questionnaire. The analysis takes account of survey design and weightings. The values shown in the charts are marginal effects after controlling for age (tenths of a year), gender and ethnic group. Poverty is defined as having an equivalized household income below 60 per cent of the national median income. **Source:** Millennium Cohort Study, United Kingdom, 2000–2016.

What percentage of children have experienced organized learning before starting school?

Figure 28: Children with experience of organized learning one year before starting school



Notes: Data for the blue bars are from 2017 or the latest year available (2016 for Bulgaria, Canada, Croatia, Malta, Romania, United States; 2015 for Cyprus; 2013 for Japan – figure from *Report Card 15*). Percentage of children with experience of organized learning one year before starting school is an official Sustainable Development Goal indicator.

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO). Data for New Zealand from United Nations Statistics Division.

Education policies

Preschool participation

Public provision of high-quality childcare helps to reduce socio-economic disadvantage before children start formal schooling.⁴⁴ It can also provide a stimulating social and learning environment. Ensuring that all children have access to organized learning at least one year before starting school is one of the Sustainable Development Goals. Figure 28 shows that in 17 countries more than 5 per cent of children are not in preschool. In three countries, the

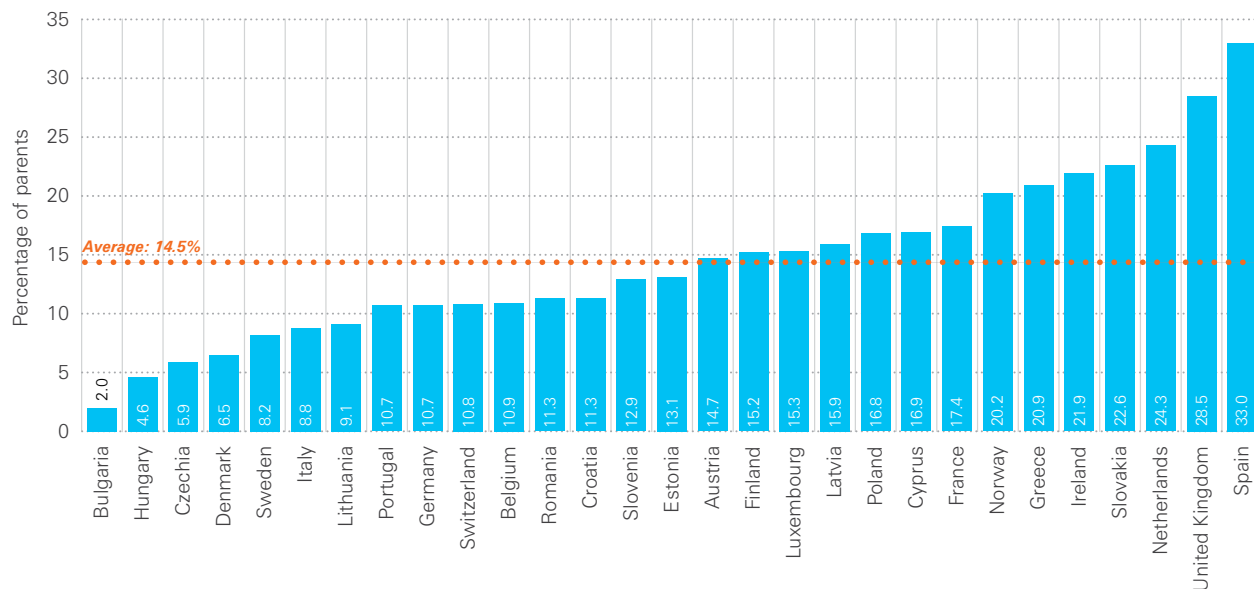
figure is more than 15 per cent: Romania (17 per cent), Slovakia (18 per cent) and Turkey (32 per cent).

Enrolment rates are substantially lower for younger children. Across Europe (the 27 EU countries, plus Iceland, Norway, Switzerland and the United Kingdom), 15 per cent of parents with children under 3 years of age would like to use day care but cannot do so. The main obstacles include affordability and availability of places. However, rates of participation and unmet childcare needs do not necessarily go together. In Denmark, where

70 per cent of children under 3 years of age use organized childcare, 6 per cent of parents said that they have unmet childcare needs. This is almost the same percentage as in Czechia, where only 5 per cent of children attend organized childcare. Across the European countries, about one half of parents of children under 4 years of age declared no need for childcare. This reflects, in part, cultural differences in childcare styles and preferences.

In 22 European countries, more than 1 in 10 parents has an unmet childcare need

Figure 29: Unmet needs among parents of children under 3 years of age in European countries

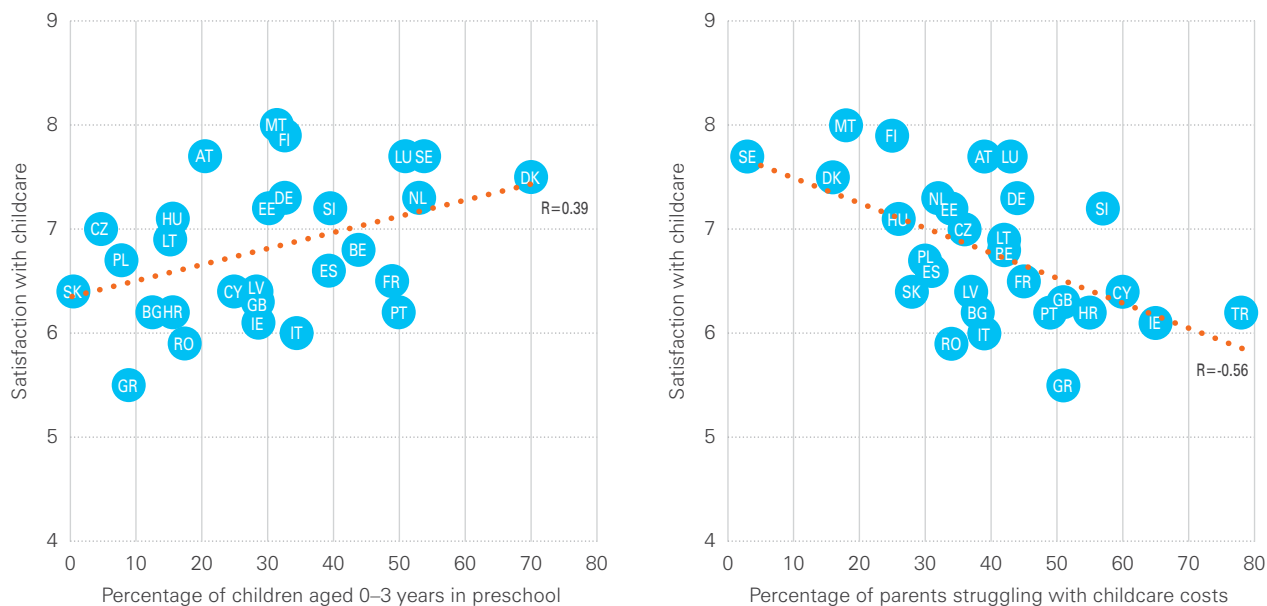


Notes: An 'unmet need' for childcare is assessed based on the question 'Would you like to make (more) use of childcare centres?'. No unmet needs data for Iceland and Malta.

Source: EU Statistics on Income and Living Conditions (EU-SILC) survey 2016 (for Switzerland, the latest available data were from 2014).

Countries with high childcare satisfaction have high enrolment and affordable prices

Figure 30: Satisfaction with childcare mapped against enrolment and affordability



Notes: Satisfaction with childcare (scale from 0 to 10, from least to most satisfied) asked only to parents of a child below 12 years of age who had received formal childcare in the past 12 months. Data on child enrolment are Eurostat estimates based on information from the EU Statistics on Income and Living Conditions (EU-SILC) survey. No data on child enrolment for Turkey. Data for Iceland are from 2015.

Source: European Quality of Life Survey (EQLS) 2016; Eurostat, 'Children in Formal Childcare or Education by Age Group and Duration – % over the Population of Each Age Group – EU-SILC Survey', <https://appsso.eurostat.ec.europa.eu/hui/show.do?dataset=ilc_caind&lang=en>, accessed 24 February 2020.

At the country level, the preschool participation rate is positively correlated with service satisfaction (see Figure 30). This may reflect the fact that parents are more likely to use preschool if they have a good opinion of the service. High cost may be a deterrent. On average, across the 29 European countries (the 27 EU countries, plus Turkey and the United Kingdom), 40 per cent of parents who had used preschool had found it difficult to cover its cost. Between countries, the proportion of parents who had struggled to pay childcare costs ranges from 3 per cent in Sweden to 78 per cent in Turkey.

Young people not in education, employment or training

Young people who are disengaged from both education and the labour market may face a more difficult start to adult life. One of the indicators used to monitor this issue is the proportion of young people aged 15–19 years who are not in education, employment or training (NEET). Between 2010 and 2018, the NEET rate improved in 30 out of 37 countries – largely reflecting the subsiding effects of the 2008 economic crisis. However, in Turkey, Mexico, Bulgaria, Chile and Italy, more than 1 in 10 young people are still receiving neither an education nor work experience.

Health policies

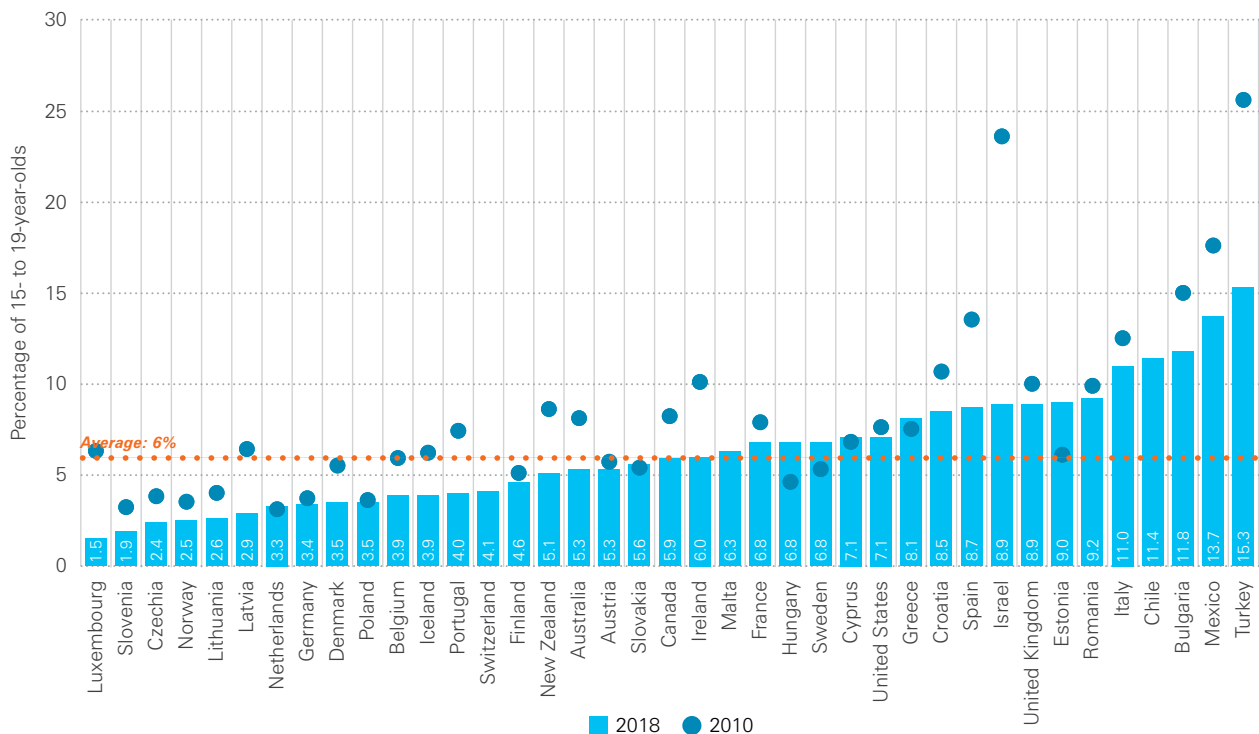
Vaccines

Some achievements in child health can lead to complacency. One example is the herd immunity to measles established by high immunization coverage. In some regions where measles epidemics had been consigned to the past, immunization rates have dropped, putting children once again at risk. In recent years, some of the world's richest countries, including Czechia, Greece and the United Kingdom, have lost their measles elimination status.⁴⁵

Immunization rates are typically used as measures of the availability

In five rich countries, more than 1 in 10 young people are out of school and work

Figure 31: Percentage of all young people aged 15–19 years not in education, employment or training (NEET)



Note: Data for the blue bars are from 2018 or the latest year available (2015 for Chile).

Source: Data for Bulgaria, Croatia, Cyprus, Malta and Romania: Eurostat 2018. Data for remaining countries: Organisation for Economic Co-operation and Development (OECD) Family Database Table PF2.1.B (updated 26 October 2017).

and affordability of preventive health services for children. Yet, with the rise of anti-vaccination movements, some immunization rates have also become measures of the efficacy of public health communication. They indicate whether the general public is well-informed about immunization or whether false information is putting children at risk. Additionally, 1 in 10 cases of measles is contracted while travelling abroad or while in contact, in one’s own country, with someone from another country.⁴⁶ This shows that high immunization coverage at the country level is insufficient and emphasizes the

importance of cross-country collaboration to keep children free of this preventable disease.

Therefore, of all of the important child vaccines, including polio and DPT (diphtheria-pertussis-tetanus), we focus on the measles vaccine.⁴⁷ Across 40 countries (all except Ireland), the measles immunization rate averages 91 per cent, ranging from 80 per cent in France to 99 per cent in Hungary, Mexico and the Republic of Korea. This range of values is larger than for DPT vaccines and therefore the measles immunization rate meets our variability criterion for data usage (see *Spotlight 1*). Moreover, this

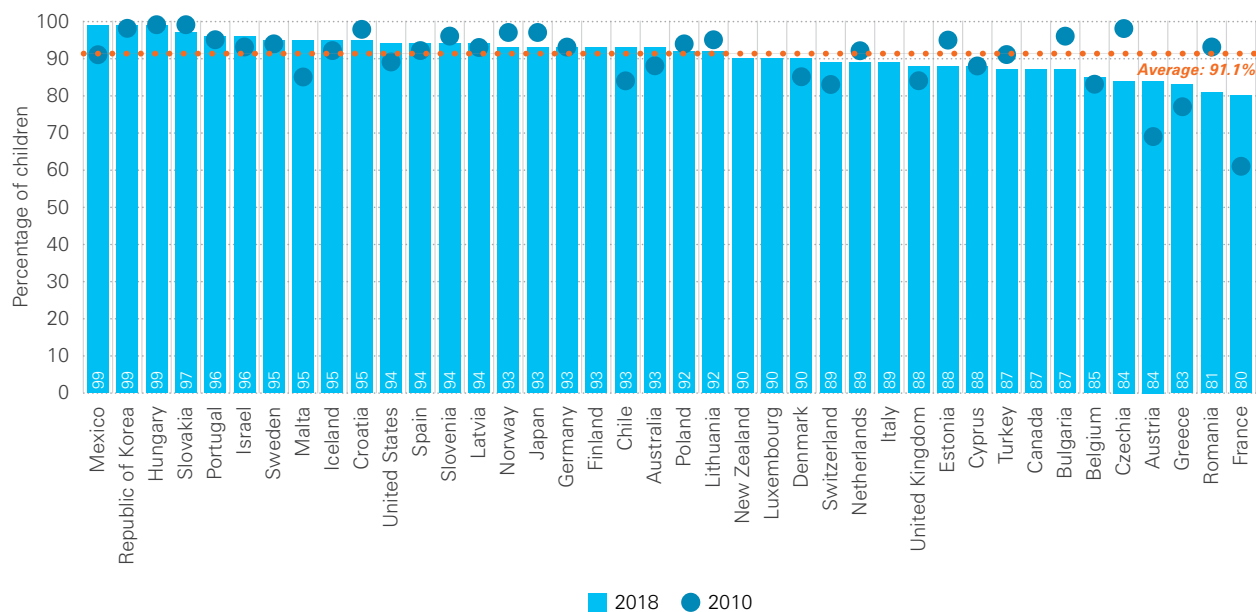
rate has dropped between 2010 and 2018 in 14 out of the 35 rich countries for which comparable data are available (see *Figure 32*).

Low birthweight

The second health policy indicator is the proportion of babies who weigh less than 2,500 grams at birth. Birthweight is considered the most important predictor of an infant’s chances of survival and growth.⁴⁸ At the policy level, birthweight is treated as an indicator of the quality of care available during pregnancy. It is also related to the health, age and nutrition of the mother, and whether there was substance abuse during

Measles immunization dropped in 14 rich countries from 2010 to 2018

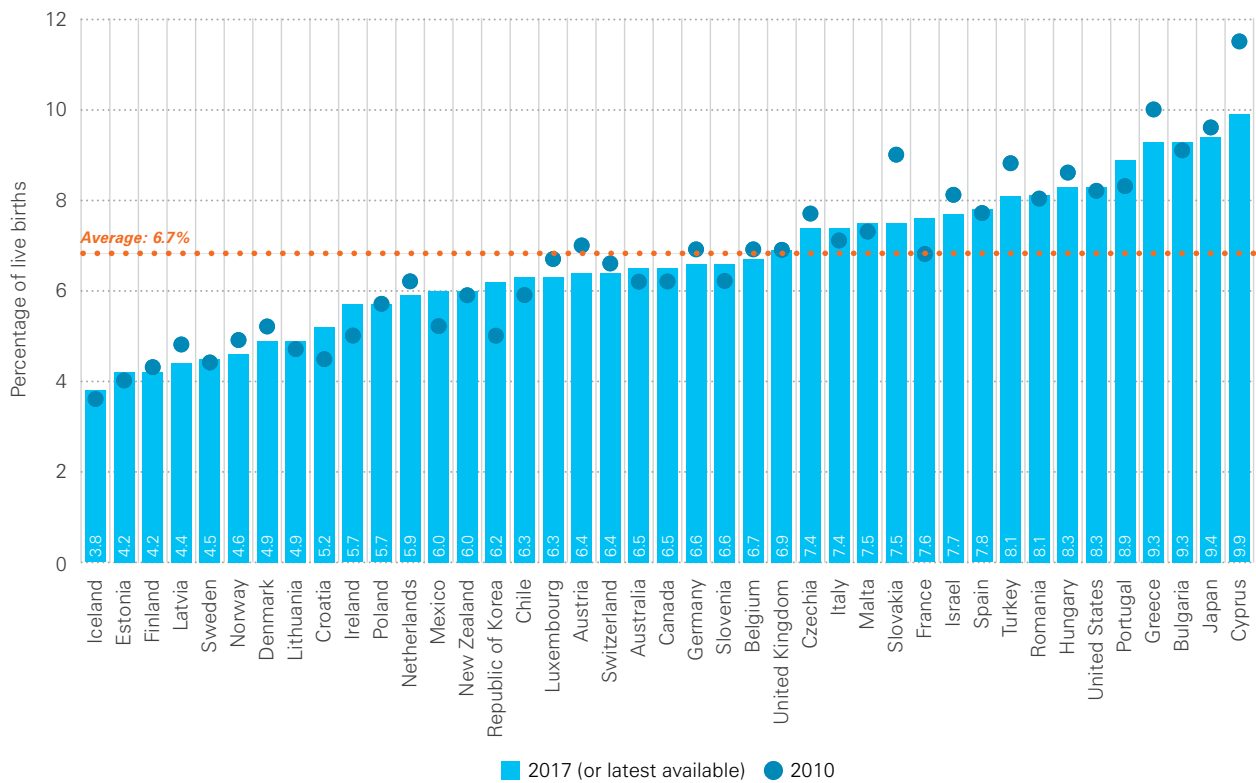
Figure 32: Percentage of children who received the second dose of the measles vaccine



Note: Percentage of children who received the measles vaccine second dose (MCV2) administered as per the national schedule. Ireland is omitted as no 2018 data were available for MCV2.
Source: WHO/UNICEF estimates for 2018. See: World Health Organization, ‘Immunization, Vaccines and Biologicals: Data, statistics and graphics’, <www.who.int/immunization/monitoring_surveillance/data/en>, accessed 24 February 2020.

One in 15 infants born in rich countries is underweight at birth

Figure 33: Number of live births weighing less than 2,500 grams as a percentage of total live births



Note: Data for the blue bars are from 2017 or the latest year available (2016 for Australia, Belgium, Chile, France, Sweden; 2015 for Romania; 2013 for Germany). Starting year data are from 2010, except for Turkey (2012) and Cyprus (2007).

Source: Data for Bulgaria, Croatia, Cyprus and Romania are from: World Health Organization Regional Office for Europe, European Health Information Gateway, '% of Live Births Weighing 2500 g or More', <https://gateway.euro.who.int/en/indicators/hfa_600-7100-of-live-births-weighing-2500-g-or-more>, accessed 7 January 2020. Data for remaining countries are from: Organisation for Economic Co-operation and Development, OECD.Stat, 'Health Status: Key indicators', <https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_STAT>, accessed 7 January 2020.

the pregnancy. Based on the above threshold, the average percentage of live births that are underweight across the 41 countries is close to 7 per cent. This proportion has remained stable over the last decade (see Figure 33). There are substantial differences between countries in the proportion of underweight live births, ranging from 4 per cent in Iceland to almost 10 per cent in Cyprus.

Context

The national context that supports child well-being includes economic, social and environmental components. These components

may affect children directly. For example, air pollution can damage their health. Or the components may affect them indirectly. For example, parental unemployment can put a strain on household resources and relationships, which can, in turn, affect child well-being. In this section, we deliberately choose broad indicators that apply to the whole population for two reasons. First, they minimize the number of people missing from the data, including marginalized children, who are often invisible in surveys. Second, a clean environment, healthy economy and

strong social fabric contribute to a good life for all and constitute a foundation for the well-being of current and future generations.

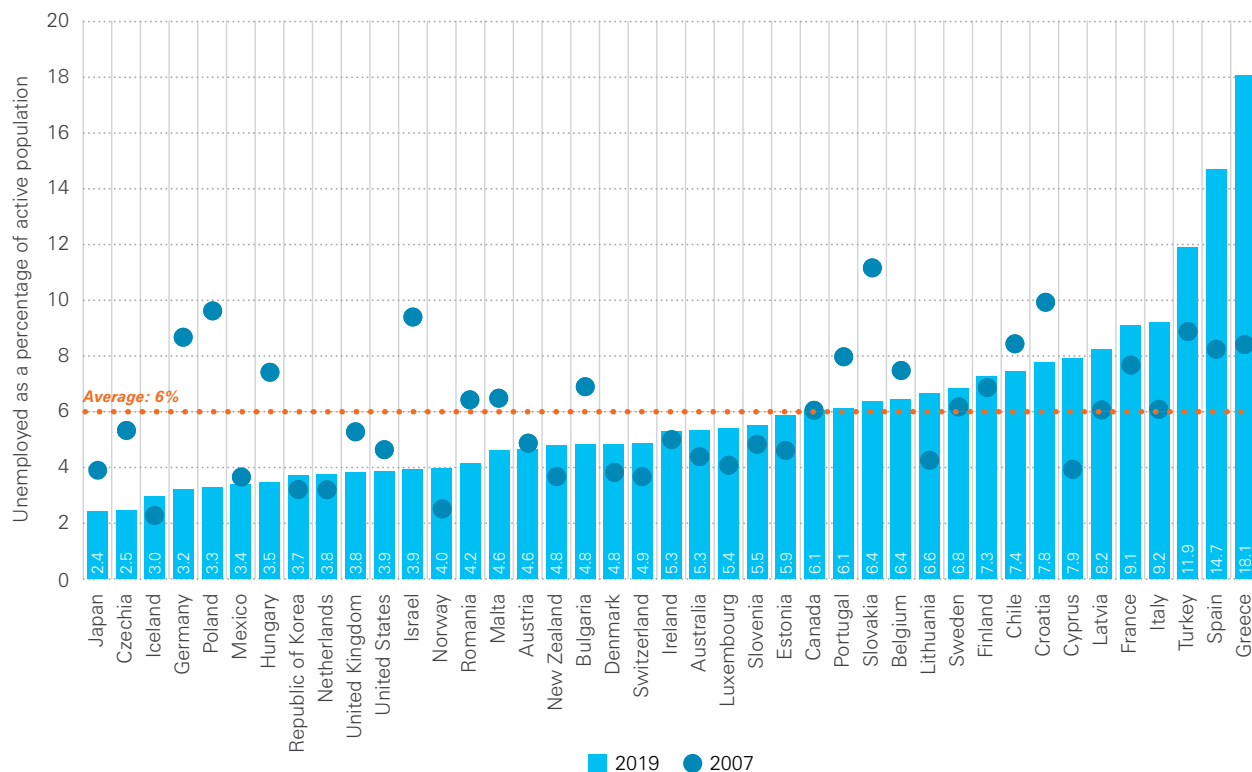
Economic context

Jobs

As we've seen in the earlier section about work pressure on parents, employment does not always translate into well-being. However, there are good reasons to include it as a key factor. Work can provide the resources, networks, skills and sense of meaning that facilitate well-being. Unemployment has been found to be one of the most important and persistent factors

Unemployment still has not dropped below its pre-crisis level in all countries

Figure 34: Unemployment rates from 2007 to 2019



Note: Unemployment as a percentage of the total labour force, modelled on International Labour Organization estimates. Unemployment refers to the share of the labour force (aged 15–64 years) who would like to work and have taken active steps to find employment – that is, those who are without work but available for and seeking employment.

Source: World Development Indicators 2019.

affecting adult well-being.⁴⁹ As a consequence, it is likely to affect family relationships and child well-being. This issue has been a theme in previous *Report Cards*. For example, in *Report Card 12*, we argued that: “Children feel anxious and stressed when parents endure unemployment or income loss, and they suffer family downturns in subtle and painfully evident ways”.⁵⁰

Not all adults can or want to work. To reflect this, we look at the unemployment rate for people between the ages of 15 and 64 years who would like to work and have taken active steps to find employment. In this way, we avoid

making a judgement on choices such as parents who have decided to stay at home to look after their children. In 2019, the average unemployment rate across the 41 countries included in this report was 6 per cent, ranging from just over 2 per cent in Japan to about 18 per cent in Greece. In many countries, the unemployment rate has returned to its pre-crisis level, meaning before 2008, or dropped further. But this is not universally the case and, in some countries, most notably Greece and Spain, the unemployment rate remains well above the pre-crisis level (see *Figure 34*).

Income

We use the gross national income (GNI) per capita as a proxy for a country’s economic context. Although GNI is an imperfect measure because it does not evaluate what is produced or consider the long-term costs and benefits of economic growth,⁵¹ it is still one of the most widely used measures of goods and services produced in an economy. Historically, raising GNI resulted in a surplus of goods that satisfied basic physiological needs, enabled the division of labour and, finally, gave rise to the modern phenomenon of leisure. Today, a high GNI can help

in building high-quality health care, education and social protection. It also tends to coexist with labour arrangements that are conducive to having more free time.⁵²

The relationship between national income and inequality

More equal societies tend to report higher life expectancy and fewer social problems such as violence, mental illness, bullying among children and teenage pregnancy.⁵³ In unequal societies, it is more difficult for disadvantaged groups to realize their full potential. Income

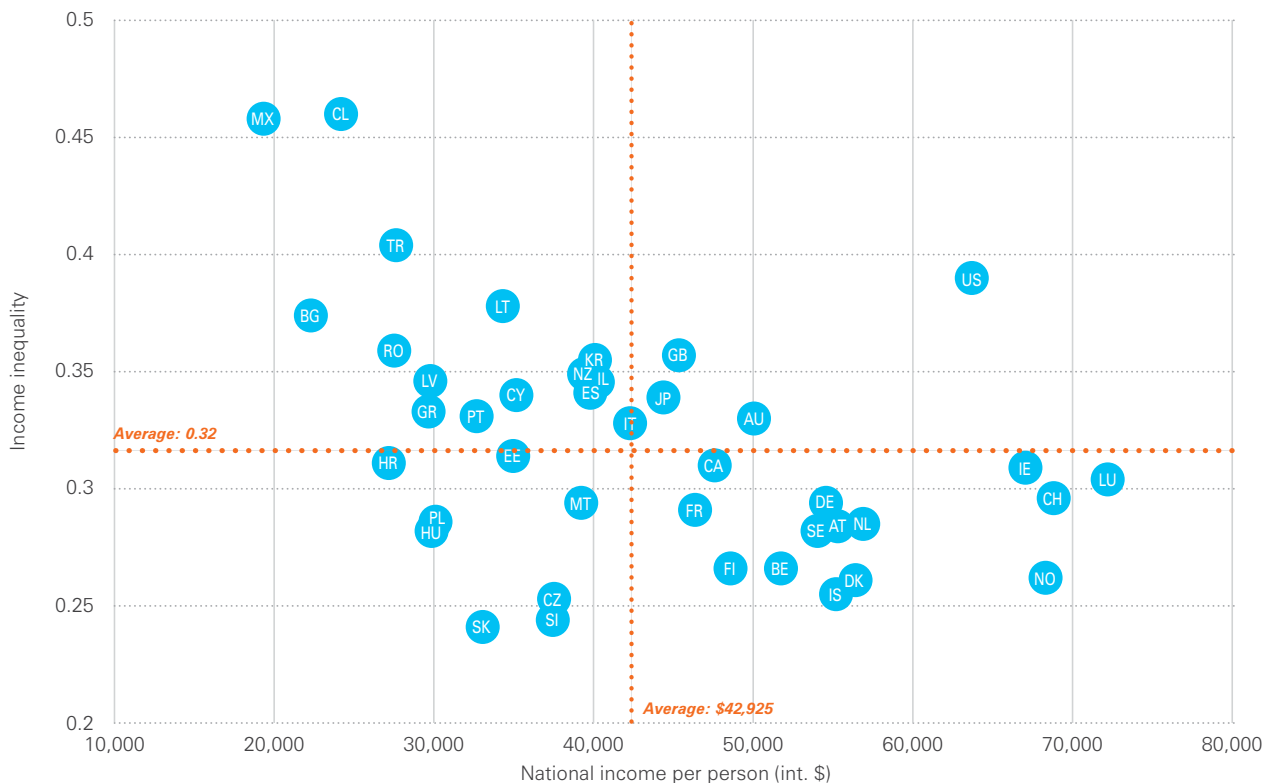
inequality correlates with a lack of trust. It erodes social cohesion and empathy among citizens, both of which are preconditions for meaningful political participation and democracy.⁵⁴

In the policies section, we focused on households with children. In this section, the Gini coefficient is used to show the distribution of income across the whole of society. The higher the Gini coefficient (on a scale from 0 to 1), the higher the level of inequality.

Putting equality at the heart of the debate raises the concern that ignoring levels of economic prosperity could lead to equality in misery. Figure 35 shows that there is no obvious trade-off between inequality and income, however. Some of the less affluent countries have high inequality, while most of the richer countries are more equal. Only the United States has very high income and very high inequality. Its position should be seen as the exception rather than the rule.

There is no trade-off between inequality and income

Figure 35: National income and income inequality



Notes: Gross national income (GNI) based on purchasing power parity in international dollars (int. \$) per capita in 2018 (2017 for Cyprus). Income inequality is measured as income Gini coefficient from 2017 or the latest year available (2016 for Australia, Austria, Belgium, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain; 2015 for Croatia, Cyprus, Iceland, Japan, Malta, Switzerland, Turkey; 2014 for Bulgaria, New Zealand). Orange lines represent cross-country averages.

Source: Data on GNI for all countries and on the Gini coefficient for Bulgaria, Croatia, Cyprus, Malta and Romania from: World Bank. Data on the Gini coefficient for all remaining countries from: Organisation for Economic Co-operation and Development.

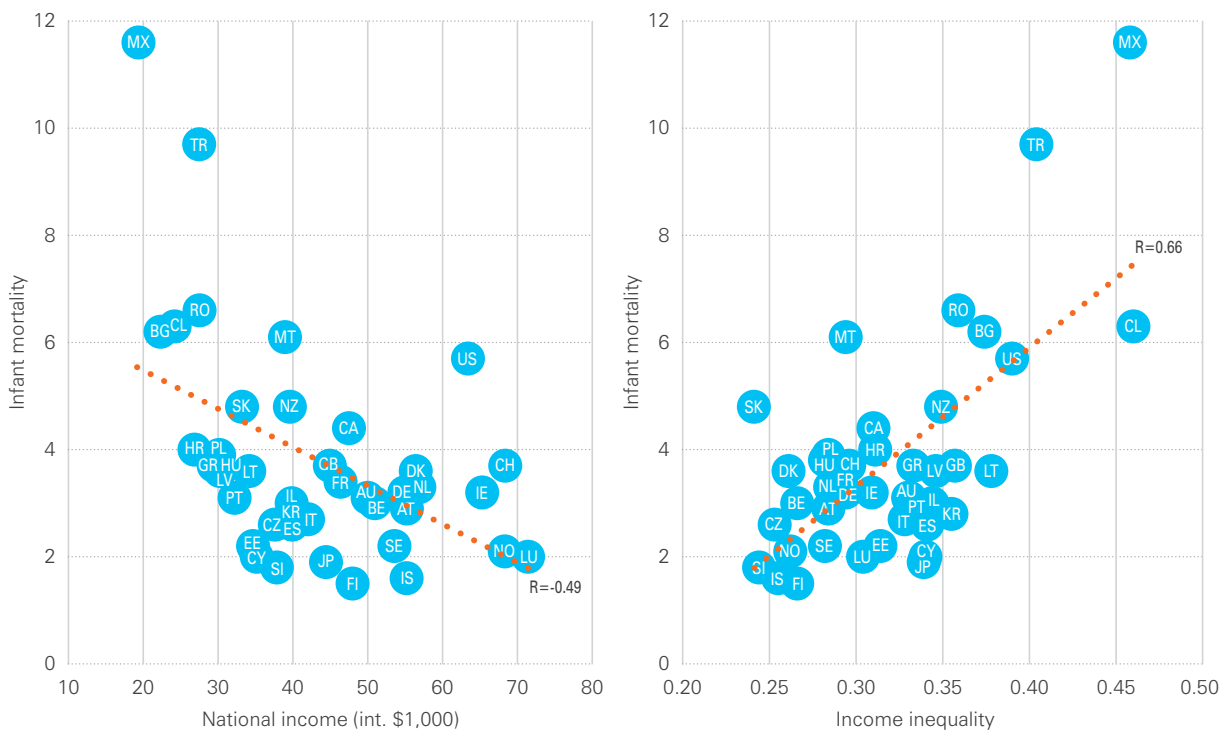
Spotlight 6 Infant mortality relates more strongly to inequality than to income

During the first year of life, survival is measured using the infant mortality rate. During the remaining years of childhood, the child mortality rate is used. The two indicators are driven by different factors and hence are differently influenced by public policies. Infant mortality reflects the quality of the health system, especially prenatal and neonatal care. In contrast, the child mortality rate in rich countries tells us more about safety and mental health, as it is driven largely by accidents and suicide.

All countries covered in this report have made impressive progress in systematically reducing infant mortality. Fifty years ago, the average rate was 25 deaths per 1,000 live births. This went down to 16 deaths per 1,000 live births in 1978; 13 deaths per 1,000 live births in 1988; 8 deaths per 1,000 live births in 1998; 5 deaths per 1,000 live births in 2008; and 3.8 deaths per 1,000 live births in 2018.⁵⁵ Today, the relatively small differences between wealthy countries reflect less the basic standards of public health

Income inequality matters more than national income for infant mortality

Figure 36: Infant deaths per 1,000 live births against national income and income inequality



Notes: Infant deaths reported per 1,000 live births in 2018. For information on income and inequality, see note beneath Figure 35. The results hold also when using log GNI ($R = -0.57$).

Source: Infant mortality rates: World Development Indicators 2018. Data on income and inequality: see Figure 35.

and more the efforts to reach out to every infant in the earliest days and weeks of life, including those from the most marginalized families.

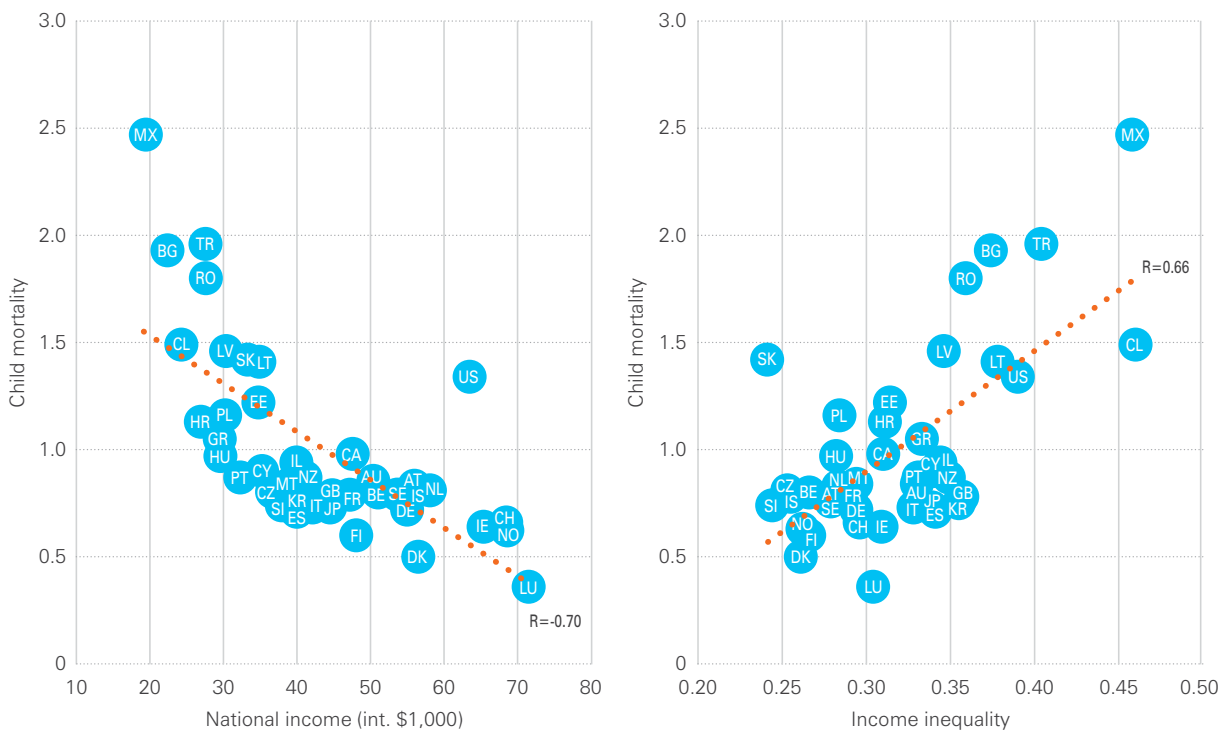
In rich countries, infant mortality is more strongly linked to income inequality than to national income (see Figure 36). Possibly, infant mortality follows the curve known from studies of life expectancy: additional economic growth brings an enormous premium at the early stages of economic development, then the effect tapers off as the

country grows richer and, finally, more progress can be made through reducing inequalities than through further growth.

Patterns are slightly different for child mortality. Here national income is as important as inequality (see Figure 37). The best results are obtained by countries that are both rich and more equal, such as Denmark, Finland and Norway. Luxembourg is an outlier because it is rich and has low child mortality but is less equal than the three leading countries.

Income inequality and national income relate equally strongly to child mortality

Figure 37: Child mortality, gross national income and income inequality

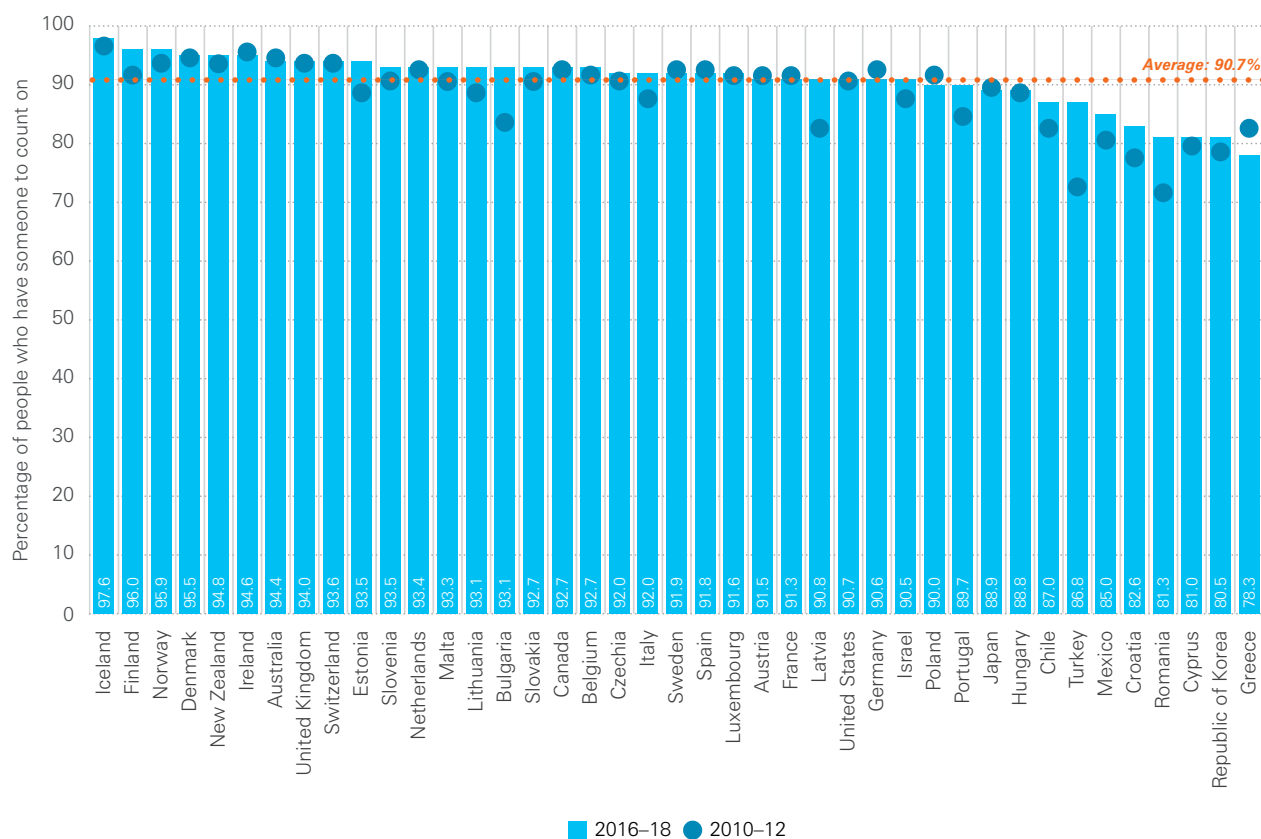


Notes: Child mortality covers all causes of death in the age range 5–14 years, reported per 1,000 children in 2018. For information on income and inequality, see note beneath Figure 35. The results hold also when using log GNI ($R=-0.77$).

Source: Child mortality rates: United Nations Inter-agency Group for Child Mortality Estimation 2018. Data on income and inequality: see Figure 35.

In almost all countries, more than 1 in 20 adults has nobody to count on

Figure 38: Percentage of people who have someone they can count on in times of trouble



Note: Three-year averages are calculated to minimize survey bias for 2016–2018 and 2010–2012.

Source: World Happiness Report based on the Gallup World Poll.

Social context

We measure the social context within each country as a whole using two indicators relating to social support and violence. Social support reflects a positive aspect of a community: the possibility to count on others in times of need. Violence reveals rips in the social fabric. A small proportion of people in high-income countries fall victim to crime, but many more are affected by its prospect, including children. In the United Kingdom, for example, 41 per cent of adolescents worry about crime. The environment

and crime are the two public issues that adolescents worry about most (see *Spotlight 7*).⁵⁶

Social support

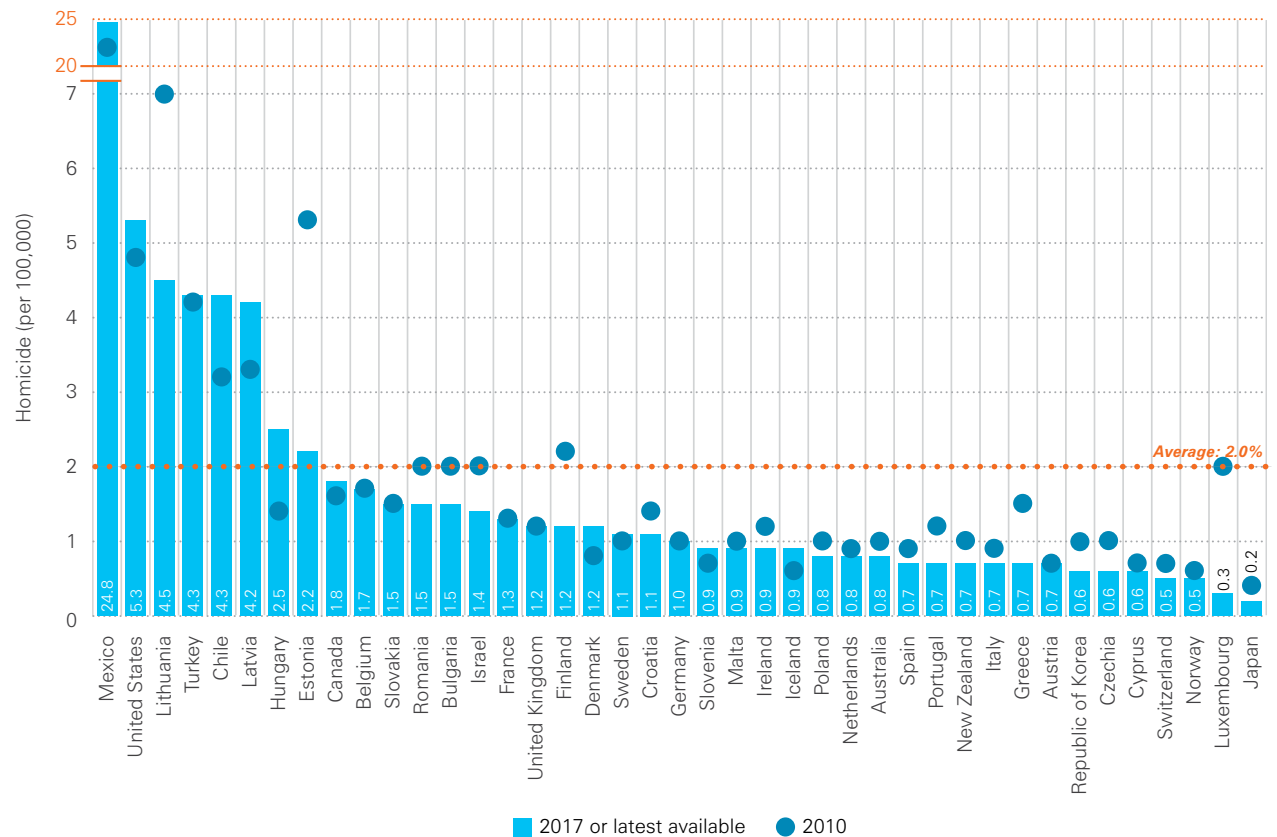
We use the percentage of people who feel that they have someone to count on if they are in trouble as a proxy for social support. On average, across the 41 countries, 91 per cent of adults reported that they have someone to count on if they are in trouble. The proportion of people who feel this way varies by country, from 78 per cent in Greece to 98 per cent in Iceland (see *Figure 38*).

Violence

The country-level homicide rate reflects exposure to violence in its most extreme form. Using it as a proxy for social cohesion reduces bias in international comparisons linked to definitions, legislation and data availability. The average annual homicide rate across the countries in this study was 2 homicide victims per 100,000 people in 2017, ranging from a low of 0.2 homicides per 100,000 people in Japan to 5.3 homicides per 100,000 people in the United States and 24.8 homicides per 100,000 people in Mexico. The average rate improved

The homicide rate dropped in 24 countries but remains high and rising in Mexico and the United States

Figure 39: Intentional homicides per 100,000 inhabitants in 2010 and 2017



Note: Data for the blue bars are from 2017 or the latest year available (2016 for Austria, Italy; 2015 for Israel, Malta; 2012 for Turkey).
Source: World Bank, 2017.

from around 2.2 homicide victims per 100,000 people in 2010, despite the reverse trend in some countries.

Environmental context

The natural environment is the primary support system for human life. It has an impact on people's health, leisure pursuits and social relationships. Unsustainable environmental practices erode children's current and future well-being. The World Health Organization estimates that 4.2 million people die globally each year as a result of exposure to air pollution.⁵⁷ Toxic air contributes to more deaths than tobacco.⁵⁸

Additionally, an estimated 1.5 million premature deaths – that is, deaths that occur before the average age of death in a certain population – are caused each year by drinking unsafe water.⁵⁹

Air quality

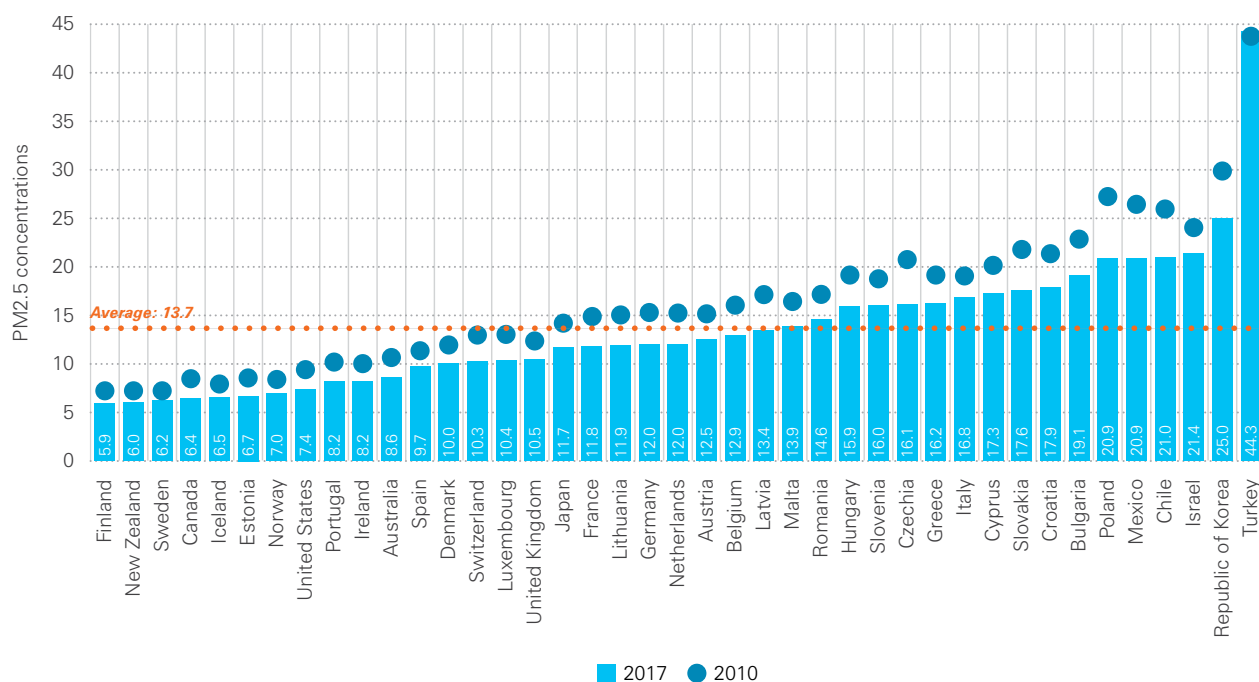
Air pollution harms everyone but takes the highest toll on children – and it starts to harm them before they are born. Toxic air inhaled by a pregnant woman can lead to faster cell ageing of the foetus. Children are more vulnerable to air pollution than adults because they have a smaller lung capacity and a less well-developed immune system.

They are also shorter and, hence, closer to the ground level, where pollution typically accumulates.⁶⁰ High exposure can lead to long-term health problems such as asthma. Studies have shown that some of this damage can be reversed if action is taken before the child reaches the age of 18 years, by which time the lungs are nearly mature.⁶¹

The smaller the pollution particles, the more likely they are to move from the lungs into the bloodstream and cause further damage. For this reason, we use the average annual concentration of

Children's health is threatened by high levels of air pollution

Figure 40: Annual mean PM2.5 concentrations (μm^3) in all areas in 2010 and 2017



Note: Population-weighted exposure to ambient PM2.5 pollution.

Source: World Development Indicators 2017; Brauer, Michael, et al., 2017, for the Global Burden of Disease Study 2017, 'PM2.5 Air Pollution, Mean Annual Exposure (Micrograms Per Cubic Meter)', World Bank Data, <<https://data.worldbank.org/indicator/EN.ATM.PM25.MC.M3>>, accessed 25 February 2020; Brauer, Michael, et al., 'Ambient Air Pollution Exposure Estimation for the Global Burden of Disease 2013', *Environmental Science and Technology*, vol. 50, no. 1, 2016, pp. 79–88.

fine particulate matter (PM2.5) as an indicator of environmental context. Ambient PM2.5 pollution averaged 13.7 micrograms (μg) per cubic metre (m^3) across the 41 rich countries, ranging from 5.9 $\mu\text{g}/\text{m}^3$ in Finland to 44.3 $\mu\text{g}/\text{m}^3$ in Turkey.

Water quality

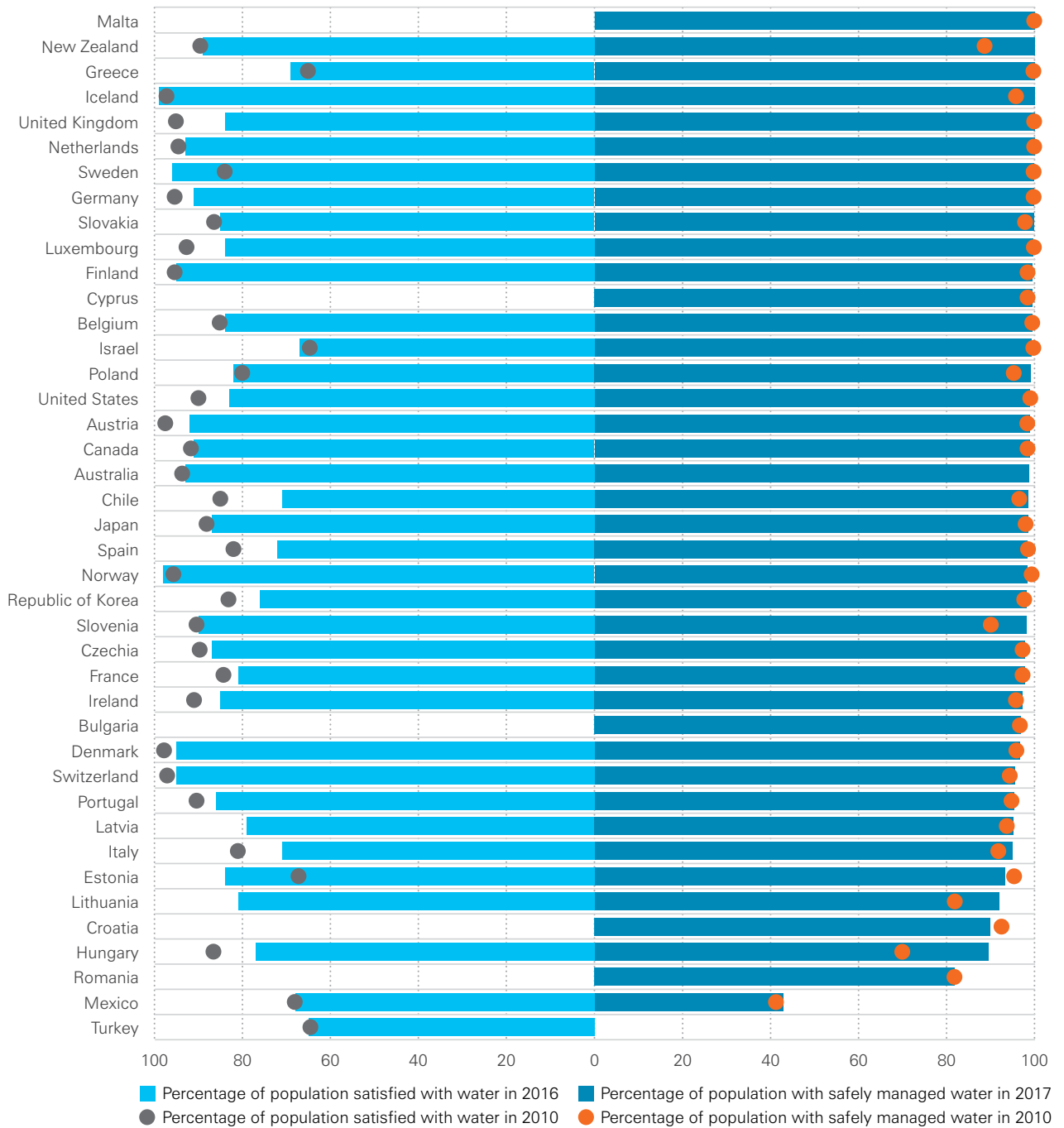
Poor water quality hampers food hygiene and health. It can also present a burden on finances and time and increase plastic waste, if bottled water is used. We provide two perspectives on water quality: the proportion of households with safely managed water and the

proportion of people satisfied with water quality in the place they live. Safely managed water comes from a protected water source that is located on the premises, available when needed and free from contamination.⁶² This is a minimum standard that the countries we feature in this report should be able to meet given their historically unparalleled wealth. In six countries – Greece, Iceland, Malta, New Zealand, the Netherlands and the United Kingdom – over 99.9 per cent of the population had access to safely managed water (see Figure 41).

At the other end of the spectrum, the majority of people living in Mexico do not have water that meets this basic standard. In 11 of the 41 countries, at least 5 per cent of households do not have safely managed water. When asked whether they were satisfied with the quality of water in the place where they live, 84 per cent of people across the countries said yes. The proportion of satisfied people ranges from 65 per cent in Turkey to 99 per cent in Iceland.

In most rich countries, more than 1 in 10 adults is not satisfied with the quality of water in the place where they live

Figure 41: Percentage of the population with safely managed water in 2017 and percentage of the population satisfied with water quality in the place they live

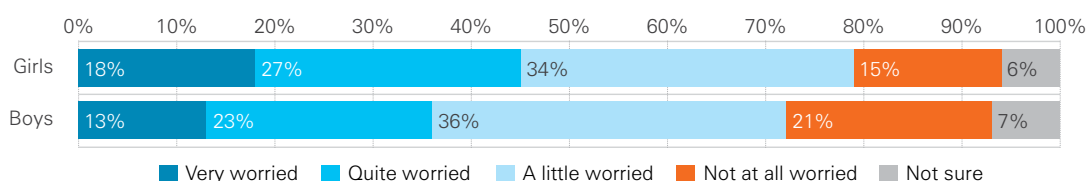


Notes: Countries ranked by safely managed water in 2017 (2016 in Australia). No water safety data for Turkey. Water satisfaction data refer to the proportion of population aged 15 years and above who answered 'Satisfied' to the question 'In the city or area where you live, are you satisfied or dissatisfied with the quality of water?'. No water satisfaction data available for Bulgaria, Croatia, Cyprus, Malta and Romania.
Source: Data on safely managed water: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), 2017 data, <<https://washdata.org>>, accessed 25 February 2020. Data on water satisfaction: Organisation for Economic Co-operation and Development (OECD) Better Life Index based on three-year average from the Gallup World Poll 2014–2016.

Spotlight 7 Environment and young people’s well-being

Two in five young people in the United Kingdom worry about the environment

Figure 42: Attitudes of girls and boys in the United Kingdom towards environmental issues



Note: Responses of children aged 10–17 years from the United Kingdom. Equally weighted by age and gender.
 Source: The Children’s Society, *The Good Childhood Report 2019*, The Children’s Society, London, 2019.

It is hardly surprising that children are increasingly speaking out about the environment. They are growing up in the midst of the climate emergency and will have to deal with it for the rest of their lives. Yet, until recently, children have been largely ignored in debates about the environment. Young people are now forcing the world to pay attention to their views, either as individuals such as Swedish climate activist Greta Thunberg, or collectively through initiatives such as Youth for Climate. This international movement of students organized climate strikes in 125 countries in March 2019, involving more than 1 million young people.⁶³ “We are the voiceless future of humanity”, said the strike’s organizers.⁶⁴

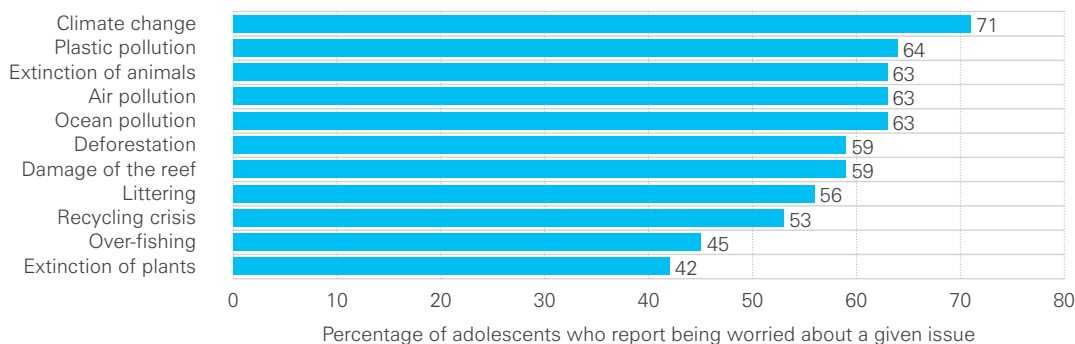
What children think about the future relates to their current well-being. For example, children who worry about the environment tend to have lower life

satisfaction.⁶⁵ Research on children’s feelings about climate change is a new field, and representative data are available only for a limited number of countries. In the United Kingdom, young people worry more about the environment than about the economy, Brexit, digital security or homelessness. Only crime merited the same degree of concern. Girls were more likely than boys to worry about the environment (see Figure 42).

In Australia, 59 per cent of young people consider climate change to be a threat to their safety (only 14 per cent disagree). Climate change and plastic pollution top their list of environmental concerns (see Figure 43). Almost 90 per cent want to move to renewable energy, while only 3 per cent want to ‘stay with fossil fuels’. Three out of four adolescents in Australia want their government to act.⁶⁶

In Australia, climate change is the biggest environmental concern for adolescents

Figure 43: Environmental concerns of adolescents in Australia



Note: Responses of 1,007 children aged 14–17 years; sample representative of Australia.
 Source: United Nations Children’s Fund Australia, 2019.

Figure 44: A league table of conditions (policies and context) for child well-being

Ranking	Country	Policies			Context		
		Social	Education	Health	Economy	Society	Environment
1	Norway	6	9	8	1	2	7
2	Iceland	10	19	1	6	1	4
3	Finland	5	12	5	22	3	2
4	Germany	9	6	19	7	25	16
5	Denmark	12	16	12	9	4	17
6	Sweden	18	17	2	15	22	3
7	Luxembourg	23	1	24	2	15	11
8	Ireland	26	14	10	5	6	9
9	Netherlands	21	3	23	8	10	15
10	Slovenia	3	11	15	25	11	26
11	Switzerland	30	8	26	3	8	22
12	Estonia	1	33	11	27	18	14
13	Poland	8	5	13	23	26	33
14	Austria	13	13	33	10	21	20
15	Lithuania	15	2	9	30	30	30
16	Latvia	11	4	4	36	31	25
17	Japan	7	23	34	11	29	18
18	Australia	28	32	18	13	7	8
19	Czechia	4	22	36	14	13	28
20	New Zealand	37	20	22	21	5	1
21	Malta	32	15	21	20	12	23
22	Portugal	22	7	27	29	27	13
23	Canada	27	25	29	19	23	5
24	Belgium	29	10	32	17	20	19
25	Republic of Korea	17	21	6	16	38	38
26	Hungary	2	34	17	24	32	36
27	United Kingdom	35	24	30	12	9	10
28	Slovakia	16	38	14	31	19	29
29	United States	41	30	28	4	33	6
30	Croatia	20	27	7	37	36	37
31	Israel	39	26	20	18	28	34
32	France	25	18	39	28	24	21
33	Spain	36	31	25	40	17	12
34	Italy	34	35	31	33	16	31
35	Bulgaria	19	39	37	34	14	32
36	Chile	33	37	16	38	34	35
37	Cyprus	24	28	38	35	37	27
38	Romania	14	40	40	26	39	39
39	Greece	31	29	41	41	40	24
40	Mexico	38	36	3	32	41	40
41	Turkey	40	41	35	39	35	41

Note: A light blue background indicates a place in the top third of rankings, medium blue denotes the middle third, and dark blue the bottom third. The rankings in the table were produced as follows: (1) We calculated a z-score for each indicator (reversed where necessary so that a higher score represents a more positive condition); (2) we calculated the mean of the two z-scores within each dimension; (3) we calculated the z-score for each mean; and (4) for the overall ranking, we then calculated the mean of the mean z-scores for each dimension.

A league table of conditions for well-being

We conclude this section with a summary league table of national conditions that support child well-being (see Figure 44). These conditions consist of the two outermost levels of our model (see Box 1):

1. **Policies.** The social, education and health services and programmes that have a bearing on children's lives.
2. **Context.** The overall economic, social and environmental context in the country.

We rank all 41 countries on the various components of Policies and Context and give each country an overall ranking.

Norway is ranked highest for the conditions that support child well-being, followed by Iceland and Finland. Turkey is ranked lowest, followed by Mexico and Greece. There is a lot of variation in country rankings across the six dimensions. Only Norway ranks in the top third for all six dimensions, and only Turkey is in the bottom third for all six. There is plenty of room for improvement in the conditions for child well-being across all 41 countries.

Some countries have large variations in rankings across the six dimensions. For example, Australia is ranked in the top third for each of

the Context dimensions – economy, society and environment – but in the middle third for health policy and the bottom third for social and education policies to support child well-being. In contrast, Lithuania is in the top or middle third for each of the Policy dimensions, while being in the bottom third for each Context dimension. New Zealand is ranked first for environment because of its clean air and safe water. Yet its overall ranking also takes high child poverty and short parental leave into account.

The link between conditions and outcomes

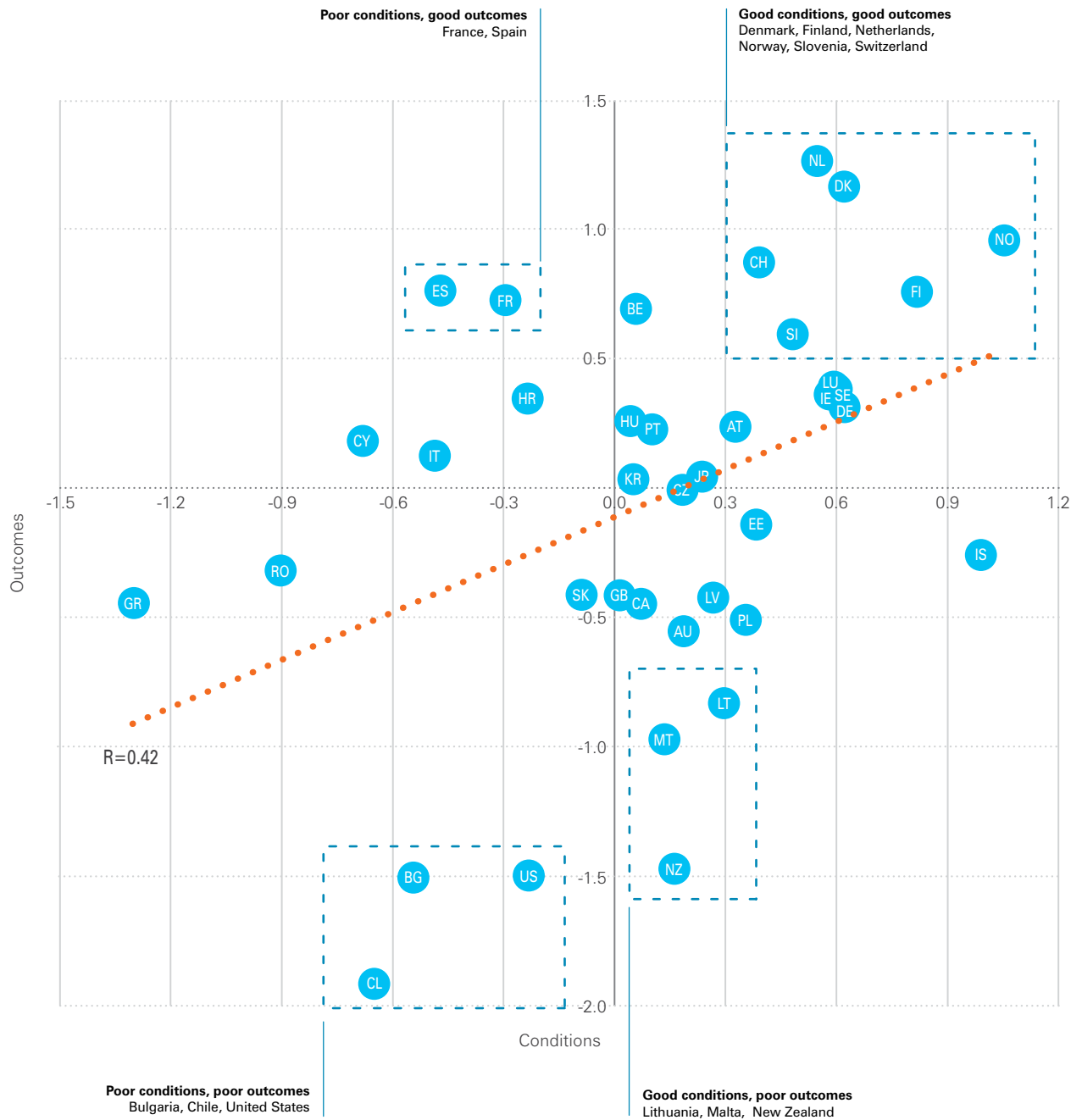
A test of our framework is the extent to which the national policies and Context – together called 'conditions for child well-being' – are associated with child well-being outcomes. We would not expect an exact match, as a variety of unmeasured factors also influence well-being outcomes, including time lags between improvements in conditions and outcomes, but we should expect a reasonably strong association. Figure 45 shows that this is the case. In general, countries that rank highly for the broad conditions listed in the second league table also have a high ranking for the well-being outcomes identified in the first league table.⁶⁷

The quadrants on the chart show whether countries have relatively

good or poor conditions and outcomes. There is a cluster of countries in the top right quadrant, indicating good conditions and high outcomes. These include Denmark, Finland, the Netherlands and Norway. All are in the top 10 countries on both conditions and outcomes. Six countries are in the bottom left quadrant, indicating relatively poor national conditions for child well-being and low child well-being outcomes. Most of these are countries with a lower national income, but they also include the United States. There are also countries with a weaker match between conditions and outcomes. France and Spain, in the top left quadrant, rank much higher for outcomes than they do for conditions. On the other hand, Lithuania, Malta and New Zealand stand out in the bottom right quadrant as having above-average conditions but relatively poor outcomes. The mismatch between conditions and outcomes should prompt reflection, particularly in countries which rank much lower for outcomes than they do for conditions. The reasons for these patterns are likely to be complex and to require more detailed analysis according to each country's context.

Child well-being outcomes reflect but do not match national conditions for child well-being

Figure 45: Z-scores of country rankings of national conditions plotted against rankings of well-being outcomes



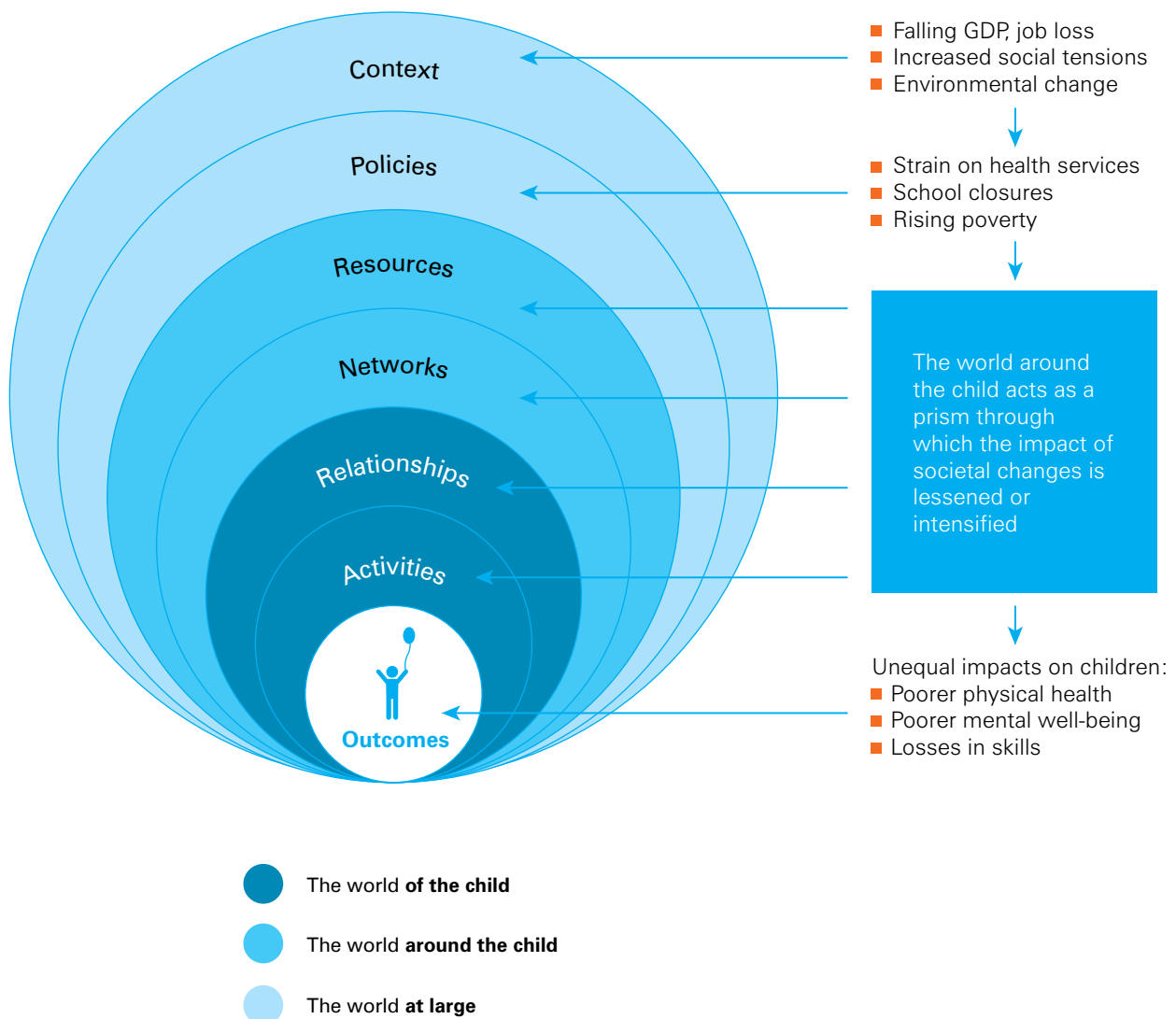
Note: The chart is based on the mean of z-scores for each dimension, for indicators of conditions and outcomes respectively, and so the relative positions of countries do not exactly match those shown in Figure 3 and Figure 44.

Source: See Figure 3 and Figure 44.

SECTION 6

WHAT CAN COUNTRIES DO TO IMPROVE CHILD WELL-BEING?

Figure 46: The cascading impacts of the COVID-19 crisis on child well-being



The richest countries in the world are failing to ensure that all their children have a good childhood. The extent of the shortcomings varies between countries, but poor mental and physical health, and a lack of satisfactory academic and social skills are features of many childhoods in all countries.

Report Card 16 provides a baseline of how countries were faring in terms of child well-being at the start of the COVID-19 crisis. It introduces a new conceptual framework of child well-being which can now be used to understand how effects of COVID-19 will cascade down from the national context through the immediate world around the child to affect well-being (see *Figure 46*).

The effects of the COVID-19 crisis on national conditions

- **Economy.** GDP will probably fall, even in the best-protected countries. Its shock effects will reverberate throughout economies and strain funding for policies to support child well-being.
- **Society.** The impacts of the crisis are likely to be felt unequally, putting a pressure on the fabric of societies, decreasing trust and engendering tensions.
- **Environment.** The initial drop in human-caused pollution during lockdowns was a temporary respite for the natural environment. But it is unlikely to last. As economies try to make up lost ground, environmental damage may increase.
- **Health.** The huge demands on health services during the COVID-19 crisis are likely to have crowded out other health needs and weakened systems, especially

in countries with already under-resourced health care.

- **Education.** School closures were applied to contain COVID-19 in almost all countries covered in this report. Online schooling has brought mixed results.
- **Social protection.** Rising unemployment and job insecurity will strain many families financially and psychologically. During an economic recession, increasing social protection can be more difficult but also more needed.

The impacts on children

- **Physical health.** Children's physical health will be affected in the short and long term. In the short term, strained health systems can deprioritize routine immunizations or treatment of chronic health conditions. In the long term, rising levels of poverty can affect children's health through nutrition, housing and living conditions.
- **Mental well-being.** The existing children's mental health crisis will probably intensify. The experiences of lockdown, bereavement and ongoing strains on family relationships of economic uncertainty can damage many children's mental well-being. Children may feel anxious, insecure and fearful for the future.
- **Skills.** In most countries, children have missed months of education and peer contact. Previous crises have shown that many children will never make up for this loss of learning. This will have longer-term impacts on their lives and on the societies in which they live.

Rising inequalities

The impacts of the COVID-19 crisis will be distributed unevenly. The

lockdown has already seen an increase in gender-based violence. The new burdens of caring for children and home schooling have fallen disproportionately on women. The initial impacts have also been unevenly spread across sectors. Many better-paid workers in office professions continued to earn through a switch to working from home. This has not happened for many lower-paid manual workers reliant on government aid schemes. Informal sector workers have been hardest hit and some have faced barriers accessing any financial support.

The impacts on children will probably follow the scenario of rising inequalities. A child living in a well-off family, with a room of their own, a good Internet connection, and parents who have the time, skills and confidence to support home learning will suffer the educational impact of school closures less than a child in a family with poorer material and human resources. The world around the child can cushion or intensify the effects of events in the world at large.

The COVID-19 crisis therefore presents three challenges for nations and governments in terms of maintaining and promoting the well-being of their children:

1. To **minimize the impact** of the COVID-19 crisis on children.
2. To **provide effective support** for those children who do suffer negative impacts.
3. To ensure that these actions acknowledge and **minimize inequalities**.

Policies

Based on the evidence presented in this report, UNICEF calls for all high-income countries to act on three fronts:

Consult children: Improve children's well-being through a shift in thinking

Ensuring that all children have a good childhood requires a shift in thinking about what 'well-being' means and who should decide about it. Children's and young people's ideas about well-being do not always match those of adults. This is evident in findings presented in this report about their serious concerns for the future of the environment, how much they value good-quality relationships and their views on personal autonomy. Adult decision-makers at all levels, from parents to politicians, need to be willing to listen to these perspectives and take them into account when designing policies and allocating resources. Governments should strengthen the opportunities for children's voices to be systematically heard. This can be achieved through child-friendly, public policy consultations; ensuring all children know their rights; and creating new ways to take account of children's views in schools, communities and nations. Children's participation in society is part of consensus-building between generations on what matters most.

Connect policies: Improve children's well-being through an integrated approach

An integrated approach to child well-being means acknowledging the links and trade-offs between child well-being outcomes and national conditions and coordinating public policies appropriately. The report has shown how conditions at different levels of a child's world interact to influence their well-being. Employment regulation is a good example. Children's personal happiness is linked to family relationships. Yet parents who work long hours struggle to find a balance between work and family. Employment policy connects with child well-being, a fact that millions of families in high-income countries can attest to. To be effective and efficient, child well-being interventions need an integrated approach that recognizes how policy actions at one level will influence another. Governments typically assess the economic impact of legislation and policy. They should also consider routinely incorporating an equivalent assessment of their impact on children's well-being.⁶⁸

Create strong foundations: Sustain improvements for child well-being through future-proofing

Governments must plan and prepare for the future to ensure that improvements in child well-being are sustained. This means choosing

policies that set a strong foundation for children and for society as a whole. The Sustainable Development Goals provide an excellent basis for intensifying and accelerating improvements in child well-being globally. The evidence in this report suggests a range of actions that are essential to achieving these goals, including:

1. Taking new and decisive action to reduce income inequality and poverty, and ensuring that all children have access to the resources they need.
2. Improving access to affordable and high-quality early years childcare for all children.
3. Improving mental health services for children and adolescents.
4. Implementing and expanding family-friendly policies related to the workplace.
5. Reducing the stubbornly high levels of air pollution, among a range of measures to protect the natural environment.
6. Strengthening efforts to protect children from preventable diseases, including reversing recent falls in many countries in measles immunization.

These are steps that every government can take to improve the lives of children in the present and the future. Every child deserves a good childhood.

ABBREVIATIONS

International Standards Organization
international abbreviations for countries
included in *Report Card 16*

AT	Austria
AU	Australia
BE	Belgium
BG	Bulgaria
CA	Canada
CH	Switzerland
CL	Chile
CY	Cyprus
CZ	Czechia
DE	Germany
DK	Denmark
EE	Estonia
ES	Spain
FI	Finland
FR	France
GB	United Kingdom of Great Britain and Northern Ireland
GR	Greece
HR	Croatia
HU	Hungary
IE	Ireland
IL	Israel
IS	Iceland

IT	Italy
JP	Japan
KR	Republic of Korea
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
MX	Mexico
NL	Netherlands
NO	Norway
NZ	New Zealand
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SI	Slovenia
SK	Slovakia
TR	Turkey
US	United States of America

Abbreviations and acronyms used in
Report Card 16

BMI	Body mass index
DPT	Diphtheria-pertussis-tetanus
EQLS	European Quality of Life Survey
EU	European Union
Eurostat	Eurostat Statistical Office of the European Union
EU-SILC	EU Statistics on Income and Living Conditions
GNI	Gross national income
HBSC	Health Behaviour in School-aged Children
HILDA	Household, Income and Labour Dynamics in Australia Survey
NEET	Not in education, employment or training
OECD	Organisation for Economic Co-operation and Development
PISA	Programme for International Student Assessment
PM2.5	Fine particulate matter
SDG	Sustainable Development Goal
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

REFERENCES

1. Ben-Arieh, Asher, and Ivar Frønes, 'Taxonomy for Child Well-being Indicators: A framework for the analysis of the well-being of children', *Childhood*, vol. 18, no. 4, 2011, pp. 460–476.
2. Bronfenbrenner, Urie (1997; 1994). Using this framework in the context of child well-being is not a new idea. In fact, *Report Card 7* mentioned Bronfenbrenner's model, as have other researchers (The Children's Society, 2013; Minkkinen, 2013). But, to our knowledge, we are the first to fully put it into practice for the purpose of both national and international comparisons.
3. Pöder, Kaire, Triin Lauri and Andre Veski, 'Does School Admission by Zoning Affect Educational Inequality? A study of family background effect in Estonia, Finland, and Sweden', *Scandinavian Journal of Educational Research*, vol. 61, no. 6, 2017, pp. 668–688.
4. Lai, Lufanna C. H., Robert A. Cummins and Anna L. D. Lau, 'Cross-cultural Difference in Subjective Wellbeing: Cultural response bias as an explanation', *Social Indicators Research*, vol. 114, no. 2, 2013, pp. 607–619.
5. Helliwell, John, Richard Layard and Jeffrey Sachs, eds., *World Happiness Report 2016: Volume 1 – Update*, Sustainable Development Solutions Network, New York, 2016.
6. Seligman, M. E. P., and Mihaly Csikszentmihalyi, 'Positive Psychology: An introduction', *American Psychologist*, vol. 55, no. 1, 2000, pp. 5–14.
7. Children aged 10–15 years. The Children's Society, *The Good Childhood Report 2013*, The Children's Society, London, 2013.
8. United Nations Inter-agency Group for Child Mortality Estimation, *Levels and Trends in Child Mortality: Report 2019 – Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation*, United Nations Children's Fund, New York, 2019.
9. Clark, Helen, et al., 'A Future for the World's Children? A WHO–UNICEF–Lancet Commission', *The Lancet*, vol. 395, no. 10224, 22 February 2020, pp. 605–658. United Nations Children's Fund, *The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world*, United Nations Children's Fund, New York, 2019.
10. Hales, Craig M., et al., *Prevalence of Obesity among Adults and Youth: United States, 2015–2016*, NCHS Data Brief no. 288, 2017.
11. Lobstein, Tim, and Hannah Brinsden, *Atlas of Childhood Obesity*, World Obesity Federation, London, 2019.
12. Clark, Helen, et al. 'A Future for the World's children? A WHO–UNICEF–Lancet Commission'. *The Lancet*, vol. 395, no. 10224, 22 February 2020, pp. 605–658.
13. National Eating Disorders Association, 'Body Image and Eating Disorders', <www.nationaleatingdisorders.org/body-image-eating-disorders>, accessed 23 February 2020.
14. Stice, Eric, 'Risk and Maintenance Factors for Eating Pathology: A meta-analytic review', *Psychological Bulletin*, vol. 128, no. 5, 2002, pp. 825–848. Available at: <<https://doi.org/10.1037/0033-2909.128.5.825>>, accessed 25 February 2020.
15. Neumark-Sztainer, Dianne, and Peter J. Hannan, 'Weight-related Behaviors among Adolescent Girls and Boys: Results from a national survey', *Archives of Pediatrics and Adolescent Medicine*, vol. 154, no. 6, 2000, pp. 569–577.
16. Authors' own calculations based on the supplementary database of Abarca-Gómez, Leandra, et al., 'Worldwide Trends in Body Mass Index, Underweight, Overweight, and Obesity from 1975 to 2016: A pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults', *The Lancet*, vol. 390, no. 10113, 2017, pp. 2627–2642.
17. Kelly, Amy M., et al., 'Adolescent Girls with High Body Satisfaction: Who are they and what can they teach us?', *Journal of Adolescent Health*, vol. 37, no. 5, 2005, pp. 391–396.
18. Organisation for Economic Co-operation and Development, *PISA 2018 Results (Volume I): What Students Know and Can Do*, PISA, OECD Publishing, Paris, 2019, p. 48.
19. Some of the indicators we present may be used to rank countries, but this is not always a safe assumption due to the reversed ecological fallacy.
20. Organisation for Economic Co-operation and Development, *Education at a Glance 2018: OECD indicators*, OECD Publishing, Paris, 2018, p. 345, Table D1.1.
21. Correlations ranged from 0.16 in Norway to 0.38 in Chile.
22. Correlations ranged from 0.15 in Belgium to 0.30 in Poland.
23. Anderson, Monica, and Jingjing Jiang, *Teens, Social Media and Technology 2018*, Pew Research Center, Washington, D.C., 2018, p. 8.
24. Livingstone, Sonia, et al., 'Risks and Safety on the Internet: The perspective of European children: full findings and policy implications from the EU Kids Online survey of 9-16 year olds and their parents in 25 countries', EU Kids Online, 2011. Smahel, David, et al., 'EU Kids Online 2020: Survey results from 19 countries', EU Kids Online, 2020.
25. Orben, Amy, and Andrew K. Przybylski, 'The Association between Adolescent Well-being and Digital Technology Use', *Nature Human Behaviour*, vol. 3, no. 2, 2019, pp. 173–182.
26. Przybylski, Andrew K., and Netta Weinstein, 'A Large-scale Test of the Goldilocks Hypothesis: Quantifying the relations between digital-screen use and the mental well-being of adolescents', *Psychological Science*, vol. 28, no. 2, 2017, pp. 204–215.

27. The association of technology use with well-being: (p, median $\beta = -0.042$, median $n = 7,964$, partial $\eta^2 = 0.002$, median standard error = 0.010). For more details, see: Orben, Amy, and Andrew K. Przybylski, 'The Association between Adolescent Well-being and Digital Technology Use', *Nature Human Behaviour*, vol. 3, no. 2, 2019, pp. 173–182.
28. Dex, Shirley, and Katie Hollingworth, *Children's and Young People's Voices on their Wellbeing: CWRC Working Paper No. 16*, Childhood Wellbeing Research, London, 2012.
29. Huebner, E. Scott, Susan P. Antaramian and A. L. Heffner, 'Perceived Quality of Life Research on Children and Youth: Implications for a system of national indicators' in *The Well-Being of America's Children* by K. C. Land (ed.), Springer Netherlands, Dordrecht, 2012, pp. 121–141.
30. Goswami, Haridhan, 'Social Relationships and Children's Subjective Well-being', *Social Indicators Research*, vol. 107, no. 3, 26 May 2011, pp. 575–588.
31. Rees, Gwyther, *Children's Views on Their Lives and Well-being Findings from the Children's Worlds Project*, Springer, London, 2017.
32. UNICEF Office of Research, 'An Unfair Start: Inequality in children's education in rich countries', *Innocenti Report Card 15*, United Nations Children's Fund Office of Research – Innocenti, Florence, 2018.
33. Farrington, David P., et al., *School Bullying, Depression and Offending Behaviour Later in Life: An updated systematic review of longitudinal studies*, The Swedish National Council for Crime Prevention, Stockholm, 2012.
- Tofi, Maria M., et al., 'Do the Victims of School Bullies tend to Become Depressed Later in Life? A systematic review and meta-analysis of longitudinal studies', *Journal of Aggression, Conflict and Peace Research*, vol. 3, no. 2, 2011, pp. 63–73.
- Wolke, Dieter, et al., 'Impact of Bullying in Childhood on Adult Health, Wealth, Crime and Social Outcomes', *Psychological Science*, vol. 24, no. 10, 2013, pp. 1958–1970.
34. We selected this threshold to exclude children who had only been bullied once. The most common international definition of bullying – proposed by Olweus – argues that bullying should be considered to be more than a one-off experience. See: Olweus, Dan, 'School Bullying: Development and Some Important Challenges', *Annual Review of Clinical Psychology*, vol. 9, no. 1, 2013, pp. 751–780.
35. Steckermeier, Leonie C., 'Better Safe than Sorry. Does agency moderate the relevance of safety perceptions for the subjective well-being of young children?', *Child Indicators Research*, vol. 12, no. 1, 2019, pp. 29–48.
36. Luthar, Suniya S., and Nancy Eisenberg, 'Resilient Adaptation Among At-Risk Children: Harnessing science toward maximizing salutary environments', *Child Development*, vol. 88, no. 2, 2017, pp. 337–349.
37. Wang, Youfa, and Hyunjung Lim, 'The Global Childhood Obesity Epidemic and the Association between Socio-economic Status and Childhood Obesity', *International Review of Psychiatry*, vol. 24, no. 3, 2012, pp. 176–188.
38. Thévenon, Olivier, and Anne Solaz, 'Labour Market Effects of Parental Leave Policies in OECD Countries'. OECD Social, Employment and Migration Working Papers 141, 2013. Richardson, Dominic, and UNICEF Office of Research – Innocenti, 'Key Findings on Families, Family Policy and the Sustainable Development Goals: Synthesis Report', 'Innocenti Research Report, United Nations Children's Fund Office of Research – Innocenti, Florence, 2018
39. Petts, Richard J., and Chris Knoester, 'Paternity Leave-Taking and Father Engagement', *Journal of Marriage and Family*, vol. 80, no. 5, 2018, pp. 1144–1162.
40. See, for example, the case studies of Japan and the Republic Korea in Chzhen, Yekaterina, Anna Gromada and Gwyther Rees, 'Are the world's richest countries family friendly?', United Nations Children's Fund Office of Research – Innocenti, Florence, 2019.
41. See: Act on Maternity/Paternity Leave and Parental Leave, No. 95/2000 and its subsequent amendments up to 2016 (Ministry of Welfare of Iceland, 2016).
42. In Canada, the leave lasts five or eight weeks, depending on which type of parental leave the couple chose initially <<https://www.canada.ca/en/employment-social-development/news/2018/09/new-five-week-parental-sharing-to-start-in-march-2019.html>> (last visited on 19 November 2019). In Spain, paternity leave was extended to eight weeks and to the second parent (starting from April 2019). The plans are to extend it further to 12 weeks in 2020 and to 16 weeks in 2021.
43. National Academies of Sciences, Engineering, and Medicine; Greg Duncan and Suzanne Le Menestrel (eds), *A Roadmap to Reducing Child Poverty*. National Academies Press, Washington DC, 2019. Available at: <<https://doi.org/10.17226/25246>>, accessed 15 June 2020. Adamson, Peter, *Measuring Child Poverty: New league tables of child poverty in the world's rich countries*, United Nations Children's Fund Office of Research – Innocenti, Florence, 2012.
44. Blossfeld, Hans-Peter, et al., eds., *Childcare, Early Education and Social Inequality: An international perspective*, Edward Elgar Publishing, Cheltenham, 2017; Heckman, James J., and Lakshmi K. Raut, 'Intergenerational Long-term Effects of Preschool-structural Estimates from a Discrete Dynamic Programming Model', *Journal of Econometrics*, vol. 191, no. 1, 2016, pp. 164–175.
45. United Nations Children's Fund, *For Every Child, Every Right: The Convention on the Rights of the Child at a crossroads*, United Nations Children's Fund, New York, 2019.
46. Organisation for Economic Co-operation and Development, and European Union, *Health at a Glance: Europe 2018 – State of health in the EU cycle*, OECD Publishing/European Union, Paris/Brussels, 2018. Available at: <https://doi.org/10.1787/health_glance_eur-2018-en>, accessed 23 February 2020.

47. An additional reason for not focusing on polio and DPT (diphtheria-pertussis-tetanus) is that there is very little variance in coverage among the rich countries. Across the 41 countries included in this report, coverage is 95 per cent on average for either vaccine.
48. Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR)*, vol. 33, no. 32, United States Department of Health and Human Services, Atlanta, 17 August 1984, pp. 459–460, 465–467.
49. Clark, Andrew E., et al., 'Lags and Leads in Life Satisfaction: A test of the baseline hypothesis', *Economic Journal*, vol. 118, no. 529, 2008, F222–F243; Boarini, Romina, et al., 'Can Governments Boost People's Sense of Well-being? The impact of selected labour market and health policies on life satisfaction', *Social Indicators Research*, vol. 114, no. 1, 2013, pp. 105–120.
50. Fanjul, Gonzalo, 'Children of the Recession: The impact of the economic crisis on child well-being in rich countries', *Innocenti Report Card 12*, United Nations Children's Fund Office of Research – Innocenti, Florence, 2014.
51. This refers to what economists call 'externalities', which are costs of benefits that affect external actors. For example, GNI can increase due to production that pollutes the environment, effectively decreasing long-term conditions for well-being. These issues with national income have long been recognized – see, for example, a speech made by Robert Kennedy, delivered on 18 March, 1968 at the University of Kansas, about gross national product that "measures everything in short, except that which makes life worthwhile", <<https://www.jfklibrary.org/learn/about-jfk/the-kennedy-family/robert-f-kennedy/robert-f-kennedy-speeches/remarks-at-the-university-of-kansas-march-18-1968>>. But they remain largely unresolved and are becoming more pertinent as evidence of environmental problems mounts.
52. $R=0.66$. Authors' calculations based on average annual hours worked in 2018 and GNI per capita in international dollars in 2018. See: Organisation for Economic Co-operation and Development, OECD Data, 'Hours Worked', <<https://data.oecd.org/emp/hours-worked.htm>>, accessed 25 February 2020; World Bank.
53. Wilkinson, Richard, and Kate Pickett, *The Spirit Level: Why equality is better for everyone*, Penguin, London, 2010.
54. Packer, George, 'The Broken Contract: Inequality and American decline', *Foreign Affairs*, vol. 90, no. 6, 2011, pp. 20–31
55. Authors' calculations based on World Bank data for 41 countries that, as at December 2019, are Organisation for Economic Co-operation and Development and/or European Union members.
56. The Children's Society's household survey, Wave 18, June–July 2019, 10- to 17-year-olds, Great Britain. Equally weighted by age and gender.
57. World Health Organization, 'Air Pollution: Overview', <https://www.who.int/health-topics/air-pollution#tab=tab_1>, accessed 23 February 2020.
58. United Nations Environment Programme, *Global Resources Outlook 2019: Natural Resources for the Future We Want. Report of the International Resource Panel*, UNEP, Nairobi, 2019.
59. Ibid.
60. When children are born, they tend to have only one fifth of the adult lung mass. Before they reach the teenage years, they breathe faster, inhale more air and tend to spend more time outdoors. Then, when the toxic air is inhaled, the ability to fight its effects is compromised by an undeveloped immune system. This means that the same amount of pollution is more likely to cause health problems among children than among healthy adults. Furthermore, in those places where air pollution stems primarily from vehicles, it tends to accumulate close to the ground, meaning that the lower the human height, the higher the exposure.
61. Peters, John M., et al., *Epidemiologic Investigation to Identify Chronic Effects of Ambient Air Pollutants in Southern California*, The Children's Health Study Final Report, California Air Resources Board, 2004.
62. <https://www.who.int/water_sanitation_health/monitoring/coverage/indicator-6-1-1-safely-managed-drinking-water.pdf>
63. Estimates of the organizers.
64. <<https://www.theguardian.com/environment/2019/mar/01/youth-climate-change-strikers-open-letter-to-world-leaders>>, accessed 19 June 2020.>
65. The Children's Society, *The Good Childhood Report 2019*, The Children's Society, London, 2019.
66. UNICEF Australia, *A Climate for Change – 2019 Young Ambassador Report*, UNICEF Australia, Pyrmont, 2019.
67. The Pearson correlation between the z-scores for conditions and outcomes was 0.41.
68. This approach has already been taken in some of the countries covered in this Report Card through Child Rights Impact Assessments.

ACKNOWLEDGEMENTS

Innocenti Report Card 16 was written by Anna Gromada, Gwyther Rees and Yekaterina Chzhen with contributions from Dominic Richardson, Celine Little and David Anthony. The report was fact-checked by Alessandro Carraro, supervised by Gunilla Olsson and Priscilla Idele and edited by Madelaine Drohan.

A panel of advisers and UNICEF reviewers provided quality assurance. Support and advice were provided by Laurence Chandy, Alessandra Guedes, Daniel Kardefelt Winther, Amenawon Njilan Esangbedo, Nikita White and all UNICEF National Committees. Administrative support at the UNICEF Office of Research – Innocenti was provided by Cinzia Iusco Bruschi, Lisa Gastaldin and Flora Zecchi. Production was led by Sarah Marchant, and communication and outreach by Dale Rutstein, Patrizia Faustini and Kathleen Sullivan.

All related materials can be downloaded from the UNICEF Office of Research – Innocenti website: www.unicef-irc.org

Authors

Anna Gromada is a Social and Economic Policy Consultant at the UNICEF Office of Research – Innocenti, a researcher at the Polish Academy of Sciences and a co-founder of the Kalecki Foundation. Prior to this, she collaborated with the Chancellery of the President of the Republic of Poland, the Organisation for Economic Co-operation and Development and the Government of France. She holds degrees in Economics, Development, Sociology and Politics.

Gwyther Rees is a Social and Economic Policy Manager at the UNICEF Office of Research – Innocenti. In addition, he is an Associate Research Fellow at the University of York, where he is also Research Director of Children's Worlds – a global survey of children's views on their lives and well-being. He has a PhD from Cardiff University and a research background in child protection and children's subjective well-being.

Yekaterina Chzhen is an Assistant Professor of Sociology at Trinity College Dublin. She moved to Trinity in August 2019 from the UNICEF Office of Research – Innocenti, where she had been a Social Policy Manager since 2013. She holds a PhD from the University of York and publishes on poverty and inequality across the life course. She tweets from @kat_chzhen.

Advisory board

Ársæll Már Arnarsson (Health Behaviour in School-aged Children, Iceland)

Asher Ben-Arieh (Haruv Institute, Hebrew University of Jerusalem)

Mario Biggeri (Università degli Studi di Firenze)

Jonathan Bradshaw (University of York)

Dorothy Currie (Health Behaviour in School-aged Children, University of St Andrews)

Enrique Delamonica (UNICEF New York Headquarters)

David Gordon (University of Bristol)

Jo Inchley (Health Behaviour in School-aged Children, University of Glasgow)

Bergsteinn Jónsson (UNICEF Iceland National Committee)

Dagmar Kutsar (University of Tartu)

Gill Main (University of Leeds)

Luisa Natali (UNICEF Office of Research – Innocenti)

Mario Piacentini (Organisation for Economic Co-operation and Development)

Laura Speer (KIDS COUNT, Annie E. Casey Foundation)

Ramya Subrahmanian (UNICEF Office of Research – Innocenti)

Previous issues in this series:

Innocenti Report Card 1

A League Table of Child Poverty in Rich Nations

Innocenti Report Card 2

A League Table of Child Deaths by Injury in Rich Nations

Innocenti Report Card 3

A League Table of Teenage Births in Rich Nations

Innocenti Report Card 4

A League Table to Educational Disadvantage in Rich Nations

Innocenti Report Card 5

A League Table of Child Maltreatment Deaths in Rich National

Innocenti Report Card 6

Child Poverty in Rich Countries 2005

Innocenti Report Card 7

Child Poverty in Perspective: An overview of child well-being in rich countries

Innocenti Report Card 8

The Child Care Transition: A league table of early childhood education and care in economically advanced countries

Innocenti Report Card 9

The Children Left Behind: A league table of inequality in child well-being in the world's rich countries

Innocenti Report Card 10

Measuring Child Poverty: New league tables of child poverty in the world's rich countries

Innocenti Report Card 11

Child Well-being in Rich Countries: A comparative overview

Innocenti Report Card 12

Children of the Recession: The impact of the economic crisis on child well-being in rich countries

Innocenti Report Card 13

Fairness for Children: A league table of inequality in child well-being in rich countries

Innocenti Report Card 14

Building the Future: Children and the Sustainable Development Goals in rich countries

Innocenti Report Card 15

An Unfair Start: Inequality in children's education in rich countries

for every child, answers

UNICEF Office of Research – Innocenti
Via degli Alfani 58
50121 Florence, Italy

Tel: +39 055 2033 0
Fax: +39 055 2033 220

florence@unicef.org

www.unicef-irc.org

@UNICEFInnocenti

facebook.com/UnicefInnocenti/

Print ISSN: 1605-7317

Online ISSN: 2519-108X

© United Nations Children's Fund (UNICEF)
September 2020

ISBN: 978-92-1-103307-6
eISBN: 978-92-1-005303-7

unicef  | for every child

Sales no.:E.20.XX.1

