Chapter 8
Measuring Children's Well-Being: Some Problems and Possibilities

Virginia Morrow and Berry Mayall

Keywords Children's well-being • WHO Health Behaviour in School-aged Children (HBSC) • Research with children

8.1 Introduction

This chapter explores the concept of children's well-being and discusses how it has been measured and operationalised in research. We raise some critical questions about the concept of 'well-being' in general, about how children's well-being is researched, and how the United Nations (UN) Convention on the Rights of the Child is invoked in such research. We discuss as an example the United Nations Children's Fund (UNICEF) Innocenti Report Card 7, published in 2007, (UNICEF 2007, henceforth the UNICEF Report) entitled *Child poverty in perspective: An overview of child well-being in rich countries: a comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations* which received a great deal of publicity in the British news media. It placed UK's children at the bottom of the league table of rich nations in relation to emotional well-being and 'happiness'. The report seems to have entered the public, or at least news media, consciousness to an unprecedented degree. We have not undertaken a systematic analysis of media reports (this would be an overwhelming task) but to take one recent example as illustration: *Time* magazine, 7th April 2008, had a front page illustration of a young man in a hooded top (hoodie), peering through a Union Jack flag, with the title '*Unhappy, Unloved and Out of Control: An epidemic of violence, crime and drunkenness has made Britain scared of its young. What's causing the crisis?*' This example is worth mentioning because it refuelled the initial furore. Eighteen months on, the unhappiness of UK children is routinely, almost offhandedly, reported as fact. For instance, in an article about rates of mental ill-health, a senior representative of the National Union of Teachers reportedly said: 'As the UNICEF survey last year showed, children in the UK are among the unhappiest in the world. Unhappy children

V. Morrow (✉)
Institute of Education, University of London, London, UK
e-mail: v.morrow@ioe.ac.uk

are more likely to be stressed, which can lead to emotional and mental health problems.' (Guardian Education, 2nd September 2008, p. 25).

Such approaches to research based on data gathered from children and young people, and the subsequent reporting of the research in news media clearly emphasise negative attributes of young people and their lives (see Mayall 2002; Morrow 2000). A more positive approach is currently being developed by the WHO European Office for Investment in Health Development based on 'health assets'. This approach, described in Chap. 1, involves identifying factors and resources that enhance the capacities of "individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and well-being and to help reduce health inequities". In relation to young people, such an approach includes not only exploring individual competencies such as resilience, but also community level attributes such as supportive social networks, strong intergenerational relationships and so on. It would also include a consideration of organisational or institutional structures, such as: "environmental resources necessary for promoting physical, mental and social health, employment security and opportunities for voluntary service, safe and pleasant housing, political democracy and participation opportunities, social justice and enhancing equity".

These important contextual political, economic and structural factors are often missing from individualistic research on health risk behaviours (Morrow 2000). In Chap. 1, Morgan and Ziglio suggest that an assets approach would balance the deficit model approach, not least by relating individuals to their social context in a much more systematic way than has tended to be the case in (dominant) deficit model research on young people's health risk behaviours.

The chapter is structured in three parts: the first part explores the rise of the term 'well-being' and asks some critical questions about its use. The second part looks in some detail at what the UNICEF Report was measuring, and considers the value of the measurements and conclusions drawn. Finally, the third section considers ways in which the UN Convention on the Rights of the Child has been invoked in well-being research. We conclude with a brief discussion of how the assets approach could be useful in future research, and how the problems we have identified in relation to the concept of well-being need to be clarified before this can proceed effectively.

8.1.1 Summary of UNICEF Report

The UNICEF Report claims to 'provide a comprehensive assessment of the lives and well-being of children and young people in 21 nations of the industrialised world. Its purpose is to encourage monitoring, to permit comparison, and to stimulate the discussion and development of policies to improve children's lives' (p. 2).

The report represents a significant advance on previous titles in the UNICEF Report Card series which have used income poverty as a proxy measure for overall child-well being in the Organisation for Economic Co-operation and Development

(OECD) countries. Specifically, it attempts to measure and compare child well-being under six different headings or dimensions: material well-being; health and safety; education; peer and family relationships; behaviours and risks; and young people's own subjective sense of well-being. In all it draws upon 40 separate indictors relevant to children's lives and children's rights (UNICEF 2007; p. 2).

The report points to the fact that the UK government has led the way in providing indicators and measuring how the UK is progressing. This initiative can be seen as positive, but also as simultaneously fuelling social concern about childhood.

The main findings of the UNICEF Report are as follows: The Netherlands heads the table of overall child well-being in the OECD countries studied, ranking in the top ten for all six dimensions. European countries dominate the top half of the overall league table, with northern countries – the Netherlands, Sweden, Denmark and Finland – claiming the top four places, closely followed by Spain, Switzerland and Norway. The UK and USA are in the bottom third of rankings for five of the six dimensions. No single dimension stands as a reliable proxy for child well-being and several OECD countries have widely differing rankings to the dimensions. There is no obvious relationship between child well-being and GDP per capita.

8.1.2   Why Are We Writing This Chapter?

We write as two sociologists who, over the past 20 and more years, have been carrying out research with and about children, and exploring the status of childhood in the UK and the positioning of children in research. As noted, children have traditionally been studied through what might be termed a 'deficit-model' lens (Mayall 2002; Morrow 2000).

We welcome the fact that it is now possible to find statistical information about (or from) children that takes children as the unit of analysis, whereas previously they were subsumed under the category of household or family (Qvortrup 1991, 1994). The UNICEF Report moves on from a narrow focus on child poverty as measured by family income. It is also a useful 'start' in trying to compare countries. It is generally very fair – the authors admit that they can use only what is available, they acknowledge problems with what they do use, deficiencies, and gaps and limitations in data from some countries. They also acknowledge that some of the data used are quite old, and that government initiatives may have made a difference, such as staying on at school, provision of resources for childhood (though not, apparently, child poverty rates). However, we think it is important that a report is sound, and that it does what it says it will, and that it is worth looking more closely at than just at its summary findings.

Secondly, we accept that childhood, in some respects, is in a bad way in the UK. Rates of poverty mean disadvantaged childhoods for some. News media and government comments on children tend to accentuate the negative, and in the case of government, children are valued in terms of future human capital (becoming) over

the present (being) (though this is changing). A balanced debate can be difficult to achieve because of sensational events and the emotive way in which notions of childhood are discussed in the media (Alexander 2009).

There have been few critiques of the UNICEF Report, but a helpful starting point for us has been a paper by Ansell et al. (2007). They suggest:

> "…given the limitations of the report… it is worrying that its findings have been accepted unproblematically by much of the UK media and many policy makers. With a more critical approach, however, it does have the potential to contribute to many key debates currently surrounding childhood." (Ansell et al. 2007; p. 29)

Thirdly, we emphasise that we are not statisticians, but are looking at the presentation of statistics from the point of view of sociologists. We raise a series of (perhaps naïve) questions about the use of statistics, the meaning of well-being, and the use of rights-talk in relation to children's well-being. We draw on a range of material, and emphasise that this is not a systematic review but a selective one. We suggest that the UNICEF Report makes some dubious assumptions, which to some extent reflect normative ideas about childhood. We question how far it makes sense to compare small, relatively homogeneous, societies with much larger diverse ones. Is competition between governments a good thing? Are league tables like this really helpful? Ansell et al. (2007) note:

> "The report has an unashamedly instrumental purpose. It is intended not simply to document geographical patterns, but to demonstrate what can be achieved at the national level. By encouraging competition between governments, the aim is to shame them into enacting policies that will ultimately improve the well-being of children across the rich world."Ansell et al. 2007; p. 329)

8.2   What Is "Well-Being"?

The concept of 'well-being' has become popular in the past 5 years in UK social policy documentation in general. Dinham (2007), for example, writing in the context of community development, suggests well-being 'has joined 'community', 'participation', and 'empowerment' and a range of other perceived positives in the pantheon of New Labour language for civil society' (p. 3) – it is a 'hurrah' word. However, as Dinham notes:

> "Well-being lacks definition, both as a concept and in practice. Thus there emerges a range of factors identified as inherent in it or against which it is recognizable and/or measurable. Yet, at the same time, there is little or no consensus about what it really means or looks like and therefore to produce and reproduce it, and to know that it is there, proves highly difficult except in the most general of terms." (Dinham 2007; p. 3)

Previously 'well-being' was an appendage to 'health' (one of us has used it in this way, in research based upon another popular policy/academic/lay term: social capital – without defining well-being adequately, see Morrow (1999)). The roots of the connection of well-being to health can be located in the WHO definition of health as:

> "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO 1946)

Subsequently, well-being has increasingly become a feature in the language of public health and health promotion. However, as Cameron et al. (2006) point out (writing in relation to health promotion)

> "Well-being seems to be used in a curiously unconsidered way, involving assumptions and with little systematic attention. A considered (i.e. generous) view might see this notion of 'well-being' as indicating engagement with a broad model of health and a focus on the 'non-medical." (Cameron et al. 2006; p. 349)

They continue: 'it suggests an emphasis on positive health rather than negative health, and also highlights the subjective rather than objective aspects of health. On the face of it… a focus on well-being may appear useful…' (p. 349). However, they (Cameron et al. 2006) suggest that 'well-being':

> "as currently used, contributes to a muddying rather than a clarification of all-important conceptual waters around health. The lack of definition in much health policy and practice typically leaves the term "well-being" as an open-ended, catch-all category." (Cameron et al. 2006; p. 349)

The question is whether adding the term well-being to health enhances our understanding or is redundant. Cameron et al. (2006) carried out qualitative research to explore concepts of health, being well, and well-being with various groups of adults (community and professional groups) and found a range of interpretations of well-being. They conclude that "the often unexplained addition of 'well-being' to health is merely confusing and unhelpful" (p. 353).

Other public health researchers relate the emphasis on well-being to dilemmas in modern western societies: Carlisle and Hanlon (2007), also writing in the context of public health and health promotion, suggest that:

> "although we have seen an unprecedented growth in wealth and comfort over recent decades and many past causes of suffering have now been eliminated or reduced, average levels of well-being have not increased… large numbers remain deeply unhappy…" (Carlisle and Hanlon 2007; p. 262)

Carlisle and Hanlon suggest that 'these are clearly cultural as well as social problems, but that this tends to remain under-recognised: the burgeoning literature on well-being tends to omit any acknowledgement of the importance of 'culture' in influencing well-being at various levels – individual, social and global…' (p. 262). They point to the capitalist system of production and consumption and the rise of consumer culture, and note that the 'problem' for economists is that subjective well-being rose for a decade or two after World War II, but has since remained static, despite rising living standards and increased wealth, and that economists need to explain this. Carlisle and Hanlon (2007) point out that well-being is now "firmly part of popular discourse, … used interchangeably with notions of 'happiness' and 'positive emotions'" (p. 264).

Here we ask what happens when questions about well-being are applied to children. To what extent is it appropriate to ask these questions (that derive from what is essentially a problem for economists in relation to adults) about children, for whom

(subjective) well-being may well involve much more than wealth and affluence? The (Western) norm is that children should 'be happy'; children are expected to be smiling, and dominant imagery projects this (Ennew and Milne 1989; Holland 1992). Social historian Hugh Cunningham (2007) points out that "The belief that childhood should be a time of happiness is now deeply embedded, but it had scary any purchase before the later eighteenth century" (p. 19). This is related to powerful cultural constructions of childhood that the sociology of childhood has been exploring and problematizing over the past two decades (James and Prout 1990/1997; Mayall 2002). Spencer (2007) found that young people frequently discussed adult expectation and pressure to always 'be happy', when at times they felt quite miserable. It seems children and young people are not 'allowed' to feel 'unhappy', yet they have increasing pressure on them from school, home, friends and the media.

The policy implications of well-being research for public health (for adults) appear to be therapeutic interventions with individuals (Carlisle and Hanlon 2007):

"scientific solutions to the problem of static well-being are often cast in individualist and biomedical terms, from drug treatments, psychotherapy and the practice of medication as a way of reducing stress and enhancing well-being for the minority experiencing mental illness to personal psychology modification for the reasonably discontented majority" (p. 265).

In the case of children, there have been suggestions that they should have 'happiness' lessons in school (though journalists also tend to elide 'well-being' and 'happiness' and use the terms interchangeably, see for example Thomas-Bailey (2008) describing a recent UK government initiative entitled Social and Emotional Aspects of Learning, DCSF 2007). Some argue that academic and professional concern has led to the 'medicalisation' of children's problematic behaviour (see Coppock 2001; Ecclestone 2004, 2008) with the concomitant idea that there are (individual) therapeutic solutions that can be bolted on.

Sointu (2005) also points to the individualistic nature of the debates. She undertook a sociological analysis of the changing meaning of well-being based on analysis of newspaper articles 1985–2003 (and in relation to adults not children). She suggests that the idea of personal well-being has emerged in a specific social context, one that 'emphasises proactive agency and self-responsibility as meaningful and normal…' (p. 255). Carlisle and Hanlon also suggest:

"we need to ask whether the cultivation of individual happiness is an adequate and appropriate goal for health promotion. Focusing simply on personal growth and development can be just another form of consumption and would arguably sell health promotion short." (Carlisle and Hanlon 2007; p. 266)

On the other hand, well-being may be a useful concept in multi-disciplinary research becausee it is understandable to researchers from a range of theoretical backgrounds as well as to policy-makers. This is surely something to be welcomed. Huppert and Baylis (2004) (co-founders of 'The Well-being Institute' at the University of Cambridge) suggest (somewhat evangelically) that well-being is not only a rapidly evolving field of study, but also 'an exquisite example of a truly multidisciplinary endeavour' (p. 1,447; see Hulme and Toye (2006) for international development studies). Huppert and Baylis (2004) draw on an eclectic range of disciplines, including

sociobiology, evolutionary theory, positive psychology, neurobiology, and epidemiology, and political science (narrowly derived from Putnam's ideas about social capital, Putnam 2000) and argue that a range of factors, ranging from individual genes, maternal nutrition, brain activity, early childhood development, and 'positive' emotions all determine (individuals') levels of well-being.

However, the use of terms like well-being should be critically considered, because if (like social capital) it is a kind of unit of exchange that works across cultures and nations, this is in itself politically loaded and problematic. Is well-being (simply) a word that economists can work with and understand? In the arguments for inter-disciplinarity, there is no mention made of critical sociology, political or social theory, and no consideration of the risks involved in transferring concepts between disciplines, cultures and languages, which we suggest should be acknowledged when concepts such as 'well-being' are studied.

A final point is that the links between children's well-being and poverty are not well-elaborated or well understood, and it is not straightforward to trace causal pathways – setting aside material well-being, it is not possible to demonstrate that poor children are necessarily the most unhappy and most stressed. There is (developmental psychological) research evidence from the USA that suggests that children of affluent parents are at a greater 'risk' of various non-trivial threats to their psychological well-being than their poorer counterparts: risks such as higher rates of substance use, anxiety and depression, that are linked to two sets of factors: excessive pressure to achieve, and physical and emotional isolation from parents (Luthar 2003; Luthar and Latendresse 2005).

In summary, well-being is conceptually muddy, but has become pervasive. There is some critical thinking about the concept in relation to adults. Would other European countries simply refer to 'children's welfare'? Is the focus on well-being inherently individualistic and thus, is it a way of NOT talking about welfare and responsibilities of governments towards children? Does it replace welfare as a conceptual device, and what are the implications of this?

8.3   Measuring Well-Being

As noted, the UNICEF Report UNICEF 2007 focuses on six dimensions of well-being – these are: material well-being; health and safety; education; peer and family relationships; behaviours and risks; and young people's subjective sense of well-being. The authors of the report argue at the outset that their report represents a significant advance on previous reports in the Innocenti series, which have used income poverty as a proxy for child well-being. They go on to argue that comparing child well-being in differing countries is necessary, for, in order 'to improve something, first measure it' (p. 3). Internationally, these measurements and comparisons show what can be achieved and what each country's strengths and weaknesses are. Above all, such reports show that levels of child well-being are not inevitable, but are policy-susceptible.

However, the authors go on to say, the study could use only what data were available. The only data collected with children themselves comes from the WHO Health Behaviour in School-Aged Children (HBSC) survey, a cross-national survey that has been running since 1982, and repeated every 4 years with 11, 13 and 15-year-olds, which maps trends in children's health risk behaviours (so it has a very specific focus). Some comparisons could not be made because data are not comparable (for instance on levels of violence in the home, on participation rates of children in early childhood services; and on children's mental health and emotional well-being). Furthermore, as the authors note during the course of their presentation of the data, much of it is old – and so, we may add, may be unrepresentative of progress made in countries which have introduced policies to improve childhood (such as the UK since 1997). The problem of dealing with necessarily dated data is discussed by Jonathan Bradshaw elsewhere (Bradshaw 2007). We also identify some problems with the uses that have been made of the HBSC data. Some of the claims made seem to be based on unreflective developmental assumptions and on cultural assumptions, as we shall demonstrate. Further, some indicators are rather oddly selected.

We now proceed to consider each of the six dimensions of well-being, and the indicators used to arrive at them. We note that averaging the indicators means that each is given equal weight (UNICEF 2007; p. 5) and we are not sure this works well for the data in all cases. We also note that for most dimensions 18–21 countries are being compared. We cannot present here findings for all the countries, but concentrate on the UK, since findings have been so widely reported, as facts, in the news media.

8.3.1   Dimension 1: Material Well-Being

Indicators used here are: relative income poverty; percentages of children in households without jobs; and reported deprivation (averages of children's reports on low family affluence, numbers of educational resources and fewer than ten books in the home). It is no surprise that the UK is second from the bottom on income poverty and near the bottom on workless households (see UNICEF (2007); Figs. 1.1 and 1.2; henceforth all figures refer to UNICEF (2007)). But as the authors point out, differences in national wealth need to be taken into account – a poor child in the UK and the USA may be less disadvantaged relatively than a poor child in Hungary or Poland. And it is also necessary to take account of the point that some countries have more equal distribution of income (so fewer children will fall below the 50% of the national median). In other words we are talking about social exclusion rather than poverty. These points become relevant when we consider 11, 13 and 15 year-old children's reports on three topics: on household ownership (of cars, own bedroom, holiday with family, and computers) (UK comes eighth in the ranking); on ownership of education-related possessions (UK seventh); and on household ownership of ten or more books (UK 17th) (Fig. 1.3a–c).

But the averaging of these three sets of reports by children into one component of the dimension, which is then averaged with income poverty and households

without jobs, means that the UK's overall score on this dimension is near the bottom, along with the USA, Ireland, Hungary, and Poland. The authors argue that 'children appear to be most deprived of educational and cultural resources in some of the world's most economically developed countries (UNICEF 2007; p. 11). Perhaps we should note, however, that a wider encompassing of social factors might provide a (somewhat) differing picture; thus, for instance, in more affluent nations, books and computers and space to work are freely available in schools and libraries. We suggest that there is a need to combine quantitative and qualitative data in order to interpret findings more systematically and accurately when attempting to make international comparisons.

8.3.2   Dimension 2: Health and Safety

Indicators used here are: health at age 0–1 (averages of infant mortality rates and low birth-weight rates); percentage of children aged 12–23 months immunised against measles, DPT and polio; and deaths from accident and injury, age 0–19. The authors regret that there was no comparable indicator of children's mental and emotional health; or of child abuse and neglect.

Overall, the UK is ranked at 12th place on the average of these (Fig. 2.0). Again there is variation in the UK ranking on each indicator, for whilst the UK ranks some way down on the first two (Figs. 2.1a, b and 2.2), the UK is second from the top (after Sweden) on preventing death from accident and injury (Fig. 2.3).

It is difficult to know what to make of these findings, apart from the point that it seems unhelpful to average the indicators. One point, however, is that as with many of the indicators, it is the more socialist countries that do best on infants' health and immunisation rates. More neo-liberal societies (Esping Andersen 1996), and possibly countries with more diverse populations, do less well on prevention in early childhood and on persuading people to take up immunisation. The authors also note that the indicators do not include children's own views on their health – yet these are included under the dimension subjective well-being; so it is not clear how choices were made about what to include where.

8.3.3   Dimension 3: Educational Well-Being

The indicators used here are: school achievement at age 15 (including averages of achievement in literacy, numeracy and science); percentage of young people aged 15–19 in full- or part-time education; and the transition to employment (including averages of percentage not in education, training or employment, and percentage of 15-year-olds expecting to find low-skilled work). Again, the authors deplore that adequate, comparable data were not available on the quantity and quality of early years provision (UNICEF 2007; p. 21).

   This dimension (Fig. 3.0) includes indicators that perhaps are so disparate as
to defy averaging; and this may account for the unusual group of those who top
the ranking: Belgium, Canada, Poland and Finland; and those at the bottom:
France, Austria, Italy and Portugal. Overall the UK ranks at 17th place on this
dimension; but does better on the first one: achievement at age 15 (ranked ninth)
(Fig. 3.1). We have some difficulties with these indicators. Whilst it is the case, as
the authors argue, that we need to know how well the education system serves our
children, it does not follow, we submit, that a long time (after compulsory school-
leaving age) in that system has to be regarded as a good; there seem to be some
cultural pre-conceptions here: that more education in school is necessarily a good
thing. And/or it may be that the economic welfare of the country, rather than
children's 'educational well-being', determined the choice of these indicators.
Many people, including children, would argue that we learn more out of school than
in school; and an indicator under material well-being – possession of educational
resources at home (Fig. 1.3b), puts the UK near the top (in seventh place).
Possession of computers at home is among the highest in the world. The indicator
covering full-time or part-time engagement with education, may encompass a very
wide range in rates of participation – from 100% down to perhaps 10% and is
maybe not a very useful indicator. The indicator about 15-year-olds' expectations
of doing low skilled work by the time they are 30 finds the USA, for once, in top
ranking – that is with lower percentages than any other country saying yes, they had
such low expectations; perhaps this means the answers given to the question reflect
less the realities of their futures, than the log-cabin-to-White-House optimism we
are told US citizens enjoy.

8.3.4   Dimension 4: Family and Peer Relationships

This is the dimension which aroused most of the media hype about children in the
UK. The indicators used here are: family structure (including averages of percent-
age of children living in single-parent families and percentage of children living in
stepfamilies); family relationships (including averages of percentage of children
who report eating the main meal of the day with parents several times a week and
percentage of children who report that parents spend time 'just talking' to them);
and peer relationships (percentage of 11, 13 and 15-year-olds who report finding
their peers kind and helpful). We note that there is a developmental assumption in
this dimension, since it is relationships with parents that are prioritised: eating
meals with parents and parents talking with children; of course measuring relation-
ships is difficult, as the authors note (UNICEF 2007; p. 22), but limiting relations
in this way omits other people in the family with whom children have important
relations – notably siblings and grandparents (see, for example, Dunn and Deater-
Deckard 2001; Edwards et al. 2005; Mayall 2002; Morrow 1998; Smart et al. 2001;
Punch 2008; Mason and Tipper 2008).

Overall the UK ranks at the bottom of the table on this dimension (Fig. 4.0), along with the USA. On the first indicator, the authors note that it may be thought unfair or insensitive to use it – children may be happy or unhappy in a range of family types. But they justify the choice on the grounds that statistics show children growing up in single-parent and stepfamilies have greater risk to well-being in the future (leaving school early, poor health, leaving home early, low skills, poor pay); and that these risks persist even when poverty levels are taken into account; however they also note that the research has been conducted mainly in the UK and USA. So it can be argued that the authors are prioritising the future of these children and that the indicator does not seem to capture well child–adult relations in the present. It is notable that the Nordic countries (Finland, Sweden, Denmark and Norway) have high rates of lone-parenting and stepfamilies (Fig. 4.1a, b), which drags down their overall rating on this dimension. Southern European countries (Italy, Portugal, Spain and Greece) scored in the top group for this indicator; and this pushed their overall score upon the dimension as a whole.

The first component of the second indicator – children and parents eating the main meal together – points to one of the starkest cultural assumptions; as is borne out by the relevant table (Fig. 4.2a). Finland, for once, comes bottom of the ranking; and this must be because by tradition, bolstered by social policy, the main meal of the day is eaten at midday – children get a free school meal, and adults a subsidised meal at their workplaces. The UK, USA and New Zealand occupy the next lowest rankings. However, the authors also note that even in the lowest ranking countries, almost two-thirds of children report eating a meal several times a week with their parents. There is much greater variation on the question do 15-year-olds think their parents spend time 'just talking to them' several times a week, with a range of 90–40% (Fig. 4.2b). The authors also note that this finding does not square with other UK studies, which have found high proportions of children reporting good relations with their parents; and they say findings on this dimension should be treated with caution for they are only a 'first step' towards monitoring children's relationships.

Finally on the third indicator – percentage of 11, 13 and 15-year-olds who find their peers 'kind and helpful' – the UK was ranked at the bottom of the table (Fig. 4.3). And this has been re-phrased by the UK news media as a clear factual finding that children do not have good friendships. But we have to note that the question was part of a series on life at school, and relates not to 'peers' nor to friends, but to 'class-mates'. Given the individualistic and competitive character of the current English education system, it is not surprising that children do not all regard all class-mates as friends. However, the media seized on this finding, for instance:

> "The report presents a sad picture of relationships with friends, which are so important to children. Not much more than 40% of the UK's 11, 13 and 15-year-olds find their peers 'kind and helpful', which is the worst score of all the developed countries" (Guardian 14.02.07).

Oddly, other sections of the HBSC survey referred to here did have questions specifically about friends; perhaps these could have been used in this dimension.

8.3.5 Dimension 5: Behaviours and Risks

The three indicators here are: health behaviours (including averages of percentage of children who eat breakfast, who eat fruit daily, are physically active and are overweight); risk behaviours (including averages of 15-year-olds who smoke, have been drunk more than twice, use cannabis, have sex by age 15, use condoms, and teenage fertility rate); experience of violence (including percentages of 11, 13 and 15-year-olds involved in fighting in last year, and reporting being bullied in last 2 months).

The UK is ranked by some considerable margin worst on this dimension (Fig. 5.0). On health behaviours the UK is fifth from the bottom, although on physical exercise near the top (Fig. 5.1c). On risk behaviours the UK is ranked at the bottom by a large margin (Fig. 5.2). And on experience of violence third from the bottom (Fig. 5.3). As the authors note, on this last indicator perception and definition play a large part, and more adequate measures, especially on exposure to violence in the home, are needed.

8.3.6 Dimension 6: Subjective Well-Being

In some ways this is the most puzzling dimension, since as far as the UK is concerned it seems to work against earlier dimensions. The indicators used are: self-appraisal of health (percentage of young people aged 11, 13 and 15 rating their health no more than 'fair' or 'poor'); school life (percentage of young people 'liking school a lot'); personal well-being (average of percentage of children rating themselves above the mid-point of a life satisfaction scale, and percentage of children reporting negatively about personal well-being).

The UK scores at the bottom of the ranking on children's self-appraisal of health (Fig. 6.1); and the Nordic countries, which do so well on the health dimension, are distributed through the table, with Norway fourth from the bottom and Finland fourth from the top, after Spain, Switzerland and Greece. We wonder if the word 'fair' was confusing; it can mean 'good' in English! Presumably national messages to children affect their self-appraisal. Across the board, girls were unhappier than boys about their health status. On liking school a lot, in all countries no more than 38% of children agreed, with most, including the UK, bunched at around 20% (Fig. 6.2). Yet when young people were asked to rate their current satisfaction with themselves and their lives on a scale of 1–10, in most countries, including the UK, 80% or more reached a score of 6 or more (Fig. 6.3a), with 15-year-old boys, across the board, more satisfied than girls (p. 37). Similarly, a question designed to explore feelings of awkwardness, loneliness and being an outsider led to most 15-year-olds – about 90% rejecting these perceptions of themselves. Indeed only one country (Japan) stood out – for 30% of the young people there agreed with the statement 'I feel lonely', almost three times higher than the next highest-scoring country.

These findings seem to suggest that overall UK children are as 'happy' as others in OECD countries, except on their own assessment of their health – and this may be a function of the question (or possibly related to high poverty rates?). It is this self-assessment score which presumably accounts for the UK having the worst overall score on this dimension (Fig. 6.0). Again, we suggest that averaging the indicators does a disservice to the data; and that discussion of the separate indicators would be more useful.

8.3.7 Discussion of These Dimensions

We agree with the authors that a start has been made towards using a range of indicators on children's well-being. And we agree that child poverty may underlie many of the findings, and may account for the UK's poor showing on some dimensions, although the precise relationships are not clear. Rather than average all the dimensions, it was useful to maintain a focus on children's well-being as a multi-dimensional issue, requiring a range of policy responses. Somehow a balance had to be struck between retaining each facet of the problem in separate tables and combining them through averaging. In some cases we think averaging did a disservice to the data, as we have indicated.

One feature of the data used is that much of it is negative – especially as regards risky behaviours. It would be good to explore ways of tapping into children's everyday lives and experiences in the neighbourhood, and their involvement in decisions which affect their lives (Ansell et al. 2007; p. 326).

One message we should like to emphasise is to commentators, who have a duty to read such reports carefully before referring to them. Our consideration is motivated more by our concerns about the relatively low status of children in the UK and the deplorable way that the report has been so misrepresented in the media. And we know that these misrepresentations affect adults' perceptions. In the Primary Review (an independent review of primary education in England being conducted at the University of Cambridge, funded by Esmée Fairbairn Foundation see www.primaryreview.org.uk), parents, teachers, local authority staff and children's organisations presented a gloomy vision of today's childhood; and this too long established vision was bolstered by the media representation of the UNICEF Report (Alexander and Hargreaves 2007).

8.3.8 Overall Comments

The UNICEF Report focused, in many of the indicators, on deficits – what children do not have, negatives, rather than positives, particularly in relation to 'risky health behaviours'. We already know from our own research (Mayall 2002; Morrow 2002)

(not specifically about well-being) that children feel subordinated to adults, not able to make their own decisions (not often consulted), not having to take major responsibility for decisions (and they accept these points); they regard good personal relations as key to their happiness (but it doesn't have to be two parents, and friends are crucial as defence and company at school). For example, in middle childhood (say 8–12 years), playing out is their preferred activity, but often circumscribed by anxious parents. So what matters to children differs from what concerns adults (Mayall 2002; Morrow 1998, and many other examples could be cited here). Research specifically on well-being has explored what children's understandings of well-being are see Fattore et al. (2007); Heady and Oliveira (2008); Ben-Arieh and Frones (2007); OFSTED (2007); 11 Million (2008).

In Australia, Fattore et al. (2007) undertook qualitative research with 8–15-year olds and found that:

> "Well-being is defined through feelings, in particular happiness, but integrating sadness is also relevant. Well-being is about feeling secure, particularly in social relations… also as being a moral actor in relation to oneself (when making decisions in one's best interest) and when one behaves well towards others. … well-being is the capacity to act freely and to make choices and exert influence in everyday situations. This was not necessarily being independent from others. Children articulated the social relations upon which autonomy was premised, including stable, secure relationships with adults. … Children told us fear and insecurity affects their well-being and that feeling and being safe is an important part of well-being. This included fears about personal safety, particularly feeling alone and fear of being a victim of crime. Children also expressed more global fears about war and terrorism, particularly feeling helpless to do anything about world events. Children… identified factors that make them feel afraid and place restrictions on their ability to participate in social life, including design of the built environment and parental concerns about children's safety." (Fattore et al. 2007; p. 18)

They also found that children articulated clear ideas about the importance of having a positive sense of themselves, material resources, physical environment and home. Sixsmith et al. (2007) in Ireland undertook research with 8–12 year olds, using qualitative methods (photography) to explore children's, parents' and teachers' views of child well-being. They found marked differences between these three groups about what constitutes children's well-being, with different emphasis being placed on aspects of well-being by children. These qualitative studies show great potential for complementing, or expanding upon, larger scale survey research by providing deeper insights into children's everyday lives and what matters to them from their point of view (an important factor to consider when developing health promotion policies) (Morrow 2000).

In the specific case of the UK, adults construct children and childhood as a social problem. This is linked to social class divides. It is entirely possible that media, teachers and even parental concern about childhood affects children's self-image and accounts for any low scores on that. If the UNICEF Report is correct, and UK childhood is (objectively) bad and children think so too, could this be because children have internalised their risky and at risk status? What is the impact on children's views of societal denigration of children and childhood?

8.4 Rights: The UN Convention on the Rights of the Child

The UNICEF Report claims to be grounded in the UN Convention on the Rights of the Child (CRC) 1989 (UNHCHR 1989). The CRC is an international treaty to be used to assess laws and policies relating to children. It was ratified by the UK Government in 1991. Its articles are deliberately vague and open to interpretation by countries. It is not intended to be a means of interpreting or analysing children's lives, though the linkages between research evidence and implications for children's rights can usefully be made. The UNICEF Report selects various articles and mentions them in isolation, for example, Article 29 relating to children's development (p. 19); Article 24 (the right to the highest attainable standard of health care) and Article 27, relating to 'an adequate standard of living'. In doing so, the Report seems to be focusing on provision rights. However, rights – to provision, protection and participation – are indivisible. The CRC does use the term 'well-being', but it does not define it. For example, the preamble to the UN CRC states:

> "Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community." (UN CRC Preamble)

The term 'well-being' is also used Articles 3, 9, 17, 40 (UNHCHR 1989). Nor does the CRC define 'poverty' explicitly, and work is currently underway to elaborate connections between child poverty, social exclusion, capabilities and children's rights (see Redmond 2008).

The UNICEF Report cites Article 12 of the UN CRC – text of which is as follows:

> "States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child… For this purpose, the child shall, in particular, be provided with the opportunity to be heard in any judicial and administrative procedures affecting the child."

The UNICEF Report claims that "the report takes note of the child's right to be heard and, to this end, incorporates a dimension that is based solely on children' own subjective sense of their own well-being [sic]" (p. 40). However, these claims need to be balanced with a consideration of whether and/or how children can freely 'express their views' in a necessarily circumscribed questionnaire. Ennew (2008); see also Beazley et al. (2006) has been arguing for some time that children have 'the right to be properly researched' Article 12: opinion, Article 13, modes of expression, Article 3a standards, and Article 36, other forms of exploitation – these are basic principles of dignity and respect.

Additionally, there is the vexed question of the relationship between mass news media and representations of children in respect of children's rights in the UK. Article 17 of the UN Convention on the Rights of the Child explicitly connects the media and children's well-being:

"States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health. To this end, States Parties shall:

(a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child…"

The Oslo Challenge (MAGIC 1999), which marked the tenth anniversary of UN CRC, was a collaboration between the Norwegian Government and UNICEF, and included the following challenge to media professionals at all levels and in all media:

"to work ethically and professionally to sound media practices and to develop and promote media codes of ethics in order to avoid sensationalism, stereotyping (including by gender) or undervaluing of children and their rights." (MAGIC 1999)

The publicity surrounding the publication of the UNICEF Report can hardly be said to have 'avoided sensationalism'. The CRC represents a framework for action, but has yet to be taken seriously as an instrument of social change. A holistic approach to children's human rights, that holds governments accountable to every article of the convention, rather than a selected few, is vital as a way forward (CRAE 2008).

8.5   Conclusions

We have suggested that a close reading of the data upon which some very bold claims were made suggests that continued caution is needed in attempts to measure and interpret findings about children's well-being. Firstly, the UNICEF Report presents a de-contextualised childhood, childhood as a separate space, utterly disconnected from adulthood. It is technically a report that focuses mainly on people aged 11–15 and, thus, is not 'comprehensive'. Indeed, this idea of childhood/youth as disconnected from wider society has been constantly emphasised in news media reports – for example, Lord Layard, is quoted as saying "Young people live in a world with very little meaningful contact or engagement with adults" (Mayer 2008; p. 39). However, there have been few attempts to explore whether and if so why this may be the case, and why this matters; and this vision in itself leads to the 'tribal' child idea, and reinforces stereotypical views of children and young people. The intention of the UNICEF Report appears to have been overtly political – it certainly grabbed headlines. However, there are important questions to be raised about the ethics of research dissemination (Alderson and Morrow 2004).

From our own research studies, we learn that children have very clear ideas about how they are represented, and how adults view them (Mayall 2002; Morrow 2000). A recent survey of children's views on what makes them 'happy and healthy' by the Office of the Children's Commissioner for England found:

"The dominant negative portrayal of young people as 'thugs' and 'yobs' and a group to be feared directly impacts on children and young people, and contributes to making them feel unhappy and unhealthy. They told us that they feel their lives as teenagers are pre-determined by stereotypes such as risk-taking binge drinkers with no positive alternatives." (11 Million 2008; p. 7)

A conference entitled Health in Schools: Participation and Partnerships held at the Institute of Education, University of London in 2008 included a presentation from a group of school children/young people. They showed the image from the front cover of *Time* Magazine described at the start of this chapter, and posed a question to the audience: 'Is it time for a different view?' They did not use the word 'well-being'. In response to a question about what health in schools meant to them, they said:

> "… we'd like you to know that we feel happy and healthy when our good points and our achievements are recognised, respected and celebrated. … We'd also like you to know that how we feel about ourselves at school is affected by the way adults and society see young people and we ask you to help us change the negative views and stereotypes of young people that exist in today's society. Let us show you how much we can do, instead of focusing on how bad we are, or what we can't do." (Institute of Education 2008).

The emphasis placed by young people about the importance of adults recognising their achievements and capabilities clearly reflects the assets-based approach to health described in Chap. 1.

Secondly, children's well-being is rarely analysed in the context of adults' well-being, or population well-being in general. It is important to remember that the roots of research exploring levels of happiness and well-being relate to specific historical and economic circumstances, and above all to a particular question about *adults'* levels of life satisfaction in rich countries. The interconnections and interdependencies of childhood with adulthood have yet to be fully elaborated, and we suggest that we need to hold a mirror up to adult worlds and see how they reflect back to children, particularly in relation to how research findings are reported in the news media. After all, in relation to research findings and media representations based on such research findings, children have little power or status to answer back, or challenge, or redress the balance, (nor indeed do many adults, especially disadvantaged people). In relation to their health, they may exercise their agency through resistance to top-down health and education messages, and this resistance is then defined by adults as evidence of their wilful, risky, problematic behaviour (Spencer 2007). Children also positively take on important aspects of their own health care from early ages (Mayall 1996). Research that focuses on problems and deficits tends to overlook reasonably healthy behaviours by the majority.

Thirdly, discussions about children's well-being are rarely contextualised in understandings of structural, political and economic pressures and constraints on children's lives. As Ansell et al. (2007) note:

> "Without addressing broader political considerations regarding what shapes well-being (for example, access to resources and an ability to participate in decisions within society) it may not have any meaningful impact on children's 'well-being" (p. 330).

The extent to which well-being (emphasising responsibilities of individuals to be happy and to seek therapy if they are not) has replaced welfare (emphasising responsibilities of states to their citizens) could usefully be explored.

In conclusion, well-being may be a useful umbrella concept for exploring important aspects of children's lives, and the focus on the here-and-now and the present tense of childhood (Mayall 2002) is welcome because it moves on from the focus

on outcomes and what children become. However, we suggest that greater clarity is required when claims are made about 'children's well-being'. We suggest that existing indicators (while needed to 'measure' change over time) could usefully be complemented by (and perhaps ultimately replaced by) research that attempts to incorporate children's experiences from their viewpoints, and that emphasises what they value. Children's positive 'assets' (as outlined in Chap. 1) could be the focus, rather than their deficiencies. This concurs with what children themselves seem to demand, and would be one way to respect their rights in research terms – not to be stigmatised and demonised.

Many definitions of well-being exist, but variations in understanding of this term have not been sufficiently recognised in the analysis, nor have the complications of measurement that arise from different interpretations. The extraordinarily negative image of children and youth in the UK has been compounded by news media reporting of the UNICEF Report, and young people seem to be aware of this (though thorough research on the relationships between news media representations of children and their 'well-being' has yet to be undertaken). Current attempts to measure children's well-being are problematic because they fail to incorporate an analysis of broader contextual structural and political factors; if we are to retain the use of the term 'well-being', then children's well-being could usefully be considered in the context of 'well-being' of people in general. Five suggestions emerge from this discussion. Firstly, care needs to be taken with conceptualisation of complex concepts such as 'well-being'. There remains a danger that a focus on well-being is ultimately an individualistic, subjective approach that risks depoliticising children's lives. Secondly, there needs to be great caution exercised when reporting research relating to children, not least because of the danger of over-simplification through international comparisons. We have suggested that cultural factors may play an important and hitherto under-researched part in what is conducive to children's 'well-being'. Thirdly, we suggest that involving children and young people in the conceptualisation of well-being could enhance the potential usefulness of the concept. Fourthly, qualitative and quantitative approaches could be usefully combined to improve understanding and measurement. Finally, we have suggested that greater understanding of UN Convention on the Rights of the Child is needed in working towards a genuinely rights-based approach to monitoring children's everyday lives that emphasises the low social status of children in western societies.

References

11 Million (2008). *Happy + Healthy. Summary of children and young people's views on what makes them happy and healthy*. London: 11 Million. www.11million.org.uk cited 4 June 2008.

Alderson, P., & Morrow, V. (2004). *Ethics, social research and consulting with children and young people*. Barkingside: Barnardo's.

Alexander, R., & Hargreaves, L. (2007). *Community soundings. Primary review briefings.* Cambridge: Faculty of Education, University of Cambridge.

Alexander, R. (ed) (2009) Children, their World, their Education: final report and recommendations of the *Cambridge Primary Review*. London: Routledge

Ansell, N., Barker, J., & Smith, F. (2007). UNICEF 'child poverty in perspective' report: a view from the UK. Viewpoint. *Children's Geographies*, 5, 3, 325–330.

Beazley H., Bessell, S., Ennew, J., & Waterson, R. (2006). *What children say. Results of comparative research on the physical and emotional punishment of children in Southeast Asia and the Pacific, 2005*. Bangkok, Thailand: Save the Children Sweden.

Ben-Arieh, A., & Frones, I. (2007). Indicators of children's well-being – concepts, indices and usage. Guest editorial. *Social Indicators Research*, 80, 1–4.

Bradshaw, J. (2007). Some problems in the international comparison of child income poverty, In H. Wintersberger, et al. (eds.) *Childhood, generational order and the welfare state: exploring children's social and economic welfare*. (pp. 93–107) Odense: University Press of Southern Denmark.

Cameron, E., Mathers, J., & Parry, J. (2006). 'Health and well-being': questioning the use of health concepts in public health policy and practice. *Critical Public Health*, 16, 4, 347–354.

Carlisle, S., & Hanlon, P. (2007). Well-being and consumer culture: a different kind of public health problem? *Health Promotion International*, 22, 3, 261–268.

Coppock, V. (2001). Medicalising children's behaviour. In B. Franklin (ed.) (Second edition) *The new handbook of children's rights. Comparative policy and practice*. (pp. 139–154) London: Routledge.

CRAE (Children's Rights Alliance for England) (2008). Alternative NGO report to the Committee on the Rights of the Child. London: CRAE.

Cunningham, H. (2007). Childhood and happiness in Britain. *GRAAT*, 36, 19–30.

DCSF (Department for Children, Families and Schools) (2007). Social and emotional aspects of learning. www.dcsf.gov.uk.

Dinham, A. (2007) Raising expectations or dashing hopes? Well-being and participation in disadvantages areas. *Community Development Journal*, 42, 2, 181–193.

Dunn, J., & Deater-Deckard, K. (2001). *Children's views of their changing families*. New York: Joseph Rowntree Foundation/YPS.

Ecclestone, K. (2004). Learning or therapy? The demoralisation of education. *British Journal of Educational Studies*, 52, 2, 112–127.

Ecclestone, K. (2008). *The rise of the fragile learner: why assessing emotional well-being undermines education.* Inaugural lecture. Oxford: Oxford Brookes University.

Edwards, R., Mauthner, M., Hadfield, L. (2005) Children's sibling relationships and gendered practices: talk, activity and dealing with change. *Gender and Education*, 17, 5, 499–513.

Ennew, J., & Milne, B. (1989). *The next generation. Lives of third world children*. London: Zed Press.

Ennew, J. (2008). Children's rights in the driving seat? Muddles in the interface between policy, programme and information about children since 1989. Plenary address, Child and Youth Research Network Conference: *Child and youth research in the 21st century: a critical appraisal.* European University, Cyprus, 28–29 May 2008.

Esping Andersen, G. (1996). *Welfare states in transition*. London: Sage.

Fattore, T., Mason, J., & Watson, E. (2007). Children's conceptualisation(s) of their well-being. *Social Indicators Research*, 80, 5–29.

Heady, L., & Oliveira, A. (2008). *On the bright side. Measuring the impact of charities on children's well-being*. London: New Philanthropy Capital.

Holland, P. (1992). *What is a child? Popular images of childhood*. London: Virago.

Hulme, D., & Toye, J. (2006). The case for cross-disciplinary social science research on poverty, inequality and well-being. *Journal of Development Studies*, 42, 7, 1085–1107.

Huppert, F., & Baylis, N. (2004). Well-being: towards an integration of psychology, neurobiology and social science. *Philosophical Transactions of the Royal Society of London*, 359, 1447–1451.

Institute of Education (2008). Conference participants. *Health in schools: participation and partnerships*, Day conference, Institute of Education, University of London, March 2008.

James, A., & Prout, A. (eds.) (1990/1997). *Constructing and reconstructing childhood*. London: Falmer Press.

Luthar, S. (2003). The culture of affluence: psychological costs of material wealth. *Child Development*, 74, 6, 1581–1593.

Luthar, S., & Latendresse, S. (2005). Children of the affluent. Challenges to well-being. *Current Directions in Psychological Science*, 14, 1, 49–52.

MAGIC (1999). Briefing on the Oslo challenge. Available online: http://www.unicef.org/magic/briefing/ cited 2 September 2008.

Mason, J., and Tipper, B. (2008). Being related: how children define and create kinship. *Childhood: A Journal of Global Child Research*, 15, 4, 441–460.

Mayall, B. (1996). *Children, health and the social order*. Buckingham: Open University Press.

Mayall, B. (2002). *Towards a sociology for childhood. Thinking from children's lives.* London: Open University Press.

Mayer, C. (2008). Unhappy, unloved and out of control. *Time Magazine*, 7 April 2008.

Morrow, V. (1998). *Understanding families: children's perspective.* London: National Children's Bureau/Joseph Rowntree Foundation.

Morrow, V. (1999). Conceptualising social capital in relation to the well-being of children and young people: a critical review. *The Sociological Review*, 47, 4, 744–765.

Morrow, V. (2000). 'Dirty looks' and 'trampy places' in young people's accounts of community and neighbourhood: implications for health inequalities. *Critical Public Health*, 10, 2, 141–152.

Morrow, V. (2002). Children's rights to public space: environment and curfews. In Bob Franklin (ed.) (Second edition) *The new handbook of children's rights. Comparative policy and practice*. London: Routledge.

OFSTED (2007). Tell us 2 survey results, press release. www.ofsted.gov.uk cited 4 June 2008.

Punch, S. (2008). You can do nasty things to your brothers and sisters without a reason: siblings' backstage behaviour. *Children & Society*, 22, 333–344.

Putnam, R.D. (2000). *Bowling alone: the collapse and revival of American community*. New York: Simon & Schuster.

Qvortrup, J. (1991). Childhood as a social phenomenon: introduction to a series of national reports. *Eurosocial Report 36*. Vienna: European Centre.

Qvortrup, J. (1994). Introduction. In J. Qvortrup, et al. (eds.) *Childhood matters: social theory, practice and politics.* (pp. 1–23) Aldershot: Avebury Press.

Redmond, G. (2008). Child poverty and child rights: edging towards a definition. *Journal of Children and Poverty*, 14, 1, 63–82.

Sixsmith, J., Nic Gabhainn, S., Fleming, C., O'Higgins, S. (2007). Children's, parents' and teachers' perceptions of child wellbeing. *Health Education*, 107, 6, 511–523.

Smart, C., Neale, B., & Wade, A. (2001). *The changing experience of childhood: families and divorce*. Cambridge: Polity.

Sointu, E. (2005). The rise of an ideal: tracing changing discourses of wellbeing. *The Sociological Review*, 53, 2, 255–274.

Spencer, G. (2007). *Young people's perspectives on health related risks.* MRes Dissertation, Faculty of Children and Health, Institute of Education, University of London.

Thomas-Bailey, C. (2008). Call for happiness lessons as teenage depression increases. *The Guardian*, 10 September 2008.

UNHCHR (1989) (Office of the UN High Commissioner for Human Rights). *UN Convention on the Rights of the Child 1989.*

UNICEF (2007). Child poverty in perspective: an overview of child well-being in rich countries. *Innocenti Report Card No.* 7, UNICEF Innocenti Research Centre, Florence, Italy.

WHO (1946). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.