The Politics and Societies of Child and Youth Wellbeing: Is the Young Generation Lagging Behind?

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The Problem

The problem of why certain societies are better in generating wellbeing for its citizens is both a politically important issue and a contemporary intensely researched area (Wilkinson & Picket, 2009; Hall & Lamant, 2009). This project takes as point of departure that the wellbeing of the particular group of children and youth has been neglected in previous research, especially in regard of social or subjective wellbeing of children. Within comparative welfare state research focus on socio-economic cleavages, gender or outsiders/insiders dominate the field and when generational issues are focused, the target is mostly retired people versus the rest (Lynch, 2010). Additionally, there is research more exclusively focusing on wellbeing of children, but these either focus mostly on material wellbeing and health or do not apply a policy perspective on the problem.

This general pattern of previous research rhymes badly with recent reports from the OCED, EU and Unicef which seem to indicate that the younger generation – children and youth – are not doing so well in the worlds most encompassing welfare states as we might have expected. A report from the European Union shows, for example that unemployment levels among 15-24 year-olds in Europe are about twice as high as general levels of unemployment (EU, 2009-20) and a recent report from Unicef (2007) indicates that the subjective health among youth generally leaves much to wish for.

If we consider the situation in the Nordic encompassing welfare states in particular, countries where wellbeing generally is very high, we detect Sweden only in the middle range among European countries in regard of youth unemployment. Further, in Sweden, the share of girls who say they are anxious has doubled between 1984 and 1996 (Swedish Public Investigations (SOU), 2006:77). If we broaden our view to other Scandinavian welfare states a recent study by Bradshaw and Richardson (2009) indicates that Denmark only rank on place 10 in regard of risk prevention among children and youth and that Finland fairs comparatively low in regard of child mortality among children under five years of age. The situation can be summed up in the conclusions of a report from Unicef (2007), which holds that Scandinavian welfare states only occupy a middle position in regard of wellbeing along social dimensions for children and youth up to 18 years of age.

The aim of the project The Politics and Societies of Child and Youth Wellbeing: Is the Young Generation Lagging Behind? is to explore patterns and find explanations to cross-country and within country variations in child and youth wellbeing, with special focus to the social and subjective aspects of wellbeing.

The project as a whole consists of three separate studies: First, a comparative study across OECD-countries aimed at
explaining cross country variation in child and youth wellbeing. I will make use of the data available from HBSC (WHO-data). Second, a comparative study on Denmark and Sweden will be conducted in order to shed light on the different mappings of wellbeing in these two fairly similar welfare states. Third, a comparative study between Swedish municipalities will shed light on the dynamics of child and youth wellbeing within one policy entity. In this project the focus will be on factors related to civil society.

Previous research

More specifically, two research areas connect around the issue of child and youth wellbeing. The first consists of studies on child and youth wellbeing in particular often with a focus on childrens health and material conditions (Lundberg et al., 2008; Ruhm 2000; Tanaka, 2005) and the second consists of comparative welfare state studies more general with a focus on policies their explanations and effects (Daly & Rake, 2002; Esping-Andersen, 1990; Ferrarini, 2006; Korpi, 2000; Pontusson, 2005; Sainsbury 1996).

Within the first area of research, studies on wellbeing of children and youth mostly focus on dimensions of physical health (Lundberg et al., 2008; Ruhm 2000). Other studies provide detailed accounts of policy resources reserved for the group of children and youth as in the work on “Child benefit packages” by Bradshaw et al (2010), where a detailed account on the expenditures for all family policies in OECD-countries is given.

In regard if the second area of research, wellbeing is in many senses the ultimate dependent variable of comparative welfare state research. The field emerged around the emphasis of explaining material wellbeing, where a general conclusion has been that general social insurance with high impursement levels is a main vehicles for producing favourable conditions over socio-economic cleavages (Esping-Andersen, 1990; 1999; Kangas & Palme, 2000; Korpi, 2000; Korpi and Palme, 2003; Pontusson, 2005). When the gender cleavage was introduced into the analysis the view was expanded into how welfare state relates to the family, and issues on whether policies for public child-care and generous parental leaves were provided (Sainsbury, 1996; Lewis, 1992; Orloff, 1999; Ferrarini, 2006).

Recent scholarship within the comparative welfare state literature give evidence of new types of cleavages emerging, especially in continental welfare state types. For example, the division between insiders and outsiders, mainly referring to an individuals’ status on the labor market, arguable cuts across the traditional cleavages mentioned above and traditional policy tools seem to be inadequate or at least insufficient for handling the problem successfully (Rueda, 2010; Palier, 2010; Bonoli, 2006). Other studies have continued the argument and suggested that the reason that these problems are not addressed by the welfare states is that the social democratic party, traditionally equipped to address problems of this type, has witnessed a change in its voter constituency during recent decades (Häuserman, 2010).

Generation is another cleavage introduced into the analysis. Different welfare states put varying effort in support to the group of elderly, in comparison to the group of non-elderly (Lynch, 2006; Goerres, 2010). Especially the Southern european welfare states seem to have a relatively high focus on the elderly part of the population (Castles & Ferrera, 1996).
Thus, in comparative welfare state research the cleavage of generation has mostly been represented by the old, partly because it is easier to distinguish policies addressing problems of the old (Lynch, 2006). Policies towards the young are often mixed up with general family policies and/or social insurance policies.

More in detail the following suggestions on explanatory factors on separate dimensions of wellbeing can be found within previous research. In regard of diminishing poverty and decrease socio-economic cleavages, there is no reason to expect that the situation for children differs from the general situation of families. Previous research has convincingly shown that general social insurances is a major reason behind the relative success of the Nordic welfare states in reducing poverty and diminishing social-economic cleavages (Esping-Andersen 1990; Korpi, 2000; Unicef, 2007; Osley, 2001, see also Gornick & Meyer, 2003; Kangas & Palme 2000; Ferrarini 2006; Luxembourg Income Studies, for example Skinner et al. Working paper LIS no 478; Chung & Muntaner, 2007; Lundberg et al. 2008). Childrens physical health is to a considerable degree dependent on material conditions (Chung & Muntaner, 2007). Previous research searching for policy explanations behind variation, indicates that also childrens health is improved by general social insurance systems. However, childrens health also seems to be improved in dual earner welfare state models characterized by the employment of women (Bäckman 2008; Chung & Muntaner, 2006; Haverman & Wolfe, 1995; Engster & Stensöta, 2009; Kamerman et al., 2003; Ruhm 2000; Tanaka 2005). Further, there are studies arguing that good quality government, or impartial institutions, are crucial for general wellbeing (Rothstein & Uslaner, 2005; Rothstein & Teorell, 2008). Helliwell & Huang (2008) and also Putnam (2007) have argued that variations in peoples subjective wellbeing to a considerable extent can be explained by the quality of government, especially for the outside of government, that is the quality of the delivery of service. In regard of determinants for decreasing psychic wellbeing a recent Swedish governmental report (SOU 2006:77) argues that difficulties for young people to enter the labor market as well as increased individualization, might be causing decreasing psychic wellbeing (SOU 2007). Jonsson and Östberg suggest, in line with this argument, that problematic social relations with parents and peers together with the demands of school might be two sources behind young peoples psychosomatic problems (2009).1 The hypothesis on increasing individualisation is operationalized with Ingleharts distinction between modern and post-modern values (1989). Fifth, spending on a children and youth specific program as schools is included as children and youth spend most of their time in school the circumstances of school are likely to be very important for their wellbeing. In this analysis this is operationalized as spending per pupil on primary and secondary levels as percentage of GDP. All these operationalizations should be regarded as a first initial attempt to capture mechanisms of explanations.

By social wellbeing I broadly refer to dimensions of inclusion and senses of belonging in communities on different levels: family, peers, school environment, 

1 However, Bradshaw and Richardson (2009) argues on behalf of the UK case against the suggestion that broken families would be a reason behind the low wellbeing in the case of UK.
transition from school to the labor market and into "politics" in a broad sense. I draw on theories of an ethics of care in politics to defend this focus (Tronto, 2004; Stensöta, 2010; White, 2000; Young 2000). This perspective regards humans as essentially interconnected and integrated in a surrounding context.

More precisely, I preliminary suggest that a) cultural individualisation, b) patterns of inclusion in different arenas and c) public policy are three factors that need to be considered in order to understand variations in children and youth social wellbeing. I will examine these suggestions through three types of studies:

**Specific Aims and Research Design**

Three studies are planned within this project.

1. **Cross-sectional analysis:** The first part is a cross sectional analysis between OECD countries. I use available data from official sources provided mainly by HBSC, EU-OECD, CIVID. This study has two objectives: First, to decide if child and youth wellbeing forms a separate cleavage across welfare states.

   - Do the wellbeing of children and youth vary in different ways than general wellbeing? Several dimensions of wellbeing will be examined. When defining child and youth wellbeing I will build closely on the encompassing definitions provided by Bradshaw & Richardson who has done a tremendous job in mapping out dimensions of wellbeing among children and youth across countries.

   Further, the aim is to explain variations in child and youth wellbeing with reference to factors such as: welfare state policies, cultural specificities, civil society and quality of government.

   This analysis will both examine separate dimensions of wellbeing and broader patterns on composite dimensions.

2. **Comparative case-study analysis:** The second part of the project will analyse two countries more in depth in order to shed light on the more precise mechanisms explaining the variation. Here, my interest lies especially in how countries scoring high on material wellbeing of children, might improve themselves further. Applying a MSS-research design (Most Similar System Design, cf. Esaiasson, 2007), I compare Denmark and Sweden. These countries are similar in regard of most contextual variables such as standard of living, GDP-levels, gender equality, size of the public sector etcetera. However, they do vary along several of the outcome indicators: Sweden score high on child safety, material wellbeing and health (cf. Laflamme et al., 2009). Denmark scores lower on safety and child mortality under five. However, Denmark has low youth unemployment, an area where Sweden show higher figures.

   This part of the project will use both statistical data and more traditional case study methodology where a number of different data sources are used, such as written material from public investigations, governmental reports as well as informant interviews (George et al. 2005).

   - What are the patterns of child and youth wellbeing along different dimensions in Denmark and Sweden?

   - If patterns are found, can they be explained by reference to policies, cultural specificities such as level of individualisation, structural changes such the rapidness of number of immi-
grants or institutional reforms such as the Swedish school-reform of the 1990s?

3. Comparative study within Sweden: The third study is a comparative study within Sweden. Even if Sweden show low figures on girls psychic wellbeing data shows that not all girls are feeling bad, but rather girls within specific socio-economic groups and/or specific regions. This analysis aims at examining this problem within the Swedish context. Sweden lies far ahead many other countries in terms of gathering data on child wellbeing. The aim is to use available data and examine whether and if so, how civil society matters for child and youth wellbeing.

References
HBSC. Dataset. Health Behaviour in School Aged Children.
International Association for the Evaluation of Educational Achievement. CIVID dataset.


