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Jaana Minkkinen

## **The structural model of child well-being**

Jaana Minkkinen

School of Social Sciences and Humanities, 33014 University of Tampere, Finland

e-mail: jaana.minkkinen@uta.fi, tel: +358 44 2831380

### **Abstract**

This paper focuses on theoretical debates about child well-being and introduces the structural model of child well-being. The development of the model has its origins in the great diversity of concepts of well-being in the research field. The model is based on the definition of health by the World Health Organisation (WHO 1946), the bioecological theory of child development (Bronfenbrenner and Morris 1998), social support theory (Cobb 1976), and the socio-cultural approach to human development (Vygotsky 1962; Leont'ev 1978). The general frame of the model is founded on the new paradigm of childhood, especially the notion of the child as an active social actor. The model analyzes child well-being as a construct which is made up of dimensions of well-being at the individual level and framed by preconditions of well-being at both individual and societal levels. The dimensions of well-being are physical, mental, social, and material, while the frame of well-being consists of subjective action, a circle of care, the structures of society, and culture. The relationships between the different elements are also included in the model. The paper concludes with a discussion on the model as a whole.

**Keywords** Child well-being · structural model · ecological theory · social support · social actor

## **1 Introduction**

Research into child well-being has been an expanding branch of science for almost 40 years, but definitions of well-being have varied (Pollard and Lee 2003; Ryan and Deci 2001). As a result of the diversity of approaches to the subject, not only is a consensus on the definition of child well-being hard to achieve for scientists, but the nature of well-being as a multidimensional phenomenon also makes it difficult to encapsulate in a brief theory. A number of different taxonomies of the dimensions or domains of well-being have been proposed, but they lack consistency in their classification (Hanafin and Brooks 2005). For example O'Hare and Gutierrez's (2012) review uncovered a total of 61 unique domain names used in the 19 studies combining domains into indices of child well-being. Further, theoretical attempts to bind dimensions together into one presentation are few although that kind of frame would be necessary for an in-depth and comprehensive analysis of child well-being. As Ben-Arieh and Frønes (2011) have suggested, a more commonly held framework for an understanding of the well-being of children is needed. The aim of this paper is to propose and present a holistic structural model of child well-being. The model combines the focal dimensions of well-being, the prerequisites for well-being and the mutual relationships between the different elements into a visual representation.

A multidisciplinary approach is indispensable when the purpose is to form a comprehensive model of child well-being. The structural model of child well-being (SMCW) is based on several separate perceptions drawn mainly from the fields of psychology and sociology. All the perspectives incorporated into the SMCW are well-known and have been broadly discussed and applied in empirical research. They highlight the different facets of child well-being and complement each other, which is why they are suitable for the premises of the aggregating model. The dimensions of well-being in the SMCW are founded mainly on the definition of health in the Constitution of the World Health Organisation (WHO 1946). The bioecological theory of child development (Bronfenbrenner and Morris 1998) has set a pattern for the societal frame of child well-being, while certain elements can be attributed to social support theory (Cobb 1976). In addition, the socio-cultural approach (Vygotsky 1962; Leont'ev 1978) has provided a basis for theorizing the relationships between child well-being and the societal preconditions of well-being, involving the idea of human activity as a mediator between the person and the surrounding social world. Moreover, the development of the SMCW is permeated by the tenet of the child as an active social actor and agent, based on the new paradigm of childhood (Qvortrup 1994; Corsaro 1997; James et al. 1998). The remainder of this paper is divided into two main sections: a presentation of the model and a discussion on the subject.

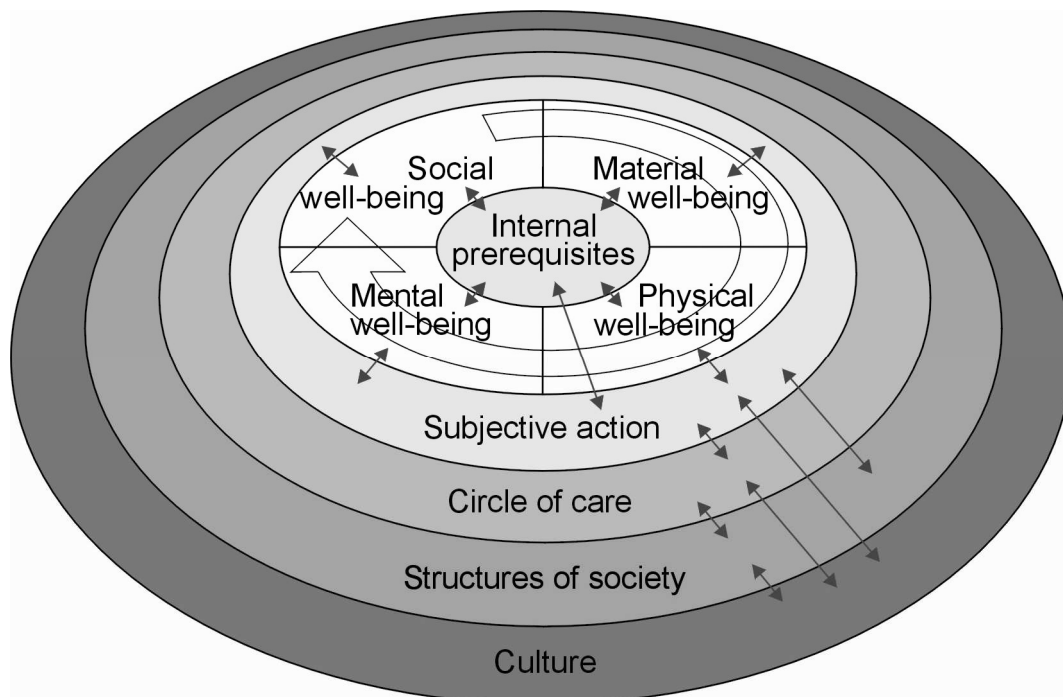
## **2 The structural model of child well-being**

### **2.1 The definition of child well-being**

The SMCW is grounded in the notion of a person as a physical, mental and social being who lives and acts in a material world, interacting with other people and institutions around the cultural environment. The World Health Organisation has defined health as follows: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1946). This broad definition of health embodies a proposal for defining well-being as a state of being in a truly good situation in the physical, mental and social domains. However,

well-being is not a stable state but invariably a fluctuating situation, particularly in the case of children, as the very nature of childhood entails a phase of development characterized by changing life situations and challenges. Thus child well-being is a process in itself, due in large part to the changes in the internal and external prerequisites of well-being. On the other hand, well-being is a result of processes of different kinds, such as development, understood here as the frame of well-being or, more precisely, something which might result in well-being. In summary, child well-being can be defined as a dynamic process wherein a person's physical, mental, social and material situation is more commonly positive than negative, and as an outcome of intrapersonal, interpersonal, societal and cultural processes.

The SMCW is illustrated in Figure 1. The dimensions of child well-being are at the centre, together with the internal prerequisites for well-being. The well-being dimensions are physical, mental, social and material, and they interplay with each other. The next circle in the diagram is subjective action, which is a mediating level between individual well-being and the societal frame of well-being. The societal frame is divided into a circle of care, the structures of society, and culture. Furthermore, the model hypothesizes about the nature of the interactions between the well-being elements.



**Fig.1** The structural model of child well-being

The model is based on the ideas and concepts promulgated by WHO (1946), Bronfenbrenner and Morris (1998), Cobb (1976), Vygotsky (1962) and Leont'ev (1978). The arrows reflect the interactions between the different elements of the model. An orbital arrow through the dimensions of well-being represents the interplay between the dimensions.

## 2.2 The dimensions of child well-being

Whenever one tries to understand child well-being as a whole, the nature of well-being as a multidimensional phenomenon must be taken into account. However, the inconsistency in the

classification of the numerous domains and taxonomies of well-being poses a problem (Hanafin and Brooks 2005). The solution here is to define the focal dimensions of well-being based on the broad definition of health by the World Health Organisation (WHO 1946) and complement this in line with the latest research on the issue. The main reason for using the definition formulated by the World Health Organisation is that it conveys a multidimensional, holistic view of well-being comprising physical, mental and social dimensions, which are well-known concepts in both theoretical approaches and empirical studies. The same dimensions can be found in the definition of adolescent well-being by Columbo (1986) as cited in Yarcheski et al. (1994, 288): "Well-being is a multidimensional construct incorporating mental/psychological, physical, and social dimensions". Schor (1995, 413) also includes almost the same dimensions in his definition, linking them to the resources of the family as follows: "Children's health and well-being is directly related to their families' ability to provide their essential physical, emotional and social needs". Further, physical, mental and social dimensions can be found in almost every list of the domains of child well-being although mental well-being is often decentralized into several domains such as psychological and cognitive (Pollard and Lee 2003).

In addition to the aforementioned dimensions, material well-being is regarded as a focal dimension in the SMCW, in keeping with most of the conceptualizations of child well-being (e.g. UNICEF 2007; O'Hare and Gutierrez 2012; Bradshaw et al. 2007). Conversely, Moore et al. (2008) have argued that economic well-being is a contextual resource of well-being. The authors' argument, however, rests on the view that especially in deprived life circumstances, such as famine, the material situation squarely reveals how children are faring and for that reason it is justifiable to regard material well-being as a vital dimension of well-being. To summarize, physical, mental, social and material dimensions are the focal dimensions of well-being in the SMCW. They can be seen as umbrella concepts which cover more detailed domains within the model.

*Physical well-being* comprises health, the absence of disease, and proper physical functionality. Heredity is an important internal prerequisite of physical well-being but the history of personal well-being has an influence on the child's current well-being as well. Injuries, for example, pose physical limitations and disability could greatly impact physical well-being. Fundamentally, physical well-being is interconnected with the other dimensions of well-being in numerous and complex ways. Mental well-being, for example, diminishes the probability of psychosomatic disorders, while material well-being could offer the opportunity to choose wholesome but more expensive food. Safe and stable adults in the home environment are an essential social precondition for a child's physical well-being, while positive relationships with teachers may have interconnections with physical well-being, for instance by providing guidance on a healthy lifestyle. Furthermore, a child could affect his or her own physical well-being either positively or adversely through his or her actions, such as adopting healthy habits or engaging in risk behaviour.

*Mental well-being* concerns the positive mental situation of the child. It refers to mental health and the absence of psychiatric disorders and includes both emotional and cognitive well-being. In addition to these both subjectively and objectively defined givens (even though it is obvious that definitions of psychiatric disorders are likewise social agreements and constructs), mental well-being involves the child's own view of his or her situation concerning happiness and life satisfaction, which is a result of a personal assessment process, referred to as subjective well-being in many studies. Well-being as subjective feelings of happiness and pleasure is based on the philosophical approach to defining well-being from the hedonic perspective (Ryan and Deci 2001).

A number of mental abilities can be regarded as internal prerequisites for mental well-being, such as having good self-esteem, self-regulation and resilience, and the child's problem-solving methods. A history of mental well-being in relation to the child's personal experimentation and emotional and cognitive development are internal preconditions for his or her further mental well-being. Mental well-being has strong reciprocal connections with other dimensions of well-being. For instance, good physical health supports good mental health, while material well-being, in turn, could provide pleasure when a child receives goods that he or she wants, supporting the positive assessment of economic safety as a whole. A positive situation between the child and the people close to him or her supports mental well-being through experimentation with acceptance and safety, for example. Additionally, mental well-being has reciprocal links to the consequences of the child's actions.

*Social well-being* refers to a positive situation between the child and the people in his or her life. It embraces the child's relationships with close adults such as parents, other relatives, adult caregivers and coaches, as well as friends. A positive situation in relation to other people implies an underlying safe and supportive relationship. A supportive relationship refers to support of all kinds, including sufficient freedom of choice commensurate with the age of the child and in keeping with the Rights of the Child (United Nations 1989). The child's ability to make friends and sustain relationships is often a precondition for social well-being, while social competence fosters enjoyment in the company of others. These kinds of internal prerequisites of social well-being are primarily founded on the nature of past interactions between the child and others, and on the child's mode of action in social situations learned through personal experimentation. According to attachment theory (Bowlby 1969), the first parental relationship is particularly instrumental in shaping children's habits of reacting trustfully in certain social situations. The relationship between social well-being and other dimensions of well-being could be direct or intricate. Various mental disorders, such as social anxiety disorder characterized by an excessive fear of social situations, have a direct link to social well-being. More oblique is the effect of material well-being, for example when disposable income provides or restricts opportunities to take up hobbies and purchase goods, and the child's profile as a consumer affects his or her social well-being in the form of belonging to a group, especially where teenagers are concerned. Physical disability may also have an influence on the child's involvement in social activities, thereby diminishing social well-being. Social well-being is dependent on the child's social activity, but social activity has an effect on the situation between the child and other people too.

*Material well-being* implies a positive material situation in the child's life. It relates to having sufficient nourishment, housing and other material items that are normally elements in the standard of living in the society and culture surrounding the child. The internal prerequisite for material well-being is the child's ability to feel and show what he or she needs, such as an infant's cry to communicate hunger. Among older children, the readiness to get a job and work, for instance, is the precondition for material well-being. Material well-being could be constrained by physical disability, but also by poor mental well-being, for example via reduced appetite or hyperalimentation, which could be symptomatic of many clinical syndromes and developmental disorders such as eating disorders, depression and autism. In addition, social well-being has an impact on material well-being, for example if the child's parents do not tend to him or her for one reason or another. The material care at home and the family's economic situation are the most important factors in relation to children's material well-being, while the past financial situation has an influence on the future material well-being.

### 2.3 Subjective action

The first outer circle in the diagram of the SMCW is *subjective action*. Action as a resource of well-being is related to the eudaimonic perspective that “well-being consists in *nature fulfillment*” (Haybron 2008, 25, italics in the original), and deriving fulfillment from being fully functioning (Ryan and Deci 2001). Subjective action refers to the internal and external activities engaged in by the child that produce well-being for him or her, or conversely, actions that degrade well-being such as risk behaviour. More precisely, internal activity refers to mental processes such as perception, thinking and memory, while external activity refers to practical actions. However, in reality internal and external activity form a common macrostructure that occurs at the same time (Leont’ev 1978). Activities supporting child well-being might include playing, physical exercise, studying, learning new skills, working, spending time with family and friends, caring for pets, hobbies, creative action, arts and crafts, and civic involvement. For example, educational well-being, which is a widely used domain in the indices of child well-being (O’Hare and Gutierrez 2012), is included in the circle of subjective action in the SMCW because it refers to children’s actions at school. In other words, the acquired education is not a dimension of well-being in the SMCW but a contextual factor which has the potential to promote well-being.

The precondition for subjective action is capability. According to the capability approach (Sen 1992), which has become a widely used basis in welfare economics, capability is understood here as a person’s actual ability to act by utilizing the resources available. Thus capability is conditional upon the personal and societal prerequisites realized in the situations in which the actions might take place.

In the SMCW, subjective action forms a mediating circle between the dimensions of child well-being and the societal frame of well-being. This means that the societal prerequisites of well-being have an effect on child well-being through the child’s actions. This kind of perspective is founded on the ideas in the socio-cultural view of human development, by Vygotsky (1962) and Leont’ev (1978) in which human activity has an intermediary role between the individual and the social context. Further, the SMCW embraces the view that the child not only reacts to the circumstances deterministically, but acts and converts the features of the situation when responding to the stimulus and participates in social life with others as a subject and a part of the social totality (Vygotsky 1962, 1978). Regarding children as actors in their own lives is an approach that is likewise found at the core of recent childhood studies, but the new sociology of childhood goes on to regard children as constructive, social actors at the societal level (Qvortrup 1994; Corsaro 1997; James et al. 1998), a view which has also been adapted to the SMCW, and which is discussed in more detail below. In addition, a child’s active role in his or her life and in society is one of the principle underlying children’s rights in the United Nation’s Convention on the Rights of the Child (CRC) (United Nations 1989), which is perceived as the normative frame of child well-being (Bradshaw et al. 2007; Ben-Arieh 2010).

A child’s activity has an influence on his or her well-being not only at the present time, but also in the future. The perspective of the future is intertwined with the fundamental nature of childhood with its intense physical, cognitive and emotional growth, and links to the changes in social standing from childhood to adult citizenship. The future aspect is visible in the developmental

approach that is common in child well-being research, especially in psychology (Pollard and Lee 2003). Furthermore, in sociological studies, childhood was constantly reinterpreted from the vantage point of the future, as a period before adulthood by “*transitional theorizing*” (James et al. 1998, 207, italics in the original), until the paradigm shift that led to the emphasis on children’s roles as actors and participants in their current life situations, not only as future members of society (Qvortrup et al. 1994, xi). When discussing the total well-being of the child in accordance with the viewpoint expressed by Ben-Arieh and Frønes (2011), both temporal aspects should be considered, present-day well-being and predicted future well-being or ‘well-becoming’, which each add to our understanding of child well-being.

## 2.4 The societal frame of child well-being

The societal frame of child well-being is divided into a *circle of care*, the *structures of society*, and *culture* in the SMCW, reflecting the environmental and societal prerequisites of well-being. The perspective of the SMCW has its origins in the bioecological model of human development (Bronfenbrenner 1979; Bronfenbrenner and Morris 1998) due to the fact that the ecological approach reveals that the child does not live in a sociocultural vacuum, but as a member of society interacting with others. Further, the idea of intrinsic circles is adapted from the bioecological model because it reflects the *distance* from the child and his or her well-being to the different levels of environmental context in the stratification of the social world, too. More precisely, the ecological circles of the micro-, exo- and macrosystem identified by Bronfenbrenner are quite similar to the societal circles of the SMCW. Nonetheless, differences do exist between the SMCW and the bioecological model. The main distinctions concern the way in which concepts are defined, and the principle integral to the SMCW which emphasizes the child as a constructive, social actor in his or her own life and as an agent in society (Qvortrup 1994; Corsaro 1997; James et al. 1998). To this end, the societal circles in the SMCW are further elaborated below.

The most significant distinction between the SMCW and the bioecological model is one of definition. The nature of well-being and development are understood here to embody separate entities, where development represents a process which can produce well-being. In other words, child well-being and child development are usually parallel processes, but that is not necessarily the case at the concrete level. For example, development makes a negative contribution to well-being when the child’s biological maturation gives rise to a genetic anomaly that may result in death in the worst-case scenario. Additionally, the linkage between well-being and development is bidirectional, that is, well-being can support development as well as development can support well-being. Social well-being leads to intellectual development, for instance, when the child’s good relationship with his or her teacher contributes to the learning process in the subject.

The other conceptual difference between the SMCW and the bioecological model is the mediating unit between the child and his or her environment. As described in the previous section, the SMCW places subjective action at an intermediary level between individual well-being and the social and societal circumstances of well-being. The bioecological model, on the other hand, has a microsystem as the mediating level between the developing person and the environment, involving “a pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit, engagement in sustained, progressively more complex



interaction with, and activity in, the immediate environment” (Bronfenbrenner 1994, 1645). According to the author’s interpretation, the microsystem involves the individual experiences of the person at the centre, whereas subjective action in the SMCW places greater emphasis on the child’s role as a collective actor, forming the face-to-face interaction with others and hence being a contributor to society and cultural production (James and Prout 1990, 8; Corsaro 1997).

The SMCW includes a *circle of care* as the innermost societal circle of child well-being, following the principle of the CRC (United Nations 1989) that children have a right to receive special care and assistance. The circle of care refers to those people interacting with the child face to face and their physical, cognitive, emotional, and material support for the child. Children’s chances of surviving and reaching adulthood are slim without the material support of other people, but considerable empirical research data underline social support as an important contributor to well-being as well (Cohen and Wills 1985). Social support is indicated as not only having a connection to the immediate well-being of the child, but also as being an important factor in promoting well-being in the future and enabling him or her to become a member of society. Social support is understood here as a product of reciprocal interaction along the lines of Cobb’s (1976, 300) definition: “Social support is defined as information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations”. Cobb’s definition of social support is indicated in the SMCW as it is concise and includes the idea of the mutuality in interactions, involving the child’s own activity, which is in line with the general configuration of the SMCW.

The mutuality between the child and the people around him or her is present in the entire circle of care. The principle of reciprocity embodies the tenet impressed previously about the child as an actor, a subject who has an influence inherently on the people and the context by him- or herself, and who is not only an object of other people’s actions. In comparison with the bioecological model (Bronfenbrenner and Morris 1998), the definitions of the microsystem and the circle of care both involve people interacting with the child face to face. However, the SMCW stresses other people’s obligations to take care of the child and treat him or her with respect, in accordance with the principle of the CRC (United Nations 1989). The commitment to take care of the child particularly concerns adults because of the power imbalance that exists between adults and children. Nevertheless, the circle of care includes the care and support from child to child as well as from adult to child, namely the care and support that occurs in the cultural routines and situations in which the child is participating as an actor. In addition to direct care in face-to-face interaction with the child, the circle of care refers to those relationships between the social actors in the child’s life which could have a mediating effect on the child’s well-being via the quality or degree of care, such as the relationships between parents and childminders. Such connections run parallel with the mesosystem in the bioecological model (Bronfenbrenner and Morris 1998).

The *structures of society* constitute the second circle of the societal circles for child well-being in the SMCW. The structures of society are conceptual and concrete structures which have an impact on child well-being through subjective action and which are variously realized among children in their daily routines. Conceptual structures refer to the way in which social order and cooperation concerning children are organized in society, namely by institutions such as the family, childcare, healthcare, education and the church, and the laws and conventions which regulate the functional requirements of these institutions. Structures of society also refer to children’s opportunities to participate in making decisions that affect them, the sense of security among people, welfare

services and income transfers concerning families with children, the general economic situation in society, and environmental factors like the number of playgrounds or the level of pollution near the child's home.

The structures of society are roughly equivalent to the exosystem in the bioecological model, but whereas the definition of the exosystem (Bronfenbrenner 1993, 24) excludes the direct influence of events in the exosystem on the processes in the immediate context of the child, the SMCW defines the structures of society as having both direct and indirect influence on child well-being via subjective action. In addition, the SMCW incorporates the opposite effect, in that children are social contributors at the level of the structures, complying with James and Prout (1990, 8): "Children are not just the passive subjects of social structures and processes." According to the CRC (Article 12, United Nations 1989), the child has the right to express his or her views freely in all matters affecting him or her. Thus children should have an opportunity to express their opinions, for instance in judicial cases where they are at the centre of a custody battle. That said, children's chances of influencing the structures of society seem to be negligible in many cases, but they are somewhat better at certain levels of society, for example in the family and at school when they are allowed to take part in compiling the rules and regulations. In addition to the perceptible possibilities for exerting influence, the child's agency could be realized in a more subtle way in his or her recurrent interaction with other social actors. A child's social position, for example as a pupil in relation to a teacher, not only restricts the child's activity but also enables action, possibly resulting in a structural change over time (James 2009).

The broadest societal frame of child well-being in the SMCW is *culture*. Culture retains collectively shared conscious and unconscious values, norms, and attitudes towards children; culture-related patterns of behaviour and expressiveness; generalized cognitions like symbols, meanings, assumptions and representations linked to childhood, well-being, a valued life, fundamental material conditions and human dignity. Compared with the concept of the macrosystem in the bioecological model, in the SMCW *culture* has similar connotations to those expressed in the definition of the macrosystem, but the latter refers more to the superstructures behind the cultural characteristics, "to consistencies... at the level of the subculture or the culture" (Bronfenbrenner 1979, 26).

Culture is the outermost circle in the SMCW, reflecting the fact that culture frames all kinds of human and societal activity, and pervades every circle in the model, namely subjective action, the circle of care, and the structures of society. Nonetheless, child well-being is not only affected by the culture of which he or she is a member but, in line with the aforementioned, children are likewise contributors in relation to the collective production and reproduction of culture (James 2009). For example, many children are adept at inventing new symbols such as expressions or words and using old symbols in unorthodox situations. This indicates a child's ability to be creative, as discussed more broadly by Corsaro (1998), who has pointed to children's subcultures in kindergartens and schools in which children's inventive solutions are placed, imitating adults and repeating the cultural patterns around them. This 'interpretive reproduction' is a reconstruction of the existing culture, and is present in the cultural routines in which children are participating in society (Corsaro 1998).

### 3 Discussion

This paper contributes to the theoretical debate on defining the well-being of the child and introduces the structural model of child well-being (SMCW). The model includes the focal dimensions of well-being and shows the connections between the dimensions, the internal prerequisites of well-being, subjective action and the societal frame of well-being. The aim of the model is to aggregate several approaches to child well-being, combining them into one entity to clarify the concept as a whole. The model involves holistic and ecological approaches to well-being, as well as certain perspectives of developmental psychology. Furthermore, the paradigm of children's agency in the new sociology of childhood has provided a general framework for defining children as contributors to their own well-being and to the societal frame of well-being as a whole.

During the development of the SMCW, an effort has been made to describe complex phenomena as simply as possible without losing the crucial elements which are usually connected with discussions on child well-being, especially in the social sciences, and to build a logical construct of selected elements to form a *structure of well-being*. This aim has called for a multidisciplinary approach – bearing in mind that disciplines have their own perspectives and emphasis on the subject in question – while combining them (or parts thereof to be more precise) into one presentation has necessitated selectivity, conciseness and simplification. However, these 'sacrifices' are justified if the result, namely the model, illuminates the concept of child well-being in such a way as to piece together child well-being in its entirety, including the connections between the elements.

Considering the complexity of the phenomenon under study, the aim of developing an aggregate model of child well-being is an ambitious one. Nevertheless, the author is confident that the endeavour is worthwhile, as clarifying the concept of well-being points to how extensively child well-being is being investigated. As Pollard and Lee (2003, 67) have pointed out, the term well-being is commonly used in narrow studies which assess only a single domain or indicator of well-being without recognizing the constraints of the research frame. During the course of this paper, it has become clear that child well-being is a multifaceted construct consisting of elements such as biological givens, obvious social facts, and the social construction of the child's situation. Additionally, the frame of the well-being is multilevel and the preconditions for well-being are numerous and diverse. In short, any discussion about child well-being or indicators of well-being will lack coherence without pinpointing which aspects of well-being are under analysis, and the SMCW serves as a tool to do just that. Further, the SMCW may help to clarify "a confusing and contradictory research base" concerning child well-being and to navigate among the "inconsistent use of definitions, indicators, and measures of wellbeing" (Pollard and Lee 2003, 69). Compared with the compelling taxonomy of child well-being indicators compiled by Ben-Arieh and Frønes (2011), there are clear commonalities with the SMCW, such as assumptions that child well-being is a dynamic state, founded on the interactions between individual and environmental factors at different levels, as indicated in the bioecological model (Bronfenbrenner and Morris 1998).

Although it is not the intention of this article to apply the SMCW, the subject warrants touching on briefly. In addition to the theoretical aims, the SMCW strives to serve as a comprehensive framework for empirical research into child well-being. The main purpose is to underline child well-being, as a multidimensional entity framed by a multilevel context, on the research agenda. For example, the SMCW provides a basis for quantitative research into the importance of the different levels of the societal frame for well-being, for instance with multilevel modeling, or

research into the connections between the different elements in the model via structural equation modeling. Moreover, the SMCW provides opportunities to form more specific research frames as well. It is possible to study, for instance, how the child constructs his or her well-being and to ascertain the preconditions for well-being in a situation of poor care, such as poor social support at school, or in situations where the child's social position is changing in relation to other social actors, such as when custody of the child is passed to social workers. At the level of structures, one research question concerns the elements from which an understanding of child well-being is constructed by different social actors, such as policymakers or judges. In relation to well-being indicators, the reasoning throughout the SMCW is that both objective and subjective indicators provide essential information about child well-being and its prerequisites, and could feasibly be applied side by side as is often the common practice in empirical research today.

This discussion has expanded on the premises underlying the development of the structural model of child well-being, and presented some suggestions for its practical application. However, the themes connected to the operationalization of the model would call for a more exhaustive discussion in the future. To that end, the principles of the Rights of the Child advocated by the United Nations (1989) deserve much broader treatment. The perspectives of present and future well-being (Ben-Arieh and Frønes 2011) should also be considered carefully in any forthcoming analyses.

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