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Social Situation of Children in the Region: From International Assessment Standards to the Testing of a System of Indicators

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Abstract. The strategic documents of Russia's development enshrine the growth of population well-being as one of the key goals. This task is particularly relevant for the rapidly shrinking child population – the economic, labor, intellectual, moral, and reproductive reserve of society, and a significant factor in national security. Measures to improve child health and well-being yield immediate, long-term, and intergenerational benefits that are synergistically amplified. The article presents an analysis of foreign and Russian research experience in the field of child well-being. Examples of assessment tools developed within applied international and national social projects are provided. Studies on the subjective well-being of children, considering the value of their opinions, are examined separately. Based on the analysis, the authors propose an original methodology for assessing the child well-being index at the level of the microsystem in a region. The scientific novelty of the new methodology lies in its capacity to assess the well-being level of children in five age groups and to correlate it with the child's human development index during the corresponding life period. The practical results of the study can be applied in the development of state policy aimed at improving the well-being of the child population.

Key words: child well-being, subjective child well-being, child well-being index, life satisfaction.

Introduction

Childhood is a time of rapid change, when trajectories for lifelong health and well-being are established (Daelman, 2017). Early investments in children's health, education, and development yield benefits that accumulate throughout the child's life, for their future children, and for society as a whole (Clark et al., 2020). Consequently, children are a central focus for researchers and practitioners, especially since the 1989 United Nations Convention on the Rights of the Child (CRC)[1] was integrated into the 2030 Agenda as a fundamental sustainable development goal[2]. A high level of child well-being is a primary indicator of a state's commitment to its citizens and should be a development priority for any country (Adamson et al., 2007; Xu, 2024). The economic rationale for investing in child healthcare and education is indisputable, characterized by a high benefit-to-cost ratio. However, a targeted, multi-sectoral approach is necessary – investing not only in health and education, but also in housing, agriculture, energy, transport, and other sectors – because threats to child health and well-being emanate from all spheres of society (Clark et al., 2020).

Furthermore, monitoring child well-being is as important as tracking changes in economic indicators (Moore, 2020). To achieve this, indicators reflecting various aspects affecting children's quality of life are used. The task of providing evidence-based tools to capture the current state and understand changes in child well-being becomes extremely relevant (Jiang, 2013). In turn, a regional perspective is key to successfully improving child well-being, especially for large countries[3].

In Russia, the Plan of Key Activities to be Carried Out within the Framework of the Decade of Childhood for the period up to 2027, approved by RF Government Resolution 122-r dated January 23, 2021, defines the main goals and objectives of the state in ensuring child well-being. It provides for the organization of scientific research to assess children's quality of life (item 128), the development of tools for assessing and comparatively analyzing the level of child well-being in Russia (Merkul, 2022), as well as the expansion of mechanisms for the participation of children and adolescents

[1] Convention on the Rights of the Child. General Assembly Resolution 44/25 of 20 November 1989. UNICEF, 1989.

[2] Transforming our world: The 2030 agenda for sustainable development. UN General Assembly, 2015. http://www.un.org/ga/search/view_doc

[3] How to Measure Child Well-being in Russian Regions: Methodological Materials. Edited by I.E. Kalabikhina. Moscow: MAKS Press, 2023. P. 5.

in decision-making affecting their interests, and for taking their opinions into account on matters concerning childhood at the federal, regional, and municipal levels (item 127).

The study of child well-being is one of the popular and sought-after research areas in the social sciences (Domínguez-Serrano, 2022). This interest arose in the context of profound changes in the understanding of children and childhood, supported by at least three processes (Bruck, Ben-Arieh, 2020): the aforementioned CRC, the development of the so-called New Sociology of Childhood (Qvortrup, 1999; James, Prout, 1997; Gaitán, 2006), and the theory of the ecology of child development, based on the biopsychosocial model of human development (Bronfenbrenner, Morris, 1998). Also contributing to this evolution was the call for research oriented toward public policy (Ben-Arieh, 2008) based on accountability – which requires more precise measurements of children's conditions and quality of life, and of the outcomes of various programs aimed at improving them.

Literature reviews show that child well-being attracts considerable scholarly interest and is examined from various perspectives and approaches (Pollard, Lee, 2003; Amerijckx, Humblet, 2014; Libório, 2024). The term "child well-being" itself still lacks a single definition (Amerijckx, Humblet, 2014; Kislitsyna, 2018; Jiang, Ngai, 2020). Within the approach used by international organizations such as UNICEF and the OECD, child well-being is defined by a set of parameters affecting children's lives now and in the future. Thus, child well-being is identified with the realization of their rights and the provision of optimal conditions for their fullest development. At the same time, consideration of the subjective aspect is mandatory: "children's perceptions, assessments, and expectations regarding their own lives"[4] and "satisfaction with life as a whole and with its individual aspects" (Rees et al., 2010). This approach is conditioned by the specificity of the object of study and emphasizes its multifaceted nature.

One of the relevant areas of research in the field of child well-being is its measurement (Leriou, 2023; Huseynli, Jonson-Reid, 2023). However, the multitude of competing approaches to its definition creates additional difficulties for its assessment (Anderson, 2022). In practice, the use of a multi-criteria approach to defining child well-being implies the selection of a number of parameters that are significant from the perspective of children's current situation and that affect their future lives, as well as the selection of indicators characterizing these parameters. For example, various philosophers have attempted to develop lists of objective indicators necessary for achieving well-being (Adler, Fleurbaey, 2016; Nussbaum, 2009), while researchers in psychology have emphasized the importance of subjective experience, which shows how highly people rate their quality of life (Diener et al., 2018; Archakova, Garifulina, 2020; Bruk et al., 2022; Zaytseva et al., 2023; Semya, 2023). Within discussions on subjective well-being, further debates are conducted between the hedonic tradition, which emphasizes measurements of emotions and feelings such as happiness and life satisfaction, and the eudaimonic tradition, which focuses on activities and capabilities such as personal growth and self-actualization (Ryan, Deci, 2001). Choosing between these perspectives is no simple task, and in recent years a consensus has emerged that both perspectives make a valuable contribution to understanding well-being (Diener et al., 2018; Gurko, 2022).

In particular, research aimed at creating composite indicators that summarize various dimensions, and sub-indicators related to child well-being, is acquiring increasing significance

[4] Children's Well-Being from Their Own Point of View. What Affects the Children's Well-Being in the First Year of Compulsory Secondary Education in Spain? Madrid: UNICEF Spain, 2012. Available at: https://www.unicef.es/sites/unicef.es/files/ Childrens_subjective_well-being_Unicef_feb13.pdf

among researchers (Fernandes et al., 2012). For numerical assessment, the Child Well-being Index (CWI) is used, which represents a numerical score reflecting the quality of life of children and families with children. Within a multidimensional approach, key indicators are selected from government administration sources, national surveys, or databases to develop various domains of child well-being, to present general trends and changes, and to compare child well-being across different countries (Ling, 2025).

The majority of scholarly work addressing issues of child well-being assessment relies on national and regional statistical and sociological data, and is therefore oriented toward the macro-level. At the same time, the internal aspects characterizing the sphere of family upbringing of children, their interaction with the educational environment and social surroundings, remain poorly represented in the construction of comprehensive methodologies for assessing child well-being. Turning to the study of child well-being at the micro-level appears all the more relevant, as it allows us to understand the essence and sources of the discrepancy observed between assessments obtained using objective and subjective criteria. At the same time, it is precisely the sphere of family upbringing that is most difficult to assess using standard statistical and sociological indicators. The absence of a specially developed, valid toolkit for sociological research that would allow the assessment of child well-being at the level of the family and the child's immediate environment, taking into account age-specific characteristics and the opinions of the children themselves, against the backdrop of a high managerial demand for such a toolkit to address social policy tasks at the regional level, has become the scientific problem whose solution served as the starting point for the present study.

Our hypothesis is that, drawing on the diversity of previously developed and tested international and national comprehensive methodologies for assessing child population well-being, and considering their strengths and weaknesses, it is possible to create a unique combination and operationalization of currently existing scientific approaches to address a specific methodological task: obtaining a detailed, age-sensitive, and subjectively verified picture of well-being in a region.

The aim of the work is to propose a toolkit for assessing child well-being at the micro-level using data from a representative sociological survey. At this stage, the work is theoretical and methodological in nature and involves the fulfillment of the following tasks:

1) to analyze the methods and projects for measuring child well-being globally;

2) to study the international experience and specific features of assessing the subjective well-being of children;

3) to develop an original methodology for calculating a child well-being index at the regional level, taking into account the age of children and their opinions.

The achievement of the latter task and the separate study of the possibilities of subjective assessment of child well-being constitute, in our view, the scientific novelty of the work carried out.

The approbation and implementation of the original methodology by the research team may contribute to refining our understanding not only of the external (socio-economic) factors promoting child well-being, but also of the family and social factors that affect children during different periods of growing up and with varying intensity, as well as to identifying key manageable characteristics of the family and social environment. Conducting regular monitoring of child well-being in the region will make it possible to assess the effectiveness of ongoing state programs in the sphere of family and childhood protection, improving their quality and standard of living, and strengthening health.

Research methodology

At the first stage, through an analysis of scientific articles contained in the Google Scholar and PubMed databases, theoretical approaches to

assessing child well-being and various major projects for its measurement worldwide were studied. At the second stage, the history of the formation and development of research tools in the field of assessing the subjective indicator of child well-being was analyzed in greater depth. At the third stage of the work, taking into account the analysis carried out, the authors' original methodology for assessing the well-being of the child population in the Vologda Region is presented, considering the opinions of children aged 10 and older. The study employed general scientific research methods: literature analysis, study and synthesis of information, comparison, synthesis, induction, deduction, and classification.

Measuring child well-being: International experience in constructing indices

Many international organizations study the living conditions and development of children, designing original assessment methodologies and corresponding indicators. At the same time, a multi-sectoral approach to measurement, taking into account all determinants (social, economic, cultural, political, environmental, and commercial) of child health and well-being, is consistent with the promotion of a comprehensive approach to global socio-economic development (Coll-Seck, 2019).

Analyzing the foreign literature, several of the most relevant and frequently cited indices of child well-being in academic and policy discussions worldwide can be identified.

Thus, the Child Well-being Index was first presented and tested in the world in 2004 by the Foundation for Child Development (USA). The Index of Child and Youth Well-being in the USA was compiled under the leadership of Land (Land et al., 2007) using 44 key indicators, grouped into seven domains: economic or material well-being, health, safety, productive activity, community participation, closeness, and emotional well-being.

The Index of Child Well-being in the European Union, developed by Bradshaw and colleagues (Bradshaw et al., 2007), considered 43 indicators in seven domains: health, subjective well-being, personal relationships, material resources, education, behavior and risks, as well as housing and the environment. Initially, existing data from 25 EU countries were analyzed (across eight clusters covering 23 areas and 51 indicators) using time series data as well as comparative surveys of children and young people (Bradshaw et al., 2007). Later, Bradshaw identified six priorities of child well-being that can be influenced by social policy: learning, money, relationships, leisure, environment, and self (identity) (Bradshaw, 2014). Learning implies the availability of conditions for learning and development, while money means that children are provided with everything necessary. Relationships reflect close ties with family and friends, and leisure – the opportunity to participate in positive activities to achieve success. Environment means having a safe and suitable home and surroundings. The self domain reflects a positive attitude toward oneself and respect for one's identity (Lee, Yoo, 2017).

The Child Well-being Index based on microdata by K. Moore (Moore et al., 2008) considers 69 indicators, grouped into four domains (physical, educational, psychological, and social well-being) across three contexts (family, community, and socio-demographic). Respondents were divided into two age groups: 6–11 and 12–17 years. This study made it possible to assess and analyze the well-being of each individual child (Kalabikhina, Kazbekova, 2021), but only for those aged 6 and older.

The Child Deprivation Index (Bastos et al., 2009) was designed to measure child poverty across four domains: education, health, housing, and social inclusion. The study is based on fuzzy set theory to assess the intensity of deprivation among children. Socio-demographic and economic characteristics most strongly influencing the risk of deprivation were also analyzed (using a discrete choice model), which showed that children from large families or families with a non-traditional composition of children are more susceptible to this risk. Child deprivation correlates with problems related to education, health, housing, social inclusion, and parental unemployment.

The Child Opportunity Index (COI) was created in 2014 with the support of the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation[5]. Its goal is to improve child well-being and promote equal opportunities for children living in the USA. It covers 67% (about 49 million people) of the country's child population across 72,000 neighborhoods in the 100 largest US metropolitan areas. This index is the first national index to measure current opportunities for children by ranking a wide range of conditions that can influence child health and development.

The authors of this methodology (COI) identify three main domains of child opportunities (Ferrara, 2024): 1) educational opportunities; 2) health and environmental opportunities; 3) socio-economic opportunities, and include a total of 29 indicators within these domains. The implementation of the COI on a global scale, according to its developers, could help create a population-level monitoring system in neighborhoods that would effectively monitor children's social well-being, sense of community, and mutual respect, regardless of cultural differences (Pettoello-Mantovani, 2019; Petito, 2020).

The UNICEF Innocenti Research Centre annually publishes reports[6] aimed at analyzing and comparing practices for ensuring children's rights in OECD countries. In 2013, UNICEF developed a multidimensional synthetic child well-being index (UNI_{26}), which includes 26 indicators from 5 domains: 1) material well-being: relative child poverty rate, relative child poverty gap, child deprivation rate, low family affluence; 2) health and safety: infant mortality rate, low birth weight, overall immunization rate, child mortality aged 1–19 years; 3) education: participation rate in early childhood education, participation rate in upper secondary education among 15–19-year-olds, share of 15–19-year-olds not in education, employment, or training (NEET), average scores in reading, mathematics, and science; 4) behavior and risks: overweight, breakfast consumption, fruit consumption, physical exercise, adolescent fertility rate, smoking, alcohol, cannabis, fighting, exposure to bullying; 5) housing and environment: number of rooms per person, multiple housing problems, homicide rate, air pollution. In 2013, based on the approbation of the UNICEF methodology, another report was published, devoted to a comparative analysis of the situation in 29 developed countries.

However, according to Spanish scholars A. Prada and P. Sanchez-Fernandez from the University of Vigo (Ourense, Spain), achieving a global concept of child well-being requires a broader study on a worldwide scale. For this purpose, the scholars developed a special multidimensional child well-being indicator (CWI_{14}), synthesizing the most significant aspects and indicators from around the world at the country level. It allows covering and ranking 189 countries (and not just the 29 wealthiest ones) (Prada, Sanchez-Fernandez, 2021).

From a methodological standpoint, the main advantage of the CWI_{14} is that it relies on a single data source – the United Nations Development Programme (UNDP) and the extended methodology for assessing the Human Development Index (HDI). Moreover, this approach, following (Casas, 2018) and Kaye-Tzadok (Kaye-Tzadok, 2017), includes a significant gender aspect (absent in the UNI_{26} index). The authors also assess material well-being through more direct indicators related to social and labor aspects. Thus, the synthetic child well-being indicator (CWI_{14}) by Prada includes the following four domains and 14 indicators: 1) education (gross enrollment rate in pre-primary education, gross enrollment rate in primary education, primary school dropout rate, pupil-teacher ratio in primary education); 2) health

[5] National Center on Safe Supportive Learning Environments. Resources. diversitydatakids.org. Available at: https://safesupportivelearning.ed.gov/resources/diversity datakidsorg (accessed 03.07.2023).

[6] The Problem of Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries. UNICEF. Available at: https://www.unicef-irc.org/publications/pdf/rc7_rus.pdf (accessed: 15.09.2025); United Nations Convention on the Rights of the Child.

(maternal mortality rate, measles in unvaccinated infants, infant mortality rate); 3) social and labor aspects (young people not in education, employment, or training (NEET), child labor, maternity leave, malnutrition); 4) gender (female students in pre-primary education, female students in primary education, adolescent fertility rate).

Regarding the methodology for calculating composite child well-being indicators, most of them are constructed by normalized aggregation of equally weighted sub-indicators (sub-indices) (Cho, Yu, 2020). Some studies employ statistical methods (Fernandez et al., 2012), such as cluster analysis (Cho, 2014), principal component analysis (Mínguez, 2017), and latent class analysis (Lanza, Rhoades, 2013). Less common are methods such as the "subjective benefit" method, "Benefit-of-the-Doubt" (BoD) approach with constraints (S-BoD-C) (El Sayed, Zahran, 2020; Libório, 2024), and the ordered weighted averaging operator (Badea et al., 2011; Shu et al., 2022; Libório et al., 2022). Results show that the discriminating and explanatory power of a composite indicator constructed using the new S-BoD-C method, with sub-indicator weights ranging from 0.00 to 0.020, is on average 15 and 20% higher than that of indicators constructed with other weight ranges (Libório, 2024).

It is obvious, however, that comparing the results of different composite indices with each other is not possible, since each CWI has an individual calculation methodology and corresponding indicators. Comparison is carried out exclusively between the objects of study, where a comparison range is set (for example, 0–100 or 0–1).

Subjective well-being of children: Experience of study and specific features of assessment

As can be seen, many composite CWIs typically contain material, educational, and health domains. At the same time, indicators are selected from various surveys or databases that cannot fully measure all the needs of the children themselves. According to Article 12 of the UN CRC, every child has the right to formulate and freely express their own views and to be heard. This document officially recorded a change in attitudes towards children at the international level, marking the emergence of the "new sociology of childhood", within which children acquire agency and can be studied "through themselves"[7] (Bruk et al., 2022). In this regard, traditional methods of studying child well-being that did not involve children themselves in the research process began to be criticized (Ben-Arieh, 2014; Kalabikhina, Kazbekova, 2021). Although many works claimed that children were the unit of analysis (Gross-Manos, 2022), most surveys were based on parents' responses rather than those of the children themselves, thus ignoring their opinions about their own well-being. There was a lack of qualitative indicators that could adequately reflect children's perceptions of their well-being (Ling, 2025). Gradually, the child's opinion gained increasing attention in research (Kaye-Tzadok, 2017), and indices of subjective child well-being (SCWB) began to be developed.

The very concept of "subjective well-being" belongs to the category of "umbrella terms" and is considered as a global assessment of life satisfaction, closely linked with constructs such as happiness, quality of life, life satisfaction, and positive affect (Campbell, 1976; Casas, Rees, 2015). It is generally accepted that SCWB includes three components: cognitive, affective, and psychological well-being (Rees, Main, 2015).

Well-being is always embedded in an interpersonal, socio-familial, or institutional context. Most contemporary conceptualizations of SCWB draw on socio-ecological theory, according to which four systems are crucial for child development: the microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner et al., 2006). M. Seligman argued that a happy childhood

[7] How to Measure Child Well-being in Russian Regions: Methodological Materials. Edited by I.E. Kalabikhina. Moscow: MAKS Press, 2023. 98 p.

requires effective functioning at both the individual and interpersonal levels (Seligman, 2006). To understand child well-being, their family environment and broader social connections, including school, place of residence, and country, are important (Kaye-Tzadok, 2017; Noralina, Siti Hajar, 2017; Nahkur, Kutsar, 2019; Luo et al., 2021; Wang, Sohail, 2022). Children's assessments of their own happiness or satisfaction with life in general and with its specific domains (e.g., school, family, neighbors, or friends) represent one aspect of their subjective well-being (Ben-Arieh et al., 2014).

One of the main tasks in studying the well-being of children and adolescents is the search for more sensitive assessment methods that take into account the age, developmental stage, and health status of the child (Matza, 2004; Buczynski, 2008; Reppold, 2017; Ortuño-Sierra, 2020; Silva, 2023; Blasco-Belled, 2023).

Let us dwell in more detail on some projects for assessing SCWB. The first of these, "Health Behaviour in School-Aged Children" (HBSC), was launched by the WHO in 1983 and represents a large-scale, cross-national study[8] conducted in schools every four years. HBSC data are used at the national/regional and international levels to gain new insights into adolescent health and well-being, to understand the social determinants of health, and to develop policies aimed at improving the lives of children and youth. The latest report from 2024 focuses on the social context of the lives of adolescents aged 11, 13, and 15 in 44 countries of Europe, Central Asia, and Canada (Badura, 2024).

In the late 1990s, another widely known project was initiated by the Organisation for Economic Co-operation and Development (OECD) – the Programme for International Student Assessment (PISA). Both of these projects, centered on schoolchildren surveys, are longitudinal and continue to this day, including in Russia. HBSC is primarily focused on health issues, while PISA focuses on education and opportunities for development.

However, these studies have some drawbacks. For instance, HBSC and PISA include single-item questions on general life satisfaction. Some scholars criticize this practice, arguing that from a psychometric perspective, scales with multiple items are more reliable, especially when measuring unobservable constructs (Casas, 2017; Savahl, 2021). Furthermore, the PISA and HBSC samples did not include children under the age of 11 (Blasco-Belled, 2023).

These shortcomings were addressed by another large-scale project, "Children's Worlds" (International Survey of Children's Well-Being – ISCWeB). It began as a small, unfunded pilot project in 2010 but now collects opinions from over 200,000 children from more than 40 countries across five continents. The target group of informants includes children aged 8, 10, and 12 (at least 1,000 respondents in each age group of the sample). In the third wave, the sample of eight-year-old respondents comprised over 20,800 children (Blasco-Belled, 2023). A total of four waves of research have been conducted. Reports on each wave for all participating countries, as well as a comprehensive comparative international report, are published and freely available on the project website (https://isciweb.org). During the implementation of the study, the questionnaire was continuously improved. A number of new questions were added. Non-informative questions, questions without semantic load, or those yielding unrepresentative data were also excluded. The latest version of the questionnaire was provided for discussion with the children themselves (Rees et al., 2020). The recent fourth wave of the study is devoted to assessing the subjective well-being of children during the COVID-19 pandemic (Bruk, Telitsyna, 2022). Its database includes 27,359 children from 24 countries.

[8] Available at: https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-(hbsc)-study

Comprehensive surveys and the construction of indices based solely on children's subjective perceptions of their own well-being have been expanded by the "child indicators" movement (Ben-Arieh, 2008) and other large-scale cross-cultural studies of child well-being: the Multinational Qualitative Study of Children's Understandings of Well-being (Fattore et al., 2018) and studies conducted by The Children's Society (Rees et al., 2012) and the Research Institute on Quality of Life at the University of Girona (Casas, 2011). Another example is the World Health Organization Well-Being Index (WHO-5). The WHO-5 questionnaire was originally introduced in 1998 by the WHO Regional Office for Europe as part of the DEPCARE project on measures to enhance well-being in primary health care (Topp, 2015). It has been translated into more than 30 languages. Currently, the WHO-5 is a brief questionnaire that can be completed by children over the age of 9 in the general population, and not only within the healthcare system. It consists of five statements relating to the previous two weeks, which respondents rate on a specific scale (response options: "all of the time", "most of the time", "more than half the time", "less than half the time", "some of the time", "at no time"). In the 2010s, national indices focused solely on subjective well-being emerged, such as the British An Index of Children's Subjective Well-Being, in whose development and approbation children themselves actively participated. Another British index, The Good Childhood Index (GCI)[9] , was developed in 2010 and is a short questionnaire that children aged 8 and older (later the survey was conducted for children aged 10 and older) can complete independently and use to assess general well-being and 10 aspects of life. It includes a single-item measure of overall life satisfaction, a five-item measure of general life satisfaction, as well as questions about happiness in 10 different aspects of life, including satisfaction with school and relationships with family and friends.

The results of a large-scale bibliographic analysis conducted by Chinese scholars of all SCWB projects showed that over 30% of research in this area originates from the USA, Europe, the Americas, and Australia (Xu, 2024). The top ten most cited foreign authors on the topic of SCWB include: K. Turney (University of California), F. Casas (Andrés Bello University), D.B. Jackson (Johns Hopkins Bloomberg School of Public Health), R. Giallo (Murdoch Children's Research Institute), J. Lee (Korea Institute of Science and Technology), A.J. Reynolds (Oregon State University), A. Ben-Arieh (The Hebrew University of Jerusalem), J. Bradshaw (University of North Texas Health Science Center), T.C. Cheng (Wuhan Institute of Technology), and G. Rees (University of Plymouth). Several perspectives for further study of this topic are identified, namely the impact on SCWB of public health, healthy child nutrition, relationships with father, and neighbors (Xu, 2024).

One example of the latter can be found in Russian studies devoted to children's assessment of their experience of interaction with their fathers (Shevchenko, 2019), as well as the role of involved fatherhood in shaping the subjective well-being of children and adolescents (Bezrukova, Samoylova, 2025). It has been proven that involved fatherhood serves as a basis for developing close father-adolescent relationships, which makes an undeniable contribution to the formation of a strong and psychologically healthy personality. Boys develop resilience, emotional regulation, confidence, composure in the face of criticism, and independence; girls are distinguished by a striving for self-development, positivity, kindness, and caring (Bezrukova, Samoylova, 2025).

In the Russian expert community, a unanimous opinion has not yet been formed on what the participation of children in decision-making processes affecting their interests should entail

[9] Available at: https://www.childrenssociety.org.uk/information/professionals/good-childhood-index

(Abrosimova et al., 2019). Researchers note that specialists working directly with children in this area experience a deficit of informational and methodological support. Collectively, these barriers hinder the involvement of children in meaningful decision-making processes at the micro- and macro-levels (Kuchmaeva, 2020).

Often, the methodological approaches to assessing child well-being applied by Russian authors are oriented towards the macro-level (the state as a whole and its regions). Such developments have great practical significance, primarily for the informational support of social policy in the interests of children. The most elaborated domestic toolkit for assessing child well-being is the "Child Well-being Index" project, implemented jointly by the Timchenko Foundation, Lomonosov Moscow State University (MSU), RANEPA, Moscow State University of Psychology and Education (MSUPE), HSE University, the Civic Chamber of the Russian Federation, and the Ministry of Education of the Russian Federation, with the support of the Agency for Strategic Initiatives. According to the project authors, the system of child well-being indices they propose will make it possible to identify deviations, pinpoint problem areas and best practices, plan charitable programs, and adjust state policy for the protection of childhood[10]. The subjective and objective sides of child well-being are measured separately. The statistical (objective) child well-being index is constructed on the basis of 27 indicators from the official Rosstat data (it also includes a system of sub-indices across the domains of Health, Development, Material Well-being, and Safety). The subjective index is based on 18 indicators extracted from child survey data (consisting of 6 domains: Education, Health, Material Situation, Safety, Social Relations, and Self-realization). Depending on the age of the child (10, 11, 13, and 15 years), different questions are proposed for assessment. The overall child well-being index summarizes the statistical and subjective child well-being indices (45 indicators). According to I.E. Kalabikhina and Z.G. Kazbekova, despite the fact that the UNICEF composite indices take into account children's opinions on various aspects of their well-being and assess their participation in decisions affecting their interests, such areas of well-being as mental health, violence and protection, including the problem of bullying, remain underdeveloped (Kalabikhina, Kazbekova, 2021).

It should be noted that the subjective well-being of schoolchildren deserves increased attention from scholars and practitioners, as it serves as a fundamental marker of the quality of education and a factor in their quality of life, health, personal development, academic performance, and success, and hence the quality of the future (Bruk et al., 2022). The study of this topic and the development of a system for assessing the subjective well-being of schoolchildren at different educational levels have been undertaken by researchers at RANEPA (Avalueva et al., 2022). The subjective well-being of upper secondary school students has been studied to a lesser extent, although adolescence is an intensive period of development, and difficulties arising at this time have important consequences for adult life (Kuhterina et al., 2020). The study of the structure of SCWB at this stage of development is of great importance for identifying risk factors and developing an adequate system of support for adolescents (Kukuev, 2022).

In early SCWB research, scales borrowed from adult versions were used. However, rapid progress has been observed in this area. T.O. Archakova and colleagues described five suitable questionnaires: 1) the Multidimensional Students' Life Satisfaction Scale (MSLSS); 2) the Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS); 3) the Personal Well-being Index (PWI); 4) KINDL-R; 5) TedQL, accessible even to children aged 3–4 years (Archakova, 2017; Archakova, 2020). Researchers

[10] How to Measure Child Well-being in Russian Regions: Methodological Materials. Edited by I.E. Kalabikhina. Moscow: MAKS Press, 2023. P. 5.

also describe a methodology for assessing SCWB, which consists of studying the degree of a child's satisfaction with their system of attitudes toward themselves, others, the environment, and their chronotope (Oslon, 2020).

Thus, the conducted literature review shows that the definition of child well-being is a multifaceted concept that varies depending on the perspective and context. In turn, virtually every study devoted to the measurement and development of a comprehensive child well-being index includes in its structure the domains of health, education, and material well-being. Just over half of the studies also include an assessment of safety and risk. However, beyond these areas, there is no uniformity (O'Hare, Gutierrez, 2012).

The situation is exacerbated by differences in the terminology and measurement instruments used, which make these indices incomparable (Žukauskienė et al., 2015). As early as 2014, there were 92 instruments for measuring the level and dynamics of SCWB (Ravens-Sieberer et al., 2014), which include about two thousand concepts operationalizing this construct (Archakova, Garifulina, 2020).

Furthermore, research is needed to assess the adequacy of available indicators in different population subgroups. Reliable but brief indicators of children's social and emotional outcomes are needed; brief indicators of contextual factors influencing children's outcomes are still lacking (Moore, 2020). Despite the growing understanding of the importance of taking children's opinions into account, studies of SCWB from the perspective of the children themselves remain limited (Ben-Arieh, Shimon, 2014). Given the differences in perception between adults and children, the level of professionalism of interviewers is important. To interpret the data, it is necessary to take into account the peculiarities of the child's psyche, the influence of the presence of parents, the time and duration of the survey, and the child's reaction to the questions.

Justification of the author's methodology for assessing child well-being in the Vologda Region

Our approach is based on the aforementioned socio-ecological theory, which presupposes taking into account the opinions of the children themselves. As we have seen from analyzing numerous international and national projects, against the backdrop of the high elaboration of the scientific task of constructing child well-being assessment tools for the macro-level, the problematic of assessing child well-being at various stages of a child's development at the micro-level remains virtually untouched. In turn, microsystems (such as family, school, peers, and neighbors) are the sites of the most accessible, frequent, and close interaction for children. The microsystem, according to Bronfenbrenner's definition, is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics (Bronfenbrenner, 1979).

The aim of the author's monitoring is a comprehensive observation of the conditions and lifestyle of families with children, and an assessment of the well-being and formation of children's human potential.

The creation of a reliable and valid toolkit for assessing child well-being at different stages of development requires the use of sociological survey and grouping methods.

Within the framework of the monitoring of child well-being assessment developed by us, the object of observation will be married couples and single parents with children aged 0–17 years residing in the Vologda Region. The start of observation is 2025. The frequency of data collection is once every 2 years.

The survey method is a hand-delivered questionnaire survey of 1,400 families at their place of residence (the cities of Vologda and Cherepovets, as well as seven municipal okrugs: Velikoustyugsky, Vozhegodsky, Babayevsky, Kirillovsky, Nikolsky, Sheksninsky, and Tarnogsky). Five types of

questionnaires have been developed for parents of children in the following age groups: 0–2 years, 3–6 years, 7–10 years, 11–14 years, and 15–17 years (*Tab. 1*).

When calculating the sample based on statistical data, the proportion of boys and girls in the surveyed territories was calculated and taken into account (*Tab. 2*).

For each of the five age groups, we developed a separate questionnaire, which consisted of three main sections.

Section 1: "Child Well-being" includes the following blocks:

– The child's family and family upbringing;
– Family health and the healthcare system;
– Education.

For the questionnaire for families with a child under two years old, a "Family Planning" block has also been added.

Section 2: "Child Development" contains a methodology for calculating the Human Development Index for the Child Population (HDICP), which was previously developed and tested by members of the research team. This methodology allows for the assessment of the level of formation of a child's intellectual, socio-cultural, and health-preserving skills (Korolenko, 2018; Leonidova, 2019; Natsun, 2020; Razvarina et al., 2020).

Section 3: "Child Well-being Factors" consists of the following blocks:

– Social environment (infrastructure, safety, trust, environmental conditions, culture);
– Policy regarding families and children;
– Time allocation;
– Parenting practices;
– Children's self-assessment of their own lives;
– Socio-demographic characteristics of the family.

At this stage, the authors of the research team are constructing *an index methodology for assessing child well-being (at the micro-level)*. To form a criterion base for determining the well-being of

Table 1. Characteristics of the sample of the family survey in the Vologda Region, persons

Territory	0…2 years	3…6 years	7…10 years	11…14 years	15…17 years	**Total**	including households		
							with one child	with two children	with three and more children
Region	**276**	**284**	**291**	**279**	**270**	**1400**	**634**	**575**	**191**
Vologda	100	100	102	92	78	**472**	253	151	68
Cherepovets	84	88	82	80	80	**414**	179	186	49
Districts	92	96	107	107	112	**514**	202	238	74
including: urban area	39	40	44	41	55	**219**	95	99	25
rural area	53	56	63	66	57	**295**	107	139	49
Source: author's monitoring of the assessment of the child population.									

Table 2. Gender and age characteristics of the survey sample in the Vologda Region, persons

Territory	0…2 years		3…6 years		7…10 years		11…14 years		15…17 years		**Total**	
	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls
Region	**137**	**139**	**143**	**141**	**147**	**144**	**136**	**143**	**141**	**129**	**704**	**696**
Vologda	47	53	54	46	45	57	46	46	41	37	233	239
Cherepovets	41	43	43	45	42	40	36	44	40	40	202	212
Districts	49	43	46	50	60	47	54	53	60	52	269	245
including: urban area	21	18	22	18	23	21	17	24	29	26	112	107
rural area	28	25	24	32	37	26	37	29	31	26	157	138
Calculated according to: Population of the Vologda Region by age and gender as of January 1, 2024. Rosstat. Available at: https://35.rosstat.gov.ru/storage/mediabank/Оценка%20численности%20насел%20по%20полу%20и%20возр%202024.pdf												

children at different stages of their development, methods of analysis and synthesis, induction and deduction, and mathematical modeling were used (which made it possible to develop mathematical formulas for determining the level, indices, and sub-indices of child well-being). As a result of their application, the following seven domains have been constructed: 1) family environment; 2) educational environment; 3) health-preserving environment; 4) socio-economic environment; 5) socio-cultural environment; 6) safety; 7) children's self-assessment of their own well-being (for children aged 11 and older). The age-specific characteristics of child development, as well as the specific nature of the reflected spheres of life, determine the uneven composition of the domains.

For the quantitative representation of the selected indicators, auxiliary dichotomous variables have been constructed (*Tab. 3*), where a zero value reflects a negative value of the criterion, and a unit corresponds to a situation of well-being.

Table 3. Variables for calculating the integral well-being index

No.	Domain / Sub-index	Indicator	Well-being criterion	Note
1	Family environment	Family composition	The child lives with both biological parents	
		Family relationships	Harmonious, or harmonious with rare quarrels	
		Family's educational potential	Parents devote to upbringing and communication with a child under 2 years (not attending kindergarten) more than 10 hours on weekdays and weekends; for ages 3–6 and 7–10 years – more than 4 hours on weekdays, 6 hours on weekends; for ages 11 and older – more than 4 hours on weekdays and weekends	
		Intensity of educational influence in the family	Index of educational influence from the family	From the HDICP methodology
		Quality of shared leisure time	At least two types of regular joint family leisure activities on weekdays and weekends	
2	Educational environment	Child's attendance of an educational institution (kindergarten or school)	Attends	
		Attendance of supplementary education institutions	Attends	
		Level of the child's intellectual development	Index of formation of the child's intellectual development skills	From the HDICP methodology
		Intensity of educational influence from the educational institution	Sub-index of educational influence from the educational institution	From the HDICP methodology
		Child's academic performance at school	Copes successfully	For children over 7 years old
		Extracurricular social life	Participation in the school's social life	For children over 7 years old
3	Health-preserving environment	Frequency of illness	During the last 12 months, the child has not been ill or has been ill rarely compared to children of the same age	
		Parents' medical activity regarding the child	Parents' participation in the child's vaccination, medical check-ups, preventive examinations; ensuring the child follows a diet, daily routine, and gets adequate sleep and rest	
		Parents' satisfaction with the quality of medical care for the child at the place of residence	Parents are completely satisfied with the medical care for the child at the place of residence	
		Physical development parameters	The child's BMI corresponds to the age norm	
		Presence of chronic diseases	No chronic diseases	
		Formation of health-preserving skills	Index of formation of the child's health-preserving skills	From the HDICP methodology

End of Table 3

No.	Domain / Sub-index	Indicator	Well-being criterion	Note
4	Socio-economic environment	Self-assessment of the family's income purchasing power	At least the purchase of most durable goods (refrigerator, TV) does not cause difficulties	
		Share of family expenditures on food	Less than 30% of total income	
		Share of family expenditures on the child's education	More than 10% of total income	
		Family participation in state programs	The family has received federal maternity (family) capital	
		Child's housing conditions	The child has a permanent personal place in the home: a separate room or a shared room with a same-sex sibling	
5	Socio-cultural environment	Availability of child infrastructure facilities	Availability of more than two facilities: 1) equipped playground; 2) theater, museum, library; 3) sports facilities; 4) landscaped public spaces	
		Attendance of cultural institutions	The child visits two or more cultural institutions more than twice a year	
		Teaching the child rules of conduct	Systematic teaching of the child in the family about rules of conduct and etiquette («often» or «regularly»)	
		Parents' cultivation of cultural traits in the child	Primary attention (4–5 points) given by senior family members to cultivating in the child respect for others (more than three of the following), restraint and calmness, sociability, ability to cooperate and negotiate, organization and neatness, perseverance and patience	
		Formation of socio-cultural development skills	Index of formation of the child's socio-cultural development skills	From the HDICP methodology
6	Safety	Parents' assessment of the safety level in their place of residence	Parents assess the place of residence as rather safe or completely safe	
		Sources of danger	Presence of one or more sources of danger in the child's residential area	
		Assessment of environmental conditions in the place of residence	Parents assess the environmental conditions in their place of residence as good or satisfactory	
		Shared walks	The child does not walk alone (accompanied by an adult)	For children over 7 years old
		Parents' harmful habits	Absence of risk of passive smoking (the child «does not have to be often in a room where people smoke») and/or codependency on parents who consume alcohol (parents «never» or «rarely», «on holidays» consume alcohol)	
7	Children's self-assessment of their own well-being	Presence of friends	Has friends	Only in groups aged 11–14 and 15–17 years
		Self-assessment of health	The child assesses their health as good or very good	
		Relationships with classmates	Likes all or not all of them	
		Life satisfaction	Satisfied with life (agrees with the statement)	
		Relationships with parents	The child discusses a wide range of topics (at least 5 different ones) with parents	

Source: authors' monitoring for assessing the child population.

The age-specific characteristics of child development, as well as the specific nature of the reflected spheres of life, determine the uneven composition of the domains. We assume that at the second stage, during further work with the database for calculating child well-being sub-indices, some adjustments may be made to the structure of the indicators, indices, and criteria used.

It should be noted that children's self-assessment of their own well-being – a domain that is added to the methodology only for children who have reached the age of 11. After approbation, it may

be possible to expand the sample to include younger age groups. In the current study, the assessment of SCWB is formed on the basis of children's answers to questions about the presence of friends, their state of health, as well as the range of topics they discuss with their parents. Following the established understanding of the basic components of subjective well-being (cognitive and affective), direct questions about the level of general and partial satisfaction with life and its aspects were used. For this purpose, the questionnaires for children in the older age groups include the methodology for assessing subjective well-being using the *Satisfaction with Life Scale* (SWLS) (Diener et al., 1985), which will allow comparisons to be made between assessments obtained by different methods.

The well-being assessment is carried out for each child individually, and then the data will be aggregated by age groups of children, as well as on average for all children. For each of the designated domains, the arithmetic mean of the sum of the values of the indicator variables and their number is calculated, which corresponds to the value of the sub-index of child well-being of the same name (Formula 1).

The general form of the formula (1) for calculating sub-indices is given below:

$$I = \frac{\sum_1^n x_i}{n}, \quad (1)$$

where I – sub-indices,
x – values of the variables,
i – numbers of the variables,
n – number of variables.

The value of the integral child well-being index is calculated as the arithmetic mean of the sub-index values. Weighting of the components of the integral index is not planned, since the calculation is based on the assumption of their equal significance. The range of values of the integral index is from 0 to 1. The following division into levels of child well-being has been adopted: from 0 to 0.30 – low; from 0.31 to 0.67 – medium; from 0.68 to 1.0 – high.

It should be noted that the calculation of the child well-being index can be performed both separately for each age group of children participating in the study, and for all ages together. However, in the latter case, to ensure data comparability, the sub-indices obtained in the "self-assessment of well-being" domain for the groups of children aged 11–14 and 15–17 years are not used.

The interpretation of the results of the child well-being assessment in the groups of children aged 11–14 and 15–17 years is most informative in combination with data on subjective well-being based on the SWLS methodology, which has been tested in numerous studies (Pavot, Diener, 2008; Kobau et al., 2010; Avcu, 2021; Chakrabartty, 2023).

To analyze the data obtained as a result of the study, interpretive-descriptive methods and the method of generalization and extrapolation (interpolation) of results will be used.

At the second stage of the study, it is planned to correlate the obtained indices of child well-being in various spheres with the level of their development in accordance with age (starting from 3 years), as well as to identify the most significant factors influencing the level of well-being of the child population.

The approbation and implementation of the original methodology by the research team will allow, in the future, to monitor child well-being in the region, assess the effectiveness of ongoing state programs in the sphere of family and childhood protection, improving their quality and standard of living, and strengthening health.

Conclusion

As a result of the conducted analysis, the following conclusions can be drawn.

The topic of child well-being and quality of life arouses genuine interest among scholars and practitioners. The high level of attention paid to the material, psychological, and personal well-being of young citizens acts as a guarantor of strengthening their intellectual, labor, reproductive, and creative

potential, ensuring the proper quality of human resources, and hence the future national security of the country. To achieve this goal, specific criteria and indicators of well-being are used, reflecting information on various aspects affecting children's quality of life. In this regard, it becomes extremely important to provide appropriate and evidence-based tools to capture and understand changes in child well-being.

The analysis of international experience in developing child well-being indices allows us to conclude the following. The term itself is multifaceted depending on the scientific approach and still lacks a single definition, which causes difficulties and disagreements in the tools for its assessment. As a rule, most indices are comprehensive in nature, including indicators from the system of state statistics and sample data from public opinion surveys on various aspects of the lives of families with children. Virtually all of them include the domains of material well-being, health status, and quality of children's education. Half of the projects also address the level of safety of the child's environment.

In recent years, increasing attention has been paid to the assessment of the level of well-being directly by the children themselves. Indices of the subjective well-being of the child population also differ in the variety of aspects assessed and the diagnostic methods used. However, despite the growing understanding of the importance of taking children's opinions into account, research in this area is limited.

The conducted review and analysis of research have demonstrated that, despite the fairly high level of elaboration of the scientific task of constructing a methodology for assessing child well-being for the macro-level, the aspect of the micro-level (family) remains virtually untouched, especially for infancy, early childhood, and preschool age. Its study will allow us to refine our understanding not only of the external (socio-economic) factors of child well-being, but also of the family and social factors that affect families during different periods of children's growing up and with varying intensity.

To this end, we have developed a project for monitoring the child well-being of the child population in the Vologda Region by means of a sociological survey of families with children and the construction of a comprehensive Child Well-being Index (CWI) , including seven sub-indices: family, educational, health-preserving, socio-economic, socio-cultural, and subjective well-being, as well as the level of safety.

Although the proposed author's methodology for assessing the well-being of the child population largely synthesizes already known approaches and the conceptual foundations of previously developed comprehensive indices, the undoubted advantages of the author's toolkit include:

1) adaptation of the monitoring for:

– *the micro-level*, since it is the family, relatives, friends, educators, teachers, coaches, and others who exert the greatest influence on the child's living conditions, health, development, and well-being;

– *five age groups:* the authors are convinced that in different periods of a child's development, the significance, strength, and direction of factors from the family and immediate environment may differ, and therefore the assessment criteria must be adjusted accordingly, which is reflected in our methodology;

– *the regional community:* each constituent entity of the Russian Federation is unique, and it is necessary to identify significant manageable risk factors for child well-being in a specific region in order to effectively influence them and support families with children; the author's monitoring is planned to be conducted in Vologda Region on a regular basis;

2) despite the wide representation of the domains of education and healthcare in previously developed CWIs, they practically ignore the level of the child's own intellectual and socio-cultural

development, the formation of their skills for adequate behavior and health preservation, and their moral values; on the part of parents, the educational resources and the intensity of their application, the medical activity and medical literacy of the mother and father, and the quality of shared leisure time and relationships with children are not taken into account; we consider these indicators important for assessing a child's well-being;

3) taking into account the current trend of considering the opinions of the children themselves, we have included a subjective well-being block in the questionnaires for adolescents over 11 years old; after approbation, we plan to expand the sample among younger categories of respondents.

The interdisciplinarity of our proposed approach to assessing child well-being influences the practice of applying the results obtained in interaction with educational and medical organizations, as well as with social welfare institutions, guardianship and trusteeship authorities, and the child's legal representatives. We assume that the approbation of our methodology will make it possible to identify key manageable risk factors for child well-being, to develop directions and measures of social policy to improve it, and to assess their effectiveness.

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