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IS THE YOUNG GENERATION LAGGING BEHIND? WELLBEING AND WELFARE POLICIES

HELENA OLOFSDOTTER STENSÖTA

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ABSTRACT

Reports have shown that youth wellbeing, especially along subjective dimensions such as life satisfaction, is not as high as expected. Especially puzzling is that this is also true in encompassing welfare states that usually are successful in providing wellbeing for the general population. Hence, there seems to be a puzzle either between how welfare states affect objective versus subjective wellbeing, and/or how they address youth- versus general wellbeing. Drawing on Ronald Inglehart´s theory on post material values I hypothesize that increasing individualism can account for youths´ lower subjective wellbeing. The paper starts off by empirically documenting a gap in wellbeing between the general population and youth (15-year olds) along four material- and post material dimensions more in detail, to the disadvantage of the young. The hypothesis is tested through a time-series analysis (Δ-variables). Contrary to expectations it shows that postmodern values correlate positively with higher youth life satisfaction. I conclude that for the young, post-materialism seem to enhance positive notions of freedom rather than negative notions of individualism as disconnecting ties between people.

Helena Stensöta
The Quality of Government Institute
Department of Political Science
University of Gothenburg
Helena.stensota@pol.gu.se

Research on child and youth wellbeing has boomed has boomed during the last twenty years. This growing interest can partly be traced back to the UN adoption of the Convention of the Rights of the Child in 1990 that helped to put the wellbeing of children on the global agenda. The interest has also been accompanied by large data collection efforts, on child and youth wellbeing for example by research institutes such as OECD, UNICEF, HBSC, PISA. This development has also involved a shift in focus from children's well-becoming, meaning that we are interested in their capacity as a future work-force, towards a focus on child wellbeing, where the focus lies on how children are doing today (Kamerman, 2010). Another strain of this development is that wellbeing dimensions do not only consider objective scopes of wellbeing but also subjective, including as life satisfaction and subjective health.

Surprisingly however, the countries that we have become used to find at the top in national rankings on wellbeing; the encompassing welfare states, do not take the top positions in regard of child subjective wellbeing. A recent report from Unicef (2007) shows Sweden in the mid-range among European countries and with decreasing trends; for example the share of girls who say they are anxious doubled from 1984 to 1996 (Swedish Public Investigations (SOU), 2006:77). The situation can be summed up in the conclusions of the Unicef report (2007), which holds that Scandinavian welfare states only occupy a middle position in regard of wellbeing along social dimensions for children up to 18 years of age.

From a comparative welfare state perspective these outcome patterns are theoretically puzzling. The Nordic welfare states are known for a high capacity in providing wellbeing for its citizens along socio-economic cleavages (Esping-Andersen, 1990; Korpi, 2000; Pontusson, 2005; Wilkison & Picket, 2009) as well as gender (Sainsbury 1996; Daly & Rake, 2002; Ferrarini, 2006). These same states are also one of the most child oriented European welfare states. According to Lynch (2006) the least elderly oriented states are Sweden, Australia, Denmark, New Zealand, and Ireland. Researchers have shown that this positive relationship also exists in regard of children and youth material wellbeing (Bäckman and Ferrarini, 2010; Mortarano et al, 2011; Engster and Stensöta, 2011; Rostgaard, 2002).

This calls for several questions to be answered: Do we witness a generational gap where welfare state policies do not enhance wellbeing of the younger generation as much as for the more established part of the population? Or, is there a divide between material and post-material dimensions

of wellbeing, where the welfare state policies only affect the former? This has been suggested by OECD who argues that subjective wellbeing dimensions are of no interest for policy makers. If so, could it be something outside of policy that affects especially youth subjective wellbeing negatively?

One idea about what might affect youth subjective wellbeing can be drawn from Ronald Ingelhart´s theory (1977) dividing between material and post material values. Inglehart argues that this value divide was brought forward by the socialization of cohorts that changed over time.. Especially, he argues that there is a difference between children socialized before and during the WW2, who experienced material shortage and physical threats which led them to protect material values, and children socialized in the more affluent years thereafter who experienced no material shortage and therefore became more interested in striving for self-realization and freedom, i.e. post-material values.

Although Ingelhart's theory concerns generational changes between cohorts who are now in their retirement age, and their parents, I argue that it might still be this cultural divide, which gives the unexpected low ratings of the encompassing welfare states. Sweden has been characterized as the most individualized country according to Inglehart (1990). It is also evident that material scarcity is unevenly distributed among European welfare states, and therefore, this divide may still be valid in international comparison. Further, there is both a positive and a negative side of post-modern values. They may provide freedom and self-realization, but they may also rely insecurity and feelings of being lost and as traditional patterns for belonging are loosened up. This could then correlate with lower subjective wellbeing.

The paper starts off by inquiring more in detail into variations in youth and general wellbeing along four dimensions where data is accessible for both youth and general population, two of which are objective; *poverty* and *mortality* and two of which are subjective; *life satisfaction* and *subjective health*. The hypothesis is then tested through a time-series analysis including eight countries from which data is available (Δ-variables).

The revealed findings point in the opposite direction than hypothesized: countries ranking higher on post material values also disclose higher youth life satisfaction as a process over time. Hence, if we are to characterize the postmodern value dimension as either positive or negative, it seems that its positive sides are dominating.

Previous research

Dimensions of youth wellbeing

There is considerable agreement on how to represent wellbeing among the data collection institutes. Although they partly specialize in different type of data collection, there is considerable agreement on general level about how the concept of wellbeing should be defined (Bastos and Machado 2009; Bradshaw and Richardson 2009; Fernandes et al. 2012; Gordon & Nandy 2012; OECD 2009; Moore et al. 2008; UNICEF 2013). For example, UNICEF (2013) identifies five central domains of child well-being: material well-being, health and safety; education; behaviors and risks; and housing and environment and it further explores two dimensions of children's subjective well-being; life satisfaction and relationships. In large, Bradshaw and Richardson (2009), as well as the OECD (2009), agree about these main domains of child well-being.

Within each domain, researchers further tend to agree about many of the best indicators of well-being, although there is some divergence. Under the health domain, for example, all the studies mentioned include measures of infant mortality, low birth weight newborns, and the percentage of children who are immunized. Other studies include additional measures such as suicide rates among children 15-19 (OECD 2009), or the mortality rate of children aged 1-19 from accidents and injuries (UNICEF 2013), which are unique to them.

There are also institutes collecting in depth data on specific well-being dimensions. The Health Behavior of School-aged Children (HBSC) study provides data on health-oriented indicators, such as breakfast eating, alcohol use, and sexual habits, which Bradshaw and Richardson include in their index (2009). In regard of school performance, the Program for International Student Assessment (PISA) assesses 15-year-olds' scholastic performance on mathematics, science, and reading and the Trends in International Mathematics and Science Study (TIMSS) measures mathematics and science achievement at the fourth and eighth grades. Some scholars have also taken up the question of which measures to apply in developing countries. David Gordon and his colleagues have developed the Bristol method for measuring and comparing the extent and depth of child poverty across the world (Gordon et al 2003), and lately expanded to include a larger number of indicators of child wellbeing globally (Gordon and Nandy, 2012). There is also a methodological discussion where Camfield et al (2010) argue for the benefits of using qualitative methods alongside quantitative to

understand children´s experience of well-being and suggest that the concept of well-being can function as a unifying concept across methods. Hoelscher et al (2012) also discuss specific methods to use when monitoring child wellbeing in transition countries. These ambitious indicators provide a rich description of children's well-being.

One domain that nonetheless remains controversial is children's subjective well-being. Unicef captures children's subjective wellbeing, life satisfaction and relationships, but treats them as separate measures, which overlap with and transcend the other dimensions rather than as components of an overall index (2013, 38). Bradshaw and Richardson also devote two domains to children's subjective assessments (children's relationships and children's subjective well-being). The OECD gives relatively little attention to subjective well-being, with the justification that this is not a dimension that is susceptible to policy: "Little is known about policy amenability of child measures of subjective wellbeing" (OECD 2009, page 4), which lead them to exclude "family and peer relationships" and "subjective wellbeing". OECD includes however the dimension "housing and environment", risk behavior and two different dimensions related to school; "education" focusing on school achievement and "quality of school life", which includes dimensions such as "bullying" and "like school".

In sum, scholars agree that child wellbeing should not be captured as a monolithic concept but as a multidimensional phenomenon. Any attempt to grasp well-being in its entirety must use indicators on a variety of aspects (Ben- Arieh and Frones, 2007).

The main conclusion of the OECD (2009) is that no country succeeds in providing good conditions for children along all dimensions. According to Unicef (2007), the Netherlands, followed by Sweden rank at the top in regard of child wellbeing generally, but Sweden drops along the dimension of "family and peer relationships" where it ranks on place 15. A closer look at the data reveals that number of single households is included in this dimension and that this works as a disadvantage for Sweden as divorce rates are comparatively high. However, the analysis does not pay attention to the possibility of choosing shared custody in case of divorce and the widely spread custom to do so in Sweden why this measure as measure of quality of family relationship probably exaggerates the badness of Sweden. Bradshaw et al also questions the use of "single-parent families" as adequate measurement.

Explanations for youth wellbeing

Wellbeing is in many senses the ultimate dependent variable of comparative welfare state research. The field emerged around the emphasis of explaining variations in material wellbeing. A general conclusion has been that general social insurance with high imbursement levels is a main vehicle for producing favorable conditions over socio-economic cleavages (Esping-Andersen, 1990; 1999; Kangas & Palme, 2000; Korpi, 2000; Korpi and Palme, 2003; Pontusson, 2005). As the gender cleavage has been introduced into the analysis expanding it into how welfare state relates to the family, and policies of childcare (Sainsbury, 1996; Lewis, 1992; Orloff, 1999; Ferrarini, 2006). Very briefly, the two-breadwinner household, favorable to women's emancipation through paid work, backed up by considerable public responsibility for care in society is favorable to gender equality (Korpi and Palme, 200; Hall & Taylor, 2009; Wilkinson & Pricket, 2009).

A comparatively new cleavages focused in this literature, is that of generation. Different welfare states put varying effort in support to the group of elderly, in comparison to the group of non-elderly (Lynch, 2006; Goerres, 2010). Especially the Southern European welfare states have a relatively high focus on the elderly part of the population (Castles & Ferrera, 1996), while the Scandinavian countries are the more youth oriented (Lynch, 2006). However, it is more difficult to distinguish policies directed towards the young in particular as these are often mixed up with general family policies and/or social insurance policies.

Focusing on the young in particular, there is a correspondence between the material wellbeing of families and that of children. Previous research has convincingly shown that general social insurances is a major reason behind the relative success of the Nordic welfare states in reducing poverty and diminishing social-economic cleavages (Esping-Andersen 1990; Korpi, 2000; Unicef, 2007; Oxley, 2001, see also Gornick & Meyer, 2003; Kangas & Palme 2000; Ferrarini 2006; Luxembourg Income Studies, for example Skinner et al. Working paper LIS no 478; Chung & Muntaner, 2007; Lundberg et al. 2008). Many general social insurance policies also correlate positively with measures of child well-being (Engster and Stensöta, 2011; Ferrarini 2006; Misra, Moller, and Budig 2007; Gornick and Jäntti 2009). In a comparative country analysis, Kangas and Palme (2000) conclude that poverty cycles generally have flattened out, but that the young now make up the lowest income group. They further note some differences between countries, for example, that family poverty is still largely an Anglo-American problem.

These findings are generally still valid given the latest economic crises from 2008, however there are some modifications. Fritzell, Böckman and Ritakallio (2012) note, however, that since the mid-1990s income inequality has also increased in the Nordic countries. Natali et al (2012) find a strong correlation between exposure to the crisis and reductions in child well-being since 2007/8 for example in relation to children living in job-less households. In some countries, , such as the UK, Hungary, and Turkey, this was a problem even before the crises, but in other countries there has been a rapid increase in the number of children in jobless households: Greece, Spain, Portugal, Ireland, some Eastern European countries, and Denmark. In a recent analysis, Martorano et al (2014) conclude that the Netherlands and the Scandinavian countries (excluding Denmark) did relatively better than the other countries while Romania and the United States performed well below the average in response to the crisis.

There are studies explaining variation in wellbeing of children and youth along dimensions of physical health (Ruhm 2000). Lundberg et al (2008) examined how design and generosity of welfare states affected infant mortality and found that increased generosity in family policies that support dual-earner families is linked with lower infant mortality rates, whereas the generosity in family policies that support more traditional families with gainfully employed men and homemaking women is not. Researchers have also consistently found a strong relationship between greater public health insurance coverage and lower child mortality levels (Chung and Mutaner 2006; Navarro et al. 2004). The approach "Child benefit packages" by Bradshaw et al (2010), where a detailed account on the expenditures for all family policies in OECD-countries is given. Hence, children's physical health is to a considerable degree dependent on material conditions (Chung & Muntaner, 2007). In general policy explanations behind variation in children´s physical health indicates that it is improved by policies that diminish poverty generally, such as general social insurance systems and dual earner welfare state models characterized by the employment of women (Bäckman 2008; Chung & Muntaner, 2006; 2007; Haverman & Wolfe, 1995; Engster & Stensöta, 2009; Kamerman et al., 2003; Ruhm 2000; Tanaka 2005).

In regard of determinants for decreasing psychic wellbeing a recent Swedish governmental report (SOU 2006:77) argues that difficulties for young people to enter the labor market as well as increased individualization, might be causing decreasing psychic wellbeing (SOU 2007). Jonsson and Östberg suggest, in line with this argument, that problematic social relations with parents and peers

together with the demands of school might be two sources behind young people's psychosomatic problems (2009). Psychological ill-being has during the last decades increased and has become seen as a mayor public health problem. The proportion that reports symptoms of anxiety or worries has doubled among youths between 16-24 of age (Socialstyrelsen 2001, Östberg 2001). Gender differences in subjective wellbeing among young have also become clear. Most youths have a rather good psychological well-being; however boys have a more positively view of themselves than girls (SCB 2007). Girls also report more psychosomatic complaints and have a poorer psychological wellbeing (Haugland, Wold, Stevenson, Aaroe, Woynarowska 2001; Sweeting and West 2003; SCB 2007).

Theory - Material and post material dimensions

The hypothesis in this paper is that the material – post material value dimension might explain variations in material and post material wellbeing and a divide between youth. And general wellbeing (Inglehart 2008). The basic mechanism that Inglehart suggests behind this development is the scarcity hypothesis that we first strive to meet our material needs and thereafter the post-material. Further, he predicts socialization mechanisms by which these values accrue to generations when they grow up, which make the development of material to post material values in society following a cohort pattern.

Empirical section

The empirical section starts off by asking a) whether children's wellbeing forms a separate dimension from general wellbeing in contemporary welfare state. If we expect general patterns of wellbeing to be mirrored by the wellbeing of children we would expect the Nordic countries to show good conditions for the younger generation with high levels of wellbeing.

Dimensions of wellbeing – a gap?

When aiming at explaining variation in different dimensions, it is problematic to build indeces with lower internal correlation as this diminishes possibilities of finding significant explanations. Therefore, I have chosen to single out some important single dimensions of wellbeing and examine it

between youth (15-year olds) and the general population. The analysis is restricted to four comparisons. Two of these dimensions of wellbeing are generally regarded as highly related to welfare state policies: *material wellbeing* which is affected by social insurance policies and *health* which is affected by material conditions as well as specific health policies. As children live in families, the material wellbeing of children corresponds to the material wellbeing of families why the expectation is that the conditions for families would not deviate very much from the general conditions. Two other dimensions are likely to capture post material wellbeing; *life satisfaction* and *self-rated health*. They can be seen as dimensions that build on other dimensions and therefor are likely to sum up other dimensions. These two features are also directed to post material values, which is convenient as this forms part of the hypotheses. Life-satisfaction is a widely used measure for general subjective wellbeing and collected both among youth and general population. (Descriptive data and sources are found in table 1 and 2 in the Appendix).

TABLE 3, CORRELATIONS BETWEEN WELLBEING OF CHILDREN/15 YEAR OLDS AND THE GENERAL POPULATION.

	Youth material	General material	**Youth health**	General health	**Youth life Satisfaction**	General life sat	**Youth self heatlh**	General self health
Denmark	**5 (.92)**	**17(92)**	**14 (5.9)**	**4(96.5)**	**4(85)**	**6(.86)**	**16(77)**	**.**
Finland	**15 (.87)**	**19(95)**	**3 (4)**	**.**	**1(87)**	**3(.86)**	**5(85)**	**13(.66)**
Iceland	**1 (.98)**	**4(65)**	**1 (3)**	**3(96.5)**	**3(85)**	**2(.87)**	**17(77)**	**.**
Netherlands	**4 (.92)**	**7(70)**	**15 (6)**	**.**	**2(86)**	**5(.86)**	**21(74)**	**10(.71)**
Norway	**2 (.96)**	**6(69)**	**4 (4.6)**	**1(96.8)**	**10(81)**	**1(.88)**	**13(79)**	**5(.79)**
Sweden	**3 (.93)**	**2(64)**	**2 (3.9)**	**2(96.7)**	**12(79)**	**8(.84)**	**8(81)**	**6(.78)**
Austria	12 (.87)	13(83)	17 (6)	6(96.2)	9(81)	9(.82)	11(79)	.
Belgium	13 (87)	14(86)	6 (5)	9(95.9)	.	13(.76)	23(72)	.
Canada	7 (91)	9(74)	20 (6.7)	.	6(84)	10(.82)	15(78)	2(.80)
Czech Rep	21 (70)	20(107)	10 (5)	5(96.3)	22(71)	18(.67)	7(84)	15(.52)
France	11 (88)	16(90)	11 (5.5)	.	17(77)	19(.65)	12(79)	9(.72)
Germany	14 (87)	12(81)	5 (5)	8(95.9)	21(75)	17(.69)	10(80)	11(.70)
Greece	20 (72)	5(69)	7 (5)	14(94.2)	11(81)	23(.61)	2(89)	.
Ireland	17 (84)	8(72)	19 (6.6)	10(95)	16(78)	4(.86)	9(80)	.
Italy	18 (79)	1(62)	16 (6)	13(94.4)	14(79)	21(.64)	6(84)	7(.74)
Luxembourg	6 (92)	15(88)	13 (5.7)	7(96.2)	19(76)	11(.81)	19(74)	.
Poland	22 (68)	24(144)	21 (7)	15(93.4)	18(76)	22(.63)	14(79)	14(.54)
Portugal	19 (76)	18(93)	8 (5)	15(92.7)	20(75)	20(.64)	18(76)	.
Slovakia	23 (54)	23(136)	22 (8)	.	13(79)	24(.47)	1 (91)	16(.52)
Spain	16 (86)	10(75)	9 (5)	11(94.9)	5(85)	14(.75)	3(87)	4(.80)
Switzerland	8 (91)	3(64)	12 (5.7)	.	7(83)	7(.85)	4(86)	1(.83)
UK	10 (88)	11(80)	18 (6.5)	12(94.5)	15(78)	12(.79)	24(68)	8(.73)
Turkey	24 (30)	22(121)	24 (29)	16(89.2)	23(61)	16(.69)	20(74)	12(.68)
USA	9 (89)	21(111)	23 (8)	.	8(82)	15(.75)	22(72)	3(.80)
Spearman´s rho	0.698 (0.0004)		0.402 (0,0513)		0.617(0.0017)		-0.140 (0.6056)	

Comment: Sources: ***Material wellbeing,*** *youth: Family Affluence Scale from the HBSC-dataset 2005/2006; general population: share of population living over 60% of median equivalized income after social transfers (inverted poverty).* ***Health,*** *Survival rate, under-5 (per 1,000 live births) (Inverted Mortality rate) World Development Indicators, The World Bank. General: adult mortality rate, which is the probability of dying between the ages of 15 and 60, that is, the probability of a 15-year-old dying before reaching age 60, if subject to current age-specific mortality rates between those ages. Data is from 2006 except for Austria: 2005. Source: WHO.* ***Life-satisfaction****, the same survey question has been used for both samples, but the scales vary. The measurement for adults use a scale between 1 and 10, which is slightly problematic as the Cantril ladder used for youth is between 0 and 10. However, the correlation of 62 percent is found both when the group of people who answered 7-10 and 6-10 are chosen as comparison. (1) Represents dissatisfied and (10) disatisfied. Children who report high life satisfaction HBSC. 2009/2010, 2005/2006, 2001/2002* ***Self-rated health*** *the measure used for 15-year olds entails a 1-4 scale whereas the measure for adults entails a scale ranging from 1-5. I have used two different calculations of the measurements to make up for the different scales used. Andel som svarat alternativ 1-2 respektive 1-3 på skalan (1) Very good, (2) Good, (3) Fair, (4) Poor and (5) Very poor. Source: World Value Survey 2005.*

Table 3 shows correlation between the wellbeing of 15-year old children and the general population from around the year 2005. The table sheds light on two questions: 1. the correspondence of raking

along material and post material dimensions and 2. The correspondence of rankings between youth (15-year olds) and the general population shows in Table 1 bottom row show the correlations (spearmans rho) between youth wellbeing and general wellbeing there is a general high correlation between wellbeing of children and youth and general wellbeing in regard of material wellbeing (0,698) and life-satisfaction (0,617). The dimension of health shows a fairly high correlation (0.402) whereas the dimension of self-rated health does not correlate at all (-0.140). Hence, we can conclude that in terms of health, both objective and subjective, the wellbeing of children and youth seem to have a different pattern than in regard of the general population.

More specifically wellbeing for children and youth in the Nordic countries plus the Netherlands, where we could expect levels to be high, actually was not consistently high but differed considerably. In the Netherlands and even more in Denmark and children (families) are generally better of materially than the rest of the population. In Denmark, we saw the same discrepancy in regard of health, where the young generation apparently has worse health than the general population (General data for the Netherlands were missing). Sweden, and even more Norway emerged, as a country where the self-rated health as well as the general life satisfaction of children is considerably *lower* than for the adult population. Sweden also emerged as a country with lower life-satisfaction than the other Nordic countries both for adults and children/youth. In regard of self-rated health the pattern between hos the young generation the general population is doing differed considerably between countries. Generational gap to the disadvantage of youth was discovered in the Netherlands and Norway. In Sweden the same pattern although not as pronounced was revealed. Finland emerged as the deviant case where the younger generation is doing better than the general population in self-rated health.[1]

[1] If we then consider which countries are placed at the top in the two types of dimensions, the following summed up description of each country can be made: In Denmark the material gap between children and the general population is at its highest, with children being better off. However, this does not spill over on children's health where Denmark shows low figures. Data for Denmark on general self-rated health are missing but figures for youth figures are low on this dimension. Finland has lower levels on material wellbeing for both children and the general population. In regard of health Finland show high wellbeing for children (data on general health is missing) and for self-rated health, Finland is the top Nordic country among 15-year-old girls. The Netherlands shows higher material wellbeing for children than for the general population, but does not provide good conditions for children's health (for adults health data is missing). In terms of life satisfaction (girls) the Netherlands show high wellbeing for both groups but even better for youth. The opposite is found in regard of self-rated health where the situation is much worse for children than for the adult population. Sweden shows high material wellbeing both for children and the general population as well as high figures on health both for children and for the general population. When it comes to general life satisfaction Sweden show the lowest figures among the Nordic countries and for youth, figures are even lower. In terms of self-related health Swedish girls are better off than in the other Nordic countries, except for Finland, but the older population show even better figures. Norway shows high material wellbeing for both groups as well as high levels of health. It is striking how girls' life

Explanations behind subjective wellbeing dimensions - individualized values?

In the following analysis, I examine whether the variation in wellbeing of *youth* along the four dimensions showed in table 2 can be explained by reference to post material values and welfare expenditures.

Post-material values: Dara on post-material values is derived from World Value Survey using the post-materialism 4-item index (1=materialist, 2=mixed, 3=post materialist). Source: Samanni, Marcus, Jan Teorell, Staffan Kumlin & Bo Rothstein. 2010. The QoG Social Policy Dataset, version 22Feb10. University of Gothenburg: The Quality of Government Institute, http://www.qog.pol.gu.se. In choosing between PM4 and PM12 the analysis over time may include one additional country (UK), if PM4 is used. Developments over time are similar along both indices but with some differences: In regard of PM4 Finland, Germany and Spain disclose a diminishing importance for post-material values over time, whereas UK, Norway, Poland and Sweden denote an increase. The same patterns become visible when using the PM12 measurement, but the increase for Norway is much sharper with PM12 due to values for PM12 first period being lower). For Poland the increase is be stronger with OM12. For Sweden it is about the same. Only Spain discloses a development in different directions for the two measurements; a decrease with PM4 and in increase with PM12.

Welfare state expenditure is measured by total social expenditure (all policy areas), euro per inhabitant

Specific spending on youth: Welfare towards young is measured as Annual expenditure on public and private educational institutions per pupil/student in PPS, for all levels of education combined, based on full-time equivalents. Three missing values have been replaced, Estonia in period 0 with 2005 data, Hungary (0) with 2004 data, and Romania (1) with 2005 data. This is the main control of education. As it measures per pupil it is not affected by the size of the young population.

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satisfaction is much lower than the general population's as also the self-rated health. Iceland has comparatively high figures o life satisfaction and medium low figures on psychic wellbeing among girls. Data for self-rated health are missing.

Unemployment rate (annual average %) Eurostat Controls for unemployment, which is often related to poorer health and lower life satisfaction.

GDP per capita (Euro per inhabitant).

Two analyses are performed. The first analysis explores 13 countries at one point in time (2005/06) includes; Finland, Norway Sweden (not Denmark); Netherlands, France, Germany; Liberal welfare states: UK; Italy, Spain; Bulgaria, Czech, Estonia, Latvia, Lithuania, Poland, Rumania, Slovenia. As the number of countries is so low, only the following controls are used: total expenditure as before, education, GDP and unemployment ratio. As can be seen in table four this analysis shows no significant results.

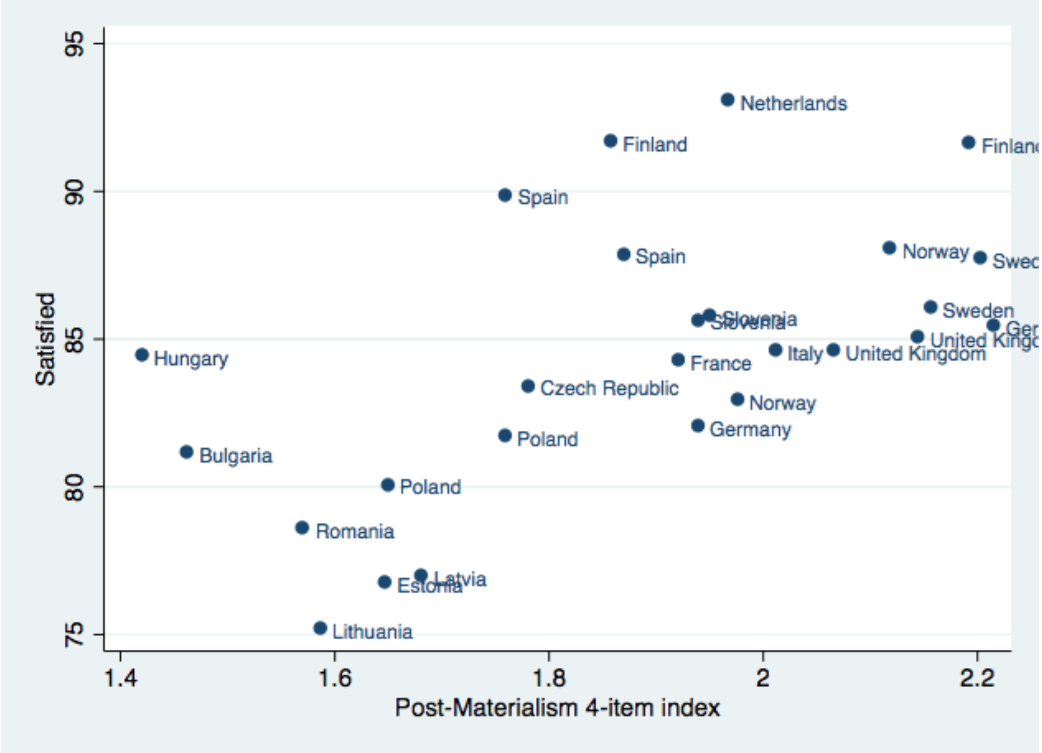
TABLE 4, EXPLATIONS FOR YOUTH LIFE SATISFACTION

Satisfied	**1**	**2**	**3**	**4**	**5**	**6**	**7**
totalexpend	0.00**	-0.00	-0.00	0.00	-0.00	-0.00	0.00
	[2.27]	[0.51]	[0.30]	[0.20]	[0.60]	[0.04]	[0.53]
education		0.00	0.00	0.00	0.00	0.00	0.01
		[1.25]	[1.16]	[0.69]	[1.29]	[0.80]	[1.31]
gdpc			0.00	-0.00	0.00	-0.00	-0.00
			[0.08]	[0.18]	[0.06]	[0.28]	[0.99]
employmentra-tio				-0.19	-0.15	-0.14	0.22
				[1.39]	[1.22]	[0.98]	[0.58]
postmat4					13.74		
					[1.89]		
postmat12						5.26	
						[1.32]	
autonomy							-18.82
							[1.19]
R^2	0.32	0.41	0.41	0.53	0.69	0.63	0.60
N	13	13	13	13	13	12	12

Comment: *Analysis Time T1.*

The second analysis uses data on two different points in time for the countries where this is available. I start with a scatter plot.

FIGURE 1, SCATTERPLOT POST MATERIAL VALUES AND YOUTH´S LIFE SATISFACTION



I proceed with a time series analysis where the change in variables (Δ) is analyzed. Here, there is only data for 8 countries.

TABLE 5, MULTIVARIATE ANALYSIS. DEPENDENT VARIABLES: CHANGE OVER TIME (DELTA) IN WELLBEING IN FOUR DIMENSIONS. ΔVARIABLES.

	Subjective health	**Mortality**	**Life satisfaction**	**Poverty**
DPM4	-1.54 (0.51)	2.49 (2.41)	9.74** (4.46)	-3.88 (1.39)
Dunemployment	-0.04 (0.52)	0.06 (2.20	0.07 (1.24)	-0.00 (0.00)
Dgdpc	0.00 (0.33)	-0.00 (=.30)	-0.00 (2.12)	0.00 (1.61)
Deducation	0.00 (2.48)	-0.00 (1.80)	-0.00* (1.44)	0.0 (1.59)
Dtotalexp	-0.00 (0.46)	0.00 (0.40)	0.00* (3.44)	-0.00 (1.47)
R2	0.81	0.81	0.97	0.76
N	8	8	8	8

Comment: All variables are based on differences over time T2-T1.

There is a positive relationship between life satisfaction and PM4, which means that more post material attitudes give more life satisfaction. Low explained variance.

In sum, the analysis did not show that post-material values decreased subjective wellbeing. Quite the opposite, an increase in post-material values correlated positively with an increase in subjective wellbeing. The relationship only emerged when the change over time was used as independent and dependent variable.

Discussion

There is a gap in wellbeing. Hence, it is worthwhile to focus on generational wellbeing from youth perspective. Second, the patterns do not match what we would expect from previous welfare state literature, where wellbeing levels correlate positively with higher wellbeing. It is difficult to find any patterns. Does it mean that OECD is right? Policy does not mater, or does it mean that it catches more overall patterns? – Difficult to say. Does individualism mean lower subjective wellbeing? No, quite the contrary. If we outline the hypothesis of self-realization as wither positive, more freedom, or negative, more individualism, this analysis pints at the latter.

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Appenix 1: Descriptive table of dependent and main independent variables per country.

Country	Time1	Time2	Subjective Health	Mortality	Life satisfaction	Poverty	PM4	PM12
Bulgaria	*2006*		*89.11054*	*985*	*81.139931*	*81.6*	*1.464*	*1.427*
Czech Republic	*2001*		*88.25*	*993.8*	*83.383333*	*92*	*1.782*	*1.788*
Estonia	*2001*		*82.5*	*989.9*	*76.7*	*82*	*1.648*	*1.849*
Finland	2001		89.01667	995.8	91.616667	89	2.194	2.790
Finland		2006	89.32812	996.4	91.635636	87.4	1.858	2.408
France	*2006*		*87.22245*	*995.5*	*84.24869*	*86.8*	*1.922*	*2.614*
Germany	**2001**		**85.1**	**994.8**	**85.4**	**89**	**2.217**	**2.631**
Germany		**2006**	**86.06351**	**995.4**	**82.008204**	**87.5**	**1.940**	**2.621**
Hungary	*2001*		*85.06667*	*989.5*	*84.4*	*89*	*1.421*	*1.170*
Italy	*2006*		*91.11758*	*995.7*	*84.580836*	*80.4*	*2.012*	*2.461*
Latvia	*2001*		*72.56667*	*984*	*76.95*	*84*	*1.682*	*1.761*
Lithuania	*2001*		*67.73333*	*988.7*	*75.15*	*83*	*1.588*	*1.474*
Netherlands	*2006*		*85.36554*	*994.8*	*93.029801*	*90.3*	*1.969*	*2.537*
Norway	**2001**		**81.51667**	**995.3**	**82.883333**	**89**	**1.977**	**1.432**
Norway		**2009**	**82.91666**	**996.7**	**88.020833**	**88.3**	**2.120**	**2.265**
Poland	**2001**		**85.56667**	**991.2**	**80.033333**	**84**	**1.650**	**1.692**
Poland		**2006**	**85.5634**	**992.7**	**81.659418**	**80.9**	**1.760**	**2.011**
Romania	*2006*		*83.8724*	*980.6*	*78.537926*	*75.2*	*1.571*	*1.600*
Slovenia	**2001**		**87.28333**	**994.8**	**85.6**	**89**	**1.940**	**1.293**
Slovenia		**2006**	**88.07846**	**995.9**	**85.749028**	**88.4**	**1.951**	**2.392**
Spain	**2001**		**91.01667**	**993.7**	**87.833333**	**81**	**1.870**	**2.471**
Spain		**2009**	**93.19647**	**995.1**	**89.838011**	**79.9**	**1.761**	**2.760**
Sweden	**2001**		**86.78333**	**995.9**	**86.016667**	**91**	**2.158**	**2.670**
Sweden		**2006**	**88.26025**	**996.6**	**87.688491**	**87.7**	**2.204**	**2.751**
United Kingdom	**2001**		**76.75**	**993.6**	**84.588889**	**82**	**2.067**	**-**
United Kingdom		**2006**	**80.76559**	**994.1**	**85.009217**	**81**	**2.145**	**2.533**

Appenix 2: Description of data

	Description	n	Calculations	Mean	Max	Min	Source	Full Source	Discussion
Countries[2]		26							
Time[3]									
Subjective Dependent variable[4]	Children who report high life satisfaction			84,4	93	75,2	HBSC	2009/2010, 2005/2006, 2001/2002	
	Share who rate their health as excellent or good (as opposed to fair or poor)		100-original measure	85	93,2	67,7	HSBC	[5]	
Objective Dependent variable	Survival rate, under-5 (per 1,000 live births) (Inverted Mortality rate)		1000-mortalityrate	992.9	996,7	980,6	World Bank	World Development Indicators, The World Bank	
	Share of population living over 60% of median equivalised income after social transfers (inverted poverty)		100-poverty rate	85,4	92	72,2	Eurostat		This is the objective measure of wellbeing. Two missing values have been replaced. Latvia 2000 instead of 2001 and Romania 2007 instead of 2006
Independent variable	Postmaterialism 4-item index (1=materialist, 2=mixed, 3=postmaterialist)			1,9	2,2	1,42	WVS using QoG	Samanni, Marcus, Jan Teorell, Staffan Kumlin & Bo Rothstein. 2010. The QoG Social Policy Dataset, version 22Feb10. University of Gothenburg: The Quality of Government Institute, http://www.qog.pol.gu.se.	
	Post-	2		2,2	2,8	1,2	WVS	WORLD VALUES SUR-	

[2] The selection of countries is determined by the availability of data in WVS and HSBC

[3] Time period 0 includes 1995-2001, 1 2002-2006. 2 2007-2011. The observation for Spain 1995 has not been included since Spain already has a observation in period 0. The independent variables are from 2001, 2006 and/or 2009 unless otherwise is explicitly stated.

[4] HBSC 97/98 och 05/06. Viss skillnad på frågeställningen på de centrala variablerna. 97/98: C40 Reported Health [1,2,3], C41 Quality of life [1,2,3,4]. 05/06: F1.0 Health [1,2,3,4] F2.0 Life Satisfaction [0-10]

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	materialism 12-item index (1=materialist, 2=mixed, 3=postmaterialist)	5					using QoG	VEY 1981-2008 OFFICIAL AGGREGATE v.20090901, 2009. World Values Survey Association (www.worldvaluessurvey.org). Aggregate File Producer: ASEP/JDS, Madrid.	
	Autonomy index	25	(A) Independence + (B) Determination - ((C) Religious faith + (D) Obedience). The calculations are done by WVS	0,54	1.1	-0.28	WVS using QoG	Autonomy is supose to measure the culture of individuality.	
Structural variables	Proportion of population aged 0-19 years	26		23,4	27,8	19	Eurostat	ontrols for the share of the population who are young. A large population below working age can be a strain on public resources.	
	Crude rate of net migration plus adjustment (per 1000 inhabitants)			1.52	11,82	-6,18	Eurostat	Controls for immigration.	
	Unemployment rate (annual average %)			8,9	18,3	3,2	Eurostat	Controls for unemployment which is often related to poorer health and lower life satisfaction.	
	Female employment as percent of male employment		(female employment/male employment)*100	84,2	94,4	59,5	Eurostat	A measure of equality between the genders. It is measured as a percent of male employment in order to avoid measuring 'employment in general' which is already captured by the unemployment variable	
General economic level	GDP per capita (Euro per inhabitant)			20565,4	56500	3400		This variable controls for the general economic situation in the country	
Welfare towards young	Annual expenditure on public and private educational institutions per pupil/student in PPS, for all levels of education combined, based on full-time equivalents			5137	10129	1437		Three missing values have been replaced, Estonia in period 0 with 2005 data, Hungary (0) with 2004 data, and Romania (1) with 2005 data. This is the main control of education. As it measures per pupil it is not affected by the size of the young population.	
	Public spending on education as share of GDP			5,4	7,24	3,48		This is a 2nd control for education. The main one is measured per pupil. This measure does not take into account the size of the young population nor the level of GDP which affects how much money a percent actually represents.	