DEFINITIONS

CONCEPTS AND DOMAINS
The Alliance of the Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high quality and effective child protection interventions in humanitarian settings. Through its technical Working groups and Task Forces, the Alliance develops inter-agency operational standards and provides technical guidance to support the work of child protection in humanitarian settings.

This desk review was developed by Susanna Davies and reviewed by the members of the Child Wellbeing Advisory Group.

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INTRODUCTION AND BACKGROUND

Ensuring children’s wellbeing is the ultimate goal of child protection in humanitarian action. Yet interpretations of child wellbeing vary across cultures, contexts, and organizations. Development, academic, and humanitarian actors all use different approaches when implementing child protection programs. The lack of an accepted definition of “child wellbeing” limits child protection actors’ efforts to set common objectives and build an evidence base across programmes, contexts, and agencies.

Key factors or domains that contribute to child wellbeing are also debated. Contributing factors may vary according to the child’s developmental stage, gender, disability, and more. Wellbeing may also be impacted by the experiences of the individual child and his/her family, the type of humanitarian situation, and the child and family’s capacity to cope.

Developing a common framework for defining and measuring child wellbeing in humanitarian action will help the sector work towards common child protection outcomes across humanitarian interventions. Any common framework must provide focus and clarity while allowing sufficient flexibility to adjust to children’s different experiences, identities, and developmental stages.

The Alliance for Child Protection in Humanitarian Action (the Alliance) is an inter-agency forum committed to collaboration and the development of more effective prevention and response efforts. In its 2018-2020 work plan and strategic priorities, the Alliance included work to define and measure wellbeing. This work is being conducted by Assessment, Measurement, and Evidence (AME) and Child Protection Minimum Standards (CPMS) Working Groups. The overall objective of the AME Working Group is to ensure that “agency specific and inter-agency evidence is generated, synthesised and used in order to promote effective interventions”. A short-term objective is to ensure that ‘the revision of the CPMS is grounded in robust evidence’. Defining and measuring wellbeing within and across sectors is a core activity that accomplishes this. The definition of child wellbeing will be reflected in the second edition of the Minimum Standards for Child Protection in Humanitarian Action (CPMS), which will be finalized in 2019.

This desk review represents the first step in a larger process to develop an overarching definition of child wellbeing that can be adapted according to context and used to define strategic objectives within humanitarian response.
**METHODOLOGY**

The desk review was conducted to (a) synthesize existing definitions of child wellbeing from the academic, international development, and humanitarian fields and (b) identify the key factors or domains of child wellbeing that should be considered in a humanitarian setting. A thorough search of the existing literature was conducted using online resources such as Save the Children’s Resource Centre,1 Google Scholar,2 and academic search engines such as JSTOR,3 Proquest Research Library,4 and Sage Journals5. Search engines were chosen based upon the availability of full-text studies and the return of relevant studies when using search terms related to child wellbeing measurement in humanitarian settings. Additional studies were provided by members of the advisory group from outside these search engines. Search terms used included a combination of child wellbeing, definition, measurement, and humanitarian settings. Multiple searches were run to replace humanitarian settings with similar terms including complex, emergencies, war, conflict settings, and natural disasters.

Given the large body of academic research exploring child well-being, informal consultations with Alliance members and academic partners were held to request key resources and tools on child well-being. These were prioritized for review, provided they met the inclusion criteria below:

- Includes a definition or detailed explanation of “child wellbeing”;
- Discusses domains, factors, or indicators which influence child wellbeing;
- Prioritises resources which specifically look at humanitarian settings;
- Prioritises meta-analyses and reviews that look at multiple tools;
- Prioritises resources published in the last 15 years;6
- Attempts to represent a range of regional settings, including from the global south; and
- Addresses child wellbeing across different age groups, ethnicities, and abilities.

This process identified over 100 different documents. Documents were then organized into broad categories according to their content and potential usefulness in developing an appropriate definition of child wellbeing in humanitarian contexts. The categories used were:

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1 Available at: https://resourcecentre.savethechildren.net/
2 Available at: https://scholar.google.com
3 Available at: https://www.jstor.org
4 Available at: https://search.proquest.com
5 Available at: https://journals.sagepub.com/
6 This timeframe was chosen to focus the desk review on resources which best reflected current child wellbeing research and to allow it to be completed in the limited time allotted. Meta-analyses and reviews were, however, included which looked at earlier studies in child wellbeing.
• Overview: largely academic studies that examine the concept of child wellbeing, how to define and measure it, relevant domains, and potential indicators
• Human rights, child rights, and child protection: academic studies, sectoral documents and agency specific “grey literature” that examine child wellbeing through the lens of human rights, child rights, or child protection
• Humanitarian child wellbeing: academic studies, policy guidelines, and documents from humanitarian agencies describing child wellbeing, its domains, and indicators
• Region- or country-specific analyses: academic studies and agency assessments/evaluations of child wellbeing in specific countries or regions
• Assessment and evaluation frameworks: humanitarian and international development tools for assessing the impact of child protection and/or psychosocial programming on child wellbeing
• Related terms: academic conceptual papers examining terms related to child wellbeing in humanitarian settings, such as resilience, vulnerability, and community loss
• Other sectoral definitions of child wellbeing: agency and academic papers examining child wellbeing through their sectoral lens, including cash and economic strengthening

Due to time limitations, three categories of documents were selected for review:

1. Overview;
2. Human rights, child rights, and child protection; and
3. Humanitarian child wellbeing.

Thirty-four documents, including meta-analyses covering more than 50 measures and frameworks, were then reviewed for their definitions of child wellbeing and the factors or domains identified as part of child wellbeing. Specific attention was paid to factors that might be pivotal in a humanitarian setting.

Documents Reviewed

Academic Studies
International & humanitarian "grey" literature
FINDINGS

PART ONE: EXISTING DEFINITIONS AND CONCEPTUAL INFLUENCES

A variety of child wellbeing definitions were found in the literature that incorporated key concepts such as child development, child rights, children’s own perceptions (or subjective wellbeing), present conditions, and future outcomes. Most definitions describe wellbeing as *quality of life*. For children, this includes both their current situation and their prospects for future development. Each definition acknowledges that child wellbeing is a multi-faceted idea made up of inter-related factors at the individual, family, community, and societal levels. Many specifically acknowledged the importance of the Ecological Model since children’s ongoing development and evolving needs must, to varying degrees, be met by others (Ben-Arieh 2014; Camfield 2010; Jones, et al. 2015).

Key definitions are summarized in the table below along with the terms and concepts they highlight. These concepts are explored further in the following sections.
<table>
<thead>
<tr>
<th>Source</th>
<th>Definition</th>
<th>Key terms/c. concepts</th>
</tr>
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</table>
| Ben-Arieh, et al. (2014)      | Child wellbeing is described as the interplay between children’s rights, freedom to exercise those rights, and their healthy development, which are influenced by “factors at the micro level and framed by the social structures of the wider society.” It “encompasses both children’s lives in the present and how the present influences their future and their development” | Child rights  
Child development  
Individual factors  
Context/social structures  
Present wellbeing  
Future wellbeing |
| Bradshaw, et al. (2007)       | Child wellbeing is “the realization of children’s rights and the fulfilment of the opportunity for every child to be all she or he can be in the light of a child’s abilities, potential and skills.” | Child rights  
Future wellbeing |
| Camfield (2010)               | Child wellbeing is “the right to live free from want and violence, and to experience wellbeing now as well as in the future” (399). Wellbeing is also described as a process located in a historically and culturally specific context (411). | Child rights  
Present wellbeing  
Future wellbeing  
Cultural context |
| Child Protection Working Group (2012) | “The condition of holistic health and the process of achieving this condition, wellbeing refers to physical, emotional, social and cognitive health” | Physical wellbeing  
Emotional wellbeing  
Social wellbeing  
Present wellbeing |
| Fattore, et al. (2007)        | Child wellbeing, as described by children themselves, is: “feeling secure in social relations”, “being a moral actor in relation to oneself” (i.e. making decisions in one’s best interests), and “behaving well towards others.” | Security in society  
Making good, informed decisions  
Best interests  
Peer relationships |
| Jones, et al. (2015)          | “include indicators that consider the whole child and cross several domains of overall life quality and functioning including physical, mental and behavioural health; social and emotional health; safety and the physical environment; economic security; and academic and intellectual outcomes”. “It should be understood within context of people and systems with which children interact”. | Quality of life  
Functioning  
Ecological theory  
Context |
| Schues and Rehmann Sutter (2013) | “physical, mental, personal, cultural and social development of a child, which results in a meaningful life with other human beings” | Physical wellbeing  
Mental, social wellbeing  
Child development  
Cultural context  
Relationships with others |
| Minkkinen (2013)              | “physical, mental, social and material situation... linked with subjective measurements of life satisfaction and happiness indexes” | Material situation  
Physical wellbeing  
Mental, social wellbeing  
Subjective wellbeing |
| Tisdali, E. K. M. (2015)      | “wellbeing is more than the absence of illness or pathology; it has subjective (self-assessed) and objective (ascribed) dimensions; it can be measured at the level of individuals or society; it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth” | Subjective wellbeing  
Ecological theory |
| UNESCO (2014)                | “includes their basic needs, their rights on a global and national level, and what children want (their will)” | Basic needs  
Child rights  
Child will/subjective wellbeing |
| UNHCR (2018)                 | The best interests of the child as determined by individual characteristics as well as relationships, protection situation, and other factors. It must be interpreted in line with the CRC, international legal norms, and guidance from the Committee on the Rights of the Child. | Best interests of the child  
Child rights  
Relationships  
Protection |
ECOLOGICAL MODEL’S IMPACT ON WELLBEING

Defining and measuring children’s wellbeing cannot be done by examining the welfare of the child alone. It must also include an analysis of the child’s family and relationships, surrounding community, and context, including macro-level policies and systems. Many existing definitions and frameworks acknowledge this by referencing Bronfenbrenner’s Ecological Model and dividing wellbeing into individual, family, community, and context-level domains (Lippman, et al. 2009; Psychosocial Working Group 2003; Tisdall 2015; Jones, et al. 2015; UNHCR 2018). Lippman, et al. (2009) highlighted the importance of separating these domains to allow for targeted conclusions and policy response at each of the different levels.

INFLUENCE OF CHILD RIGHTS

In 1989, the United Nations Convention on the Rights of the Child (CRC) created a common understanding of child rights that reflected a holistic, rights-based perspective. Doek (2014) stated, “The CRC made wellbeing a right of the child and moved it from charity to entitlement.” The CRC’s focus on a child’s right to be heard, the pivotal role of parents and family relationships, protection and safety, and social and cultural rights have all been included in contemporary child wellbeing frameworks.

SUBJECTIVE AND OBJECTIVE MEASURES OF WELLBEING

Early work on defining and measuring child wellbeing focused on objective measures such as child mortality rates, poverty rates, etc. This is still the dominant trend. Increasingly, however, academics and practitioners have acknowledged a gap in this approach: the child’s voice. The majority of objective measures do not involve child respondents or ask for children’s own perspectives on their wellbeing. Acknowledging the conceptual and ethical problems with such an approach, subjective wellbeing elements have been added to a number of child wellbeing definitions and frameworks (Waters 2014, Rosen 2014, UNICEF 2013).

Subjective wellbeing is “how people evaluate their lives and includes people’s emotional reactions to events, their moods and the judgments they form about life satisfaction” (Kosher and Ben-Arieh 2017). Subjective wellbeing is measured by “life satisfaction measures”, which assess how happy people are with their lives. Ben-Arieh, et al. (2014) also recommend getting children’s perspective on their
wellbeing in specific domains, including family and social relationships, education, safety, and their own psychosocial wellbeing.

Some measures and frameworks only look at children’s subjective wellbeing (e.g. Children’s World Survey in Rees, et al. 2016). Far more child wellbeing definitions and measurement frameworks, however, include subjective and objective wellbeing measures. The subjective measures provide context and explanation for objective statistics and trends (e.g. UNICEF’s Innocenti Report Card, Save the Children Australia’s Child Wellbeing Initiative). Cross-national comparisons have identified limitations with subjective indicators. UNICEF (2014) notes the problem of cultural conditioning, stating, “A score of 6 on a Life Satisfaction Scale, for example, may mean one thing in a culture which emphasises accepting one’s lot in life and discourages complaint – and quite another in a culture where children are encouraged to strive for better, to compare themselves to others, and to be aware of their rights (42).” Despite this challenge, it is noted that life satisfaction measures often correlate well with more objective measures of wellbeing (UNICEF 2014).

Marjanen (2016) advocates for a more complex understanding of child wellbeing: “Therefore, defining and determining child wellbeing at the holistic level has become increasingly recognised as being both an objective and subjective activity, both connected to and separate from monetary measurements, based on both vulnerability and strengths-based approaches, as well as developmental and rights-based approaches, incorporating a child’s will and autonomy, and embedded in both local and international contexts.”

**RELATED TERM - PSYCHOSOCIAL WELLBEING**

Psychosocial wellbeing is included in many broader definitions of child wellbeing. It also receives considerable attention as a separate domain. The Inter-Agency Standing Committee’s Reference Group on Mental Health and Psychosocial Support in Emergency Settings (2017) describes psychosocial wellbeing as “the interaction between social aspects (such as interpersonal relationships and social connections, social resources, social norms, social values, social roles, community life, spiritual and religious life) and psychological aspects (such as emotions, thoughts, behaviours, knowledge and coping strategies) that contribute to overall wellbeing.” Psychosocial wellbeing itself is often sub-divided into domains. The Psychosocial Working Group (2003) divides it into human capacity, social ecology, and culture and values. Woodhead (2004, as cited in Camfield 2010) uses the categories of cognitive abilities and cultural competencies; personal security, social integration and social competence; personal identity and valuation; sense of personal agency; and emotional and somatic expressions of wellbeing. These domains may be helpful when measuring overall wellbeing.
CULTURAL AND NORMATIVE FRAMEWORKS

The cultural and historical context greatly influences the measurement of child wellbeing. Multiple authors recommend including an examination of cultural context in child wellbeing measures (Ben-Arieh, et al. 2014). This includes understanding how society views childhood in general, child care and child rearing practices, gender roles, children’s social problems and needs, and best methods for solving children’s social problems.

POSITIVE FRAMEWORKS

Current research is moving towards a more strengths-based and resilience-focused model of child wellbeing (Ben-Arieh, et al. 2014). Marjanen (2016) says “one should not only measure where children are being mistreated, or how children should not be treated, but one should also take into account how they should be treated on a holistic level, looking at a varied number of psychological, physical, social and economic factors, as well as understanding how different environments impact upon children.”

This perspective has led to a greater emphasis on measuring positive indicators: “the competencies, skills, behaviors and qualities as well as the relationships and social connections, which foster healthy development across the domains of a child’s life” (Lippman, et al. 2009). Examples of positive child wellbeing indicators include lifeskills, resilience, play and leisure, community connectedness, and civic engagement. Positive indicators are useful for identifying policies and interventions that can support positive practices and holistic wellbeing, instead of just focusing on child survival and social problems (Ben-Arieh 2005; Ben-Arieh 2010; Lippman, et al. 2009; Camfield 2010).

Lippman, et al. (2009) say that positive indicators represent “values and goals” on which social action can be built. Others recommend gaining children’s perspectives on their own sources of wellbeing to avoid undermining existing resources and assets (Camfield 2010).

Negative indicators should not be eliminated altogether. Rather, a more accurate and policy-oriented framework for child wellbeing should include both positive and negative indicators. Save the Children Australia’s Wellbeing Initiative (Bell & Dooley 2018) gives a strong example of this with positive indicators (e.g. families supporting children’s learning, babies fully breastfed, physically active children) measured alongside more negative ones.
PART TWO: DOMAINS OF CHILD WELLBEING

The majority of existing child wellbeing frameworks reflect earlier views of child wellbeing and include sector-specific domains that guarantee child survival: health, basic needs (housing, nutrition, material resources), and safety. Many frameworks complement these domains with more holistic measures of child wellbeing, including psychosocial wellbeing, relationships, participation, community context, and subjective wellbeing measures.

Most frameworks can be divided into two schools: those which examine child wellbeing from a child-centered, holistic perspective and those which focus on “achieving outcomes” through statistical measures of child wellbeing (Jones, et al. 2015). Jones, et al. (2015) examined major American frameworks for measuring and tracking individual wellbeing. They found three common domains of child wellbeing: behavioral and emotional functioning (mental health), relationships, and physical health. Greater variety was found in community, contextual, and subjective wellbeing domains.

Major frameworks discussed in the literature, as well as existing measures and indicators for child wellbeing, are summarized in the table below. Shaded sections of the table indicate the sector(s) covered in the framework (e.g. psychosocial). Additional terms that were used to define this sector (e.g. play, leisure) are listed as well. Specific domains are explored in further detail in the following section.
<table>
<thead>
<tr>
<th>TABLE 1: ACADEMIC STUDIES AND FRAMEWORKS FOR CHILD WELLBEING</th>
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<td><strong>Mental Health</strong></td>
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<td><strong>Psychosocial</strong></td>
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<td><strong>Relationships</strong></td>
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<td><strong>Safety and Protection</strong></td>
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<td><strong>Community and Context</strong></td>
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<td><strong>Individual Child Characteristics</strong></td>
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<td><strong>Subjective Wellbeing</strong></td>
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<td>Education</td>
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<td>Participation</td>
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7 As described in Ben-Arie et al. (2014)
8 As described in Fernandes et al. (2012)
9 As described in Fernandes et al. (2012).
10 As described in Fernandes et al. (2012).
11 As described in Rees et al. (2016)
12 As described in Bell & Dooley (2018)
| Community and Context | (Community connectedness) | | | | Environment safety (Homicide rate, air pollution) |
|----------------------|--------------------------|----------------|----------------|-------------------------------|
| Subjective Well-being |                           |               |               |                               |

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<tr>
<th>TABLE 3: EXISTING MEASURES AND INDICES (PART TWO)</th>
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<td><strong>Child and Family Service Review Framework</strong></td>
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<td>Basic Needs (Housing, nutrition, and material resources)</td>
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<td>Community &amp; Context</td>
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[^13]: As described in Jones et al 2015.
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<th>TABLE 4: HUMANITARIAN-SPECIFIC GUIDANCE</th>
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<td>Subjective Well-being</td>
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14 The same factors are described in Strang & Ageer 2003.
15 As described in Meyer et al 2018.
INDIVIDUAL CHARACTERISTICS

Basic Needs: Material Resources, Nutrition and Shelter

Basic needs (access to material resources, nutrition, and shelter) have long been included in child wellbeing definitions and measurement frameworks for their roles in basic survival. These elements are almost universally included across global and national measures of child wellbeing, including the OECD’s Doing Better for Children, UNICEF’s State of the World’s Children, and national measures from the United States and Scotland. While these have sometimes been excluded from psychosocial wellbeing measures, they are arguably more important to children’s wellbeing in humanitarian contexts – from both a psychosocial and holistic perspective – due to the disruption of resources and structural supports.

Physical Health

Physical health has similarly been included as a domain in many frameworks due to its role in children’s survival. Recently added measures of physical health include indicators for healthy behaviors (such as physical activity, breastfeeding of babies, and making informed health decisions) as well as negative measures like childhood mortality (Jones et al 2015, Save the Children 2018). Access to preventative health services is also included.

Education

Education has also been a core domain in child wellbeing frameworks, since many consider education necessary for supporting children’s development into productive adults. Most commonly, education is measured by attendance and attainment rates at the primary and secondary level. More recent measures, however, have attempted to focus on educational needs throughout the life course and range from early childhood development to training and employment opportunities for older adolescents (Bell & Dooley 2018, UNICEF 2014). From a rights perspective, education’s primary purpose is to enable a child to “participate fully and responsibly in a free society” and should therefore be “child-friendly, inspiring and motivating to the individual child” (Doek 2014). However, qualitative measures of education in child wellbeing frameworks are still rare, with the notable exceptions of the Children’s World Survey (Rees, et al. 2016) and Save the Children’s Child Wellbeing Initiative (Bell & Dooley 2018). Violence in school is a similarly neglected component, often due to a lack of internationally comparable data (UNICEF 2014).
**Safety and Protection**

Children’s exposure to violence and risky behaviors like smoking, alcohol use and teenage pregnancy have often been included in child wellbeing domains (OECD 2009; Ben Arieh, et al. 2014; Fernandes, et al. 2012). Wider-ranging concepts of safety in the home, school, and community are included in more subjective and child-centered wellbeing measures like the Children’s World Survey (Rees, et al. 2016) and Fattore et al.’s (2007) framework that was developed from consultations with children.

**Mental Health and Psychosocial Needs**

Mental health and psychosocial needs were relatively less examined in child wellbeing measures (see Table 1). However, these have long been an element of humanitarian-focused measures (see Table 3) and are increasingly being included in frameworks from development and developed contexts. (See also Psychosocial Wellbeing.)

**Participation**

The UNCRC highlights the importance of children’s participation in all decisions that affect them. Such participation contributes to children’s wellbeing by “promot[ing] the development of skills and engagement in both individual and collective decision-making processes” and increasing a “child’s sense of self-worth, self-esteem and empowerment” (Doek 2014). Many authors claim this is even more true for children affected by humanitarian crises and migration: a sense of control and the ability to participate in decisions affecting their lives helps children to cope with distress and uncertainty (Abdul-Rida & Nauck 2014; Watters 2014). Children themselves say the capacity to act, exercise choice, and exert influence over daily situations are essential to their wellbeing (Fattore et al 2007; Meyers, et al. 2018).

Multiple frameworks measure participation from a community level by evaluating engagement in community decision-making and participation in community groups (Index on Child and Youth Wellbeing in the USA; Index on Child Wellbeing in the EU; Save the Children Australia’s Child Wellbeing Initiative). The Children’s World Survey, however, is unique in its examination of children’s ability to participate (i.e. feelings of being listened to and respected) in the home and at school.
Gender
Several authors claimed that social concepts of gender impact children’s well-being through different experiences of violence, exploitation and deprivation; harassment and bullying of those who do not fit dominant gender norms; and gendered practices that impact children’s agency (Nielsen & Thorne 2015; Tol 2013). Camfield (2010) suggested that gender (and age) can lead to different wellbeing experiences even within the same household and noted the importance of capturing these aspects.

FAMILY RELATIONSHIPS

From a child development perspective, family relationships, especially the attachment bond with a primary caregiver, are the most important and influential factors influencing child wellbeing. Children themselves have highlighted family or caregiver relationships as the most important factor in their wellbeing (Fattore et al 2007; Lippman, et al. 2009; Meyer, et al. 2018; Rees, et al. 2016). Some measures of this domain include positive relationships with parents, siblings and extended family; positive family functioning; happiness with family life; and time spent having fun and learning with family (Lippman, et al. 2009; Rees, et al. 2016; UNICEF 2014). Permanency and continuity of family relationships and connections are particularly emphasized in child protection frameworks and are used for monitoring individual children’s progress (Jones, et al. 2016).

COMMUNITY

Lippman, et al. (2009) extended the concept of relationships to cover the community, including positive relationships with teachers and community members and community-specific elements such as a sense of belonging and civic engagement. Psychosocial wellbeing frameworks similarly looked at social connectedness within the community (IASC 2017), whereas several other frameworks focused on safety in the environment, physical resources, spaces for play and leisure, and environmental degradation as the most important aspects of the community for child wellbeing (Ben-Arieh 2014; Fattore, et al. 2007; Fernandes, et al. 2013; Rees, et al. 2016).
COMMUNITY AND CONTEXT

Diverse sources highlight that child wellbeing is a process located in historically and culturally specific contexts (Ben-Arieh 2014; Camfield 2010). Frameworks examined exclude a range of contextual domains including cultural and religious norms and practices towards children, child-rearing and childhood; macro-level laws and policies that influence children’s rights, protection, and wellbeing; and global trends in climate change, war, and terrorism. Regardless of the specific domains identified, contextual elements sought to identify the macro-level systems, policies, beliefs, and trends that impacted (negatively or positively) children’s wellbeing. Lippman, et al. (2015) and other authors emphasized that separating out these domains allowed for deeper understanding and the development of practical policies and solutions to improve child wellbeing.

HUMANITARIAN-SPECIFIC ELEMENTS

Humanitarian-specific examinations of children’s wellbeing generally align with the overall trends of child wellbeing research but include additional domains and a greater focus on context. Waters (2014) emphasized that refugee children’s wellbeing has to be considered in the context of loss, considering the disruption in social relationships and networks, infrastructure and resources. The inclusion of age and developmental stage as a separate domain was highlighted as essential for capturing the differential impact of humanitarian emergencies on girls and boys of different ages (Waters 2014; Masten & Narayan 2012; Tol 2013). Masten & Narayan (2012) emphasized that this was particularly important for children under five and for pregnant mothers as adversity at these stages, without appropriate supports, can have lifelong and potentially inter-generational impacts given our understanding of epigenetics.

At the individual level, Rosen (2014) advocated for understanding children’s own perspectives on their wellbeing rather than relying on normative or rights-based perspectives. External perspectives sometimes gather children into categories (e.g. CAAFAG, UASC, etc.) rather than capturing the nuances of children’s unique experiences. His review of the literature argued for particular consideration of children’s experience of violence as a perpetrator or victim.
At the family and community levels, many authors found specific elements relevant to children affected by humanitarian situations. Examining the wellbeing of child migrants in the West, Abdul-Rida and Nauck (2014) noted the importance of social inclusion and strong family relationships, stating that “perceived discrimination is a strong predictor of low mental health whereas a stable ethnic identity shows a positive impact as it serves as a buffer against stressful events.” Consultations with children themselves have similarly emphasized the importance of family and peer relationships (Meyer, et al. 2018). In contexts characterized by uncertainty and cultural differences, Watters also argued for the importance of participation and of consulting child refugees to understand their priorities for wellbeing.

At the contextual level, humanitarian crises warrant greater examination of the macrosystems, policies, laws, and procedures that affect children and their families in order to gain a holistic understanding of child wellbeing. Looking at the wellbeing of asylum-seeking and refugee children, Watters (2014) identified:

- The role of legal status,
- The impact of a culture of mistrust and child-unfriendly immigration procedures, and
- Agency and empowerment within host countries and official proceedings.

Watters also advocated for a broader context analysis that looked at macro-level laws and policies on refugee and migrant children, microlevel implementation, and the combined daily effect on children. Meyer, et al. (2018) adapted the Child Protection Index through consultations with refugee children in South Sudan and found that contextual elements of children’s experience had a significant impact on their wellbeing, particularly the phase of humanitarian crisis, type of displacement, length of stay in host country, and dynamics with humanitarian agencies.
RECOMMENDATIONS

DEFINITION OF CHILD WELLBEING

An adapted definition of child wellbeing for humanitarian contexts should be adopted:

*Child wellbeing* is a dynamic, subjective and objective state of physical, cognitive, emotional, spiritual and social health in which children:

- are safe from abuse, neglect, exploitation and violence;
- meet their basic needs, including survival and development;
- are connected to and cared for by primary caregivers;
- have the opportunity for supportive relationships with relatives, peers, teachers, community members and society at large; and
- have the opportunity and elements required to exercise their agency based on their emerging capacities.

This definition aims to reflect the ecological perspective by identifying the individual, family, other relational, and contextual factors that affect children’s wellbeing. Children’s safety and ability to meet basic needs are included as a pre-requisite in recognition of their priority in humanitarian contexts characterized by loss and uncertainty. Caring parent/caregiver relationships are included to reflect (a) children’s own prioritization of relationships in humanitarian contexts, and (b) the critical role of attachment in buffering children from the adversity faced in emergencies. Supportive communities are included to highlight (a) the importance of social networks in supporting families, and (b) the impact of cultural views of childhood on children’s wellbeing. Finally, the opportunity and ability to exercise their agency is included to highlight the ways in which laws, policies, and practices might impact children’s ability to achieve the future they desire.

DOMAINS

Children’s wellbeing is affected by domains or factors at the individual, relationship, community, and contextual levels. Each of these levels are interconnected, and measurement frameworks should seek to capture the different levels’ singular and combined effects on children’s wellbeing.

Specific domains to be considered under the individual, family, community, and contextual levels are listed below. In addition to identifying age and gender as a separate domain, a gender-sensitive, developmental approach should be applied to all domains. This includes disaggregating data based on gender, age, and disability to learn how each domain affects children differently based on their age (and developmental stage) and gender.
Both objective and subjective indicators should be selected for each domain to ensure that children’s own perspectives on their lives are incorporated throughout the analysis. Subjective indicators should be particularly prioritized for psychosocial wellbeing, safety, supportive and caring relationships, children’s ability to participate, and dynamics between communities and humanitarian agencies. Where possible, positive indicators should also be included, especially where practices supportive to child wellbeing have been identified in the context.

**CONTEXTUALIZATION**

Recognizing the complexity of measuring multiple domains across four levels, the measurement framework should include a process for contextualization and prioritization. Consultations with children and parents/caregivers should be held to identify their priorities for child wellbeing as well as existing resources and positive practices in the community. Specific domains (and potential indicators) within each of the four levels could then be prioritized based upon these consultations.

A core set of domains and indicators should be kept across all contexts to allow for comparison. The suggested core domains are:

- **Individual level**: physical health and nutrition, and safety and protection.
- **Family level**: supportive and caring relationships with parents/primary caregivers and resources.
- **Community**: children’s sense of belonging and ability to participate.
- **Context**: laws and policies on child protection, migration, and humanitarian relief.

These domains were selected to build a holistic picture of children’s wellbeing that includes safety and basic needs, psychosocial wellbeing, and macro-level policies.
REFERENCES


