

Child Well-Being in Humanitarian Action:

A Desk Review



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



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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.

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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:

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/>

⁶This 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.

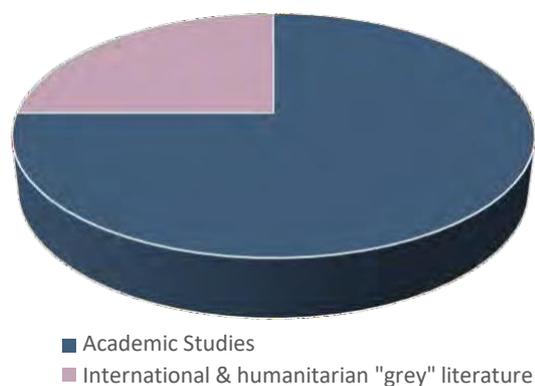
- Overview: *largely academic studies that examine the concept of child wellbeing, how to define and measure it, relevant domains, and potential indicators*
- Human rights, child rights, and child protection: *academic studies, sectoral documents and agency specific “grey literature” that examine child 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



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.

Source	Definition	Key terms/ concepts
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 well being
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 well being 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
Minkinen (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
Tisdall, 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 <i>needs</i> , their <i>rights</i> on a global and national level, and what children <i>want</i> (their will)"	Basic needs Child rights Child will/subjective well-being
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 1: ACADEMIC STUDIES AND FRAMEWORKS FOR CHILD WELLBEING					
	Camfield (2010)	Fattore, Mason, & Watson (2007)	Kosher & Ben Arieh (2017)	Lippman L. H., et al. (2009)	Abdul-Rida & Nauck (2014)
Basic Needs (Housing, nutrition, and material possessions)	(Material security)	Material resources; home			Poverty
Physical Health		Activities and being active		(Physical health, development and safety)	
Mental Health				Psychological/ emotional development	
Psychosocial	Play, leisure	Positive sense of self, feeling secure		Social development and behavior	
Relationships				(Family, peers, school, community, macrosystems)	Role of family
Safety and Protection					
Education				(Cognitive development and education)	
Participation		Autonomy and agency	Participation, satisfaction with participation, perceptions of child rights		
Community and Context				(Family, peers, school, community, macrosystems)	Social inclusion, ethnic identity
Individual Child Characteristics	(Age, gender, capacities)		(Age, gender)		Language proficiency
Subjective Wellbeing			Overall satisfaction, satisfaction with family, school, area you live in)		

TABLE 2: EXISTING MEASURES AND INDICES (PART ONE)									
	Foundation for Child Development: Child and Youth Well-being Index	UNICEF Innocenti Report Card ⁷	Doing Better for Children (OECD 2009)	Index on Child and Youth Well-being in the USA (2007) ⁸	Index on Child Well-being in the EU ⁹	Microdata Child Well-being Index ¹⁰	Children's World Survey ¹¹	UNICEF Child Well-being in Rich Countries	Save the Children Australia Child Well-being Initiative ¹²
Basic Needs (Housing, nutrition, and material possessions)	(Family economic well-being)	(Material wellbeing)	(Material wellbeing, housing, and the environment)	(Material well-being)	(Material situation, housing)		(Money and possessions, house)	(Material wellbeing, housing)	
Physical Health									
Mental Health									
Psychosocial						Social health			
Relationships		(Peer and family)					Family, friends and peers, community)		
Safety and Protection		Risk behaviors	Risk behavior	Risk behaviors			Feeling safe at home and in the community	Exposure to violence, risk behaviors	
Education			(Quality of school life)	(Educational attainment/productivity)					
Participation				Civic participation, place in the community	Civic participation				Active citizen (Engaged, helping and making decisions in communities)

⁷ As described in Ben-Arieh 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)							Environmental safety (Homicide rate, air pollution)	
Subjective Well-being									

TABLE 3: EXISTING MEASURES AND INDICES (PART TWO)						
	US Government and Civil Society Frameworks for Individual Children ¹³					Scotland
	Child and Family Service Review Framework	Administration for Children, Youth	Framework for Well-being for Older Youth in Foster Care	Minnesota Center for Spirituality and Healing Well-being Model	National Indian Child Welfare Association: Relational Worldview Well-being Framework	Scottish Children and Young People's Act
Basic Needs (Housing, nutrition, and material resources)	(Families' capacity to provide)		Economic success (Employment, safe housing)			
Physical Health			Physical health: (Access to services, healthy behaviors)		Body	Healthy, active
Mental Health		Self-control, emotional regulation	Mental wellness		Mind and spirit	
Psychosocial		Social connections, social competence	Social development	Purpose (Ability to find meaning and direction)		
Relationships	Permanency, family relationships	Attachment	(Healthy, meaningful relationships)		Context (Relationships with family, peers, school, and community)	Nurtured
Safety and Protection	Protection from abuse and neglect		Safety and permanency	Security (freedom from fear regarding safety)		Safety
Education		Academic achievement, school engagement, problem solving	Intellectual potential			Achieving
Participation			(Ability to make informed decisions [health])			Included, responsible
Community & Context				Community and environment	Context (Culture of the child)	Respected
Subjective Well-being						

¹³ As described in Jones et al 2015.

TABLE 4: HUMANITARIAN-SPECIFIC GUIDANCE							
	CP Minimum Standards	Psychosocial Working Group (2003) ¹⁴	UNHCR Guidelines on Determining the Best Interests of the Child	IASC Common M&E Framework for MHPSS in Emergencies	Hope Springs Haven	CP Index in South Sudan ¹⁵	Rosen 2014: Well-being of child soldiers
Basic Needs (Housing, nutrition, and material resources)		Physical and economic resources			Living conditions	Access to basic needs	Material conditions
Physical Health		Human capacity (Physical health)			Health and hygiene		
Mental Health				Mental disorders			
Psychosocial	Happy and hopeful, coping	Culture and values		Functioning, ability to cope, social behavior	Emotional and social, spiritual and values		Psychosocial wellbeing
Relationships	Positive social relations	Social ecology		Social connectedness		Relationship with caregivers	
Safety and Protection	Security, protection					Safety, violence, and injury	Experience of violence
Education							Education
Participation	Meaningful social role						
Community and Context	A supportive environment	Community and regional infrastructure, natural environment				Phase of humanitarian context, type of displacement, length of stay in host country, dynamics with humanitarian agencies	Local, national, international context
Subjective Well-being			Child's views		(Incorporated in education, psychosocial)	(Most of above identified by children themselves)	

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 wellbeing 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.

COMMON DOMAINS OF CHILD WELL-BEING

Since the concept of child well-being is dynamic and multi-dimensional, domains reflect the areas in life that are important to children and enable them to flourish. While indicators are intended to capture and define the underlying concept that should be measured, domains are often attributes that cannot be measured directly.

The four domains represented in the measurement framework should build a holistic picture of child well-being in humanitarian action, ranging from safety and basic needs to children's sense of belonging and ability to participate:

- Safety and security
- Basic needs
- Relationships with family and others
- Agency

Each of these domains may vary according to the stage and development stage of children, their gender, disability or other diversity factors, and it is likely that each of the domains will have a different meaning or level of importance depending on the age group.

Safety and security

Physical and emotional safety and security is a significant domain for children's healthy development and well-being. Compared to adults, children are at higher risk of injury, disability, physical and sexual violence, psychosocial distress and mental disorders, morbidity, and death. They may become separated from their families; trafficked; recruited into armed forces; exposed to harmful traditional practices (e.g. early marriage); and economically, physically and/or sexually exploited. Children's safety and security is influenced by their gender and developmental stage. Attachment with a consistent, responsive caregiver and positive relationships with others, including community members play a significant role in keeping children safe and enhancing their sense of security.

Basic needs

Basic needs encompass material resources, nutrition, shelter, and learning and health facilities and services. They help ensure physical survival in the early years of life, and support the physical, mental, and social growth that determines children's capacities across the life course. Social norms and values influence how basic needs are distributed within households, for example, based on gender, birth order, and ability.

Protective factors that support children's well-being include access to nutritious food, clean water, adequate clothing, shelter, and hygiene. For infants, breast-feeding can enhance physical development and reduce the chance of disease. The provision of quality services, such as affordable healthcare and education also enhances child and adolescent well-being.

Relationships with family and others

Children's relationships with family and others (such as peers, teachers, and community members) are critical and influence all aspects of their well-being. From a child development perspective, family relationships, and especially the attachment bond with a consistent, responsive caregiver, are some of the most important and influential factors governing child well-being. The importance of relationships and the attachment figures may vary and change with gender and age.

Agency

Agency captures whether children are equipped and empowered to make informed decisions and to act on their intentions while being safeguarded from taking on responsibilities that are inappropriate for their age and developmental stage. It enables children to be active agents in their own lives, entitled to be listened to, respected and granted autonomy in the exercise of their rights, while also being entitled to protection.

CONCLUSION

Measuring child well-being is complex. In recognizing the complexity involved in measuring multiple domains across all four levels of the socio-ecological framework, the child well-being measurement framework must include a process of contextualization. Based on the findings of this review, it is recommended that consultations with children, caregivers, community members, government representatives, and other sector actors be held to determine cultural and community understandings of child well-being (or related terms used in the cultural context). These consultations will inform a local definition of child well-being as well as the priority domains and indicators, if different from the definition and common domains identified at the global level.

Thus, as a next step, a guide detailing the process of contextualizing the child well-being definition and measurement framework should be developed as well as a process for measuring child well-being. Due to the multi-sectoral nature of child well-being, it is recommended that an advisory group be established with multi-sector actors to inform the final global child well-being definition and measurement work for the child protection humanitarian sector.

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