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Children's Well-being in Contexts of Poverty: Approaches to Research, Monitoring and Participation

Laura Camfield, Natalia Streuli and Martin Woodhead

Young Lives
An International Study of Childhood Poverty

Summary

Monitoring, protecting and promoting 'well-being' are central to realisation of children's rights. Yet definitions of the concept are both variable and can appear conceptually confused. Competing research paradigms engage with the concept and its measurement, while applications of well-being in policy are equally contested. This paper outlines some of the major debates, as a starting point for reviewing three contrasting approaches to well-being: indicator-based, participatory and longitudinal research. In particular, it focuses on applications of the concept in contexts of child poverty worldwide. We suggest there are some promising signs of integration amongst these approaches, and argue that well-being does have potential as a bridging concept, at the same time highlighting inequalities, acknowledging diversities, and respecting children's agency.

Drawing on the experience of Young Lives, a 15-year, four-country longitudinal study of child poverty, we suggest that methods for studying child well-being in global contexts should be dynamic and sensitive to culture and time, as well as to the trade-offs that children are required to make between themselves and others. We argue that dynamic approaches are especially important in research with children as they address how people change in time. Well-being is understood by Young Lives to be about real people and the social contexts they inhabit. It can act as a lens - similar to culture - which recognises that outcomes of deprivation are influenced by children and their responses to and interpretation of events. Accessing children's views in the context of their communities is important and can increase the accuracy and credibility of research data.

1. Introduction

Monitoring, protecting and promoting well-being is central to realisation of children's rights, as set out in the UN Convention on the Rights of the Child, (UNCRC, 1989). Understanding well-being is crucial for interpreting 'best interests' (Article 3) and defining what counts as the '…the child's mental, spiritual, moral, and social development' as used for example in Article 27 (on provision of an adequate standard of living) and Article 32 (on protecting children from harmful work). Many other articles can also be seen as about promoting 'well-being', for example, Article 24 (on rights to health), Articles 28 and 29 (on rights to education), Article 31 (on rights to play and recreation), as well as Articles 5 and 18 (on responsibilities of parents). Indeed, according to one prominent scholar:

> …well-being can be defined as the realisation 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. The degree to which this is achieved can be measured in terms of positive child outcomes, whereas negative outcomes and deprivation point to the neglect of children's rights.
>
> (Bradshaw et al. 2007: 135)

Well-being has also become firmly embedded in academic and policy discourse in recent years, evidenced by a growing number of well-being-related publications, journals, and conferences (e.g. Sointu 2005; Corsin-Jimenez et al. 2007; Wilk 2008). It is increasingly popular as an integrative concept in diverse fields of social policy, international development, and more recently child development (e.g. respectively Bornstein et al. 2003; McGillivray et al. 2006; Brown 2007), and is now beginning to be widely used in empirical research on

children's experiences (Jones and Sumner 2008). Examples discussed later in this paper include national surveys using 'well-being indicators' to monitor and compare children's experiences in particular contexts against normative as well as explicitly rights-based reference points (e.g. Dawes et al. 2007; the Innocenti Report Card, www.unicef-irc.org/research/), research with children using participatory approaches to explore their understanding of the term (e.g. Fattore et al. 2007), and longitudinal research to establish patterns of causality (e.g. Boyden 2006; Bynner and Joshi 2007). For all these reasons, well-being concepts and research require careful scrutiny. This multi-disciplinary review focuses especially on applications of the concept in contexts of child poverty worldwide.

Our starting point is that well-being is both a pervasive and a widely criticised concept. For example, theoretical and methodological critiques have been concerned with issues of definition, measurement, and cross-cultural validity (see Gilbert et al. 1998; Christopher 1999; Frederick and Loewenstein 1999; Schwarz and Strack 1999; Wilk 1999; Annas 2004; Camfield 2004; Wierzbicka 2004; Haybron 2007; Neff and Olsen 2007). A very different kind of critique comes from those who are more concerned with the political and pragmatic implications of building policies around a concept of well-being, ranging from Marxist to conservative perspectives (Gunnell 2004; Alibhai-Brown 2007; Ferguson 2007; Johns and Omerod 2007; Wilkinson 2007). These include the way the concept can both de-politicise adversity (White 2008) and individuate human responses to it (Heath 1999; Sointu 2005).

A more positive perspective is provided by Seedhouse (1995: 65) who summarises contemporary perspectives on well-being as follows:

> Either: (a) 'Well-being' is an empty notion, or (b) 'well-being' is an important and meaningful term which conveys meaning no other term conveys (and, given further research, will be shown to convey this meaning universally), or (c) 'well-being' is 'essentially contested' – its meaning and content fluctuates dependent on who is using it, and why they are using it.

His reasons for favouring the third option, which is also the position taken by this review, is that firstly 'different plausible accounts of "well-being" can and do exist', secondly, 'it is not possible to decide which of these accounts are truly about "well-being" (or about 'true well-being'), and thirdly, '"well-being" in general cannot be targeted'. In fact, claims to promote well-being often disguise the selective promotion of 'certain means for living certain sorts of life' (ibid: 66). Well-being can be characterised as an 'empty signifier' (Strathern 1992) because it accommodates a range of meanings, allowing specific agendas to be promoted under an apparently benign umbrella. Similar concerns have been expressed about the related field of 'happiness' research for example by Johns and Omerod (2007: 74), who warn that such research is conducive to 'policy-based evidence, rather than evidence-based policy' as it 'presuppose[s] a much more complete agreement on the relative importance of the different social ends than actually exists' (ibid: 107).

This review acknowledges at the outset that well-being is a broad, contested concept open to multiple interpretations and research approaches, many of which are reviewed in the following pages. Despite these legitimate concerns, we will argue that the very openness of the concept can be a virtue as a starting point for child poverty research, in so far as the concept is theorised and operationalised in ways that acknowledge the diversity of contexts within which understandings of well-being are embedded, the inequalities of access to resources that support well-being, and the perennial value contestation around what constitutes well-being at every level, from the policy debates within UN agencies to the everyday negotiations within individual households and children's peer groups. We also argue that when research makes children, their relationships, settings, activities, and material

and cultural resources the focus of enquiry; it has demonstrable value in informing evidence-based policies to improve the lives of children in resource-poor contexts.

We introduce the review by outlining some of the differing perspectives on well-being and their value to research with children living in contexts of poverty. Next, we map the debate over differing definitions and measures of well-being, as these have been applied to adults as well as children, illustrating these debates with examples of research on children's well-being in three areas, namely (1) national and international surveys, (2) 'participatory', and (3) longitudinal research. Finally, we focus on studies of psychosocial well-being and subjective meanings, drawing especially on the experience of Young Lives longitudinal research with children in four developing countries (see www.younglives.org.uk).

2. Understanding well-being

The growth in well-being research over the past five to ten years can be partially explained by the way it draws together previous work on social indicators, quality of life, and multi-dimensional conceptions of poverty, which were often dominated by particular disciplines that were slow to share theories and methods. For example, 'happiness' research and 'quality of life' studies are closely related to research on well-being, with application in the fields of economics (e.g. Frey and Stutzer 2002; Graham 2005), health psychology (Camfield 2002; Armstrong and Caldwell 2004), and social indicators research (e.g. UNRISD 1970; Diener 2006). For this reason well-being research is not a coherent or unitary research tradition. In the first place, well-being research in resource-poor contexts has not been solely or even primarily about children. On the contrary, adults' experience and understandings of well-being has been a major area for enquiry through participatory research from the 1980s onwards (Chambers 1983; see White and Pettit 2007 for a discussion of its connection to well-being research) and more recently by the UK-based Well-being in Developing Countries ESRC research group (WeD), which was established to develop an interdisciplinary and multi-method approach to exploring the social and cultural construction of well-being in Bangladesh, Ethiopia, Peru and Thailand (Gough et al. 2007; McGregor 2007). Despite potential differences in perspective, the outputs from research with adults are therefore a major resource for planning research into children's well-being in developing societies.

Secondly, studies expressly about children's well-being are very variable in research approach. They range from large scale indicator-based studies within a survey tradition and often strongly linked to policy concerns and/or implementation of the UN Convention on the Rights of the Child (UNCRC 1989), through to small scale and more interpretive studies exploring personal and cultural understandings around what counts as well-being. Thirdly, much research that is *prima facie* about children's well-being is not framed explicitly within a well-being paradigm, but instead draws on a much broader body of child-focussed concepts and methods, for example in developmental psychology, education, social policy and other paradigms. These studies may use the term 'well-being', but their authors would not position their work explicitly as research into well-being. Instead, well-being is used more as an umbrella term to encompass specific concepts and indicators such as 'psychosocial adjustment', 'positive self-concept', 'nutritional status' or 'educational achievement'. And whole research paradigms have been built around closely related concepts, notably 'resilience' (e.g. Masten 2001). Looking only at research explicitly focused on the concept of well-being would make this review more manageable, but would also exclude alternative paradigms that make an important contribution to child poverty research. Our approach then is to start from an

inclusive perspective on well-being research to develop a comprehensive and inter-disciplinary overview of the field, spanning philosophy, economics, and various sub-disciplines of psychology (see also Carlisle and Hanlon 2007), albeit with the inevitable consequence that the treatment of specific approaches and research studies is necessarily sketchy.

2.1 Defining well-being

The contested status and the plurality of well-being concepts described in the introduction can best be illustrated by looking initially at how well-being has been defined and measured in relation to adults' experiences, which have historically been the major focus of well-being studies (as noted above). Well-being, for adults at least, has been defined as:

> More than the absence of illness or pathology […with] subjective (self-assessed) and objective (ascribed) dimensions. It can be measured at the level of individuals or society [and] it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth.
>
> (McAllister 2005: 2)

But mapping the origins of this composite definition involves extensive reading both across and within disciplines. According to Angner (2007: 3), even the philosophical literature refers to the 'simple notion' of well-being (i.e. 'a life going well') in a variety of ways, including a person's good, benefit, advantage, interest, prudential value, welfare, happiness, flourishing, *eudaimonia*, utility, quality of life, and thriving. Despite this, however, 'philosophers, psychologists, economists and others who try to think systematically about well-being tend to use these terms to denote one simple notion rather than a multiplicity of related ones' (ibid), which makes well-being less useful as an analytical concept. International development research, for example, has been criticised for either being optimistic about what can be studied within a single model, which runs the risk of the map becoming the territory (an image taken from Borges' (1975) essay *On Exactitude in Science*), or taking familiar macro-economic indicators as proxies (Sumner 2007).

White (2007) provides a useful framework for encompassing the diversity of well-being concepts, distinguishing between *having* a good life (material welfare and standards of living), *living* a good life (values and ideals), and *locating* one's life (experience and subjectivity). Table 1 clusters some influential statements about well-being within this framework.

Table 1. *Some definitions of well-being*

Having	Living	Locating
'Externally assessed and approved, and thereby normatively endorsed, non-feeling features of a person's life' (Gasper 2007: 59)	'The expansion of the "capabilities" of people to lead the kind of lives they value – and have reason to value' (Sen 1999: 285)	The 'feelings and/ or judgements of the person whose well-being is being estimated' (Gasper 2007: 59)
'Economic' poverty indicators such as income per capita, income-poverty, and income Inequality (Sumner 2007: 8)	'What people are notionally able to do and to be, and what they have actually been able to do and to be' (Gough et al. 2007: 6)	'Intricately bound up with ideas about what constitutes human happiness and the sort of life it is good to lead' (Honderich 2005 in Gough et al. 2007: 4)

Table 1. *Some definitions of well-being* continued

Having	Living	Locating
Five 'capital assets' in the sustainable livelihoods framework (natural, human, financial, physical and social) (see Carney 1998; Moser 1998)	'Play[ing] an active role in creating their well-being by balancing […] different factors, developing and making use of resources and responding to stress' (Bradshaw et al. 2007: 136)	'Intricately bound up with ideas about what constitutes human happiness and the sort of life it is good to lead' (Honderich 2005 in Gough et al. 2007: 4)
Basic needs such as health whose deprivation causes 'serious harm' (Doyal and Gough 1991: 39)		'Differ[s] from place to place […as] individual perceptions are grounded in shared meanings through culture; and […] experience is essentially constituted in relation to others' (White 2007)

2.2   Measuring well-being

Within the disciplinary fields described earlier definitions of well-being are almost always tied to measures, and where this is not the case, e.g. Sen and Nussbaum's (1993) writings on 'quality of life', considerable work is put in by supporters to 'operationalise' these concepts. A distinction commonly made is between measures that are more 'objective' (concerned with externally verifiable indicators such as material resources, morbidity, psychosocial functioning etc.) versus those that are more 'subjective' (perceptual, experiential, based around articulation of personal meanings), reflected in Table 2 below.

Table 2. *Summary of different instruments characterised as measures of well-being*

Approach/ disciplines	Sub-categories	Measures	Example
Objective e.g. social policy/ sociology, economists, clinicians, child development/ educational, psychologists, health psychologists, philosophers, development ethicists	*Child development*	Cognitive outcomes, age for height/ weight, nutrition, etc.	Psychometric studies of children's cognitive capacities and educational outcomes, e.g. via standardised tests such as Peabody Picture Vocabulary Test (PPVT, Dunn and Dunn 1997) or Raven's Progressive Matrices (Raven 1938) or as part of national or international comparative studies such as the OECD Programme for International Student Assessment (PISA)
	Health	Self-reported health status questions or health-related quality of life measures, e.g. WHOQOL, (WHOQOL Group 1995)	National Demographic and Health surveys (DHS) provide data for monitoring and impact evaluation indicators in population, health, and nutrition.
	Welfare, need satisfaction	Index of Multiple Deprivation (Gordon et al. 2001); Intermediate Need Deprivation Index (McGregor et al. 2007)	Human Development Index calculates the level of human development of countries worldwide using a combination of life expectancy, literacy, education, and Gross Domestic Product (GDP) per capita
	Economic	GDP, Gross National Income (GNI)	National poverty lines calculate the percentage of the population living in poverty (e.g. below 60 per cent of the median income or unable to purchase a fixed 'basket' of goods)

Table 2. *Summary of different instruments characterised as measures of well-being* continued

Approach/ disciplines	Sub-categories	Measures	Example
Subjective e.g. psychologists (esp. positive, health, affect balance), social policy/ sociology, economists of happiness, philosophers, development ethicists	*Affect or hedonic well-being*	Positive and Negative Affect Scale, Watson et al. 1998; Bradburn affect balance scale, Bradburn 1969); Day Sampling Methodology, Kahneman 1999	The 'U-Index' (Kahneman and Krueger 2006) measures the proportion of time individuals spend in an unpleasant, undesirable, or unhappy state as a measure of 'objective happiness'
	Satisfaction/ happiness with life as a whole	Global satisfaction using a single question (e.g. Easterlin 1974), or scale (e.g. Satisfaction with Life Scale, Diener et al. 1985); Satisfaction with 'domains of life' (e.g. Rojas 2007)	See http://worlddatabaseofhappiness.eur.nl/ for examples of single questions and measures used in national and international surveys (e.g. World Values Survey, South African Household Survey)
	Psychological or eudaimonic well-being	Measures of psychological health and well-being (e.g. absence of depression, presence of self-esteem), satisfaction of psychological needs (Ryan and Deci 2001) and goals (WeDQoL, Woodcock et al. 2007)	New European Social Survey module measuring how people perceive themselves as 'feeling' (having, being) and 'functioning' (doing) in personal and interpersonal domains (Huppert et al. 2007)
Integrative e.g. social policy/ sociologists, psychologists, development economists	*'Well-being', 'quality of life', 'social indicators'*	Sets of indicators and surveys that combine objective and subjective dimensions	Innocenti report cards (UNICEF 2007) aim to provide a comprehensive assessment of child well-being in rich countries covering six dimensions of material well-being, health and safety, education, peer and family relationships, behaviours and risks, and subjective well-being (but see Ansell et al. 2007)

The objective-subjective distinction is not always helpful, even as a heuristic device, as it obscures the mutually constitutive nature of objective and subjective (for example, the way high levels of anxiety can cause visible somatic symptoms) and can privilege the judgements of external actors, where external or 'objective' perspectives are seen as comprehensive, scientific and bias-free. 'Subjective' measures are by implication seen as difficult to capture, ephemeral, unreliable and open to external influence (e.g. Sen 1985; Bertrand and Mullainathan 2001). This is a gross oversimplification of the potential contribution that can be made by systematic participatory, interpretive and hermeneutic approaches. It also encourages exaggerated claims about universal objective indicators, as well as obscuring the interactions between the subjective and the objective. For example, material resources can acquire symbolic and emotional power as when children attach great importance to items of clothing, for example, branded trainers in the UK (Ridge 2002) or hair decorations in Ethiopia that signify *Meskel* (a National holiday) (Camfield and Tafere 2008). Finally, the objective-subjective binary can serve as a barrier to exploring how different approaches to studying well-being can be creatively integrated.

Subjective measures have developed within three main research areas: health-related quality of life, the psychology of hedonic well-being (and more recently the neuroscience behind this, see Huppert et al. 2007), and the 'economics of happiness' (see Table 2), and play a significant role in monitoring the well-being of adults and children. However, it is important to note that constructing apparently 'objective' measures based on personal meanings is not without pitfalls. It is not clear whether questions such as 'taking your life as a whole, would you consider it very happy, somewhat happy or not happy at all' is understood in the same way across different languages, cultures and socio-economic contexts (Wierzbicka 2004; Kenny 2005), or even how these are interpreted in the same context (Schwarz and Strack 1999). Anthropological attention to local models of well-being (e.g. Corsin-Jimenez 2007) has opened a space for considering local understandings about what 'the good life' might be for different kinds of person (Bevan 2006), and this has been complemented more recently with empirical studies by researchers from participatory development (White and Pettit 2007) and development ethics (Clark 2002; Biggeri et al. 2006).

2.3 Well-being in relation to children

'Children' (defined here as in the UNCRC as people under 18 years of age) represent a large proportion of the population in developing countries, where well-being is a major research and policy concern. According to UNICEF's 'State of the World's Children' report (2007), there are 2.2 billion people aged under 18 and the majority of these are living in poverty. Childhood itself is a critical period that offers opportunities for disrupting the intergenerational transmission of poverty (e.g. Yakub 2002; Cunha and Heckman 2007), hence the inclusion of early childhood health and education in the Millennium Development Goals. Evidence from many countries shows that children who grow up in poverty are more likely to experience poor health, fewer opportunities to access good quality education and to be low paid or unemployed in the future (UNICEF 2007). One influential estimate suggests 200 million children under five years are not fulfilling their developmental potential (Grantham-McGregor et al. 2007). While the relationship between material states and subjective experiences is far from linear (e.g. Sen 2002), there is nonetheless a strong pragmatic, ethical and human rights imperative for understanding and monitoring the outcomes of poverty and other adversities on children's well-being, by studying both their current experiences and the consequences for their future lives. Considerable advances have been made in foregrounding children's well-being and best interests as distinct from and not necessarily equivalent to the well-being of their families by ensuring basic indicators about children are disaggregated from household statistics (Qvortrup 1990; Boyden et al. 2003; Jones et al. 2005). There is also recognition of the considerable differentiation in children's interests and experiences, even within the same family, due to factors such as age, gender, birth order, physical health and appearance, religion, ethnicity, socio-economic status, etc. The context specificity of children's interests and potential conflicts between interest groups in resource-poor environments helps explain why best interests are *a* primary consideration rather than the primary consideration, with the proviso that 'for the best interests of the child to be determined, it is important that the child himself or herself be heard' (Hammarberg 2008).

The themes of connecting with and contextualising children's own understandings of present and future well-being, of balancing conflicting understandings (for example between children, parents and professionals), and of recognising potential trade-offs between, for example, the well-being of a single child and of all the children in their family, are particularly salient in the context of best interests. A well-being approach can also check the misuse of the principle of 'best interests' to justify practices that violate the rights of the child; for example, defences of corporal punishment that argue it is in children's interest in the long term because it teaches

them appropriate limits, even though it perceptibly reduces their current well-being. Additionally, the broad-ranging and holistic nature of well-being reinforces the point that consideration of best interests should extend beyond the social sector into national defence and economic policies.

Equally significant has been recognition of the tensions in both policy and research between universalised images of childhood, including the factors that contribute to children's 'positive well-being' and more contextualised and localised accounts. These debates have focused especially on the regulative power of UNCRC (1989) and on the influence of normative child development paradigms, both of which are seen as at risk of globalising Western assumptions about childhood, including what counts as child well-being (Boyden and Ennew 1997; Burman 1996; Woodhead 1998 and 2009 *in press*). The theoretical and methodological proposals of the 'new sociology of childhood' or 'Childhood Studies' (Prout and James 1997; James et al. 1998; Qvortrup et al. *in press*) have been especially influential on recent qualitative research into the experiences of children living in poverty, as described below (e.g. Ridge 2002; Van der Hoek 2005). For example, while childhood is seen as 'a meaningful metaphor for most people […] it is not an entity that exists in a given format' (Frones 2007: 13) and the label 'child' is both a lived experience and a constructed status, which offers constraints and opportunities to individual children in diverse contexts. These include a variety of definitions of what counts as well-being and opinions as to how it is best achieved, generated by children, caregivers and others. Ways of defining and pursuing well-being for children may be differentiated according to their nationality, gender, ethnicity, caste/class, birth order, and many other factors. Childhood studies also recognise that children are active agents with distinctive perspectives and experiences (and 'cultures') who play important roles in their households and societies in shaping their lives and negotiating their well-being. The focus of childhood research has also been subject to extensive debate, especially in relation to the tension within research and policy between prioritising children's current well-being against their future potential and outcomes. The latter is frequently the implicit reference point of research and advocacy, most notably within a human capital paradigm (e.g. Cunha and Heckman 2007).

These principles have been applied most explicitly to the development of indicators of children's well-being by Ben- Arieh (2006). He identifies a series of 'paradigm shifts' within research on children's well-being:

- A 'well-being' perspective is prioritised over a 'well-becoming' (or outcomes-based) perspective, at the same time acknowledging that children often prioritise long-term goals such as education over short-term privation and that the two are interwoven. As 'being influences becoming, becoming influences the understanding of being' (Frones 2007: 9; see also Uprichard 2008).

- New domains for child research (such as children's subcultures) are explored alongside traditional domains, reflected in the inclusion of indicators of play and leisure in measures of children's well-being (e.g. Hood 2007).

- A focus on survival and the negative aspects of children's lives is balanced by an emphasis on wider dimensions of well-being and a more positive view of children's capacities and resilience. This shift also reflects a rejection of the 'deficit view' of poverty and greater acknowledgement of both people's resources and agency and the way successful challenges to adversity can enhance competence and well-being (Camfield and McGregor 2005; Boyden and Cooper 2006).

- Research that prioritises the views of experts and proxies (e.g. teachers or caregivers) over children as social actors and research participants (Woodhead and Faulkner 2008) is being supplemented by a child-focused perspective. This provides a better understanding of children's experiences, and creates opportunities for them to contribute to discussions and interventions that affect their lives, notwithstanding the effect of power dynamics based on class, gender, caste, etc., which make it important not to overstate the potential of these approaches (White et al. 2007).

This final shift connects most explicitly with a children's rights agenda as well as a more general move towards strengthening 'muted' or 'subaltern voices' (Hardman 1973; Spivak 1985) within international and social development through high profile initiatives such as 'Consultations with the Poor' (Narayan et al. 2000). However, such initiatives have been criticised for ignoring the very real constraints to people exercising agency (Farmer 1997), neglecting their 'survival rights' (Choudhury 2003 in White et al. 2007: 539), and leaving them exposed to 'adverse incorporation' through a superficial and politically naïve understanding of their cultural contexts (e.g. Cooke and Kothari 2001; White 1996, 2002; Cornwall and Fujita 2007). There are also numerous practical challenges in fully embracing Ben-Arieh's (2006) proposals, especially for measurement of well-being. Recognising childhood as socially constructed and therefore highly variable and context-specific presents obvious challenges for identifying valid, transferable indicators (see also Prout in Ben-Arieh and Wintersberger 1997; Hood 2007).

Many of Ben Arieh's proposals were anticipated by Boyden, Ling and Myers in their comprehensive review of research, policy and practice *What Works for Working Children* and subsequent research project, which took best interests as the core framing principle (Boyden et al. 1998: 30). They emphasise that children's development (and implicitly, their well-being) is mediated by personal and environmental factors, including individual capacities and relationships and cultural values and expectations. Nine principles are proposed that can be applied in different social and cultural contexts to guide studies of children's well-being, whether their purpose is monitoring children's experiences, exploring their understandings, or tracking the processes that influence their well-being across the life course (summarised in the Table 3 below).

Table 3. *Nine principles of child well-being and development*

1. The development and best interests of children are likely to be defined differently in different places and contexts;
2. Within any given society, children are not all regarded equally and this profoundly affects children's experiences of childhood;
3. Children are not passive recipients of experience but active contributors to their own development;
4. Child development is mediated by an array of personal and environmental factors and hence children's experiences have indirect and complex effects on their well-being;
5. The relationships between different aspects of child development are synergistic;
6. Children have multiple capacities which need to be fostered and different societies present different demands and opportunities for children's learning, producing different developmental outcomes;
7. Different child protection strategies have different child development outcomes and in some societies early exposure to work is encouraged as a strategy of self-protection;
8. Children are highly adaptable and develop in the context of constant change and contradiction. This is a source of resilience and strength, as well as of risk and vulnerability;
9. Acceptance by the family (however defined) has important developmental outcomes in societies which recognise group rights above those of the individual and in such societies child work is one of the most important mechanisms of family integration.

(after Boyden et al. 1998)

3. Studying well-being

Earlier sections introduced some of the central tensions in well-being research, namely between simple and homogenous 'universal' understandings of well-being, and complex, diverse, and context-specific local ones (for example, ones that recognise the importance of the local political economy); and between measuring a normative, stable, measureable construct and exploring the many subjective meanings of a contested, dynamic process. The following section illustrates these debates with examples of research into children's well-being, focusing on three contrasting approaches:

- Monitoring children's well-being using national and international surveys
- Exploring children's understandings of well-being using participatory methods
- Investigating factors influencing well-being using longitudinal approaches.

The first approach represents the majority of research explicitly framed as about children's well-being and highlights many of the issues around the appropriateness of different conceptualisations and measures (Ansell et al. 2007). The second approach tends to adopt a more localised and personalised starting point for eliciting understandings of well-being from research participants. In practice, data from large-scale surveys and participatory studies are often combined to enrich or occasionally challenge 'universal' understandings (Camfield et al. 2008). The third approach, longitudinal studies, has potential to bring together the twin aims of tracking objective indicators of well-being and understanding actors' perspectives to provide a full picture of the lives of specific children across time, in the context of their families and communities. This enables exploration of the structures and processes supporting or threatening well-being outcomes.

3.1   Monitoring children's well-being using national and international surveys

Early work on the holistic measurement of child well-being emerged in the context of the 'social indicators' and 'quality of life' research movements in the 1970s, pioneered respectively by Campbell, Converse, and Rogers (1972, 1976) and Andrews and Withey (1976) in North America, and Allardt (1975) in Scandinavia (See Land 1996 and Lippman 2007 for a brief history). This early work focused on constructing holistic indices based on pre-existing indicators of material resources, social and environmental relationships, and subjective experiences, rather than developing measures of well-being for individual administration or incorporation into large-scale surveys. For example, the Disorganised Poverty Index (DIPOV, Kogan and Jenkins 1974) was developed as a frame for organising existing data to map child health and welfare across census-based geographic areas in North America. Further work on child indicators was recommended to strengthen indices such as DIPOV, namely (1) treating children as the unit of analysis, not families; (2) distinguishing between families and households; (3) measuring contextual and environmental variables; and (4) developing indicators to represent children's cumulative, as well as their current experience (Watts and Hernandez 1982). The slow pace of change in the field of international data collection can be judged by the fact that similar recommendations are still being made today (see, for example, the three special issues of *Social Indicators Research* published during 2007 that focused on indicators of children's well-being).

During the late 1980s and 1990s numerous child-focused indices and measures were developed, some of which were applied internationally (for example, UNICEF's National

Index of Quality of Life (Jordan 1993), the Multiple Indicator Cluster Surveys (MICS) (e.g. GSO 2000), or the Personal Well-being Index for school aged children and adolescents (Cummins and Lau 2005). Pollard and Lee (2003) provide a systematic review of the child well-being measures developed during the 1990s, but note that less than 1 per cent of these were used with children from developing countries. This section describes some of the most influential child-focused indices and measures.

3.1.1   Child-focused measures

Many of the measures described here were designed for adults and later adapted for use with children, often by modifying the mode of administration rather than the content, which suggests an understanding of children as incompetent adults. For example, the Personal Well-being Index was designed to be used with adults in Australia (and subsequently internationally) and parallel forms were developed for use with pre-school age children (PWI-PS) and school-age children and adolescents (PWI-SC, Cummins and Lau 2005). The seven domains are standard of living, health, life achievement, personal relationships, personal safety, community-connectedness, and future security, which are assumed to determine responses to the 'global' question 'How satisfied are you with your life as a whole?', something that can be demonstrated empirically using statistical methods (Cummins and Lau 2005). The domains remain the same in the children's version on the assumption that constructs such as 'personal relationships' are universally applicable and comprehensible, if specified differently in different contexts. The World Health Organisation's international measurement group for health-related quality of life also supported the development of parallel versions of its adult measure, the WHOQOL (WHOQOL Group 1995), which have been validated for use with 5- to 8-year-olds in Thailand (Jirojanakul and Skevington 2000), and junior high school students in Taiwan (Chen et al. 2006). Example questions from Jirojanakul and Skevington include 'how much are you happy with your ability to help?' and 'how happy are you with the love of your parents?', which were administered with a five-point pictorial response scale to capture frequency (how often), intensity (how much) and satisfaction.

Other measures have been designed as child-specific from the outset, especially those originating from psychological constructs, which are used as indicators of well-being (or more typically the absence of ill-being). These include measures of self-esteem, self-efficacy and locus of control. For example, the Nowicki-Strickland Locus of Control Scale for children is used in the South African Birth-to-Twenty cohort study and asks questions such as 'are you often blamed for things that just aren't your fault?' to establish the degree to which children perceive rewards and outcomes as the result of their own efforts as opposed to luck, fate, chance, or powerful others (Nowicki and Strickland 1973). Additionally, there are some overarching measures, for example, the 'positive psychological well-being' scales developed by Huebner (2004) for use with adolescents in educational settings. These include the Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS: Seligson, Huebner and Valois 2003), the Multidimensional Students' Life Satisfaction Scale (MSLSS: Huebner 1994), Perceived Life Satisfaction Scale (PLSS: Adelman, Taylor and Nelson 1989), Students' Life Satisfaction Scale (SLSS: Huebner 1991). Finally, a measure of life satisfaction and curiosity has been developed by the New Economics Foundation through a pilot project with over 1000 Nottingham school children (NEF 2004).

3.1.2   Child-focused indices

We distinguish child-focused measures from child-focused indices in that the latter involve collating data from a range of measures, especially for the purposes of monitoring well-being, which is in turn often linked to policy and advocacy work on behalf of children. A common approach is via a 'state of the child report' which aims to provide a comprehensive assessment of the well-being of children in specific locations in order to develop policies to improve their lives. One example is UNICEF's National Index of Quality of Life (NIQL, Jordan 1993), which aims for international comparability, based on nine indicators that are estimated for 122 countries, (e.g. UNICEF 2004). The NIQL focuses on children's survival and basic needs, proxied by under-five mortality, life expectancy, caloric intake, secondary school enrolment, literacy rate, female employment, and Gross National Product (GNP) per capita, as UNICEF has maintained that these indicate a society's level of commitment to its children (ibid). Another are the MICS carried out internationally since 1995 after their inception at the 1990 World Summit for Children as a device to monitor National Programmes of Action for Children,

The frequent use of under-five mortality and school enrolment rates as proxies for child well-being was one of the criticisms made by Ben-Arieh (2006), following a review of 199 'state of the child' reports worldwide which were more successful in representing the state of nations. Ben-Arieh felt these could not capture the *quality* of children's lives, or provide an accurate picture of their activities and experiences now, rather than their potential for the future. He observed that the lack of positive indicators presented a skewed concept of well-being (also noted by Moore 1999 and Fattore et al. 2007), and that important aspects of life such as children's contributions to their well-being and the well-being of significant others were overlooked. The limitations of the areas selected for measurement were acknowledged by the developer of the NIQL (Jordan 1993) who recommended conceptualising children's well-being in future data collection around the themes of play, nutrition, schooling, 'naming' (imposition of particular identities, e.g. 'cool', 'slow'), and discipline within particular environments.

Land et al. (2001, 2007) faced similar challenges to those identified by Ben-Arieh (2006) and Hood (2007) in creating an index of child well-being for use at state-level in North America, which was based on the seven domains of well-being identified by Cummins. Firstly, the exploratory studies of subjective well-being to establish Cummins' domains were with adults (Cummins 1995, 1997). Consequently, the domains identified might not be relevant to children and other more important domains might not have been included. Secondly, only two of the 28 indicators selected to represent the domains were self-reported and these covered health rather than subjective well-being and were based on survey responses from the parents of the children rather than the children themselves. Finally, the authors could find little time-series data on social relationships, and none on emotional and spiritual well-being. This meant using indirect or negative indicators such as suicide rates and the importance of religion.

Some of these issues have been addressed in the widely reported UNICEF Innocenti Report Card (UNICEF 2007), which compared child well-being in 21 OECD countries (see Table 2). The inclusion of 'subjective well-being' as a separate domain aimed to capture children's perceptions of their well-being, although the indicators chosen were necessarily pragmatic (for example, self-rated health status and feelings towards school). Life satisfaction was measured with Cantril's Ladder (1965) (an 11-point measure that is self-anchored with an initial question about the 'best possible life one could hope for and the worst possible life one could fear'), and psychosocial well-being was also explored by measuring the percentage of

children agreeing with statements such as 'I feel lonely' or 'I feel awkward and out of place'. Considering the limitations of the existing data the Innocenti report represented a significant advance in the multi-dimensional measurement of child well-being. A further step was taken by Bradshaw et al.'s (2007) report on the well-being of children in the European Union, which included 'housing and environment' and 'civic participation' (for example, organisational membership, volunteering and political engagement). Finally, *The State of London's Children* report represents another attempt to move beyond '…traditional measures of survival and basic needs (such as poverty and access to education) towards "beyond survival" measures (such as civic life skills and leisure activities), and from "'service-oriented" approaches towards a more child-focused approach, with the child as the unit of observation' (Hood 2007: 256). The author used focus groups with children and semi-structured interviews with representatives from children's organisations to generate the themes that guided data collation, which produced some unexpected findings. For example, the respondents valued affordable transport as a means of accessing leisure and recreational facilities in London and gaining independence, and this was particularly important to children with physical disabilities. Hood notes, however, that 'many of those areas of children's lives which children and young people view as important [for example, public spaces] do not lend themselves to easy and quantifiable measurement' (2007: 257).

In short, recent attempts to monitor child well-being have begun to address the need for broad-based indicators and the inclusion of information on children's perceptions and experiences. However, problems of data availability continue to restrict their usefulness, especially where they are dependent on existing international datasets (for example, WHO's *Survey of Health Behaviour in School-age Children*). This dependence limits their content, and means that age and gender differences cannot be addressed due to a lack of disaggregated data. This limitation is being tackled by initiatives such as the Multi-National Project for Monitoring and Measuring Children's Well-Being (Ben-Arieh and Wintersberger 1997, http: //multinational-indicators.chapinhall.org) and the newly formed International Society of Child Indicators (www.childindicators.org).

In the meantime, successive conferences and reviews (for example, the Child Trends conference in 2003) continue to reinforce the need for international indicators to move beyond the 'survival' indicators and this has been acknowledged by UNICEF in recent efforts to expand the MICS to include indicators of child protection and well-being within an explicitly rights-based framework (Dawes et al. 2007). These arguments have long been recognised, but are difficult to implement in practice:

- Including non-traditional domains such as social connectedness, community participation, personal life skills, safety and physical status, and children's subcultures.

- Developing positive indicators (for example, healthy habits, good relationships with parents and siblings, and positive engagement in the community) and agreeing contextually valid cut-offs for these (Moore and Lippman 2005).

- Taking children as the unit of analysis and acknowledging their agency by measuring how children influence their environments (e.g. Bronfenbrenner 1992).

- Separating measures of outcomes and context, and distinguishing between the different effects of the contexts within which children live (for example, families, peer groups, schools, and communities) (Lippman 2007).

- Focusing on children's current experiences, including their subjective experiences, and adapting measures and the timing of data collection to acknowledge how these differ at different life stages (Moore 1999).

- Considering what chronic poverty researchers call 'depth' (for example, the duration of time spent in poverty) as well as 'breadth' (for example, the cumulative effect of potential risk factors such as low parental education, single parenthood, and large family size).

- Assessing the dispersion of scores (i.e. the range of experiences) across a given measure of well-being.

3.2. Exploring children's understandings of well-being using participatory methods

As we have already noted, monitoring surveys are increasingly following a very different trajectory to mainstream childhood studies research. Participatory methodologies can bridge this gap as they claim to reflect respondents' worldviews more closely than the normative, 'scientific' approaches used in monitoring by recognising the cultural, social, and subjective dimensions of human experience. Researchers use these methods to illustrate the complex dynamics behind poverty and well-being and 'draw out culture, location and social group-specific understandings of the dimensions of well-being' (White and Pettit 2007). In support of this claim, White and Pettit cite two volumes of practitioner 'reflections' on participatory methods, which note their value in identifying 'improved quality of life according to local standards' (Cornwall and Pratt 2002), and 'capturing local perspectives' (Cornwall, Musyoki and Pratt 2001). This is particularly salient for children as their interests and priorities may differ and even at times conflict with those of adults (Qvortrup 1994; Prout and James 1997). For this reason Ben-Arieh (2005: 575) proposes that children take a new role in measuring and monitoring their well-being; 'if children are granted only partial legal and civil rights and the partial ability to participate in decision making about their lives, then they should participate at least in the same proportion in the study of their well-being'.

Engaging with children's experiences and perspectives is beneficial from an analytical as well as an ethical perspective as children are usually the best source of information on their daily activities (Ben-Arieh 2004). They can also provide reliable information on other aspects of their lives (see further examples in Ben Arieh 2005) and in some contexts children as young as seven can engage with abstract concepts such as 'children' and 'human rights' (Melton and Limber 1992), especially if these are communicated through concrete examples. For example, Fattore et al. (2007) explored the perspectives of Australian children (aged eight to 15) on the meaning of well-being and its relationship to their everyday experiences. The project used individual interviews, group dialogues, and self-directed 'task-oriented projects' (for example, keeping a visual journal) to understand 'what positive well-being for children might look like' (ibid: 6). Its ultimate goal was to identify new or important indicators that could be used to monitor the well-being of Australian children. All the items identified referred to subjective experiences or psychosocial well-being, reinforcing the importance of these aspects for children's well-being. For example, feeling valued and secure in relationships, being a 'moral actor' in relation to oneself and others, and being able to make choices and exert influence in everyday situations. Fattore et al.'s study illustrates how children's participation in analysis as well as data gathering can increase the reliability of the research. It may also help diminish the ethical problem of 'imbalanced power relationships between researcher and researched at the point of data collection and interpretation' (Morrow and Richards 1996: 100), although power imbalances between children may be equally

threatening in the context of peer-led or participatory research. Hill (1997), Punch (2002), and Thomas and O'Kane (1998) provide several examples of how to involve children during the data collection process, for example, by (1) selecting methods that enable them to control the form and content of the discussion, (2) interviewing children on more than one occasion, (3) working in small groups to aid collective interpretation, or (4) having a few 'peer analysts' draw out important messages from other children's accounts. Children can also become partners in using the data and disseminating the research findings, which may increase their political power and influence (Lan and Jones 2005).

Research with children in developing countries using participatory approaches has been promoted for more than a decade as a powerful tool for exploring children's diverse perspectives on specific issues, which reflect their particular social position. These studies are frequently planned as a way to 'give voice' to vulnerable and otherwise invisible groups, challenge Western orthodoxies, draw attention to contrasting perspectives of children and adults, and inform child-sensitive policy making, although they can risk stereotyping and idealising the vulnerable and invisible. Notable examples include Johnson et al. (1995) on environmental resources in Nepal, Woodhead (1998) on child labour, Ennew and Plateau (2004) on physical punishment, and Boyden and de Berry 2004) on child combatants. Two further examples illustrate the approach: the first involved research with children in Kabul, Afghanistan, designed to improve the quality of psychosocial programming for war-affected children by learning how they experience and understand their situations through intensive participatory work (the *Children's Ideas Project*), leading to the development of a culturally appropriate measure of psychosocial well-being to evaluate interventions, and its validation in a follow-up study. De Berry et al.'s (2003: 1) starting point was the recognition that 'psychosocial well being is always contextual, and the context is people's personal experiences, relationships, values, culture and understandings'. She found that well-being was understood by respondents in four separate senses: as an ideal, as 'hoped-for achievements', as a standard for the important things in children's lives, and as the qualities that children should develop (ibid: 7). These understandings were consistent across locations and generations and revolved around the local concept of *Tarbia* which refers to children's manners and the quality of their relationships with others. A subsequent study two years later by other members of the Psychosocial Working Group (2005) developed a 23-item questionnaire based on de Berry et al.'s (2003) findings, which was used with children and adults to assess the effect of three types of intervention (psychosocial, water, or a combination of psychosocial and water). The questionnaire covered children's relationships, feelings, and means of coping in difficult circumstances, and was combined with individual and group-based qualitative research and a sub-study on means of coping. Interestingly, the quantitative and qualitative research presented contrasting perspectives on the value of the different interventions. For example, while both research methods confirmed the combined intervention as the best, the quantitative measure characterised the 'psychosocial only' intervention as ineffective, while the qualitative data recognised its value, describing how children said it helped them communicate with their parents and reduced beatings by teachers. The qualitative results also highlighted the gendered nature of risk and coping and enabled exploration of the differences between the sites (reflected in the quantitative results), which were hypothesised to relate to their internal cohesion and level of initiative in helping children.

The second example was conducted with parents and children in five villages in Eastern Sri Lanka with the aim of piloting a range of participatory methods to establish their utility and appropriateness for monitoring and evaluating psychosocial programmes (Armstrong et al. 2004). One of the methods used was a group discussion (based on Hubbard and Miller 2004), which elicited local understandings of well-being and ill-being using the question 'what

is it about the person that tells you that they are doing well?'; a method that was subsequently adopted by Young Lives (Crivello et al. 2008). Aspects of well-being related to socially valued behaviours (for example, kindness), good interpersonal qualities, educational outcomes, health and fitness, and paying attention to manners and personal care. There were some differences between children's and adults' responses, for example, children emphasised the quality of relationships (i.e. 'being loving or kind', *anbu*), while parents focused on mixing well with others and emphasised obedience over good habits.

Other examples of participatory studies address the related but narrower concept of 'resilience', namely an individual's capacity to recover from, adapt to, and/or remain strong in the face of adversity. The key distinction between the two is that while well-being is researched in all kinds of contexts, resilience is researched solely in relation to adversity and is understood to be a component of or contributor to well-being in adverse settings. For example, the International Resilience Project (IRP) (Ungar and Liebenberg 2005; www.resilienceproject.org) examined how young people 'grow up well' in 14 challenging environments, despite exposure to what local informants characterised as atypical levels of risk, using culturally appropriate methods such as 'talking circles'. The IRP aims to shift perceptions of children as passive and vacant by drawing out their perspectives and experiences through locally appropriate media and involving children and other family and community members in interpreting the data.

The examples given in this section indicate the value of using participatory methods in research with children (or 'conventional' methods in a participatory way) to address psychosocial and subjective well-being. Participation is assumed to enhance children's subjective well-being in the short-term through the act of participating in the research, which can enhance competencies such as self efficacy that in turn produce a greater sense of control over one's life and thereby a greater sense of well-being, and in the long term as a means of improving the accuracy of data collected to inform child-related policy making (White and Pettit 2007). Nonetheless, taking a critical attitude to participatory approaches is important, which recognises the role of both the researcher and the research setting in generating data, rather than treating children's responses as unmediated articulations of their authentic 'voices'. As outlined in the introduction to this section, participatory research with children involves more than simply using participatory techniques as no method is inherently 'participatory' and participation in setting the agenda and defining the research questions is arguably more significant (Ennew and Beazley 2006; Crivello et al. 2008).

3.3 Investigating factors influencing well-being using longitudinal approaches

Large-scale longitudinal surveys can increase understanding of children's well-being as 'they follow more than one domain of the life-course [and] offer the possibility of interdisciplinary applications for scientific and policy uses - holistic pictures of individuals serving the needs of "joined-up" government' (Hansen and Joshi 2007: 319). The study and follow-up of national birth cohorts began in the UK with the establishment of the first British birth cohort study in 1946. It was followed by further British cohort studies in 1958, 1970, and most recently 2000 (the Millennium Cohort Study). These studies were unique until very recently (the USA National Children's Study started in 2008, and the interdisciplinary French study (Etude Longitudinale Francaise depuis l'Enfance, ELFE) will start in 2009) as they were nationally representative rather than area based and started in infancy. Bynner and Joshi (2007) summarise the advantages of longitudinal studies as follows:

- They provide information on the 'dynamics, durations and pathways of human development' (p159), for example, the causal relationships that drive disadvantage or success.

- They can take a holistic perspective on children's lives, although many have a specific focus, situate children in the context of the family household, and involve researchers from many disciplines.

- They may be policy focused, for example, they could be used prospectively to predict outcomes or retrospectively to identify what lies behind a given outcome in later life. Longitudinal data may also identify new issues, for example, the links in the 1958 British cohort between mothers smoking in pregnancy and outcomes such as infant mortality and low birth weight.

- They enable exploration of people's lives at particular points in socio-historical time (for example, during the great depression in North America in Elder's (1974) study of the 1920-1 and 1928-9 cohorts). It is also informative to separate cohort and period effects, by comparing people at the same stage in the life course in different socio-historical contexts, or at different stages within the same context (for example, Ferri et al.'s (2003) comparison of 30-year-olds born in 1946, 1958 and 1970 to demonstrate the effects of labour market and societal transformation in Britain).

- The potential of the data increases over time, for example, health problems in later life can be traced to early childhood conditions. Data collection can also be extended to the children of the cohort members, which enables the study of long-term processes such as intergenerational transfer of poverty or social exclusion (e.g. Perlman 2003, in the *favelas* of Rio de Janeiro).

- Large cohorts enable examination of social differentials within cohorts, and fine-grained analysis of the experiences of distinct, sub-groups such as people with disabilities.

- Large scale quantitative data can potentially be combined with in-depth qualitative studies, for example, narrative or case studies (e.g. Pilling 1990; Elliot 2005).

Until relatively recently, few studies took place in developing countries, worked directly with children, or explored areas such as subjective and psychosocial well-being, which reflect and influence the quality of children's experiences. One 'classic' and one current longitudinal study in developing countries (Kauai Longitudinal Study in Hawaii, and Young Lives in India, Ethiopia, Peru, and Vietnam) are briefly described below to illustrate their potential as a method for exploring children's well-being across time, including experiences of risk and resilience and inequalities in well-being within the same cohort. Other relevant studies include Birth to 20 in South Africa (Richter 2006; see http: //web.wits.ac.za/academic/health/ Research/BirthTo20/), the CEBU Longitudinal Health and Nutrition Survey in the Philippines (Adair 1994; see http: //www.cpc.unc.edu/projects/cebu/), and the Korean Youth Panel Survey in 2003 (Rhee et al. 2007; see www.youthnet.re.kr). There are other surveys but these are primarily for monitoring, or have a single topical focus, so cannot provide a holistic picture of children's lives; for example, the Gansu Survey of Children and Families is one of the 'China Human Capital' projects at the University of Pennsylvania so focuses primarily on education (Hannum 2001; see http: //china.pop.upenn.edu/Gansu/intro.htm). For an overview of studies in developing countries see www.cls.ioe.ac.uk/ and http: //www.chronicpoverty.org/pdfs/ PanelDatasetsVersion1-July%202003.pdf.

The Kauai Longitudinal Study

The Kauai Longitudinal Study (Werner and Smith 1977, 1982, 1992, 2001), can be seen as an early study of risk and resilience (or 'invulnerability'), which investigated the impact of a range of biological, psychological, and social risk factors on the lives of a multiracial cohort of 698 individuals who were born in 1955 on the Hawaiian island of Kauai. Six hundred and ninety-eight cohort members were tracked from pregnancy to ages 1, 2, 10, 18, 31/32, and 40. The last two rounds enabled comparison of the outcomes of people who had not experienced significant childhood adversities with those who were exposed to chronic poverty, birth complications, parental psychopathology, and family discord in childhood (approximately one third of the cohort) (Werner and Smith 2001). The data generated included (1) observations by social workers and public health nurses; (2) community records; (3) aptitude and achievement tests; (4) psychological measures (e.g. the California Psychological Inventory, the Nowicki-Strickland Locus of Control Scale and the Emotionality, Activity, and Sociability Temperament Survey for Adults), and (5) interviews with parents and children, albeit that the interviews with children did not take place until they were 18 and 31/32.

Factors affecting psychosocial well-being (e.g. 'stressors and supports') and well-being outcomes were explored through interviews with parents when the children were 10 years old to identify adults within the family and outside who provided emotional support and served as positive role models. When the children were 18 years old, they were interviewed for the first time about the quality of family life they had experienced in adolescence, including their attitudes toward their family, neighbourhood, school and church; feelings of security within their home; and extent of identification with caregivers. Respondents evaluated the support they had received from both formal and informal sources, such as older siblings, grandparents, neighbours, friends, and teachers. During the follow-up at ages 31 and 32, a structured interview assessed their perception of the major stressors and supports they had encountered while growing up: at school, work, and in their relationships with adults inside and outside the home. This included questions about the people who had helped them most in dealing with difficulties and stresses in their lives and the types of help that had proved beneficial. Although psychosocial factors and outcomes were comprehensively covered by the study, the fact that children were not interviewed until aged 18 slightly limits the conclusions that can be drawn about their experiences as retrospective reports are subject to a number of biases.

Young Lives

Young Lives aims to provide evidence of how children's development in contexts of poverty is mediated by a range of personal, social, and environmental factors, including the effects that this has on their psychosocial well-being and subjective experiences (Boyden 2006, 2008). Data collection commenced in 2002 with an initial survey of 12,000 children aged 6-18 months and 7.5-8.5 years in Ethiopia, India (Andhra Pradesh), Peru and Vietnam. It has a longitudinal design over 15 years (five rounds of data collection) that incorporates survey data from community, household, and child questionnaires, qualitative data from in-depth interviews and group-based activities with adults and children, and national and sub-national policy monitoring and analysis. Young Lives' approach to poverty and well-being was influenced by participatory research, enabling multi-dimensional and often non-material conceptions of poverty (Dercon and Cooper 2007). Its moral underpinnings are that research should focus on children's strengths, connect with their visions of a good life, and explore how they understand and make sense of their experiences. Children should also be seen as active social and economic agents, who creatively respond to and construct their social environments. The different types of data collected allow exploration of interactions and

relationships between different aspects or 'domains' of children's development (for example, self-esteem and physical health). The Young Lives approach acknowledges, however, that the concept of separable domains is artificial as 'physical health' is constructed by the way children feel about, understand, and evaluate their bodily experiences. It also highlights the temporal dimension of well-being – priorities and strategies change over time and people regularly trade-off feeling well in the present with functioning well in the future (for example, the sacrifices some children make to continue attending school, which is often a relatively hostile environment). Including psychosocial well-being alongside conventional domains such as household education and livelihoods and assets ensures that important areas such as values and aspirations are covered, without risking their disappearance within or displacement by an overarching concept of well-being.

As the Young Lives approach demonstrates, children's subjective evaluations of their psychosocial well-being, including the quality of their experiences, can be both an important outcome and mediating factor, as Young Lives will determine after the third round of data collection when they can explore the relationship of scores on measures of psychosocial well-being such as the 'ladder of life' with valued outcomes such as educational achievement and social participation. We propose that psychosocial well-being is not best explored with purely quantitative approaches, even assuming adequate data sources can be identified (for example, the Innocenti Report Card's reliance on self-rated health status and feelings towards school as measures of subjective well-being, see above). In fact, the participatory studies reviewed in section 3.2 suggest that subjective experiences and meanings may be best investigated by treating them as a meaning system to explore, rather than attempting to measure them 'objectively' through psychometrics. Such explorations enable researchers not only to gain insight into children's life worlds, but also provide invaluable context for the interpretation of conventional measures of life satisfaction and subjective well-being, as in Young Lives (Camfield et al. 2008).

4. Focusing on psychosocial well-being and subjective experiences and meanings

Earlier in this review we proposed that current child poverty research draws attention to the interconnections and potential complementarities between approaches to well-being that are conventionally seen as contrasting and incompatible. These conventional contrasts are summed up in the somewhat artificial binary – 'objective' versus 'subjective'. One of the main proponents of a subjective well-being approach, Diener (2006: 400) describes subjective well-being as 'an umbrella term for different valuations that people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live'. But while Diener's description is comprehensive, it doesn't explicitly mention the influence of people's environments, cultures, values, and frames of reference, i.e. the ideational and personal structures that allow people to make often nuanced evaluations that may be differentiated by activity, relationship, setting etc. This is the comparative advantage of situating subjective well-being within a wider concept of psychosocial well-being.

In this section we explore the concept of psychosocial well-being in greater detail, reviewing two influential conceptual frameworks put forward by the Psychosocial Working Group (PWG 2003, 2005; Armstrong et al. 2004), and by Woodhead (2004). In each case we juxtapose more standardised, quantitative approaches to psychosocial well-being in the tradition of psychometrics (for example, the use of measures such as the Perceived Social Support scale (Procidano and Heller 1983)) with more open-ended, qualitative studies exploring children's subjective experiences and meanings of well-being'.
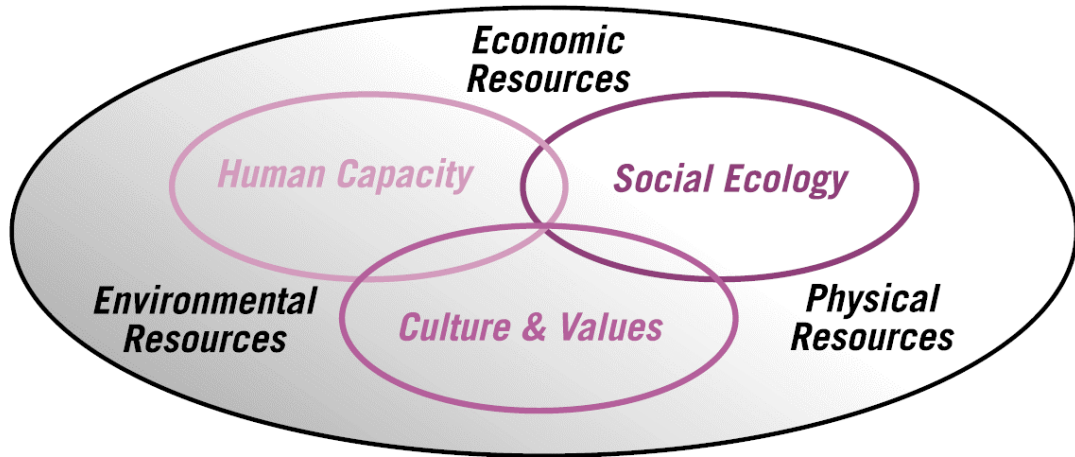
The Psychosocial Working Group

The Psychosocial Working Group (2003) is a collaboration between European and North American academic institutions and humanitarian agencies to support best practice in psychosocial interventions for complex emergencies (see http: //www.forcedmigration.org/psychosocial/PWGinfo.htm). They adopted the term 'psychosocial well-being' rather than psychological well-being to emphasise the role of social and cultural factors in individual experience and development. It also enables a shift in the focus of research and intervention from psychopathology and the identification of trauma towards the 'elements that constitute and determine well-being, as well as the factors that threaten and enhance it' (Armstrong et al. 2004: 7). This shift in attention from clinical to social factors was also linked to concerns about the application of diagnoses of Post-Traumatic Stress Disorder across diverse cultures in past responses to complex emergencies, especially in relation to vulnerable groups of children (Bracken et al. 1995; Summerfield 1999). The term psycho*social* encompasses wider social influences on well-being and recognises that the material realm of children's lives also has psychosocial impacts (see Ridge 2002 or Tekola 2008 for further evidence of this). As Hart (2004: 24) explains:

> Children are fundamentally social beings, for whose mental and emotional health it is vital to enjoy positive connections with others: a sense of consistency, continuity and reciprocity in relationships. Conflict may threaten children's well-being since it commonly shatters social networks in a variety of direct and indirect ways - through death, displacement, the loss of trust, and so on.

The PWG defines psychosocial well-being in terms of three core domains, as shown in Figure 1 below:

- *Human capacity*, namely physical and mental health, knowledge and skills. In the context of intervention this can be seen as the *human capital* of the 'affected community', which is vulnerable to reduction through disability, loss of skilled labour, social withdrawal, depression, and a reduced sense of control over events or circumstances.

- *Social ecology*, namely the quality of relationships with family and peer groups, social support and engagement, and structures and networks (for example, links with civic and political authorities and religious and cultural institutions). This is seen as the *social capital* of the community.

- *Cultural and values*, namely social mores and traditions of meaning that support identities within the community (for example, positive and negative images of other cultural groups). This is seen as the *cultural capital* of the community.

Figure 1. *Psychosocial Working Group conceptual framework*

Source: PWG (2003: 3)

The Group acknowledges that psychosocial well-being or ill-being occurs in the context of (loss of) economic, physical and environmental resources, but finds it helpful to separate environmental factors from personal, social and cultural resources and liabilities. Psychosocial well-being is seen as dependent upon the capacity to deploy resources from these three core domains in response to the challenge of anticipated or experienced events and conditions. The applied approach taken by PWG was further developed by Armstrong et al. (2004) in the context of a child-centred research project in Sri Lanka that involved shifting the focus from individual children to groups of children (for example, looking at processes that contribute to the well-being of all children in a particular environment) and focusing on resources as well as risks. The study used participatory rather than psychometric methods to learn from and *with* children about the experiences that are important for them and why; for example, mapping (body, social, risk and resources), the well-being exercise described above, problem trees, spider diagrams, 'What if?', 'Who matters?', the 'Social Network Sorting Activity', and timelines (ibid: 22-48). While Armstrong et al. observe a relationship between psychosocial well-being and positive or negative circumstances and experiences; they warn that an outsider cannot predict what particular children will perceive as positive and negative experiences, or what place these will take in their life as a whole. This insight also applies to Woodhead's (2004) research on child work described below.

Impacts of children's work on psychosocial well-being

Woodhead (2004) offers a framework for studying the impact of work on children's well-being which fleshes out the broad psychosocial domains identified earlier and explores some of the positive and negative influences on each domain. The most detailed version of the framework was prepared as part of a joint project between the International Labour Organisation, UNICEF, and the World Bank entitled *Understanding Children's Work* (Woodhead 2004). At the outset Woodhead (2004: 325) acknowledges the weakness in current conceptualisations of psychosocial well-being:

> The term 'psychosocial' is frequently used as a catchall for aspects of children's psychological development and social adjustment, but equally often disguises competing understandings about the boundaries of the concept. In the study of child work, a distinction is often made between 'physical', 'educational' and 'psychosocial'

impacts. Physical impacts refer to environmental hazards and associated ill-health, injuries or disease. Educational impacts are about access to schooling and effects on achievement in literacy, numeracy etc. Psychosocial impacts can appear to cover pretty much everything else!

Woodhead identifies five dimensions of psychosocial well-being, which are acknowledged to be based on concepts from Western developmental and clinical psychology and psychiatry, and draws heavily on clinical, psychometric and other 'objective' measures of well-being:

1. Cognitive abilities and cultural competencies (e.g. intelligence, communication skills, and technical skills);

2. Personal security, social integration and social competence (e.g. secure attachments, positive adult/peer relations, social confidence, sense of belonging);

3. Personal identity and valuation (e.g. self-concept, self-esteem, feeling valued and respected);

4. Sense of personal agency (e.g. self-efficacy, internal locus of control, positive outlook);

5. Emotional and somatic expressions of well-being (e.g. stress levels; sleeping and eating patterns, general health).

At the same time, Woodhead emphasises carrying out contextually appropriate studies that are sensitive to the ways that impacts of work on well-being are mediated by cultural context, values and expectations, including children's own personal evaluation of their situation. Indeed, subjective well-being is included in Woodhead's (2004: 348) framework of psychosocial well-being under 'emotional and somatic experiences'. Woodhead's earlier research on these issues is explicitly framed as a participatory approach, exploring working children's individual and collective understanding of the function and impact of work in their lives via a series of semi-structured focus group activities, collectively referred to as the *Children's Perspectives Protocol* (Woodhead 1998; 2001). The 2004 paper identified work-related psychosocial hazards or protective factors, which could affect children's psychosocial well-being, namely:

• Secure relationships and consistent settings

• Activities and guidance

• Responsible adults

• Peer support and solidarity

• Physical environment and daily schedules

• 'Contract' with employers

• Work and family lives

• Other factors affecting the impact of work.

These influences could be either positive or negative, as illustrated in Table 4 (Woodhead 2004: 21-22).

Table 4. *Major influences on psychosocial well-being associated with work*

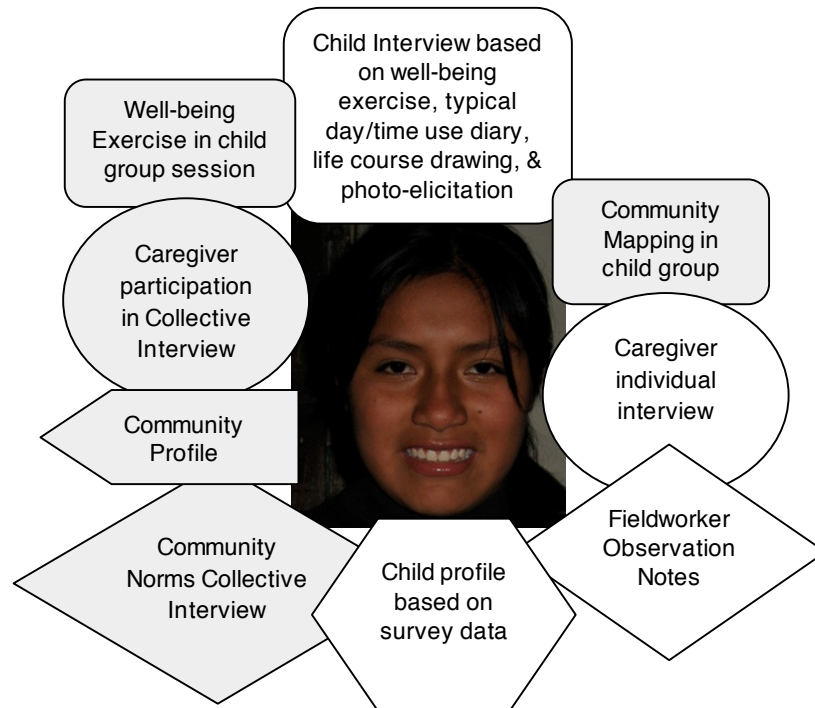| No.	Influences on well-being	Major positive influences	Major potential hazards
1	Secure relationships and consistent settings	Stable environment, predictable routines. Changes occur in context of supportive relationships	Breakdown of social networks, emotional bonds. Disruptions to familiar surroundings without supportive relationships
2	Activities and guidance	Progressive participation in socially valued activities, skills and responsibilities under sensitive consistent guidance	Unstimulating monotonous activities. Induction into inappropriate behaviours, e.g. crime, drug abuse, peer exploitation
3	Responsible adults	Positive, consistent and considerate treatment, respectful of children's integrity	Negligent, inconsistent, harsh treatment. Emotional abuse, humiliation and discrimination. Physical and sexual abuse
4	Peer support and solidarity	Opportunities for positive peer relations and mutual support	Isolation from or rejection by peers. Bullying, violence, stigmatisation
5	Physical environment and daily schedules	Safe, healthy environment with appropriate balance of work, learning, play and rest	Adverse working conditions. Accidents, ill-health. Exposure to toxins with psychosocial effects. Excessive workload
6	'Contact' with employers	Appropriately regulated situation with adequate protections	Financial and job insecurity, lack of legal or other protections. Powerlessness in face of exploitation
7	Work and family lives	Expected contributions respectful of children's interests and well-being	Unreasonable parental expectations, coercive treatment, collusion with employers

Woodhead (2004) maintained that the psychosocial hazards identified above were potential sources of risk, especially when two or more co-occur. He observed that while the existence of hazards could be established through environmental assessment, it was also important to explore how children experienced and responded to them, and identify evidence of medium or long-term impact on their well-being.

These attempts to theorise and operationalise children's psychosocial well-being crystallise one of the key challenges for the field of well-being research. As earlier sections of the review make clear, current research encompasses diverse definitions of well-being and equally diverse research paradigms. As we have seen, there are welcome signs of greater collaboration amongst research traditions, at least at a practical level. Yet there is often a residual tension in such collaborations, not least in the language of enquiry, where for example the discourse of 'psychosocial indicators' often sits uneasily alongside the discourse of 'subjective meanings', even though 'psychosocial' originally developed as a challenge to the primacy of the psychological and the clinical in responses to complex emergencies. Some of the unhelpful binaries that are constructed around these discourses are illustrated in the table below.

Table 5. *Perceived differences between approaches using psychosocial or psychological well-being and those using subjective well-being: some examples*

Psychosocial indicators	Subjective meanings
Expert-led	Participant-led
'Universal'	Local
Normative	Relative
Nomothetic (collective, general)	Idiographic (individual, specific)
Closed	Open
Large sample	Small sample
Monitoring and evaluation	Qualitative research

The obvious point to make is that the psychosocial-subjective binary reproduces the qual-quant distinction challenged earlier in this paper. It is not accurate, since both types of research use quantitative and qualitative methods, nor is it helpful since any *method* can be used within a methodology that is more or less participatory, flexible, sensitive, etc., and used in combination all methods can increase our understanding of the subjective aspects of children's experiences. We illustrate the potential for integration with a brief description of Young Lives' approach to psychosocial well-being (see also Boyden 2008; Camfield et al. 2008; Camfield and Tafere 2008;, Crivello et al. 2008; Dercon and Krishnan 2008). Within Young Lives' large sample surveys, both caregiver and child questionnaires measure aspects of subjective well-being. These are explored through an adaptation of Cantril's Self-Anchoring Ladder of Life Satisfaction (1965), questions addressing gaps between children's aspirations and opportunities (e.g. desired level of schooling), and single items commonly used in life satisfaction measures (e.g. 'If I try hard, I can improve my situation in life'). The questionnaires have also addressed the psychosocial dimensions described below of 'human capacity' (for example, successive results from tests of cognition and school relevant skills), 'social ecology' (for example, questions on agency and shame), and 'material environment' (for example, control over assets and income). Although culture and values are understood as influencing all domains of the questionnaire, there are specific questions that address parents' beliefs about the value of children (taken from the Value of Children project, conducted internationally since the 1970s; see Mayer et al. 2006) and the prevailing cultural norms (for example, the optimal age to leave home). The survey data can be compared with questions on the timing of key transitions asked in caregivers' and community focus groups, and in relation to particular children in individual interviews. It can also be juxtaposed with similar questions asked to children in group and individual interviews, and activities such as the production of timelines, which record the timing and motivation for particular transitions (for example, in rural Ethiopia having to leave school after the illness of a younger brother who previously herded the family's cattle). The approach taken within Young Lives highlights the potential for embracing multiple dimensions of well-being, and multiple approaches to researching well-being within a single study, positioning the contested status of well-being at the core of the research design. The range of data available for each child (see Figure 2 below) means that assumed contradictions – for example, an orphan living in material poverty who scores highly on the 'ladder of life' and is optimistic about the future – can be explored in relation to their past experiences, future aspirations, and ideas about the constituents of a good or bad life, and set in the context of prevailing social norms and the views of their caregiver.

Figure 2. *One child's 'data mosaic'*

5. The value of well-being research

Bearing in mind the theoretical confusion and political contestation surrounding the concept of well-being and its measurement, this paper began by asking whether it is possible to say anything useful about well-being. Both the ubiquity of well-being and the heated debate over its utility is reminiscent of the disputes over 'quality of life' in healthcare and health promotion during the 1990s (e.g. Seedhouse 1995). Supporters argued that it was a more subtle, person-centred measure that captured something genuinely new, and in this they were supported by the pharmaceutical industry who recognised its potential in evaluating treatments for chronic illness (Camfield 2002). Detractors felt that 'quality of life' was no more than the sum of its parts and that doctors should focus on where they could make a difference, which was improving people's physical functioning rather than their quality of life (Heath 1999; Hunt 1999) as this, if done well, was sufficient. A similar observation has been made about the hubris of government planners and development practitioners who having failed to improve infrastructure and services are now turning to subjective well-being (Alibhai-Brown 2007).

We propose that focusing on well-being can be of value to the study of children living in poverty in the same way that quality of life approaches benefited many people with chronic illnesses, despite the often low correlation between measures of subjective well-being or health-related quality of life and material or clinically-based measures. The concept of well-being, understood as comprising material, relational, and ideational dimensions alongside subjective meanings creates a discursive space for discussion of the goals of development in non-technical terms, and provides a language to make claims for resources and to acknowledge the experiences and perspectives of stakeholders. For children and people working with them, the goal of ensuring well-being can be an organising principle and provide

a shared set of minimum standards in much the same way as best interests within children's rights. Agreeing key features can set parameters of acceptability and underpin basic entitlements, but at the same time can acknowledge that well-being is manifestly negotiable in terms of detailed specification, especially taking account of the views of the principal stakeholders, namely children, their caregivers and others centrally concerned with their lives. While, ultimately there is no guarantee that provision of basic entitlements will result in subjective well-being, these can for the most part be seen as a pre-requisite. In short, well-being in the sense that we understand it is about 'real people; the real workings of markets and societal structures; the real distribution and exercise of power; and the fully rounded humanity of poor men, women and children' (McGregor et al. 2007: 3). Although sometimes seen as politically naïve or disingenuous, the concept can instead 'encourage us to recognise the conflicts that arise when we consider the well-being aspirations of different people in our societies […and] return an analysis of power and political relationships to the heart of our inquiry' (ibid).

This paper has focused on three types of research into children's well-being, which offer different potentials: longitudinal research can be holistic, as the example of Young Lives illustrates, inter-temporal, and contextualised; indicator-based research offers breadth, credibility, and is easy to turn into policy messages; and participatory approaches can be engaging, experience-led, and access local concepts of well-being. Research designs can and do combine these, for example, *The State of London's Children* in 2004 and 2006 were indicator-based reports that used qualitative methods to define the areas of interest (e.g. Hood 2007), and Young Lives is a longitudinal study that uses qualitative and participatory methods to interrogate existing findings and generate new areas for exploration (Camfield et al. 2008). There are also promising signs of integration between different approaches, for example, the interaction between new childhood studies and child indicators expressed in the work of Ben-Arieh (2006), which offers potential for more relevant and accurate child-focused indicators of well-being in the future.

In this paper we have argued that there are many ways of understanding well-being and even more perspectives on what it should contain. We propose, however, seeing well-being as a process located in historically and culturally specific contexts as well as a state of being or outcome. Taking a dynamic view is especially important in research with children as by definition this addresses how human beings change in time. Well-being is therefore about how people function and relate to others, as much as what they have, or how they report their well-being at a single moment in time (Huppert 2005). In fact the Well-being in Developing Countries ESRC research group defines it as 'a state of being *with others*' (WeD 2007) to highlight the influence of social structures and relationships on 'personal' experiences, emphasise that individual evaluations and outcomes cannot be understood outside their context, and suggest the possibility of 'collective well-being' (Deneulin and Townsend 2007). Well-being can be seen as a *lens* akin to culture and values rather than a set of domains. This acknowledges that few things are absolutely good or bad, and the outcomes of deprivation are influenced by who children are, when the event occurs and how long it lasts, how they interpret and respond to it, etc. Methods for studying child well-being in resource-poor contexts therefore need to be dynamic and sensitive to both culture and time; this is an obvious benefit of longitudinal methods. They should also be sensitive to the trade-offs people are required to make between themselves and others, and with their future selves.

Accuracy and credibility are increased by using research methods that are not purely extractive, but involve children in interpreting, analysing, and presenting their data. In researching children's well-being it is important to access their visions of well-being, in the context of the ideals and examples provided by their families and communities. Even though

children's and adults' visions are usually holistic, for the purpose of analysis it may be useful to make two heuristic separations: between influencing and causal factors and outcomes; and between the material and environmental and the social and subjective (Woodhead 2004; Boyden 2006). The concept of psychosocial well-being, for example, acknowledges the importance of intimate relations and social participation, and can also foreground subjective meanings and experiences, namely children's evaluations of their lives according to their values and local norms. This view of well-being is consistent with the broader vision offered by Boyden et al. (1998) for research with children. They re-affirm that future research, especially with an applied focus, should be guided by three important considerations:

- *Acknowledging diversity* – 'the development and best interests of children are likely to be defined differently in different places and contexts', for example, prevailing Western models may not be applicable as notions of childhood, vulnerability and development are culturally constructed. Additionally there may be differences in children and adults' experiences and understandings, for example, within cohorts, between cohorts at the same life stage in different historical periods, and across generations.

- *Highlighting inequality* – 'children are not all regarded equally and this profoundly affects (their) experiences', for example, children may experience diverse childhoods even within the same household due to gender, age, and sibling birth order. Similarly, inequalities in children's opportunities and outcomes are not confined to the household and the community or nation state, but are also between world regions.

- *Respecting agency* – 'children are not passive recipients of experience but active contributors to their own development'. By extension this applies to any research that they participate in, if it is set up in a way that enables them to contribute

(drawn from Boyden et al. 1998: 30).

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Glossary

DHS – Demographic and Health Surveys

Eudaimonia – Classical Greek word commonly translated as 'happiness' or 'human flourishing'

GDP – Gross Domestic Product

GNI – Gross National Income

GNP – Gross National Product

Health-related quality of life or HRQoL – Represents the functional effects of an illness and its consequent therapy upon a patient, as perceived by the patient

Hedonic – Related to pleasure

HDI – Human Development Index

Indicator – Indicates the presence or absence of another substance to which it is related

Longitudinal study – A study of the same group of people at more than one point in time

Objective well-being – 'Externally assessed and approved, and thereby normatively endorsed, non-feeling features of a person's life' (Gasper 2007: 59)

Psychometric – The field of study concerned with the theory and technique of educational and psychological measurement

Psychosocial well-being – Positive psychological development in and in interaction with a social environment

Quality of life – The degree of well-being felt by an individual or group of people

Subjective well-being – The 'feelings and/ or judgements of the person whose well-being is being estimated' (Gasper 2007: 59)

Time-series – A sequence of data points, measured at successive times, often with uniform spacing between the times of measurement

Search strategy

To ensure that the authors had accessed all the literature relating to child well-being or quality of life in developing countries, a search of the ISI Web of Knowledge was conducted using a combination of the following terms: child*, you*, well-being, poor, poverty, developing countries, third or majority world, Africa, Asia, India, generated 102 documents, predominantly from various sub-disciplines of psychology (31), 'family studies' (22), social work (16), and sociology and anthropology (8 each). Of these documents, only nine were relevant.

Further literature was sampled from the following journals: Child Indicators Research, Social Indicators Research, Applied Research into Quality of Life, Quality of Life Research, and Journal of Happiness Studies, and from the conferences of organisations such as the International Society for Child Indicators and the International Society for Quality of Life Studies (ISQOLS). Additional studies in developing countries were accessed through Eldis (www.eldis.org, 'gateway to information on development issues') and id21 (www.id21.org, 'communicating development research').

Websites of key organisations working in this field were also accessed, for example: Child Trends, USA http: //www.childtrendsdatabank.org; KidsCount, Annie E. Casey Foundation http: //www.aecf.org/kidscount; German Youth Foundation http: //cgi.dji.de/cgi-bin/projekte/output.php?projekt=268; Chapin Hall, USA and Israel http: //multinational-indicators.chapinhall.org; UNICEF Innocenti Centre www.unicef-irc.org/research/; International Society of Child Indicators (ISCI) www.childindicators.org; Personal Well-being Index for Children, International Well-being Group www.deakin.edu.au/research/acqol/inter_well-being/; Index of Child and Youth Well-being www.soc.duke.edu/~cwi/; Well-being of Children in the UK (Bradshaw and Mayhew 2005).

THE AUTHORS

Laura Camfield is Child Research Coordinator and Natalia Streuli is Research Assistant for Young Lives, both based at the University of Oxford.
Professor Martin Woodhead is International Child Research Director for Young Lives, and is based at the Child and Youth Studies Group, The Open University.

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Department of International Development
University of Oxford
3 Mansfield Road, Oxford OX1 3TB, UK
Tel: +44 (0)1865 289966
Email: younglives@younglives.org.uk