



How do Concepts and Measures of Children's Well-being Outcomes Align with Perspectives of Care-Experienced Children? A Scoping Review

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Abstract

Children in alternative care score consistently lower on measures of well-being outcomes. However, research on children's well-being outcomes and the fulfilment of their human rights have overlooked their experiences. Therefore, this scoping review aims to understand how children's well-being outcomes are conceptualised, operationalised and measured – and compare these with consultations with care-experienced children from the UN Committee on the Rights of the Child Day of General Discussion (DGD) 2021. We apply intersectionality to demonstrate that focusing on care-experienced children benefits children's well-being outcomes more broadly. We used a scoping review adhering to the PRISMA-Scoping framework. We searched for peer-reviewed articles on children's well-being outcomes from 2009–2023 from EBSCO, PubMed, and Web of Science worldwide. Out of 6,804 articles, 25 were reviewed. We found inconsistencies in the operationalised concept measures of well-being outcomes regarding the data collected, tools used, and their processes of standardisation. Key findings included the limited mention of domains of identity, inclusion, quality services, safety, support and trust, as central to the more holistic understandings of well-being that care-experienced children raised in consultations in the UN Committee on the Rights of the Child DGD 2021. We suggest a rights-based approach to well-being outcomes that is based on the full spectrum of children's human rights. By involving children in the design of well-being outcomes, measures are more likely to reflect the intersecting social realities in which they live to ensure that the inequalities in well-being outcomes of care-experienced children form part of the research agenda.

Highlights

- Consider children's experiences in alternative care to improve all well-being outcomes.
- Clear definitions of children's well-being outcomes are often absent.
- Adult-defined well-being outcomes lead to gaps.

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- There is uncertainty around categorising domains and indicators.
- Contextualise well-being outcomes using intersectionality and all human rights.

Keywords Alternative care · Well-being · Child rights · Human rights · Intersectionality · Well-being outcomes · Well-being measures

1 Introduction

Article 20 of the United Nations Convention on the Rights of the Child¹ (UNCRC) creates obligations regarding ‘the protection and well-being of children deprived of parental care or at risk of being so’ (UN, 1989). In 2010, the United Nations General Assembly sought to clarify this obligation by publishing the Guidelines for the Alternative Care of Children (UN, 2009). Since then, a series of key recommendations have been published for implementing the guidelines (Cantwell et al., 2012; Davidson et al., 2016; Quinn et al., 2017). In September 2021, the Committee on the Rights of the Child devoted its Day of General Discussion (from hereon after ‘the DGD’) to the issue of children in alternative care (Butler et al., 2021). International consultations with care-experienced children – defined as those who have at some point accessed alternative care services—reiterated the numerous challenges they face in alternative care, for example, not feeling loved, supported or trusted by adults (Butler et al., 2021). The DGD indicates how policy and practice responses continually fail to meet the rights and well-being needs of children in alternative care.

Meanwhile, academic research has demonstrated that compared to the general population, children in alternative care exhibit lower levels of subjective well-being (Berger et al., 2009; Delgado et al., 2019; Llosada-Gistau et al., 2015) poor mental and physical health well-being outcomes such as reduced happiness and increased risk of anxiety and depression (Cherewick et al., 2023; McAuley & Davis, 2009; Power & Hardy, 2024). However, these outcomes vary depending on the quality of care provided (Fernandez, 2009; Whetten et al., 2009), the pre-care experience of children, the age at which they enter care and the type of care provided be it kinship care, community-based care, foster care, institutional care (Wade, 2024). Increasingly, attention has turned to the limits of well-being measures for children in alternative care, particularly regarding general mental health measures (Jacobs et al., 2023; McCrae et al., 2010; Power & Hardy, 2024; Rosanbalm et al., 2016). For example, Jacobs et al. (2023) highlighted the ineffectiveness of measures that focus on parental relationships for children who do not live with their parents. These are considered less valid measures of well-being of children in alternative care as their answers might be influenced by the relationships between children, caregivers, extended family and social workers – for example, because of the distrust of authority figures or due to the belief their answers will impact future care (Jacobs et al., 2023; McCrae & Brown, 2018).

¹ In this article, we use the UN definition of a child as per UNCRC Article 1 which refers to ‘every human being below the age of 18 years’ (UN General Assembly, 1989).

As the evidence above demonstrates, approaches to assessing well-being outcomes and the levels these approaches indicate are shaped by how it is conceptualised and operationalised. Objective theories of well-being generally approach the problem from the top down, externally defining a list of goods and qualities that a rational person is presumed to want to live a “good life” (Arneson, 1999 p.142; Hurka, 1993, 2011 in MacLeod, 2014). For example, studies on economics, social policy, and global health often adopt socio-material indicators of well-being and emphasise correlations between socioeconomic status, and background with performance indicators such as educational qualification or mortality rates. Meanwhile subjective approaches place meaning on how individuals experience their lives and the degree to which they are satisfied by them. Subjective theories of well-being can be subdivided into schools of thought the hedonic and eudemonic approaches (MacLeod, 2014). The former emphasise maximising happiness and reducing pain produce well-being (Feldman, 2012). Meanwhile the latter argues that focuses on enjoyment derives value from activities which are inherently good in themselves (Waterman, 2013). These two distinct approaches are interrelated as the pursuit of meaningful goals (eudaimonia) can enhance their overall happiness (hedonia). An example of these separate but interrelated concepts the psychological approach to well-being, which has resulted in the development of a variety of scales and surveys in use in studies of individual subjective well-being. For example, one distinguishes between measures of *overall life satisfaction* (context-free psychometric scales), *satisfaction related to various domains* (domain-based psychometric scales), like family, friends and school, and *affect scales* (positive affect and negative affect scales) (Casas & Frønes, 2019). As a general rule, overall life satisfaction measures align with the hedonic approach to well-being, whilst other approaches which list qualities deemed essential for a “good life” align with eudaimonic approaches (MacLeod, 2014). Increasingly, well-being is being viewed holistically encompassing multidimensional measures across domains including health, education, economic or material well-being, housing and environment, behaviours and risks/safety, and socio-emotional well-being, and therefore requires a mix of objective, subjective, positive and negative indicators (Casas & Frønes, 2019; Cho & Yu, 2020). These domains are also considered in a human rights-based approach to well-being. For children, the Convention on the Rights of the Child (CRC) is one of several international instruments for promoting the well-being of all children by recognising children’s agency and ensuring their rights to health care, education, social services, and protection (Doek, 2014). The human rights-based approach is further distinct in the way it attributes responsibilities and entitlements. The full implementation of human rights requires action from governments while also recognising children as rights holders with meaningful opportunities to express their views and participate in decisions affecting them. So unlike puristic well-being measures, human rights-based approaches emphasise importance of process rights and accountability of public services to uphold and remedy rights (Bray & Dawes, 2007, p.17).

Despite a burgeoning literature on children’s well-being, the discussions of children’s well-being outcomes and care-experienced children’s well-being outcomes remain distinct. Research on well-being outcomes has largely regarded children as a homogenous group (Cho & Yu, 2020), from which children in vulnerable situa-

tions have been left out of or had their needs obscured by incomplete understandings and measures of well-being (Chaudry & Wimer, 2016; Moore, 2019; Schaub et al., 2022). We build on previous reviews by Cho and Yu (2020), Jacobs et al. (2023) and Evans et al. (2023), who have established important findings regarding the current status of children's well-being outcomes. Jacobs et al.'s (2023, p.3) review of reviews highlighted the lack of consensus and appropriate tools to measure well-being for children in alternative care and children with developmental difficulties however, the scope of their study was limited to mental health and outcomes that could be "outcome measures were defined as psychometrically validated measures of mental health." Evans et al. (2023) conducted a review of intervention evaluations for mental health in children in alternative care mapped across socioecological domains. They found a paucity of theoretical descriptions in study reports and a limited number of interventions for subjective well-being vis-à-vis mental, behavioural or neurodevelopmental disorders (*ibid*). Meanwhile, Cho and Yu (2020, p.3) had a broader focus on multidimensional well-being– defined as "a range of material and non-material resources across multiple dimensions of their lives" and found an increased emphasis on subjective well-being and human rights-based approaches to children's well-being outcomes and found some groups of children did not receive sufficient protection. However, they limited their review to quantitative empirical studies. So far, there is limited knowledge on how well-being outcomes for all children are conceptualised and operationalised in both quantitative and qualitative studies across multiple dimensions of well-being and how these might correspond to care-experienced children's needs.

Understanding the heterogeneous nature of individual's care experiences, we aim to examine multidimensional well-being outcomes used to measure and monitor the well-being of all children, to understand how they might apply to, and be informed by, children's experiences of alternative care. Our research question asks, 'How do current concepts and measures of children's well-being outcomes align with the perspectives of care-experienced children?' To answer this, we undertake a scoping literature review, relating the review findings to the experiences of care-experienced children in the DGD consultations. Combining the two, we seek to understand how care-experienced children's perspectives from the DGD can enhance our understanding of well-being outcomes for all children as a heterogeneous group with distinct lived experiences. The objectives of this scoping review are:

- i) to identify the key concepts in current debates on child well-being
- ii) to understand how these concepts are operationalised into dimensions and indicators
- iii) to assess how these outcomes are measured

This research forms part of a wider research project concerned with developing human rights-based indicators for children's well-being outcomes in family and community-based alternative care.

1.1 Secondary Survey Data from Consultations with Care-Experienced Children and Young People Prior to and During the Day of General Discussion 2021

This work is distinct as it draws on consultations with care-experienced children and young people prior to and during the DGD (Butler et al., 2021). Using these consultations as a basis for our analysis, we consider how the distinct considerations highlighted by care-experienced children offer new insights into current understandings of well-being outcomes for all children. We apply intersectionality as an analytical tool to demonstrate that focusing on care-experienced children benefits children's well-being outcomes more broadly. Kimberlé Crenshaw's (1989) theory of intersectionality posits that beginning with the multiple discrimination of Black women reveals flaws in a discrimination framework that predominantly serves white women and Black men. Intersectionality recognises that social identities, including but not limited to race, class, gender, nation, and age, interlock to create complex social inequalities (Collins & Bilge, 2016; Crenshaw, 2017). Intersectionality's goal is to include marginalised groups so that when the most disadvantaged are included, everyone benefits (Crenshaw, 1989 p. 167). Increasingly, intersectionality is viewed to understand the relationships between factors which produce and sustain unequal health outcomes (Bey, 2020; Borrás, 2020; Kapilashrami & Hankivsky, 2018). Others have translated intersectionality into childhood studies to highlight how policies and infrastructure overlook diverse identities in implementing children's human rights (Adami & Dineen, 2021; Baird et al., 2021; De Graeve, 2015; Taefi, 2009). In childhood studies, the application of intersectionality has been used to critique age-less and gender-less responses to children's needs instead of highlighting the different layers of identity that shape the oppression and privilege of individual experience (ibid.).

So, what does centring care-experienced children tell us about the existing way children's well-being outcomes are viewed in academic literature? Here, we suggest that, based on the consultations in the DGD, intersectionality is a useful lens to understand previously hidden well-being outcomes which are produced by overlapping experiences, providing a better system for understanding the unequal material realities and distinctive social experiences more akin to the lived realities of those children. The identification of well-being outcomes and their (re)production of disadvantage and exclusion are thus important pre-cursors to develop services which reduce inequities in well-being outcomes. After all, it has been noted that the issues which lead to children being in alternative care contribute to poor well-being outcomes (such as abuse, disability, disease, displacement, neglect, parental separation or death, poverty, sexuality and gender identity, war conflict, poverty, neglect, poor access to appropriate services, and violence) (Corral et al., 2022; Goldman et al., 2020; Gray et al., 2021; Wilke et al., 2022, 2023). That is not to say that intersectional oppressions do not also require additional rights and services to promote equity. Rather, adding consultations from the DGD enriches this growing body of literature on children's well-being outcomes because care-experienced children speak to their distinct lived experiences. Their comments as individuals apply not only to their vastly heterogeneous experiences of care but also to their simultaneous experiences as girls, boys, citizens of their respective countries, members of their ethnic

group, followers of their religion, disabled persons, individuals with diverse sexual orientation, gender identity, gender expression and sex characteristics.

As highlighted in Table 1, care-experienced children identified elements that were important to them and that could improve their lives. The DGD consultations surveyed 1,188 care-experienced children and young people aged 5–26 years old asked how children could develop, grow, feel supported and be safe from harm. The survey was conducted from 12 April 2021 to 30 May 2021 for children and young people

Table 1 The relevant themes highlighted from the United Nations day of general discussion 2021 summarised by the authors for this review

Themes	Description of the theme
Support for parents and families	Social, emotional, psychological, and economic support that families should be provided with to keep children and young people in their family home—including reducing poverty and unemployment, strengthening family relationships, state-funded education, inclusive access to quality health, transport, and access to social care with specific mention of children with disabilities, who are LG-BTQ2I and/or from minority groups.
Quality care	Being loved, respected, truly cared about, in addition to emotional support, guidance, and a sense of belonging. Ensure that children and young people's human rights are met so they can reach their potential.
A safe and nurturing environment	Protection children from violence, abuse, and neglect whilst promoting holistic understanding of children's rights, well-being, and development such as basic needs such as accessing food, shelter, health services, clean water, spaces to play and education and freedom from worrying about financial security. This includes providing clear guidelines and to follow up with regular monitoring visits to ensure quality care is being provided, and training about children's rights.
Celebrating and maintaining identity	Supporting children and young people to have pride in their history, native language and culture, especially for children in Africa, North and Latin America, and Asia. Furthermore, the ability to access personal records, and information on their backgrounds, ensuring proper records are kept and that care givers have training to provide care that is culturally sensitive.
Supporting mental health and emotional well-being	The provision of quality mental health and psychosocial support and care services, feeling supported and providing consistency in relationships building trust and having safe, dedicated time and space to share feelings and thoughts with adult caregivers. Have adult caregivers stand up for children's rights, to listen to them, to pay more attention to their needs, to encourage them to express themselves, and be there for them when they are sad or lonely.
Listening to and involving children and young people	To be listened to and heard, be taken seriously, believed in and treated with empathy, create a safe trusting space for children and young people to feel confident to voice their views, ideas and experiences so that they are meaningfully involved in decision-making. This may include adults critically reflecting on their own biases and perceptions of children and young people's participation.
Support for children and young people in vulnerable situations	Ensuring no one is discriminated against based on background, religion, ability, culture, ethnicity, race, gender, age, sex, sexual orientation, socio-economic status and lived experience. Children and young people across many regions highlighted the challenges faced by those living with disabilities, who are LG-BTQ2I and how needs may be gendered.
Support in transitioning into new contexts	Emotional, financial, and practical support and assistance as children transitions to new care placements or leaving care and to continue to be in contact with biological families, social workers or other adults and peers.

Source: UN DGD 2021 Report (Butler et al., 2021). The themes and examples were selected, grouped and named based on their suitability to the research objectives and scope as defined in the Methods (Section 2)

from North, South and Central America, Africa, Asia, Australasia and Europe; no geographical limits were imposed, and it was available in English, French and Spanish (Butler et al., 2021). While care-experienced children face unique circumstances, their comments were not limited to interventions concerning care. Thus, as a group often excluded from discussions of children's well-being, they can offer important insight into how well-being can be improved for all children.

The results of the DGD emphasise that being in care is a determinant of several challenges to children's well-being. Children thus identified a range of economic, health, social and cultural themes affecting them as individuals, care-experienced children as a group and their families. As shown in Table 1, it is important to recognise that many of the themes identified were not discrete categories but overlapping and interconnected. Issues spanned the responsibilities of national governments, local transportation and service providers and social norms through to interpersonal relationships. Children identified interconnected attributes from their experiences, pre-care, during care and for future support in transitioning to post-care settings. Several policy-relevant interventions were named as potentially preventing children from entering care, such as transport links and inclusive health, education, and social services, which were important—especially for those with disabilities or LBGQTQ2I² to avoid harm and discrimination and promote pride in identity and feelings of acceptance. In care, feeling loved and having supportive spaces of trust were identified as preconditions for sharing opinions and being believed. The need for support in light of the trauma of separation and a desire for stability and belonging has also been highlighted in studies with children in foster care (Hobbs et al., 2024). It should be noted that COVID-19 was a theme covered in the survey, but we chose not to include this as it went beyond the scope of this review. Aside from this the themes in Table 1 remained as true to the original report as possible with minor changes to make them apply more generally. Changes include listing “defining quality care” as “quality care;” removing alternative care from the ends of the third, seventh and eighth theme, and altering the first theme from “prevention of unnecessary separation” to parental and familial support which was in line with the substantive content of the report and in particular the quotes provided by children (Butler et al., 2021: pp.19–21).

2 Materials and Methods

The review protocol was drafted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) framework (Tricco et al., 2018) (see Appendix A). Whilst systematic literature reviews search for specific study designs, a scoping review has a larger remit and is designed to “give an overview of a broad topic,” analysing evidence on the subject regardless of research design (Arksey & O'Malley, 2005; Peterson et al., 2017, p.12). Given that child well-being is understood as a multi-dimensional blend of subjective and objective domains by various disciplines and therefore uses a range of conceptual and methodological approaches, we chose to conduct a scoping review (Arksey &

²Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Two-Spirit and Intersex.

O'Malley, 2005; Peterson et al., 2017). In doing so, this article reflects the broader commitments of viewing child well-being outside of disciplinary silos.

Before the scoping review, the research team scanned existing literature. This generated an understanding of key terms, special issues, authors and journals relevant to the research question. Due to the number of results generated in this initial search and given the remit of our research question, we decided to limit the key words to well-being outcomes as opposed to including tangential concepts such as quality of life and happiness. Based on these findings and consultation with the projects' international expert advisory team, the framework was adapted to suit the research objectives and questions. In line with disciplinary norms, we did not publish a protocol. Consequently, we decided against including a critical appraisal of concepts and measures. The breadth of disciplines, research design and variations of definitions of well-being would have made comparison difficult. Considering the objectives are to assess concepts and gaps related to well-being outcomes, critical appraisal would not enhance the understanding of gaps or concepts.

2.1 Eligibility Criteria

The Joanna Briggs Institute (<https://jbi.global/>) advises using PCC (Population – Concept – Context) to develop search strategies for scoping reviews. The PCC format has been applied here.

- Population: Children from birth up until 18 years of age.
- Concept: Holistic conceptualisations and measurements of well-being outcomes
- Context: International

Articles had to be published in peer-reviewed journals and written in English between 2009 and 2023 to be included in the search. The UN Guidelines for the Alternative Care of Children was published in 2009 as the first guidance of its kind, marking the starting point for our review. As our focus was on mainstream children's well-being outcomes, we did not limit our focus to articles on children in alternative care. Instead, we looked at the well-being outcomes of all children under the age of 18. We recognise that by limiting the search to English, the review may not capture all articles. There were no limits by discipline or by country.

2.2 Search Strategy

The literature review was conducted through searches on EBSCO, PubMed, and Web of Science, including PsychInfo. The most recent search was conducted on 23/11/2023. Per the PRISMA-ScR guidelines, we also conducted “a hand search of key journals,” such as *Child Indicators Research* (Tricco et al., 2018). Hand searches included manually adding items from the previous initial desk review. Hand searches were conducted to ensure that key articles had not been missed. The risk for double-counting was low as duplicates are removed in subsequent stage of the review protocol. A title and abstract search of the key terms, “child” “well-being” and “out-

comes” was used to identify eligible articles. An example of the search strategy used is attached in Appendix B.

Figure 1 shows the process for the selection of articles. After removing duplicates using EndNote, we were left with 6,804 articles. Next, we manually screened titles, abstracts, and keywords, against the selection criteria. Under these parameters, papers were excluded if they did not explicitly refer to well-being. Explicitly mentioning well-being was used to mean that well-being was a focus of the research question. Disputes were resolved through meetings with the research team to reach a consensus.

The first round of screening removed a total of 6,074 articles as they were not:

- Peer-reviewed journal articles conducting original research³ (188)
- Focused on children between the ages of 0–18 (189)

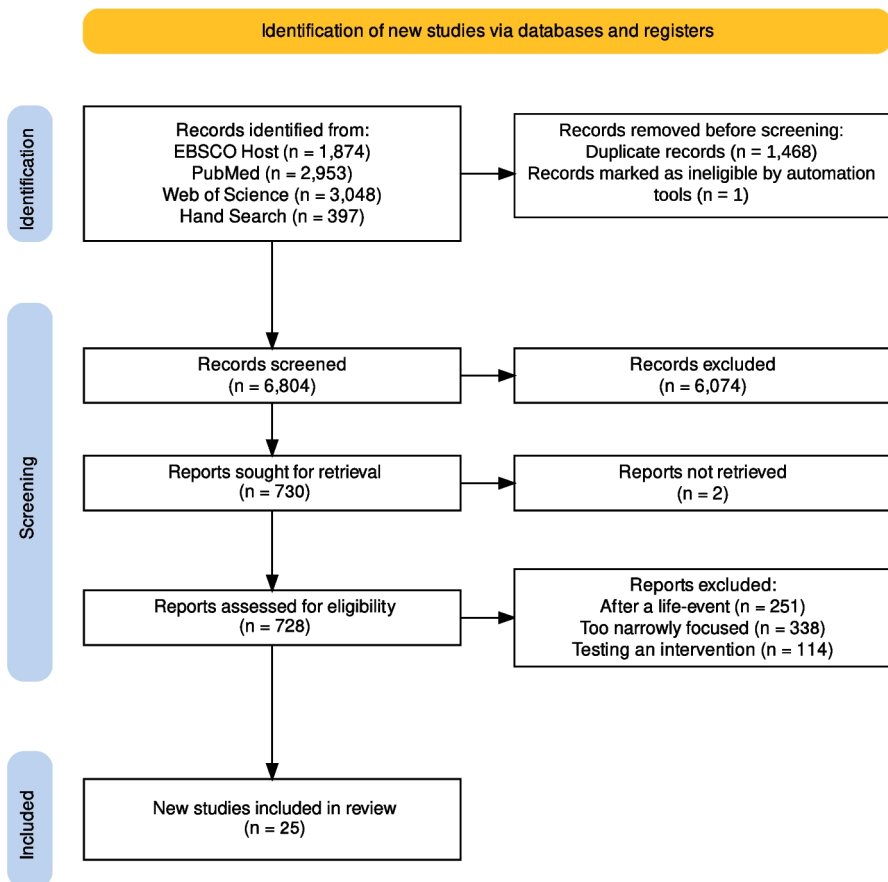


Fig. 1 A flow diagram of the number of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage (Haddaway et al., 2022)

³ This excludes policy reviews, editorials, commentaries and other reviews.

- Explicitly mentions well-being (5,697)

The decision to include articles that explicitly mentioned well-being was made as several articles (5,697) referred to well-being superficially in their abstract, using statements such as, “this study has relevance for the health and well-being of children.” Amendments to the search strategy were expected as reviews by Jacobs et al. (2023) and Deighton et al. (2014), have articulated similar experiences. At this stage, we refined our criteria once more. The amended criteria, developed by consensus with the research team, was:

- Discussed well-being holistically and multidimensionally (defined as more than two domains).
- Did not focus on an evaluation of a project or program
- Did not measure well-being after a life event (e.g., displacement, illness, exposure to violence)

The decision to focus on holistic, multidimensional well-being was designed to exclude articles that used well-being as a synonym for measuring symptoms, behaviours or abilities specific to clinically diagnosable mental and physical health conditions. Whilst important for the discipline, the results of purely mental well-being outcomes have been discussed in a systematic review elsewhere (Deighton et al., 2014; Jacobs et al., 2023). We focused on the multidimensional holistic nature of well-being, as we found articles that focused on single domains, which did not provide sufficient evidence to answer our research question. The final inclusion and exclusion criteria are presented in Table 2 below.

We then sought full-text retrieval of 730 articles 2 of which were unavailable, leaving us with 728 full-text articles. We discounted those not applicable to all children because they were after a life-event e.g., surgery or parents entering the military (251), too narrowly focused (338), or tested the impact of an evaluation (144) as their focus was too specific to fully answer our research question.

After selecting the final 25 articles to include in the review, the team met to finalise the data charting procedure. The data items abstracted onto the matrix included:

- Definitions of well-being

Table 2 Inclusion and exclusion criteria for the screening of articles

Inclusion Criteria	Exclusion Criteria
Is a peer reviewed journal	Was not available in English;
Focuses on children aged 0–18 years old	Focused on the well-being of parents, carers or care providers
Explicitly refers to well-being outcomes in the research question/problem	Was only applicable to a very specific population
Discusses well-being holistically and multidimensionally (defined as more than two domains)	Measures well-being after a life event or intervention

- Theoretical framework used to understand well-being
- Research design and methods used
- Contribution (key results and underlying argument and how this contributes to the understanding of well-being)
- Population studied (age and sampling methods)
- The country where the study was conducted
- Whether the authors consulted with children
- Outcomes or indicators measured (e.g. dimensions of well-being or frameworks used)

In Table 3, we have presented the descriptive elements of the study. In the supplementary material, we have presented the records of the theoretical frameworks and conceptualisations of well-being (Appendix C); the domains, indicators, and their reported sources were extracted and recorded (Appendix D); followed by the tools used to measure well-being outcomes (Appendix E).

The theories and concepts of well-being outcomes were categorised according to their theoretical framework and definitions of well-being (e.g., socioecological approaches, welfare approaches, or pragmatic approaches, etc.) as stated by the author in the original article (see Appendix C) before being mapped and comparatively discussed (Fig. 2). As we later explain, we mapped articles according to their level of analysis on a scale from individual through to structural, as well as their degree of theoretical abstraction. Meanwhile, we deductively classified the domains by topic (see Table 4). We grouped domains by shared meaning (for example, for the category physical health we included children's health behaviour, being physically healthy, child deaths, child health from births, health behaviours core, physical and psychological health, immunisation, overall rated health and injuries scale, etc.). All domains were listed alongside their indicators in the Supplementary Material (see Appendix D). For measurement tools, we listed the tools and the measurement details as stated in the original article (see Appendix E). Tools were then grouped by category as to whether they were administrative and population health data, psychometric scales or developed from the authors' own analysis. In the results section, the conceptualisations of well-being outcomes, domains and indicators, and measurement tools are presented in separate sections. The subsequent discussion analyses the results alongside those of the DGD report.

3 Results

3.1 Description of Studies Included

A total of 25 articles (listed in Table 3) were included in the final review. The articles ranged in discipline from childhood studies to social work, public health, demography and international development.

Conceptual studies rarely specify a geographical location. Meanwhile, the number of regions examined outnumbered the number of studies included because of the use of comparative analyses to study multiple countries or regions. The region most stud-

ied was Europe, followed by Australasia and North America. Conversely, we found a gap in research on conceptual and empirical well-being outcomes for children in Africa and the Middle East. Equally, where countries from Africa, Asia, the Middle East and South America were included, they were mentioned in comparative studies, facilitating a false sense of equality when in reality many of these countries remain greatly underrepresented (Power & Hardy, 2024).

Table 3 shows that, ten articles (40%) did not recruit participants (4 secondary quantitative and six conceptual) (Anderson et al., 2022; Ben-Arieh & Frønes, 2011; Boskovic et al., 2021; Domínguez-Serrano & del Moral Espín, 2016; Gregory et al., 2021; Jones et al., 2015; Raghavan & Alexandrova, 2014; Sumner, 2010; Bradshaw & Richardson, 2009). In terms of quantitative methods, seven articles (28%) used quantitative methods, typically questionnaires and surveys, with a sample that included children (Arabiati et al., 2018; Carmichael et al., 2019; Casas et al., 2022; Dumuid et al., 2023; Lloyd & Emerson, 2017; Parkes et al., 2016; Schutz et al., 2022).

Conversely, we found that three articles (12%) used qualitative participatory methods or consulted with children (Fane et al., 2020; Fattore et al., 2009; Khadka, 2018; Vujčić et al., 2019). Only three (12%) used a mixed methods approach and included children in their sample (Langridge et al., 2022; Looman et al., 2023; Sollis & Edwards, 2022). The only article included in the review which collected primary data and did not include children was Mansukoski et al. (2022), which focused on the well-being outcomes of Early Years children; they consulted with the panel of experts and stakeholders, alongside consultation with community members using “dot voting.” In summary, most advocated for including children’s perspectives in the conceptualisation and measurement of well-being. We found that the articles included in the review show a mix of research designs that apply both qualitative and quantitative, as well as primary and secondary approaches. However, there was a greater number of quantitative articles (48%) with noticeably fewer qualitative or mixed methods approaches.

3.2 Conceptualisations of Children’s Well-Being Outcomes

The first objective of this review is to understand how concepts of child well-being are currently discussed.

In Fig. 2, we have mapped the conceptual approaches used by authors in the review. The horizontal axis represents the degree of theoretical discussion in the articles (Rosenau, 2018). To the right, we positioned articles with a high degree of theoretical abstraction of well-being, namely theoretical frameworks and paradigms engaged in normative debates of well-being outcomes. On the left, we positioned articles with minimal theoretical discussion focused on the observable problems arising from the absence of well-being. Vertically, theories have been organised based on the level at which they measure well-being. Studies focusing on individual or interpersonal level sit lowest, followed by institutional level analysis, and finally at the structural level. Frameworks were deemed as having an individual focus if they used individuals’ subjectivities as the starting point, whereas frameworks focused on changing institutions such as governmental departments or agencies, or what might also be called systems

Table 3 Descriptive summary of articles included in the review

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Anderson et al. (2022)	Quantitative	Multiple population-level data sources	Descriptive statistics and trend analyses	United States	0–17	No, data were collected from multiple national-level sources	<ul style="list-style-type: none"> - Introduced and utilised an index of child and adolescent well-being, focusing on 11 indicators - Found that national well-being index scores increased steadily from 2000 to 2019, but disparities by geographic region and race/ethnicity persisted - Showed convergence of indicators over time, but at a lower rate than the persistence of disparities
Arabiati et al. (2018)	Quantitative	Survey data	Descriptive correlation design & Pearson correlation and stepwise regression	Jordan	11–16	Yes, children self-complete questionnaires	<ul style="list-style-type: none"> - Explored predictors of adolescents' well-being in Jordan, focusing on health, behaviour, and social connectedness - Identified academic achievements, parental support, bullying behaviour, eating habits, somatization, and communication with parents as significant predictors of emotional well-being - Noted differences in emotional well-being between genders and age groups, reflecting societal pressures on adolescents
Ben-Arieh and Frones (2011)	Conceptual	N/A	Existing well-being frameworks	Not Specified	N/A	No, a purely conceptual argument making the case for participation	<ul style="list-style-type: none"> - Developed a taxonomy for child well-being indicators, emphasising the multi-complex nature of well-being - Highlighted the influence of perspective, measurement techniques, constituency, and structural factors on well-being indicators - Discussed the importance of considering children's capabilities, measurement tools, and different perspectives on well-being
Boskovic et al. (2021)	Mixed Methods	National family policies and population level statistics	Policy review & descriptive statistics	Montenegro comparative to EU member countries (including the UK)	0–17, 18–24	No, authors review EU and OECD statistics	<ul style="list-style-type: none"> - Examined Montenegro's family policies and their impact on child well-being compared to EU trends - Identified positive aspects of Montenegro's family policies, such as parental leave duration and preschool access - Found that despite positive policies, children and families in Montenegro faced lower living standards and higher risk of poverty compared to EU averages

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Bradshaw and Richardson (2009)	Quantitative	Survey data	Regression analysis	EU countries (pre-Brexit)	0–17	No, uses population level secondary data	<ul style="list-style-type: none"> - Constructed an index of child well-being in Europe and analysed country-level performance - Noted the Netherlands as having the highest overall child well-being, while former Eastern bloc countries performed poorly - Associated higher child well-being with increased spending on family benefits and services and GDP per capita, and lower inequality
Carmichael et al. (2019)	Quantitative	Survey data	Z score aggregation	Ethiopia, India, Peru and Vietnam	8–19	Yes, surveys with children and caregivers	<ul style="list-style-type: none"> - Analysed the impact of early-life socio-economic conditions on children's health and well-being in Ethiopia, India, Peru, and Vietnam - Found that children's living conditions, key life events, schooling, and work decisions influenced health and well-being outcomes in early adulthood - Observed narrowing gaps for children with improved living conditions or stability, although some inequalities persisted
Casas et al. (2022)	Quantitative	Survey data	Descriptive statistics & structural equation modelling	Brazil, Chile, Spain	10 and 12	Yes, indirectly, as the International Survey on Children's Well-Being (ISCWeB) data were collected through group-administered questionnaires in the school setting with children	<ul style="list-style-type: none"> - Explored the relationship between children's rights perceptions and overall life satisfaction in three countries - Identified significant contributions of children's perceptions of rights and opportunities to participate in decision-making to their subjective well-being (SWB) - Highlighted variations in SWB based on age, gender, and cultural context, with girls generally reporting lower SWB than boys in some contexts

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Dominguez-Serrano and del Moral Espin (2016)	Conceptual	Existing definitions and indicators	Conceptual discussion	Spain	6–14	No, primary data collected purely conceptual analysis	<ul style="list-style-type: none"> - Aims to inform public policies on children's well-being in Spain - Contributes theoretical insights to translate theoretical reflections into tangible indicators - Discusses capability and sustainability approaches, proposing strategies for identifying relevant capabilities and providing a list of indicators tailored to the Spanish context
Dumuid et al. (2023)	Quantitative	Census data	Longitudinal analysis mixed-effects linear regression models	Australia	9–14	Yes, indirectly, data collected from children in the South Australian Well-being and Engagement Collection	<ul style="list-style-type: none"> - Examined trends in well-being among South Australian school students from 2017 to 2022, noting a decline in well-being, particularly after 2019, possibly due to the COVID-19 pandemic - Found sociodemographic disparities in well-being, with lower well-being among females, older students, those with lower parental education levels, and those mainly speaking non-English languages at home - Well-being gaps widened slightly by sex and school grade from 2020 onward, highlighting groups needing focus for well-being promotion programs
Fane et al. (2020)	Qualitative	Participatory group task	Thematic analysis	Australia	3–5	Yes, group activity workshops	<ul style="list-style-type: none"> - Investigated preschool-aged children's understanding of their own well-being to inform well-being conceptualisations and assessments during the transition to school - Found children's accounts aligned with adult-derived well-being indicators, but also identified additional indicators related to play and agency - Discussion focuses on the importance of including children's perspectives in well-being research and the potential for a more nuanced view of child well-being

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Fattore et al. (2009)	Qualitative	Participatory individual and group interviews and task-orientated methods	Thematic analysis	Australia	8–15	Yes, used individual or group interviews and employing a range of task-oriented methods	<ul style="list-style-type: none"> - Explored children and young people's understanding of well-being, highlighting its relational and emotional aspects - Identified challenges in indicators, such as losing data richness and tension between well-being and becoming - Noted gaps in policy frameworks concerning aspects like agency and social responsibility, potentially hindering well-being outcomes valued by children
Gregory et al. (2021)	Quantitative	Census data, descriptive statistic calculated from each outcome (generated from multi-item scales)	Descriptive statistics calculated from each outcome (generated from multi-item scales)	Australia	8–18	Yes, indirectly as uses secondary census data from South Australian Wellbeing and Engagement Collection	<ul style="list-style-type: none"> - Estimated the prevalence of low well-being indicators among children and adolescents in Australia and how they varied across demographic groups - Found prevalence of low well-being indicators increased with age, particularly among females, and was higher in disadvantaged communities - Highlighted the importance of addressing socioeconomic inequalities in well-being and identifying groups needing targeted interventions
Jones et al. (2015)	Conceptual	National family policy frameworks	Description and comparison of current frameworks	United States	N/A	No, reviewing frameworks	<ul style="list-style-type: none"> - Various federally supported and child protection-applicable frameworks exist to define and strengthen child well-being within child protection services - Differences in treatment of social development, environment, and community domains across frameworks are identified - Advocates for a more comprehensive, holistic approach to child well-being in child protection systems to guide decision-making and service provision

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Khadka (2018)	Conceptual	In-depth interviews	Thematic analysis	Nepal	10–17	Yes, interviews with children and caregivers	<ul style="list-style-type: none"> - Child well-being in Nepal is fluid, influenced by context, parenting quality, and access to financial resources - Different frameworks classify child well-being into various domains, but there's no universally agreed list of basic needs - Prioritising subjective well-being over objective needs may not be as useful in social policy - The welfare state framework suggests focusing on five services for child well-being to address social security, housing assistance, education services, personal social services, and social protection needs
Langridge et al. (2022)	Mixed Methods	Questionnaire	Descriptive statistics calculated from each outcome (generated from multi-item scales)	Tonga	5–15	Yes, survey of children, caregivers and teachers. Consultation of child health clinicians, researchers, teachers and caregivers	<ul style="list-style-type: none"> - Caregivers and children report positive home and school environments, with differences noted between older and younger children and between girls and boys in resilience, achievement, and risk avoidance - Caregivers' perceptions of children's well-being often exceed children's self-reported well-being - Advocates for investment in children's well-being beyond survival, especially in regions like the Pacific where children's needs are often de-prioritised

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Lloyd and Emerson (2017)	Quantitative	Survey	Descriptive statistics calculated from each outcome (generated from multi-item scales)	Northern Ireland	10–11	Yes, children's views sought in online survey, Kids' Life and Times (KLT)	<ul style="list-style-type: none"> - Positive correlation between children's subjective well-being and perceptions of their participation rights, with social relations/autonomy questions showing the strongest relationship - Girls tend to have higher social relations/autonomy domain scores than boys, although no significant differences are observed in overall SWB scores - Girls also report more positive perceptions of their participation rights compared to boys - Importance of considering gender differences and the relationship between well-being and participation rights in school and community settings
Looman et al. (2023)	Mixed methods	Survey, tasks and interviews	Descriptive, bivariate correlations between predictor and outcome variables were calculated using Pearson R & hierarchical regression	United States	8–17	Yes, survey and follow-up interviews	<ul style="list-style-type: none"> - Resilience portfolio model supported in a study of youth, with family relationships having the strongest associations with positive well-being and lower symptoms of depression - Supportive relationships with peers, meaning making strengths, interpersonal strengths, and active coping associated with better outcomes - Interactive, arts-based methods recommended for understanding youth coping and resilience - Emphasis on family-level resilience factors for youth well-being outcomes

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Mansukoski et al. (2022)	Mixed methods	Consensus survey and consultations	Descriptive statistics	United Kingdom	As-summing <5	No, adults and stakeholders only	<ul style="list-style-type: none"> - Development of a core outcome set (COS) for systems-wide public health interventions promoting health and wellbeing in Early Years children - Describes methods for considering views of stakeholders and community priorities and lived experiences in designing public health - Six domains identified for the COS: Development & education; Physical health & health behaviours; Mental health; Social environment; Physical environment; Poverty & inequality - Early childhood disadvantage and parenting factors predict 7-year-olds' subjective well-being - Dysfunctional parenting strongly associated with lower well-being across friendship, school enjoyment, and life satisfaction - Home learning predicts greater school enjoyment and life satisfaction
Parke et al. (2016)	Quantitative	Survey data	Multivariable path models	United Kingdom	7	Yes, indirectly children were surveyed in the Growing Up in Scotland Survey	<ul style="list-style-type: none"> - Review the social and policy history of the concept of child well-being, and its measurement - Examine three types of theories of well-being extant in philosophy—mental states theories, desire-based theories and needs-based - Proposed theory focuses on treating childhood as important in itself and requires the development of stage-appropriate capacities and child-appropriate mechanisms of engagement with the world
Raghavan and Alexandrova (2014)	Conceptual	Well-being concepts in literature	Conceptual review	Scholars are US-UK based	N/A	No, a conceptual discussion	

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Schutz et al. (2022)	Quantitative	Multivariate analysis with scales as dependent variables	Dependent variables	Brazil	10–12	Yes, indirectly as uses survey from the Brazilian wave of the Children's Worlds research project	<ul style="list-style-type: none"> - Study compares subjective well-being (SWB) of 10 and 12-year-olds in Brazil over time, showing reductions in SWB - Children differed significantly from each other in all well-being instruments, considering their age, gender and time of measurement. Younger children, boys and children from 2012 showed higher well-being measures - Reductions in children's SWB over this period of time are possibly linked to the reduced public investment in children's education, healthcare, social services, and children's rights
Sollis and Edwards (2022)	Mixed Methods	Consultations, census data, descriptive statistics	Descriptive statistics	Australia	0–17	Yes, indirectly in children surveyed in The Longitudinal Study of Australian Children and directly in consultations with children	<ul style="list-style-type: none"> - Used a participatory wellbeing framework to measure child wellbeing over time, providing insights into meeting children's needs and examining the long-term effects of being born into poverty - Being born into poverty was associated with poorer outcomes in almost all wellbeing areas (Loved & Safe, Material Basics, Learning and Participating) by age 6–7 years - While some of these associations diminished as children got older, being born into poverty had a continued relationship with poorer outcomes in Material Basics and Participating in all time points examined (up until age 12–13)
Sumner (2010)	Conceptual	Current well-being frameworks	Conceptual review	Non-specific discussion of lower-middle income countries	N/A	No, but no primary data collected	<ul style="list-style-type: none"> - Discussion on a 3-dimensional (3-D) well-being approach to understanding child poverty and agency - Emphasises material, subjective, and relational dimensions of well-being, alongside poverty and rights frameworks - Importance of considering subjective well-being often overlooked

Table 3 (continued)

Reference	Type of article	Type of data source	Analysis	Country	Age in Years	Consulted with Children Directly?	Findings
Vujić et al. (2019)	Qualitative	Semi-structured interviews and focus groups	Framework analysis	Croatia	9–10, 13–15, 16–19	Yes, semi-structured interviews and focus groups as part of the Measuring Youth Well-Being (MYWeB) project	<ul style="list-style-type: none"> - Children and young people conceptualize well-being as positive and joyful expressions and experiences - Children and young people highlighted family, friends, school, environment, health, and material resources identified as which issues determine their well-being - Highlights the importance of relationships, activities, and pursuing personally valuable goals
Waleewong and Yueyayai (2022)	Quantitative	Survey data	Logistic regressions, comparing pseudo r-squared, and population attributable fraction analyses	Thailand	0–18	No, uses secondary data from the Thailand Multiple Indicator Cluster Surveys (MICS)	<ul style="list-style-type: none"> - Study in Thailand identifies socio-economic inequities in child health outcomes, highlighting the impact of economic status and education on well-being - Uses the child flourishing index, a tool used to measure children's wellbeing based on the key relevant Sustainable Development Goals - Calls for policies addressing social determinants of health and specific social protection programs for vulnerable groups

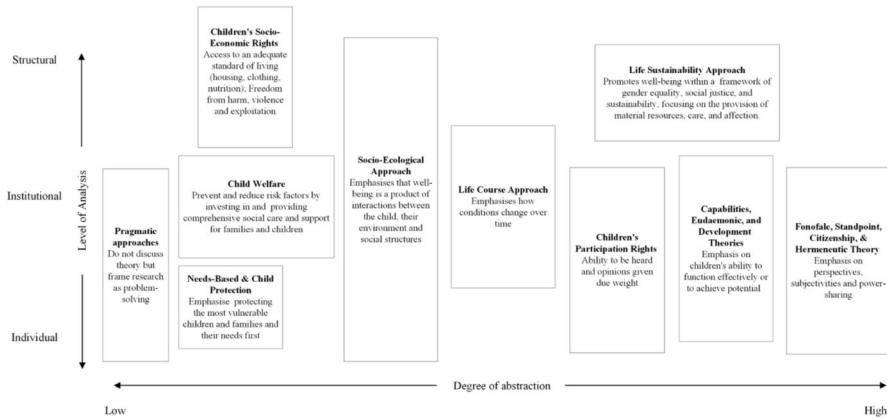


Fig. 2 Map of theories and concepts of well-being identified in the review

change. Structural phenomena refer to a more abstract approach to understanding how well-being outcomes are produced and sustained by the economic, social and political norms and practices which shape the world we live in.

The findings show that consensus on well-being is multi-dimensional, usually conceived as subjective and objective measures. However, there are disciplinary differences which lead to fundamental distinctions in the way children's well-being outcomes are reported and measured.

On the far right of Fig. 2, more constructivist understandings of well-being as subjective, fluid and contextualised- viewing it as both a process and an outcome. Such theories often avoided putting a fixed definition of well-being onto children. Instead, they purport an understanding of well-being that enables children to determine what outcomes should be. The indigenous frameworks of Fonofale and Talanga (Langridge et al., 2022), children's standpoint theory (Casas et al., 2022; Fattore et al., 2009), citizen-child theory (Fane et al., 2020), child participation framework (Sollis & Edwards, 2022), and hedonic and eudemonic approaches (Vujčić et al., 2019) all focus on children's perspectives as the key to understanding children's well-being outcomes. They argue that incorporating children's perspectives is essential for validating any well-being measure as adults cannot fully capture children's perspectives and experiences. In addition, this aligns with children's participation rights, including their "right to be heard" and their opinions to be "given due weight" as per Article 12 of the UNCRC (Ben-Arieh & Frønes, 2011). More broadly, these theories intersect with discussions of children's agency and autonomy to position children as experts in their own experiences.

In contrast, other authors argue that merely relational and subjective understandings of well-being are incomplete. Ben-Arieh and Frønes (2011) map out the capabilities approach, whilst also referring to the UNCRC. The capabilities approach is used to argue that subjective and objective approaches focus on aspects considered necessary for "a good life" or "reaching one's potential" (Sen, 1999; Nussbaum & Sen, 1993). Here, subjective outcomes like life satisfaction and participation in decision-making sit alongside several other human rights such as the absence of disease,

Table 4 Domains in literature review grouped by authors

Domain category	Citizenship	Education	Health	Material	Mental/Emotional	Personal Security	Social Relationships
Domains as listed in reviewed articles	Agency	Accomplishments	Being Physically Healthy	Community	Affectivity, emotions and love	Feeling happy, loved, and safe	Interpersonal relations
	Agency	Achievement	Child deaths	Context	Comfort	Feeling Safe	Interpersonal Relationship
	Children's agency	Achievement	Child health from birth	Deprivation	Dealing with adversity	Good treatment and security	Major life domains (family relationships)
	In my community...	Activities, Freedom, Competence, and Fun	Children's health behaviour	Economic Success	Depression	Risk and Safety	Peer relationships
	In my school...	Body	Children's health behaviour	Economic, social, health care, housing, or education (as one domain)	Happiness	Risk avoidance	Quality of family relations
	Knowledge of rights	Development & education	Children's Relationships	Employment	Life satisfaction	Permanency (feeling belonging and connected)	Relational
	My school listens to what I have to say about...	Education	Health	Environment	Life satisfaction	Risk behaviour	Relationships
	Opportunities for play	Intellectual Potential	Health	Environment	Life satisfaction	Safety	Relationships
	Perception of being listened to and taken into account	Liking School	Health behaviours core	Housing	Life-satisfaction	Safety and Security	Social connectedness core

Table 4 (continued)

Domain category	Citizenship	Education	Health	Material	Mental/Emotional	Personal Security	Social Relationships
	Perception of having opportunities to participate	Opportunities for Learning	Health behaviours core	Housing and environment	Mental health	Security	Spirit
	Satisfaction with how you are listened to by adults in general measured	Participation/enrolment	Health Outcome Score	Housing problems	Mental Wellness	Social environment	Supportive Friendships
	Social participation	School adjustment	Health outcome score	Material	Mind	Violence and violent behaviour	
	Social Responsibility and Moral Agency—being a good person	Security for the Future	Health-related aspects of school core	Material and economic resources	Optimism		
		Social Development	Health-related aspects of school core	Material situation	Peer and Emotional Problems		
		Well-being at school	Immunisation	Material Wellbeing	Positive and negative affective states		
		Wellbeing (opportunities for education)	Overall Rated Health and Injuries Scale	Physical Environment	Psychological well-being		
		Youth Inactivity	Physical and mental life and health	Physical Environments	Purpose		
			Physical and psychological health, relationships with parents and friends, and autonomy (not further distinguished)	Poverty	Quality of Life		
			Physical Health	Poverty & inequality	Resilience		
			Physical health & health behaviours	Worklessness	Sadness		

Table 4 (continued)

Domain category	Citizenship	Education	Health	Material	Mental/Emotional	Personal Security	Social Relationships
			Physical health—eat well and be active Self-defined health Surviving (pregnancy, marriage, birth weights and stunting) Thriving (skilled birth attendance, poverty, sanitation, vaccination)		Satisfaction Self Subjective (hopes/fears, personality, self-concept) Subjective Well-being (acquired most important things in life) Subjective wellbeing (happiness with life) Well-being (self-efficacy, self-esteem, and healthy relationships) Well-being measures (cognitive engagement)		
Total mentions	14	18	25	21	28	13	12

violence and problems or the presence of material goods, social support schemes, education, and positive relationships. Authors varied in their application of human rights. Some apply human rights to highlight participation rights (Ben-Arieh & Frønes, 2011; Lloyd & Emerson, 2017) or as “survival,” “participation,” “protection,” and “development” rights (Sumner, 2010) and some emphasise children’s position as rights holders (Ben-Arieh & Frønes, 2011; Domínguez-Serrano & del Moral Espín, 2016). Yet they all pay special attention to participation and autonomy rights as outlined in the UNCRC. This approach, however, does not encompass the broader spectrum of human rights, which will be examined in detail in the Discussion (Section 4).

The emphasis on fulfilling one’s future potential is not wholly dissimilar to Raghavan and Alexandrova’s (2014) definition of well-being as “flourishing” through the possession, development and enjoyment of “physical, cognitive and emotional powers” appropriate for the level of development (Kraut, 2009). In the capabilities, rights-based and developmental approaches, subjective and objective elements are required – the balance of which varies according to the needs of the individual.

Some authors emphasise the context of children’s lives as the starting point to understanding their well-being outcomes. Bronfenbrenner’s (1979) socio-ecological approach emphasises that the well-being of a child is a product of their interactions between themselves and their environment and social structures. The studies reviewed criticised the use of this approach in isolation as it fails to include the participation of children (Ben-Arieh & Frønes, 2011; Lloyd & Emerson, 2017). Some authors mitigated the criticism by combining children’s subjectivities and socio-ecological frameworks. Authors focus on subjective well-being and (inter)personal factors (Looman et al., 2023), family-level risk factors (Parkes et al., 2016), and multi-level analyses (Schutz et al., 2022). Meanwhile, Carmichael et al. (2019, p. 965–966) use a life course pathways approach to determine how different childhood histories affect health and well-being outcomes later in life.

Political economy approaches paid greater attention to the distribution of resources in social welfare. Khadka (2018) adopts the political economy theory of welfare state or welfare regime approaches – focusing on state interventions to meet well-being needs through “a whole-child” approach to emphasise the interrelatedness of different dimensions of well-being. Like Khadka (2018), Boskovic et al. (2021) adopt a welfare approach to advocate for investment, but they focus on preventative, proactive intervention. However, Khadka (2018) emphasises that whilst all dimensions of well-being are important, children prioritise different needs according to context. For example, in resource-scarce settings, there is a greater emphasis on placing current survival basic needs over non-survival future needs. The tension between focusing on violence and abuse or a wider remit of social, emotional and developmental functions of the child and their family is articulated in child protection frameworks (Jones et al., 2015). To do this, Jones et al. (2015) refer to Maslow’s (1943) hierarchy of needs, positive psychology models such as the Indivisible Self-Wellness Model (Myers & Sweeney, 2005), development theory and trauma systems theory (Perry, 2009). Drawing on these, they understand how different well-being theories redefine the scope of children’s well-being in the child protection system.

The categories on the far left of Fig. 2 present more objective, pragmatic, policy-driven agendas focused on empirical data. These articles utilised a public, or population, health approach to focus on outcomes as predictors of trends or inequalities in well-being (Anderson et al., 2022; Arabiat et al., 2018; Dumuid et al., 2023; Mansukoski et al., 2022; Waleewong & Yueayai, 2022). Using a positivist lens, some seek to measure the factors contributing to inequalities through proxy measures of well-being, conceptualising well-being as a latent construct (Anderson et al., 2022). Overall, they engage very little in defining well-being outcomes.

Others are driven by the desire to monitor and evaluate policy. Bradshaw and Richardson's (2009) motivation for their research is to develop a set of well-being indicators for the European Commission and UNICEF to mainstream well-being outcomes. Finally, Waleewong and Yueayai (2022) and Gregory et al. (2021) take a population health approach informed by the SDGs and the UNCRC. So, whilst these authors do not engage with theoretical debates of well-being, they demonstrate their importance through the ability to impact public policy and the evaluation of policies.

In essence, the authors agreed on a multidimensional understanding of well-being but often avoided defining well-being outcomes because they felt they should not (instead emphasising the subjectivities of the child) or could not (because well-being was a latent variable) define such a capacious concept.

3.3 Well-Being Outcomes: Domains and Indicators

The main findings of the well-being domains and indicators are: i) there is a lack of consensus on what constitutes a domain ii) there were disparities in sorting indicators by domain, and iii) differences in the kind of indicators being used.

Domains are the highest unit of categorisation used to organise well-being outcomes. Each domain is then used to house a series of indicators relating to that domain. After removing missing data, we found 125 domains in 21 articles (see Appendix D). For the benefit of the review, we have listed all the domains as written in the originally reviewed articles but with explanations in parentheses where required. We sorted them by shared meaning and provided a total at the bottom (see Table 4).

Our first reflection is that the domains relating to socio-cultural relations (11), personal security/care (12), and citizenship (13) occurred less frequently than other domains such as physical (24) and or psychological health (28). This means that fewer authors considered the domains of belonging, feeling loved and safe or exposure to risk and violence, autonomy, agency and participation. Meanwhile, there were even fewer mentions of domains that focused on relationships with family, friends and a wider support system, with only one domain, "spirit" – defined as having cultural ties and spiritual connections, having any mention of identity (Jones et al., 2015). The lack of emphasis on social-cultural relations, personal security and care, and citizenship shows that most discussions of well-being outcomes do not incorporate these domains, whereas health-related domains appeared more consistently across articles.

Secondly, there is a lack of consensus on what constitutes a domain, how detailed a domain should be and how researchers should organise their domains in the results of their study. We found great variation in the internal categorisation of domains,

depending on the theoretical foundations and disciplinary backgrounds of the articles. Though it is encouraging to see a diverse range of domains, having some degree of consensus would improve their applicability outside of the singular article or project in which they exist. For example, Gregory et al. (2021) separate the domains of happiness, mental wellness, mind, optimism and worries. Similarly, Vujčić et al. (2019) refer to psychological well-being, positive and negative affective states, life satisfaction and psychological well-being as different domains. Looman et al. (2023) instead list depression as one domain. Meanwhile, Mansukoski et al. (2022) list mental well-being as a domain consisting of child mental health (including child stress and anxiety), child happiness and child mental well-being as indicators. We found a similar lack of clarity within the domains health, health behaviours, access to services, education, school and belonging, poverty, material basics and employment. Overall, variety in the degree to which domains of well-being are seen as discrete categories and the extent to which they overlap and intersect varies. This variety raises questions about the validity of domains as discrete overarching categories.

Our third finding was the differences in the organisation of indicators and domains. This is unsurprising given the lack of consistency in the organisation domains. In total, we detected 526 different indicators from the 22 different articles. This is because four did not report specific indicators, as their work was primarily conceptual (Ben-Arieh & Frønes, 2011; Khadka, 2018). The average number of indicators per article was 24, yet the number of indicators ranged from range 4 to 139. This variation might be explained by the extent to which predictive factors or determinants of well-being are included in the assessment of well-being outcomes. Physical health is one example of this. Many outcomes focused on predictive indicators of physical well-being. Indicators span from health-promoting behaviours, such as the percentage of children who eat fruits daily, to risk-taking behaviours, such as smoking (Anderson et al., 2022; Bradshaw & Richardson, 2009). Equally, the number of sports facilities in the area or access to green open spaces depends on the infrastructure available in the local environment (Domínguez-Serrano & del Moral Espín, 2016; Mansukoski et al., 2022). Other indicators directly measure health outcomes, such as mortality rates or vaccination rates (Bradshaw & Richardson, 2009; Waleewong & Yueayai, 2022). Yet, surprisingly few measured indicators included access to quality healthcare or medicine as a recourse for illness or injury (Fattore et al., 2009; Mansukoski et al., 2022).

Regarding material basics, some measured rates of poverty, or those at risk of poverty (Boskovic et al., 2021; Fattore et al., 2009; Waleewong & Yueayai, 2022). Yet many authors provided specified issues such as household (un)employment (Mansukoski et al., 2022; Sumner, 2010), social protection spending (Boskovic et al., 2021; Domínguez-Serrano & del Moral Espín, 2016) and future career prospects (Jones et al., 2015). Similarly, indicators rating levels of satisfaction measure these without gathering evidence on why this might be the case (Dumuid et al., 2023; Schutz et al., 2022). These inconsistencies mean it is often unclear what type of indicators were being utilised. In some cases, it was unclear whether these outcome indicators were positive, negative; subjective, objective; past, present or future measures. Without categorisation, it is difficult to ascertain the relationship between the indicators of well-being outcomes in the context of children's lives. It is important that there is a

mix of all types of measures, and that there is a clear justification for the decision to use, or exclude each type of indicator.

3.4 Tools to Measure Well-Being Outcomes

In total, we recorded 35 measurements from 22 of the articles reviewed (see Appendix E. The following articles did not suggest specific tools so data could not be charted (Ben-Arieh & Frønes, 2011; Khadka, 2018; Raghavan & Alexandrova, 2014). These can be identified as three different categories.

The first type of data collection and measurement tool identified was secondary administrative health and governmental data from existing datasets collected at the population level. Data were from The European Union Statistics on Income and Living Conditions (EU-SILC), The Organisation for Economic Cooperation and Development (OECD) databases, and the World Indicators Reports (Boskovic et al., 2021; Bradshaw & Richardson, 2009). Using prevalence, ratio, proportion and frequency measures, Boskovic et al. (2021) and Waleewong and Yueyayai (2022) (Child Flourishing Index) conducted a regression analysis between scores. Other indices required standardisation and aggregating, resulting in different methodological decisions to determine the importance of indicators within domains and overall well-being. Bradshaw and Richardson (2009) utilised z-score aggregation (European Index of Child Well-Being), whilst Anderson et al. (2022) used weighted modelling (Child and Adolescent Thriving Index 1.0). Meanwhile, Sollis and Edwards (2022) use the Multiple Overlapping Deprivation Analysis (MODA) approach which utilises dual cut-offs and discourages the aggregation of different domains into a single figure or score so that dimensions can be examined independently. This approach was predominantly used by global or public health scholars with a particular policy focus, grounded in pragmatism.

The second type of instrument was the use of scales derived from validated psychometric tests, which were delivered via structured surveys. The most common was the use of satisfaction with life questionnaires where items are scaled on five or ten-point Likert scales (Dumuid et al., 2023; Gregory et al., 2021; Parkes et al., 2016). Despite not explicitly mentioning satisfaction with life questionnaires, Domínguez-Serrano and del Moral Espín (2016), Dumuid et al. (2023), Langridge et al. (2022), Sollis and Edwards (2022), Casas et al. (2022), Vujčić et al. (2019) and Bradshaw and Richardson (2009) all mention additional questions of based on the formula, 'how satisfied are you with X?'

Similarly, health-related quality of life (HRQoL) measures were used to assess the frequency of feelings over a recall period of 1–4 weeks depending on the measure, scored on a four and five-point Likert-type scales (Langridge et al., 2022; Lloyd & Emerson, 2017; Looman et al., 2023) Aside from Langridge et al. (2022) HRQoL instruments are used in addition to other measures—the Resilience Portfolio Questionnaire (Hamby et al., 2018 in Looman et al., 2023) and the Children's Participation Rights Questionnaire (CPRQ) (Emerson & Lloyd, 2014 in Lloyd & Emerson, 2017). We further noted that authors adopted the use of psychometric scales with a greater focus on child development and positive psychology.

We found that the combination and adaptation of psychometric measures are common. The Wellbeing and Engagement Collection (Gregory & Brinkman, 2020 in Gregory et al., 2021; Dumuid et al., 2023) uses elements of established measures to compose each domain of well-being; these measures have a 5-point Likert scale. Likewise, the Health Behaviour in School-aged Children (HBSC) (Currie et al., 2008) has a set of core questions and additional supplements, which, in our review, were adopted to varying degrees with Bradshaw and Richardson (2009) only using 19 measures whilst Arabiat et al. (2018) using 37 HBSC indicators. Thus, there was no consensus on a validated psychometric scale to determine well-being, but the authors found value in combining aspects of different instruments for different domains.

The third category of measurement for children's well-being outcomes included authors who created an original set of domains and indicators. Jones et al. (2015) and Sumner (2010) developed their measures based on child protection and rights as basic needs accounts of well-being outcomes. Meanwhile, Domínguez-Serrano and del Moral Espín (2016) used the capabilities and life sustainability approach to develop a list of well-being outcomes. The remaining articles in this category emphasised children's subjectivities in their theoretical frameworks, using research with children or, in the case of Mansukoski et al. (2022), consultations with stakeholders. We found that these authors identified additional domains and indicators not captured by psychometric or public health measures. These included play (Fane et al., 2020; Fattore et al., 2009), being loved, safe and happy (Domínguez-Serrano & del Moral Espín, 2016; Fane et al., 2020; Fattore et al., 2009; Sollis & Edwards, 2022), agency (Fane et al., 2020; Fattore et al., 2009), transport (Domínguez-Serrano & del Moral Espín, 2016; Jones et al. (2015); and identity (Domínguez-Serrano & del Moral Espín, 2016; Sumner, 2010). However, because of their participatory, theoretical or highly contextualised approach, some authors did not develop item measures of methods for standardising well-being outcomes (Domínguez-Serrano & del Moral Espín, 2016; Fane et al., 2020; Fattore et al., 2009; Sumner, 2010; Vujčić et al., 2019), except for Sollis and Edwards (2022).

4 Discussion: Comparing the Literature to Consultations from the Day of General Discussion

In this scoping review, we identified 25 studies addressing children's well-being outcomes. Our findings show a lack of consensus regarding the conceptualisation of well-being outcomes, the organisation of key domains and indicators as well as tools of measurement. In this discussion, we compare the issues raised in the 2021 DGD with those in the literature to show that the current concept measures of well-being outcomes rarely reflect key aspects of well-being which are important to care-experienced children. This comparison is intended to benefit all children, as it reflects key issues felt by those who often report poorer well-being outcomes. Subsequently, we provide some recommendations for future research on well-being outcomes to take these experiences into account.

A key finding of this review was the limited mention of domains of identity, inclusion, quality services, safety, support, and trust. These domains were central to care-

experienced children consulted for the DGD (see Table 1) but featured less heavily in the articles reviewed (see Table 4). Safety, identity, love, play, and support were mentioned in a few of the articles which utilised a consultation or participatory aspect (Domínguez-Serrano & del Moral Espín, 2016; Fane et al., 2020; Fattore et al., 2009; Schutz et al., 2022). This indicates that the involvement of children's perspectives widens the issues understood as well-being outcomes. Care-experienced children in the DGD mentioned transport; however, it was only included in two of the articles reviewed (Domínguez-Serrano & del Moral Espín, 2016; Jones et al., 2015). They, therefore, show the importance of including children's perspectives in the creation of well-being outcomes to challenge traditional domains of material well-being, housing and environment, education, health, risk behaviours, and abuse and neglect, which originally dominated children's well-being outcomes (Ben-Arieh, 2000; Pollard & Lee, 2003).

As subjective, holistic, multidimensional understandings of well-being become established, they have more in common with rights-based agendas. Several issues children raised in the DGD, and in studies using child-initiated indicators, highlight obligations to provide quality healthcare, identity and play, which are found in the UNCRC (Articles 24, 8 and 31 respectively in UN, 1989). Indeed, Lundy (2014) has stated that children's rights cover a broader spectrum of issues than traditional notions of well-being. It appears that rights and well-being are increasingly turning to similar domains as understandings of holistic and multidimensional well-being broaden. However, rights-based approaches to well-being (shown in Fig. 2) predominantly conceptualise children's rights as specific articles from the UNCRC including, for example, socio-economic and participation rights. The focus on the perception of participation and influence of school, community, and family life which fails to identify what needs to be done and who is responsible for ensuring participation remains high. In short, it overlooks how to *remedy* low levels of participation. This is in tension with the spirit of a rights-based approach, which is designed to be implemented as a comprehensive set of rights that are interrelated and indivisible rather than a piecemeal set of rights (Tisdall, 2015). We therefore suggest that the UNCRC might be a useful starting point for identifying the new areas neglected by traditional well-being studies whilst using a framework already familiar to academics, practitioners, as well as children and parents. Nevertheless, we argue that specific aspects of the UNCRC alone are insufficient to fully capture the multidimensional, holistic understanding of well-being described by children who participated in the DGD.

Whilst some have used children's rights and children's human rights synonymously (Quennerstedt, 2015), we articulate a specific distinction. Children's rights in the UNCRC are but one element of the wider human rights agenda, which marks a distinction between children and adults (Tisdall, 2015). Furthermore, this connects the rights of the child to the rights of the adults around them and to the environments in which they access services, aiming to prevent socio-economic inequalities as well as discrimination based on disability, race, ethnicity, nationality, gender, and sexuality. Additionally, the broader human rights principles of non-discrimination, dignity, and respect can establish conditions where appropriate and quality services are available and accessible. This, in turn, can create environments that foster trust, support, and inclusion. Should these fail to be realised, the comprehensive human rights

framework holds duty bearers, primarily the state, accountable for human rights violations. As part of this framework, children are entitled to recourse and mechanisms to access justice and remedies when their rights are not upheld (Ruggie, 2010). However, there was a noticeable absence of children's human rights as the full span of human rights frameworks that are interrelated, interconnected, and indivisible. Given that well-being is integrally linked to the realisation and protection of these rights, it is imperative to adopt a broader human rights perspective in the conceptualisation of children's well-being.

The children who participated in the DGD described aspects of their lives varying from social policies and gender norms to feeling safe. Not only do these issues span multiple levels of theoretical analysis often not present in well-being studies, they also show how interconnected different social, economic and political aspects are and how they're cumulative across time – something which is obscured by separate domain/indicator models. Specifically, care-experienced children highlighted specific challenges which showed how different well-being outcomes are weighted differently depending on the individual intersecting social identities. For example, LGBTQ2I children spoke about a desire for counselling of parents and children (Butler et al., 2021) to combat social stigma and to support safe expressions of sexuality and gender identification and feelings of belonging, as opposed to the threat of rejection. Similarly, for children who have experienced trauma through separation (Hayes et al., 2024), there is an emphasis on implementing measures such as communicating and agreeing to up-to-date daily routines to avoid unexpected activities or surprises and to ensure feelings of stability and control.

Considering these examples of well-being outcomes from the DGD and given that we found a lack of emphasis on social-cultural relations, personal security and care, and citizenship in our scoping review, we argue that theories of well-being often fail to capture the position of care-experienced children and their intersectional identities. The exception to this in our review was the capabilities approach, which emphasises material and social inequalities—focusing on what children can do, think, and feel as well as what they possess. The distinction between the capabilities approach to child well-being outcomes, and children's human rights is that the capabilities approach effectively addresses the elements of social justice, holisticness, and the temporal aspects of current well-being and future well-becoming. In addition to the capabilities approach, we recommend greater consideration of intersectionality. “Intersectionality's focus on people's lives provides space for alternative analyses of these same phenomena” while also emphasising the overlapping, interconnecting social locations that marginalise the needs of specific groups (Collins & Bilge, 2016, p.17). It allows us to consider children's well-being outcomes as more complex – for example, taking into account those care-experienced children – and understanding how well such experiences are captured, or not captured, by measurement tools. Intersectionality is therefore a useful analytic tool to develop well-being outcomes as it can contextualise current concepts and measures to identify new well-being needs and attribute greater meaning to some outcomes or situations that are not covered by universalistic notions of rights. Instead of viewing children as one homogenous group well-being must understand how rights are unevenly enacted for those in positions of marginality.

To better reflect the transition in and out of alternative care, we propose adding the concept of past well-being, to notions of well-being and well-becoming, acknowledging the influence of previous experiences and immutable characteristics on present and future outcomes. By doing so, we suggest this can better capture the lived experiences articulated by care-experienced children who participated in the DGD. This temporal element takes into account that children in alternative care may have already experienced poor well-being outcomes, as if well-being outcomes were fully satisfied alternative care would likely be unnecessary⁴ and considers how this may affect present and future well-being.

Geographical location was an important distinguisher of concepts of well-being outcomes in the DGD as children who contributed to the DGD from different parts of the world prioritised different aspects of well-being. Whilst Khadka (2018) uses the example of Nepal to argue that access to basic needs is more important in resource-scarce settings, there are additional sociocultural domains which have greater emphasis or newly emerged depending on the country. Children from Africa, North and Latin America, and Asia who participated in the DGD paid greater attention to the preservation of culture and identity and freedom from religious discrimination (Butler et al., 2021). Our descriptive summary of the articles reviewed showed that most articles predominantly focused on countries in North America, Europe and Australasia and primarily adopted quantitative approaches. The dominance of Western countries could be a key reason for the absence of these preserving cultural practices, personal identity, and religious freedom, in understandings of well-being outcomes.

Although a minority, the studies which included the domains feeling safe, loved, maintaining identity and security show understandings of well-being are broadening based on research with children. Likewise, the number of participatory qualitative studies focusing on subjective well-being is increasing (Fane et al., 2020; Fattore et al., 2009; Sollis & Edwards, 2022). In a similar vein, the presence of international studies on child well-being is a hopeful addition like the International Survey of Children's Well-Being (ISCWeB) (<https://iscweb.org>) and the Children's Understandings of Well-being (CUWB) (<http://www.cuwb.org>). To understand how well-being outcomes are interconnected at different levels and across sectors throughout the children's lives we maintain that there is a greater need for interdisciplinary mixed methods approaches which consult with children to generate rich data on their lived experiences.

The findings of the review build on and reflect aspects of previous reviews. Firstly, our results continue to reflect the wider focus on countries in North America and Europe (Cho & Yu, 2020; Evans et al., 2023; Pollard & Lee, 2003; Power & Hardy, 2024). This could be the result of the search strategy which focused on articles written in English, a limitation that we acknowledge. Nevertheless, more geographic diversity would certainly improve our understanding of non-Western concepts of well-being outcomes.

Secondly, they provide further evidence to suggest the need for more rigorous theorisation on well-being. A review by Evans et al. (2023) on mental well-being

⁴Under the UN (2009) Guidelines for Children in Alternative Care, the necessity principle states children should only be separated from their families when it is necessary and in the best interests of the child.

interventions recently suggested the need for more robust theoretical frameworks. Our findings show that the lack of theorisation is present in studies on multidimensional well-being.

Third, there is an increasing need to diversify the type of indicators used to measure well-being outcomes. Regarding the level of analysis, one review by Evans et al. (2023) analysing children's well-being indicators through a socio-ecological lens found that most interventions targeted intrapersonal and inter-personal approaches, often focusing on children and young people's skills and knowledge, or carers' parenting practices. Another review of health by Power and Hardy (2024) on the outcomes of care leavers focused on the analytical level of analysis (micro-meso-macro); finding that most studies in their review focused on the micro-level predictors of health, with macro-level factors receiving less attention.⁵ Whilst we noted several national policy indicators and global health indicators, we found the majority to focus on the individual well-being outcomes. We noted a lack of discussion of temporal measures of children's well-being outcomes, risk versus outcomes, and mechanisms for redress of negative outcomes at the individual and population levels. Overall, we argue that the mixture of positive, negative, subjective, objective, micro, meso, macro, past, current and predictive indicators demonstrate the need for greater description and classification by authors using well-being outcomes.

Fourth, our findings on tools of well-being outcomes reflect the existing evidence on specific aspects of well-being. Previous reviews found insufficient tools to measure well-being regarding the severity (Deighton et al., 2014), and the degree to which the different groups are represented by generic measures of well-being in the present as well as over time (Cho & Yu, 2020).

Overall, this scoping review has implications for future research on children's well-being outcomes and particularly for the involvement of care-experienced children in the research agenda-setting process. This research holds relevance for those policymakers implementing policies for children's well-being outcomes whether that be through the domestication of the UNCRC or public health and social care development agendas. We further anticipate it will be of interest to practitioners working with children to implement these services and advocacy groups who wish to improve the lives of children. Lastly, we note that the methods and findings of this review are pertinent for the academic researchers working in fields of child well-being, especially in the fields of health, development, human rights, child studies, social work and social policy or others with a particular interest in measuring, monitoring or evaluating the well-being of children.

⁵ In their review Power and Hardy (2024) identify the following measures across the three levels of analyses: Micro (parental health, past health, care status, risky-health behaviours, experience of ACEs, individual characteristics and the role of networks), meso (care placement type, length of placement, placement stability, programs/intervention, transitional planning) and macro (race/ethnicity, gender, sexuality, housing, income, material disadvantage and parental socio-economic status).

5 Limitations

There are several limitations associated with this review. First, is the prevalence of the term well-being in abstracts of academic papers. This meant the initial search retrieved a high number of articles that were not related to well-being (see Methods Section 2). We anticipated this issue, as it has been well documented in other reviews (Jacobs et al., 2023). However, we recognise this was unavoidable. Second, this search was conducted in English, meaning that academic papers in other languages were not captured by the initial search. This may account for the overrepresentation of articles from Australia, Europe and North America. It may also overlook terminology that is dominant in other regions. Third, as our search terms were limited to well-being outcomes in the title and abstract, therefore it is possible that studies which discuss well-being outcomes but do not use these terms were missed in the process. However, given the previous limitation, this was considered necessary to answer specific research question. Fourth, the use of the DGD cannot be fully representative of the entire population of children in care. However, the DGD data was chosen as it provides a recent sample of children from all over the world. Therefore, we understand it more as a window into the perspectives of care-experienced children rather than a representation of all children in alternative care.

Another perceived limitation was the focus on children aged 0–18 years old. This was decided to align with the age range of a child under the UNCRC. Nevertheless, this did not capture the well-being outcomes literature of young people aged 18–21 years old, or older still, who have access to care services and whose experiences are crucial to study. Further research should consider the experiences of young people in, and transitioning out of, alternative care.

Finally, previous reviews of quantitative studies and psychological interventions have examined the use of positive and negative indicators to measure child well-being, finding that while researchers are increasingly adopting a mix of indicators, some continue to rely primarily on negative, objective measures (Cho & Yu, 2020; Jacobs et al., 2023; Tsang et al., 2012). In this review, we did not categorise indicators as positive, negative, subjective, or objective for two reasons. First, the balance of indicators did not directly contribute to answering our research question—how do current concepts and measures of children's well-being outcomes align with the perspectives of care-experienced children? Second, our scope included a diverse range of research designs, and many authors did not apply this categorisation, making classification a methodologically complex task that would have required the development of a separate classification framework—an undertaking beyond the scope of this review. This could be considered a limitation, and future research could explore systematic approaches to categorising well-being indicators and assessing how the balance of indicators affects the validity and comprehensiveness of well-being measures.

6 Conclusion

This review maps concepts of children's well-being outcomes and how they are operationalised into domains, indicators and tools. Concerning research objective one, we found that well-being outcomes are difficult to define – either because authors deem them as highly subjective or view well-being as a latent variable which cannot be measured. Regarding objective two, we found the categorisation of dimensions of well-being outcomes and their indicators to be amorphous, duplicitous and varying in breadth and descriptiveness. Our third objective was to understand how well-being outcomes were measured. We found that there were inconsistencies in the operationalisation of well-being outcomes regarding the data collected, the tools used, and their processes of standardisation. However, we also found a key number of articles that included participatory approaches based on children's "right to be heard" to conceptualise, organise and measure well-being outcomes.

Our analytical approach considers human rights as a tool to achieve well-being for all children, focusing on the policies and practices which ensure public services uphold human rights (Bray & Dawes, 2007, p.17). (Doek, 2014). Meanwhile, we drew on intersectionality as an analytical tool to understand heterogeneous experiences with the understanding that addressing the interlocking disadvantages will improve the conditions for all (Crenshaw, 1989 p. 167). Intersectionality and human rights approaches encourage us to pause and look at existing well-being outcomes from a new perspective. Therefore, we reflected on our findings alongside a secondary survey with care-experienced children who participated in the DGD 2021. Given that care-experienced children developed a broad, multi-level, multisectoral understanding of well-being – shaped by their past, present and future; we recommend a rights-based approach to well-being that is based on the full spectrum of children's human rights and the social realities in which they are lived, across time. This will ensure that the inequalities in well-being outcomes for care-experienced children form part of the research agenda on children's well-being outcomes, in turn improving measures of well-being outcomes for all.

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Jennifer C. Davidson: conceptualisation, project administration, funding acquisition, resources, validation, writing—review & editing.
Chrissie Gale: funding acquisition, conceptualisation, project administration, validation, writing—review & editing.

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Declarations

Ethical Approval Not Applicable.

Informed Consent Not Applicable.

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Research Involving Human Participants and/or Animals Not Applicable.

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References

- Adami, R., & Dineen, K. (2021). Discourses of childism: How COVID-19 has unveiled prejudice, discrimination and social injustice against children in the everyday. *The International Journal of Children's Rights*, 29(2), 353–370.
- Anderson, N. W., Eisenberg, D., Halfon, N., Markowitz, A., Moore, K. A., & Zimmerman, F. J. (2022). Trends in measures of child and adolescent well-being in the US from 2000 to 2019. *JAMA Network Open*, 5(10), e2238582. <https://doi.org/10.1001/jamanetworkopen.2022.38582>
- Arabiati, D. H., Shaheen, A., Nassar, O., Saleh, M., & Mansour, A. (2018). Social and health determinants of adolescents' wellbeing in Jordan: Implications for policy and practice. *Journal of Pediatric Nursing*, 39, 55–60. <https://doi.org/10.1016/j.pedn.2017.03.015>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.
- Arneson, R. J. (1999). Human flourishing versus desire satisfaction. *Social Philosophy and Policy*, 16, 113–142.
- Baird, S., Camfield, L., & Ghimire, A. (2021). Intersectionality as a framework for understanding adolescent vulnerabilities in low and middle income countries: Expanding our commitment to leave no one behind. *European Journal of Development Research*, 33, 1143–1162. <https://doi.org/10.1057/s41287-021-00440-x>

- Ben-Arieh, A. (2000). Beyond welfare: Measuring and monitoring the state of children—new trends and domains. *Social Indicators Research*, 52, 235–257.
- Ben-Arieh, A., & Frønes, I. (2011). Taxonomy for child well-being indicators: A framework for the analysis of the well-being of children. *Childhood*, 18(4), 460–476. <https://doi.org/10.1177/0907568211398159>
- Berger, L. M., Bruch, S. K., Johnson, E. I., James, S., & Rubin, D. (2009). Estimating the ‘impact’ of out-of-home placement on child well-being: Approaching the problem of selection bias. *Child Development*, 80(6), 1856–1876. <https://doi.org/10.1111/j.1467-8624.2009.01372.x>
- Bey, G. (2020). Health disparities at the intersection of gender and race: Beyond intersectionality theory in epidemiologic research. *Quality of life - biopsychosocial perspectives*. IntechOpen. <https://doi.org/10.5772/intechopen.92248>
- Borras, A. M. (2020). Toward an intersectional approach to health justice. *International Journal of Health Services*, 20731420981857. <https://doi.org/10.1177/0020731420981857>
- Boskovic, B., Churchill, H., & Hamzallari, O. (2021). Family policy and child well-being: The case of Montenegro in the European perspective. *International Journal of Environmental Research and Public Health*, 18(17). <https://doi.org/10.3390/ijerph18179118>
- Bradshaw, J., & Richardson, D. (2009). An index of child well-being in Europe. *Child Indicators Research*, 2(3), 319–351. <https://doi.org/10.1007/s12187-009-9037-7>
- Bray, R., & Dawes, A. (2007). Monitoring the well-being of children: historical and conceptual foundations. In A. Dawes, R. Bray, & A. V. D. Merwe (Eds.), *Monitoring child well-being: A South African rights-based approach*. HSRC Press.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Butler, K., Currie, V., Reid, K., & Wright, L. (2021). Make our voices count: Children and young peoples’ responses to a global survey for the day of general discussion 2021 on children’s rights and alternative care. <https://www.ohchr.org/en/events/days-general-discussion-dgd/2021/2021-day-general-discussion-childrens-rights-and>
- Cantwell, N., Davidson, J., Elsley, S., Milligan, I., & Quinn, N. (2012). Moving forward: Implementing the ‘guidelines for the alternative care of children’. UK: Centre for excellence for looked after children in Scotland. Available at: <https://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>. Accessed 15 Apr 2025.
- Carmichael, F., Darko, C. K., & Vasilakos, N. (2019). Health and well-being of young people in Ethiopia, India, Peru and Vietnam: Life course impacts. *The Journal of Development Studies*, 56(5), 964–983. <https://doi.org/10.1080/00220388.2019.1626835>
- Casas, F., & Frønes, I. (2019). From snapshots to complex continuity: Making sense of the multifaceted concept of child well-being. *Childhood*, 27(2), 188–202. <https://doi.org/10.1177/0907568219895809>
- Casas, F., Bedin, L., González-Carrasco, M., Castellá Sarriera, J., & Alfaro, J. (2022). Rights and overall life satisfaction of 10- and 12-year-old children in three countries. *Child Indicators Research*, 15(2), 487–509. <https://doi.org/10.1007/s12187-021-09911-3>
- Chaudry, A., & Wimer, C. (2016). Poverty is not just an indicator: The relationship between income, poverty, and child well-being. *Academic Pediatrics*, 16(3 Suppl), S23–S29. <https://doi.org/10.1016/j.acap.2015.12.010>
- Cherwick, M., Dahl, R. E., Bertomen, S., Hipp, E., Shreedar, P., Njau, P. F., & Leiferman, J. A. (2023). Risk and protective factors for mental health and wellbeing among adolescent orphans. *Health Psychology and Behavioral Medicine*, 11(1), 2219299. <https://doi.org/10.1080/21642850.2023.2219299>
- Cho, E. Y. N., & Yu, F. Y. (2020). A review of measurement tools for child wellbeing. *Children and Youth Services Review*, 119, 105576. <https://doi.org/10.1016/j.childyouth.2020.105576>
- Collins, P. H., & Bilge, S. (2016). *Intersectionality*. Polity.
- Corral, N. O. V., López López, M., & Frías Armenta, M. (2022). Children in residential care in México: Understanding profiles, trajectories and outcomes. *Child & Family Social Work*, 27(2), 152–162. <https://doi.org/10.1111/cfs.12862>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of anti-discrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), Article 8. Available at: <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>. Accessed 15 Apr 2025.
- Crenshaw, K. (2017). *On intersectionality: Essential writings*. The New Press.

- Currie, C., Ziglio, E., Barnekow, V., & Negru, L. (2008). Inequalities in young people's health Key findings from the Health Behaviour in School-aged Children (HBSC) 2005/2006 survey. *Health Policy for Children and Adolescents*. Copenhagen: World Health Organization Regional Office for Europe. http://www.euro.who.int/en/press/main/WHO/InformationSources/Publications/Catalogue/20080617_1
- Davidson, J. C., Milligan, I., Quinn, N., Cantwell, N., & Elsley, S. (2016). Developing family-based care: Complexities in implementing the UN guidelines for the alternative care of children. *European Journal of Social Work*, 20(5), 754–769. <https://doi.org/10.1080/13691457.2016.1255591>
- De Graeve, K. (2015). Children's rights from a gender studies perspective: Gender, intersectionality and ethics of care. *Routledge international handbook of children's rights studies* (pp. 147–163). Routledge.
- Deighton, J., Croudace, T., Fonagy, P., Brown, J., Patalay, P., & Wolpert, M. (2014). Measuring mental health and wellbeing outcomes for children and adolescents to inform practice and policy: A review of child self-report measures. *Child and Adolescent Psychiatry and Mental Health*, 8, 14. <https://doi.org/10.1186/1753-2000-8-14>
- Delgado, P., Carvalho, J. M. S., Montserrat, C., & Llosada-Gistau, J. (2019). The subjective well-being of Portuguese children in foster care, residential care and children living with their families: Challenges and implications for a childcare system still focused on institutionalization. *Child Indicators Research*, 13(1), 67–84. <https://doi.org/10.1007/s12187-019-09652-4>
- Doek, J. E. (2014). Child well-being: Children's rights perspective. In A. Ben-Arieh, F. Casas, I. Frønes, & J. Korbin (Eds.), *Handbook of child well-being*. Springer. https://doi.org/10.1007/978-90-481-9063-8_9
- Dominguez-Serrano, M., & del Moral Espin, L. (2016). From relevant capabilities to relevant indicators: Defining an indicator system for children's well-being in Spain. *Child Indicators Research*, 11(1), 1–25. <https://doi.org/10.1007/s12187-016-9415-x>
- Dumuid, D., Singh, B., Brinsley, J., Virgara, R., Curtis, R. G., Brinkman, S., & Maher, C. A. (2023). Trends in well-being among youth in Australia 2017–2022. *JAMA Network Open*, 6(8), e2330098. <https://doi.org/10.1001/jamanetworkopen.2023.30098>
- Emerson, L., & Lloyd, K. (2014). *Are children's views being sought, listened to and taken seriously?* Belfast: ARK.
- Evans, R., MacDonald, S., Trubey, R., Noyes, J., Robling, M., Willis, S., Boffey, M., Wooders, C., Vinicombe, S., & Melendez-Torres, G. J. (2023). Interventions targeting the mental health and well-being of care-experienced children and young people in higher-income countries: Evidence map and systematic review. *Systematic Reviews*, 12(1), 111. <https://doi.org/10.1186/s13643-023-02260-y>
- Fane, J., MacDougall, C., Jovanovic, J., Redmond, G., & Gibbs, L. (2020). Preschool aged children's accounts of their own wellbeing: Are current wellbeing indicators applicable to young children? *Child Indicators Research*, 13(6), 1893–1920. <https://doi.org/10.1007/s12187-020-09735-7>
- Fattore, T., Mason, J., & Watson, E. (2009). When children are asked about their well-being: Towards a framework for guiding policy. *Child Indicators Research*, 2(1), 57–77. <https://doi.org/10.1007/s12187-008-9025-3>
- Feldman, F. (2012). *What is this thing called happiness?* Oxford: Oxford University Press.
- Fernandez, E. (2009). Children's wellbeing in care: Evidence from a longitudinal study of outcomes. *Children and Youth Services Review*, 31(10), 1092–1100. <https://doi.org/10.1016/j.childyouth.2009.07.010>
- Goldman, P. S., Bakermans-Kranenburg, M. J., Bradford, B., Christopoulos, A., Ken, P. L. A., Cuthbert, C., Duchinsky, R., Fox, N. A., Grigoras, S., Gunnar, M. R., Ibrahim, R. W., Johnson, D., Kusumaningrum, S., Agastya, N. L. P. M., Mwangangi, F. M., Nelson, C. A., Ott, E. M., Reijman, S., van IJzendoorn, M. H., Zeanah, C. H.,... & Sonuga-Barke, E. J. S. (2020). Institutionalisation and deinstitutionalisation of children 2: Policy and practice recommendations for global, national, and local actors. *The Lancet Child & Adolescent Health*, 4(8), 606–633. [https://doi.org/10.1016/S2352-4642\(20\)30060-2](https://doi.org/10.1016/S2352-4642(20)30060-2)
- Gray, C. L., Whetten, K., Daniels, J. L., Hudgens, M. G., Pettifor, A. E., Hobbie, A. M., Thielman, N. M., Dubie, M. E., Itemba, D., Madan, I., & Vann, V. (2021). Family composition and children's educational attainment. *Child Development*, 92(5), e749–e765. <https://doi.org/10.1111/cdev.13510>
- Gregory, T., & Brinkman, S. (2020). *Wellbeing and Engagement Collection (WEC): History of the WEC in the South Australian school system and psychometric properties of the WEC survey instrument*.

- Gregory, T., Sincovich, A., Brushe, M., Finlay-Jones, A., Collier, L. R., Grace, B., Sechague Monroy, N., & Brinkman, S. A. (2021). Basic epidemiology of wellbeing among children and adolescents: A cross-sectional population level study. *SSM - Population Health*, 15, 100907. <https://doi.org/10.1016/j.ssmph.2021.100907>
- Haddaway, N. R., Page, M. J., Pritchard, C. C., & McGuinness, L. A. (2022). PRISMA2020: An R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and open synthesis. *Campbell Systematic Reviews*, 18(2), e1230. <https://doi.org/10.1002/cl2.1230>
- Hamby, S., Taylor, E., Smith, A., & Blount, Z. (2018). *Resilience portfolioquestionnaire manual: Scales for youth*. Life Paths Research Center. <https://doi.org/10.13140/RG.2.2.27296.74243>
- Hayes, C., Bhaskara, A., Tongs, C., Bisht, A., & Buus, N. (2024). What purpose do voices serve if no one is listening? A systematic review of children and young people's perspectives on living in the foster care system. *Child & Youth Care Forum*, 53(3), 525–562. <https://doi.org/10.1007/s10566-023-09789-5>
- Hurka, T. (1993). *Perfectionism*. Oxford: Clarendon Press.
- Hurka, T. (2011). *The best things in life: A guide to what really matters*. Oxford: Oxford University Press.
- Hobbs, S. D., Krebsbach, J. M., Larson, R. P., Wells, C. R., & Saywitz, K. J. (2024). Mental health, well-being, and belonging. In *Voices of foster youth: Experts on their own lives*. Routledge.
- Jacobs, P., Power, L., Davidson, G., Devaney, J., McCartan, C., McCusker, P., & Jenkins, R. (2023). A scoping review of mental health and wellbeing outcome measures for children and young people: Implications for children in out-of-home care. *Journal of Child & Adolescent Trauma*. <https://doi.org/10.1007/s40653-023-00566-6>
- Jones, A. S., LaLiberte, T., & Piescher, K. N. (2015). Defining and strengthening child well-being in child protection. *Children and Youth Services Review*, 54, 57–70. <https://doi.org/10.1016/j.childyouth.2015.05.001>
- Kapilashrami, A., & Hankivsky, O. (2018). Intersectionality and why it matters to global health. *The Lancet*, 391(10140), 2589–2591. [https://doi.org/10.1016/s0140-6736\(18\)31431-4](https://doi.org/10.1016/s0140-6736(18)31431-4)
- Khadka, S. (2018). Conceptualizing child well-being in Nepal as fluid hierarchy of multi-dimensional basic needs. *Child Indicators Research*, 12(5), 1589–1610. <https://doi.org/10.1007/s12187-018-9599-3>
- Kraut, R. (2009). *What is good and why: The ethics of well-being*. Cambridge: Harvard University Press.
- Langridge, F. C., Ofanoa, M., Fakakovikaetau, T., Wilkinson-Meyers, L., Percival, T., Riley, A. W., & Grant, C. C. (2022). Surviving versus thriving: The wellbeing of primary school aged children in Tonga. *Journal of Paediatrics and Child Health*, 58(5), 880–886. <https://doi.org/10.1111/jpc.15869>
- Llosada-Gistau, J., Montserrat, C., & Casas, F. (2015). The subjective well-being of adolescents in residential care compared to that of the general population. *Children and Youth Services Review*, 52, 150–157. <https://doi.org/10.1016/j.childyouth.2014.11.007>
- Lloyd, K., & Emerson, L. (2017). (Re)examining the relationship between children's subjective wellbeing and their perceptions of participation rights. *Child Indicators Research*, 10(3), 591–608. <https://doi.org/10.1007/s12187-016-9396-9>
- Looman, W. S., Geiger-Simpson, E., Eull, D. J., Lee, J., Nersesian, P. V., Bell, A. N., & Miller, A. L. (2023). Beyond coping: The role of supportive relationships and meaning making in youth well-being. *Journal of Nursing Scholarship*, 55(6), 1189–1203. <https://doi.org/10.1111/jnu.12901>
- Lundy, L. (2014). United Nations convention on the rights of the child and child well-being. In A. Ben-Arieh, F. Casas, I. Frønes, & J. E. Korbin (Eds.), *Handbook of child well-being: Theories, methods and policies in global perspective* (pp. 2439–2462). Springer Netherlands.
- MacLeod, A. K. (2014). Well-being: Objectivism, subjectivism or subjectivism? *Journal of Happiness Studies*, 16(4), 1073–1089. <https://doi.org/10.1007/s10902-014-9561-0>
- Mansukoski, L., Albert, A., Vafai, Y., Cartwright, C., Rahman, A., Sheringham, J., Lockyer, B., Yang, T. C., Garnett, P., & Bryant, M. (2022). Development of public health core outcome sets for systems-wide promotion of early life health and wellbeing. *International Journal of Environmental Research and Public Health*, 19(13), 7947. <https://doi.org/10.3390/ijerph19137947>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370.
- McAuley, C., & Davis, T. (2009). Emotional well-being and mental health of looked after children in England. *Child & Family Social Work*, 14(2), 147–155. <https://doi.org/10.1111/j.1365-2206.2009.00619.x>
- McCrae, J. S., & Brown, S. M. (2018). Systematic review of social-emotional screening instruments for young children in child welfare. *Research on Social Work Practice*, 28(7), 767–788. <https://doi.org/10.1177/1049731516686691>

- McCrae, J. S., Lee, B. R., Barth, R. P., & Rautkis, M. E. (2010). Comparing three years of well-being outcomes for youth in group care and nonkinship foster care. *Child Welfare*, 89(2), 229–249.
- Moore, K. A. (2019). Developing an indicator system to measure child well-being: Lessons learned over time. *Child Indicators Research*, 13(2), 729–739. <https://doi.org/10.1007/s12187-019-09644-4>
- Myers, J. E., & Sweeney, T. J. (2005). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology*, 61(3), 269–279.
- Nussbaum, M., & Sen, A. (Eds.). (1993). *The quality of life*. Oxford University Press.
- Parkes, A., Sweeting, H., & Wight, D. (2016). What shapes 7-year-olds' subjective well-being? Prospective analysis of early childhood and parenting using the growing up in Scotland study. *Social Psychiatry and Psychiatric Epidemiology*, 51(10), 1417–1428. <https://doi.org/10.1007/s00127-016-1246-z>
- Perry, B. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14, 240–255. Retrieved from https://childtrauma.org/images/stories/Articles/traumaloss_bdp_final_7_09.pdf
- Peterson, J., Pearce, P. F., Ferguson, L. A., & Langford, C. A. (2017). Understanding scoping reviews: Definition, purpose, and process. *Journal of the American Association of Nurse Practitioners*, 29(1), 12–16.
- Pollard, E. L., & Lee, P. D. (2003). Child well-being: A systematic review of the literature. *Social Indicators Research*, 61, 59–78. <https://doi.org/10.1023/A:1021284215801>
- Power, L., & Hardy, M. (2024). Predictors of care leavers' health outcomes: A scoping review. *Children and Youth Services Review*, 157, 107416. <https://doi.org/10.1016/j.childyouth.2023.107416>
- Quennerstedt, A. (2015). Education and children's rights. In W. Vandenhoe, E. Desmet, D. Reynaert, & S. Lembrechts (Eds.), *Routledge international handbook of children's rights studies* (pp. 201–215). Routledge.
- Quinn, N., Davidson, J., Milligan, I., Elsley, S., & Cantwell, N. (2017). Moving forward: Towards a rights-based paradigm for young people transitioning out of care. *International Social Work*, 60(1), 140–155. <https://doi.org/10.1177/0020872814547439>
- Raghavan, R., & Alexandrova, A. (2014). Toward a theory of child well-being. *Social Indicators Research*, 121(3), 887–902. <https://doi.org/10.1007/s11205-014-0665-z>
- Rosanbalm, K. D., Snyder, E. H., Lawrence, C. N., Coleman, K., Frey, J. J., van den Ende, J. B., & Dodge, K. A. (2016). Child wellbeing assessment in child welfare: A review of four measures. *Children and Youth Services Review*, 68, 1–16. <https://doi.org/10.1016/j.childyouth.2016.06.023>
- Rosenau, J. N. (2018). *Thinking theory thoroughly: Coherent approaches to an incoherent world* (3rd ed.). Routledge.
- Ruggie, J. (2010). Business and human rights: Further steps toward the operationalization of the 'Protect, respect and remedy' framework. [UN Special Representative of the Secretary-General on the issue of human rights and transnational corporations and other business enterprises]. UN Doc. A/HRC/14/27.
- Schaub, J., Stander, W. J., & Montgomery, P. (2022). LGBTQ+ young people's health and well-being experiences in out-of-home social care: A scoping review. *Children and Youth Services Review*, 143, 106682. <https://doi.org/10.1016/j.childyouth.2022.106682>
- Schutz, F. F., Sarriera, J. C., & Bedin, L. M. (2022). Subjective well-being of Brazilian children over time: Comparing children's worlds 1st and 3rd wave of 10 and 12-year-olds samples. *Child Indicators Research*, 15(2), 433–446. <https://doi.org/10.1007/s12187-021-09908-y>
- Sen, A. (1999). *Development as freedom*. Oxford University Press.
- Sollis, K., & Edwards, B. (2022). Measuring what matters: Drawing on a participatory wellbeing framework and existing data to assess child wellbeing outcomes over time. *Social Indicators Research*, 164(2), 543–599.
- Sumner, A. (2010). Child poverty, well-being and agency: What does a '3-D well-being' approach contribute? *Journal of International Development*, 22(8), 1064–1075. <https://doi.org/10.1002/jid.1746>
- Taefti, N. (2009). The synthesis of age and gender: Intersectionality, international human rights law and the marginalisation of the girl-child. *The International Journal of Children's Rights*, 17(3), 345–376.
- Tisdall, E. K. M. (2015). Children and young people's participation: A critical consideration of article 12. *Routledge international handbook of children's rights studies* (pp. 185–200). Routledge.
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., et al. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169, 467–473. <https://doi.org/10.7326/M18-0850>
- Tsang, K. L. V., Wong, P. Y., & Lo, S. K. (2012). Assessing psychosocial well-being of adolescents: A systematic review of measuring instruments. *Child: Care, Health and Development*, 38(5), 629–646.

- UN. (2009). Guidelines for the alternative care of children: Resolution / adopted by the General Assembly, A/RES/64/142. Retrieved from <https://www.refworld.org/legal/resolution/unga/2010/en/73661>. Accessed 2 Jul 2024.
- UN General Assembly. (1989). *Convention on the rights of the child*. United Nations, treaty series (vol. 1577, p. 3). Retrieved from <https://www.refworld.org/legal/agreements/unga/1989/en/18815>. Accessed 2 Jul 2024.
- Vujić, M. T., Brajša-Žganec, A., & Franc, R. (2019). Children and young peoples' views on well-being: A qualitative study. *Child Indicators Research*, 12(3), 791–819. <https://doi.org/10.1007/s12187-018-9559-y>
- Wade, C. (2024). Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability. *Child Abuse & Neglect*, 149, 106398.
- Waleewong, O., & Yueayai, K. (2022). Patterns of socioeconomic inequities in SDGs relating to children's well-being in Thailand and policy implications. *International Journal of Environmental Research and Public Health*, 19(20), 13626. <https://doi.org/10.3390/ijerph192013626>
- Waterman, A. S. (2013). Considering the nature of a life well-lived: Intersections of positive psychology and eudaemonist philosophy. In A. S. Waterman (Ed.), *The best within us* (pp. 3–18). Washington, DC: American Psychological Association.
- Whetten, K., Ostermann, J., Whetten, R. A., Pence, B. W., O'Donnell, K., Messer, L. C., Thielman, N. M., Team Positive Outcomes for Orphans Research. (2009). A comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS One*, 4(12), e8169. <https://doi.org/10.1371/journal.pone.0008169>
- Wilke, N. G., Howard, A. H., Todorov, S., Bautista, J., & Medefind, J. (2022). Antecedents to child placement in residential care: A systematic review. *Institutionalised Children Explorations and Beyond*, 9(2), 188–201. <https://doi.org/10.1177/23493003221082333>
- Wilke, N. G., Roberts, M., Forber-Pratt, I., Njeri, G., & Howard, A. H. (2023). Recommendations for child welfare care reform in the global south: Perspectives of 542 adults who were separated from parental care during childhood in 12 nations. *Children & Society*, 37, 925–942. <https://doi.org/10.1111/chso.12638>

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