

## Chapter 1

# Children’s Wellbeing and Quality of Life: Conceptual Framework and Dimensions

### Abstract

“Wellbeing” is a broad term referring to a desirable state of being happy, healthy, and prosperous. Dealing with subjective and objective issues, it composes an important reference point to the deeply studied concept of “Quality of Life”. Both ideas, “wellbeing” and “Quality of Life” can be found in human rights treaties, together or separately, including the UN Convention on the Rights of the Child (CRC) as a mean to characterize the conditions of children around the globe.

The first part of this chapter addresses the concepts of “wellbeing” and “Quality of Life” in sequence, examining their particular aspects, while at the same time it explores how they are studied by academics and researchers, states, and international organizations; the focus to both concepts being in regards to children. Additionally, the chapter refers to tools and indicators, which evaluate the state of children. In this context, the Convention on the Rights of the Child and the progress made regarding children’s quality of life, three decades after its ratification, are under scope.

The second part includes 5 lesson plans, the main aim of which is to inform teacher trainers regarding the discussion around “wellbeing” and “quality of life”, to explain important aspects, and to give them examples on the improvement of children’s quality of life.

## Aim of the Chapter

To discuss the conceptual framework and dimensions of “wellbeing” and “quality of life”.

## Objectives

Teacher trainers will be able to:

- Acquire general knowledge for the concept of “wellbeing” and “quality of life”
- Address important issues regarding both terms
- Understand the concept of “wellbeing” and “quality of life” regarding children
- Evaluate various measures and indicators regarding the children’s quality of life

## Part 1: Theoretical Background

### Wellbeing, a broadly discussed concept

Research for definitions regarding “wellbeing” mainly results to a desirable state of being happy, healthy, or prosperous. That means that “wellbeing” is a term referring to both subjective feelings and experiences, as well as to living conditions. At the same time, the term is related to the balance of pleasure and pain, to the fulfillment of desires, and to opportunities for development and self-fulfilment. This broad concept is well connected with the “quality of life” and to the many possible dimensions of a good or bad life.

Both ideas, “wellbeing” and “quality of life” can be found in human rights treaties, including the UN Convention on the Rights of the Child (CRC). Many people in the field - academics and policy-makers - believe that treaties are a tool to ensure the quality of life and bring wellbeing. Critiques argue that treaties are not enough to provide a good quality of life to people from different social and economic contexts. However, it could be said that both sides conclude to one thing: that treaties are necessary but there is much more to be done.

According to Aristotle, the pursuit of happiness alone is shallow. The most important thing for virtuous humans is to deal with different activities aiming to meet a worthwhile purpose. Having this in mind, “wellbeing” refers not only to an individual’s happiness or wealth, but rather to a measure of carefully considered productivity and engagement (Ben-Arieh et al., 2014). In the same concept, Fitoussi et al. (2010) refer to “wellbeing” as the multiple purposes of measurements that may capture details on the micro-levels of lived experiences.

Perspectives on “wellbeing” provide a common ground for scholarly study and for diverse systems of indicators, which bring together research and policy-making. This results from the multidimensional character of the term and its normative core entailing at the same time a fundamental discussion on what “wellbeing” is, on the different domains and related perspectives, and on the individual, group, and global levels (Ben-Arieh et al., 2014).

The discussions and research around the term of “wellbeing” and the complex relations between subjective and objective indicators of a good life underline that “wellbeing” is not identical to the indicators of the standard of living. For example, poverty may engender a lack of subjective wellbeing, but poverty itself is not identical to negative wellbeing. Reasonable

standards of living and freedom can be understood as prerequisites for positive wellbeing, but do not represent happiness. Even though studies indicate a complex relationship between happiness and contextual factors framing subjective experiences, objective indicators of living conditions such as Gross National Product are often used as indices of a good life (Ben-Arieh et al., 2014).

Two completely separate trajectories can be found in the contemporary history of “wellbeing” in scientific research, both of them starting in the 20<sup>th</sup> century and developing independently for some decades: the first one comes from the health sciences and the other one from the social sciences. The health sciences situate their beginnings in the World Health Organization (WHO) constitution, which back in 1946 stated that health is not only the absence of illness or disease but also the presence of wellbeing. This is a principle repeated in several WHO documents and has promoted extensive research (Andelman et al., 1999).

The social sciences analysis derives from the so-called “social indicators movement” of the 1960s. It is about an interdisciplinary approach involving sociologists, anthropologists, psychologists, economists, geographers, and other disciplinary experts. The 60s was a period of serious attempts to develop significant research regarding happiness, wellbeing, and satisfaction with life (Casas, 1996). Social scientists who have been working on social indicators (Bauer 1966) are the starting point for the movement towards a new concept: “the Quality of Life (QoL)”.

## **Children’s wellbeing**

“Wellbeing” is a term often used in discussions around children, as it composes the conceptual focal point describing the state of children and their status. Over time, different notions of “wellbeing” existed. Some of the commonly discussed questions were: What is good for children? What are the qualities for children to have a good life? How do standards of “wellbeing” change as children develop? What are the goals of children’s development, education, and socialization? The answers given to these kind of questions were always related to beliefs, stereotypes, values, and social representations and they were also examined through the scope of adults and the meaning that they give to childhood, the social problems and social needs of children requiring social interventions, and the best methods to

solve children's social problems and requirements. The focus on children's wellbeing is also sensitive to children's vulnerability (Ben-Arieh et al., 2014).

As we have already discussed, "wellbeing" is a complex and multifaceted concept. This applies also to children's wellbeing. A relevant research in books and articles brings to the surface health and wellbeing, emotional wellbeing, material wellbeing, families wellbeing, upbringing and wellbeing, and uncountable other issues. This is not only because of the fruitful concept of "wellbeing" but also because of the valuable perspective on all aspects of children's lives.

In fact, when it comes to children's wellbeing, the term becomes even more complex as it encompasses both children's lives in the present but also how the present influences their future and their development. Children's development is not a delimited psychological issue, but it is inextricably linked with the political and social situation of their country and the time they live. Societies influence children's lives but also development in various ways, among others their social status, gender, color, and religion. Even if we are discussing children's guaranteed rights to education or life away of poverty, we need to examine the educational or the poverty level at the given society (Ben-Arieh et al., 2014).

UNICEF, as one of the most important organizations regarding children of the world, proposed six dimensions of wellbeing: material wellbeing, health and safety, educational wellbeing, family and peer relationships, behaviors and risks, and subjective wellbeing (Bradshaw and Richardson, 2009).

Research on children's wellbeing focuses on trends in different groups and on developmental foundations of wellbeing, addressing risk as well as what enables children to flourish (Moore and Lippman, 2005). On the micro-level, achievements seem to be an important part of children's happiness (Howell, 2009). At the same time, it is underlined that the level of children's wellbeing is influenced by the reference groups with whom they compare themselves (Carbonell, 2005).

In recent years, researchers can make connections between early childhood and later phases. It seems that they are related both to the life courses of children but also to societal conditions. For example, conditions in early childhood may predict unemployment in adulthood (Caspi et al., 1998). There are also data relating biological and social factors and dynamics that through developmental processes reinforce initial inequalities among children.

It is also illustrated that wellbeing is related to opportunity, to the capacity to utilize distinct opportunities, as well as to the freedom to do so in correspondence with one's own preferences (Sen,1999).

## **“Quality of Life”, an attempt to measure wellbeing**

After decades in which the concept of wellbeing has been considered subjective, researchers have moved to the development of different theoretical conceptualizations and scientific models for “Quality of Life” as an attempt to reconcile material (“objective”) and non-material (“subjective”) aspects of the human and sociocultural environment. Thus, “Quality of Life” (QoL) is defined as a construct articulating objective and subjective measures of people's conditions of living (Ben-Arieh et Al., 2014). Today, the “Human Development Index”<sup>1</sup>, as one of the most important indicators, measures quality of life through interrelated assessments of life expectancy, wealth, and education.

Defining the material conditions of living is the easy part as it is a method used for many decades. However, measuring the subjective indicators also known as psychological conditions of living, is relatively new and thus has led to endless debates. Campbell et al. (1976) proposed one of the more useful definitions for psychosocial conditions of living, including evaluations, perceptions, and aspirations of people on their own lives.

Health scientists started using the concept of QoL as synonymous to “wellbeing”. During the last two decades, a new concept is used, that of Health-Related Quality of Life. This new concept is a new pathway resulting from the need to distinguish the general term from the health-related issues. In Social Sciences however, quality of life has never been considered synonymous to wellbeing, but is rather treated as a broader concept. The social and behavioral sciences made specific new contributions to debates on subjective wellbeing developing a focus on “psychological wellbeing.” An important part of that work comes from authors and researchers, who refer to “Quality of Life” based on fulfillment and self-determination (Ben-Arieh et al., 2014).

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<sup>1</sup> <http://hdr.undp.org/en/content/human-development-index-hdi>

The health-related research has contributed to the knowledge of children's wellbeing by focusing on clinical populations, before and after health interventions. The social sciences-related research at first focused on adult subjects and moved on to issues of children's wellbeing only several decades later.

## **Children's quality of life**

Children's quality of life is an issue, which preoccupies psychologists, sociologists, pedagogues, and paediatricians. At the same time, it is a matter of law and policy-making, while organizations around the world specialize in the area. Many differences can be found during the definitions on what is good or best for children mainly because of the different scopes, positions, cultural, and societal variations (Childwatch International, 1995).

In order to identify a good quality of life for children, we need to use qualitative and quantitative methods. In fact, in some domains, it is essential also to define what constitutes "good quality" regarding the given situation and reality. In recent years, the evaluation of children's quality of life is influenced by the social policies implemented to deal with the problems of children and their families (Casas, 2000). Additionally, the research considering children's own perspectives is limited as the most usual research focuses on the beliefs of adults, whether they are experts or parents, misusing an important part of the concept: children's own perceptions, evaluations, and aspirations.

Another important issue regarding children's quality of life is that it is remarkably diverse among children around the world. This fact sets a challenge regarding homogeneity of the children's QoL standards as it is necessary to deal with it through a contextualized perspective. Globalization has led to improvements in children's wellbeing in some domains, such as education. However, it has also increased disparities, for example between those children, who benefit through access to education and those who do not (Ben-Arieh et al.,

2014). It is interesting to make the comparison between the different countries of the world and different time periods<sup>2</sup>.

Considering the QoL of children around the globe, we need to keep in mind that childcare practices vary around the world. Thus, some practices which are regarded as positive in a country, in another they might seem negative and vice versa. Moreover, we need to consider that understanding the situation of children and policies implemented is a matter for empirical study rather than judgments measured against a presumed universal standard. At the same time, we need to know that available evidence relevant to causes and consequences of wellbeing is largely limited to Western cultures and so any conclusions cannot apply to countries around the world (Henrich et al., 2010).

Children's "Quality of Life" is measured and monitored using statistical data and indicators. This is a method used since the 1940s (Ben-Arieh, 2008). Policymakers, researchers, child advocacy groups, as well as the media are using this kind of data to describe the condition of children, to track outcomes on policy implementation and to set goals. It is true that there are notable gaps in the existing children's wellbeing indicators. At the same time, there are important conclusions that one can draw while studying these data that can be also useful in academic research used by governments or other organizations. For example, "State of the Child" reports are published documents typically authored by academics and advocates that address the status of children with the goal of monitoring their status in each region or area (Bradshaw and Barnes, 1999). UNICEF also publishes every year the "State of the World's Children" annual report.

Law-making can create wellbeing or opportunities for the improvement of the quality of life as they refer to various aspects, such as children's emotional and economic situation, material, social, and cultural environments, as well as to their development and to realizing their potentials. In this context the UN's Convention on the Rights of Children composes not only an important structure for the improvement of children's quality of life but also an important tool for monitoring and evaluating it.

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<sup>2</sup> <http://www.oecd.org/els/family/child-well-being/data/>

The Convention on the Rights of the Child is the most widely ratified rights convention of recent times and besides the fact that it is a subject of criticism because for many it is a relatively weak instrument, when it comes to changing the material realities of vulnerable children's lives, 30 years after its implementation it has brought about significant changes.

The most significant input of the Convention on the Rights of Children is its existence on its own. Since 1989, the Convention has empowered all children with inalienable, indivisible rights, regardless of their background or circumstances. Before the Convention came into being, disadvantaged children were often seen as objects of charity to be given what they needed to survive and develop, often at the bare minimum. Through the Convention it was clarified that the nations of the world had to acknowledge the universal, inalienable, and indivisible rights of children (UNICEF, 2019).

After the adoption of the Convention, the rights of children are imbued at birth, cannot be taken away by legislation, and are retained throughout childhood, wherever the child may be. The Convention underlines that children are holders of their own rights, which are invested in their own person and not dependent on their race, colour, sex, language, religion, political or other opinion, national or social origin, disability, property, birth, or other status. Supported by the Convention, children can act in their own development, with the right to influence decisions that affect their lives, in accordance with their age and maturity. At the same time, the Convention considers responsible for the realization of the children's rights their families and caregivers, who are under the ultimate accountability of the governments that have endorsed and ratified the Convention (UNICEF, 2019).

When it comes to numbers, firstly we need to refer to a primary indicator of the progress achieved since the adoption of the Convention which is none other than the under-5 mortality rate (U5MR). The U5MR measures the probability of a child dying during the first five years of life. Over the past three decades, the global U5MR has fallen by about 60%. To be concise, every region has recorded a reduction of more than 40%. This is a phenomenal, singular achievement and a testament to the commitment and dedication of governments, civil society, and families to children's survival as a top priority. The U5MR decline reflects improvements in other areas of child survival and development, including "the nutritional

health and education of mothers, the level of immunization and other essential treatment to prevent and treat diseases, the availability and quality of maternal and child health services (including prenatal care), access to safe drinking water and sanitation, and the overall safety of the child’s environment” (UNICEF, 2019, p.6). Furthermore, three decades ago polio paralysed or killed almost 1,000 children every day. This number decreased today by 99% (UNICEF, 2019, p.1).

Another important indicator is the access to schooling. In 1990, almost 20% of children of primary-school age were not in school. Three decades later the ratio is below 10% at a global level. At the same time, gender inequality in access to primary education has largely disappeared in most countries, with some exceptions in Africa, the Middle East, and South Asia. At the same time, access to lower-secondary education has improved, despite the fact that it lags primary-school access, with 4 out of 5 children in this age group attending school. An important reason for this improvement is birth registration rise in many low- and middle-income countries. Birth registration is often the precursor to children’s access to essential services, such as health services and school (UNICEF, 2019).

Regarding children’s protection, recent decades have seen a decline in child marriages and underage female genital mutilation. There was also advanced adoption of legislation at states around the world regarding the elimination of forms of violence against children. In 1988, only three countries had prohibited corporal punishment in all settings. With the relevant number today reaching 58, we can characterize it as enormous progress. However, violence is a phenomenon affecting millions of children worldwide, and governments need to take more radical measures and apply stronger legislation to eliminate it (UNICEF, 2019).

## Part 2: Workshops

This part includes activities that will be presented after the introduction of the content of Chapter 1. Each workshop contains the objectives and a description of the activities. Participants will use the appropriate tools to watch presentations and videos, answer questions, categorize and sort items according to the content. The aim of workshops is for the participants to comprehend the concept of “wellbeing” and “quality of life” be able to complete the activities while expressing their opinions.

### Workshop 1: Wellbeing, a broad concept

#### Objectives:

Participants will be able to:

- Analyze the concept of wellbeing
- Identify the factors affecting children’s wellbeing
- Comprehend the factors (or categories) taken into consideration when assessing children’s wellbeing

#### Duration:

3 hours

#### Methodology-Process

#### Activity 1 (60’): Discussing the concept

The aim of this activity is for the participants to express their thoughts on wellbeing and how the standards change or not according to the context.

(15’) The trainer can prepare a PPT presentation (Appendix 1) based on Chapter one, pages 3-4 referring to QoL and/or present this video regarding the concept of wellbeing <https://www.youtube.com/watch?v=eI5IFlyeVpw&t=189s>.

(25') The group of trainees should be divided to small groups (3-4) to discuss the concept of wellbeing based on the presentation or the video they watched and answer some of the following questions:

- 1) Which 5 things do you think are necessary for achieving wellbeing?
- 2) Can you prioritize those 5 entries on your list?
- 3) Explain why these 5 entries are important to you considering prioritization?
- 4) How would these entries change if you were 20 years younger or older?
- 5) Would they change if you were living in Alaska or Nigeria?
- 6) What factors might impact your entries?

(20') A representative of each group will share the group's discussion/ answers while the trainer will write the answers on a board, emphasizing on those appeared more than once. Finally, the group will draw conclusions on the wellbeing concept.

### **Break (10')**

### **Activity 2 (30'): Measure the dimensions**

The aim of this activity is to make the participants understand the difficulty to measure the subjective and objective dimensions of wellbeing.

The trainer will ask the trainees to get into groups of 4. Then the following instructions will be given:

UNICEF, as one of the most important organizations regarding children of the world, proposed six dimensions of wellbeing: material wellbeing, health and safety, educational wellbeing, family and peer relationships, behaviors and risks, and subjective wellbeing. Please define what is contained in each one of them and suggest ways to measure them. Both qualitative and quantitative methods can be used. The types of qualitative methods that can be used are: interviews or focus groups and the types of quantitative methods are polls/ questionnaires/ surveys. Don't hesitate to refer to any challenges you are facing. The expected answers can be found in [Appendix 2](#).

### **Break (10')**

### **Activity 3 (60'): Pick a country**

The aim of this activity is to underline the variations of wellbeing considering different beliefs, stereotypes, and values of societies around the world, as well as different social and economic contexts.

(10') The trainees divided in groups of 3-4 will be asked to take a piece of paper from a box. A country will be written there. Each trainer should decide how many countries, and which to put on the pieces of paper depending on the number of groups as well as the knowledge he/she has regarding the country.

(25') As each group picks a country, they will be called to discuss and answer the following questions based on the country they have chosen:

- What are the qualities for children to have a good life?
- What are the goals for children regarding health, education, and socialization?
- What needs to be done in your country for the improvement of children's wellbeing?

(25') After they answer the questions, they will need to tell the group the story of a child based on the answers they gave. This can be done either through role playing/theater or through crafts such as puppets or drawing etc.

**Conclusion (10')**: The trainer will sum up the lessons learnt through each activity

## **Workshop 2: Quality of Life concept and dimensions**

### **Objectives:**

Participants will be able to:

- Analyze the concept of quality of life
- Describe the variations of quality of life around the world
- Explain the factors affecting quality of life

### **Duration:**

3 hours

### **Methodology-Process**

#### **Activity 1 (60'): Quality of life: Top 25 cities for 2019**

The aim of this activity is for the participants to be able to recognize variations of quality of life around the world

(15') The trainer will ask the trainees to watch a video regarding quality of life in various cities around the world <https://www.youtube.com/watch?v=Xx2opfxCg5k&t=26s> and keep notes on small pieces of paper regarding evidence related to QoL, shown in the video (a word per piece of paper e.g. transportation, environment, education, social life, etc.).

(15') Then they will be asked to refer to categories under which the words they wrote fall. The trainer will write those categories on a board and the trainees will be asked to put their words under the categories. (e.g. schools- education, crimes- safety, high rates of employment- jobs, night life- life satisfaction, etc.)

(15') The trainees will be asked to add any important words/ categories missing.

(15') The trainees will be asked to give examples of cities/countries around the world where inhabitants are missing any of the abovementioned word- categories (e.g. safety in Syria, education in Philippines, health in Swaziland etc.)

### **Break (10')**

### **Activity 2 (30'): What does Quality of Life mean to you?**

The trainer will ask the trainees to name factors that affect their Quality of Life and ask 2-3 of them to present them in front of the group. The trainer should be ready to facilitate the process and encourage the trainees to refer both to subjective factors, such as their personal opinion or their feeling about quality of life. And to objective factors, based on facts and unbiased by their opinion or feelings

Some of the words that might be heard are: place to live, people who care, nutritious food to eat, freedom to act on one's beliefs, sense of purpose in life, access to education, feel safe, affordable health care, treated with respect, clean water, reasonable sanitation, sense of hope, emotional stability.

The rest of the group will be asked to categorize the words referred in two categories: subjective and objective factors while explaining their choice.

The trainer will conclude the whole process by giving the content of subjective and objective factors, based on the theoretical part of this chapter.

### **Break (10')**

### **Activity 3 (60'): Quality of Life in my city/country**

The aim of this activity is to make the participants understand what is important to them when it comes to quality of life using SWOT analysis.

(40') The trainer will ask the trainees to get into groups of 4 (or bigger) and create a short clip or a PPT or a poster showing the strengths, weaknesses, and deficiencies of their city/country in relation to children's QoL. A laptop and Wi-Fi connection will be needed.

To do that they will need to follow some steps:

Identify what is important to them regarding QoL and make a list

Compare it with the situation they are facing at their city/country

Find evidence to present it (e.g. photos, tables, numbers) and create a clip or PPT

(20') Each group will present their video/ PPT to the rest of the participants. 3 minutes for discussion will be given.

**Conclusion (10')**: The trainer will sum up the lessons learnt through each activity

### **Workshop 3: Quality of Life Indicators**

#### **Objectives:**

Participants will be able to:

- Identify Quality of Life Indicators
- Understand the importance of each one of them in different countries

#### **Duration:**

3 hours

#### **Methodology-Process**

#### **Activity 1 (60'): Define the indicators**

The aim of this activity is for the participants to identify the Quality of Life indicators and the importance of each of them according to each person.

(15') The trainer will present a video regarding QoL indicators <https://www.youtube.com/watch?v=yYNjXRvFnTc> to discuss it with the trainees, asking the following questions:

- a. What matters most for you concerning quality of life?
- b. Will your opinion be the same if you were younger, older or were the opposite gender? If no, what would be the differences and why do you believe your opinion would be different?
- c. According to the video, countries all around the world set different priorities according to what is important to them referring to quality of life. What do you think this happens?
- d. Do you believe that you set some priorities about your quality of life, according to the country you live in?
- e. Did you find any similarities with your country and another country that is mentioned in the video, according the quality of life indicators?

(15') Then trainees will be asked to refer to the indicators that were discussed in the video and create a list. With the help of the trainer, a list of 11 QoL indicators, used by OECD “Better Life Index”<sup>3</sup> will be written on the board.

(15') The 11 indicators will be explained by the trainees and discussed one by one (concept, examples, importance). The trainer will observe and support them when it’s needed.

(15') The trainees will be asked to prioritize the indicators by giving a score on the board explaining their thoughts.

### **Break (10')**

### **Activity 2 (40'): Mind map**

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<sup>3</sup> <http://www.oecdbetterlifeindex.org/#/54535513211>

(20') The trainees, divided into groups of 5-6, will be given a mind map (see graph below). Then they will be asked to write next to each indicator words/sentences that are coming to their mind. For example: What does safety mean for them? Can they refer to any examples of people in need of safety? How is safety ensured? How can safety affect QoL?



Graph1. Mind Map

(20') After the completion of time, the trainer will draw the mind map on the board. The different groups will copy on the board their mind map, using different colors for each one of them, creating this way a colorful mind map. Any connections or similarities will be discussed with the guidance of the trainer.

### Break (10')

### Activity 3 (40'): Pin the map

A world map printed on foam board will be used. Trainees will be given pins in 11 different colors. Each one of the colors will match one of the indicators discussed previously. The trainees will be asked to put their pin to the part of the world they believe that faces difficulties in relation to a specific indicator. The final map will be discussed.

### Conclusion (10'): Reflective final activity:

The trainees will sum up the lessons learnt through each activity using the 3-2-1 method where they have to name 3 important things they've learned, 2 things that impressed them and 1 questions-query they have after this workshop. This will be done as a discussion in the group.

#### **Workshop 4: Children's Quality of Life**

##### **Objectives:**

Participants will be able to:

- Recognize the particularities of the QoL regarding children
- Learn more regarding the QoL of children around the globe
- Comprehend policy and law-making for the improvement of children QoL

**Duration:** 3 hours

##### **Methodology-Process**

#### **Activity 1 (60'): Aspects of children's Quality of Life**

The aim of this activity is for the participants to recognize the state of the children around the world, identify the factors affecting children's quality of life and state ways to change these situations.

(15') The trainer will present a PPT presentation regarding the state of the children around the world based on this report by UNICEF <https://www.unicef.org/media/62371/file/Convention-rights-child-at-crossroads-2019.pdf>

(Appendix 3)

or present videos regarding violations faced by children around the world ([https://youtu.be/teX2l\\_E40mw](https://youtu.be/teX2l_E40mw) – access to clean water/<https://www.youtube.com/watch?v=liBUJtHc5T0> – child marriage)

(15') The trainees will be asked to discuss regarding the presentation/videos. Refer to specific indicators of QoL under challenge focused on children. Are they aware of such situations? Give some examples.

(15') The trainees will be asked to identify any violations regarding children's QoL in their country and region

(15') The trainees will be asked to suggest ways to change the abovementioned situations? How likely is for the situation to change? What difficulties will be faced during the process?

### **Break (10')**

### **Activity 2 (40'): Emma and Jose<sup>4</sup>**

Appendices 1-3 will be needed

(30') Trainees in groups of 4-5 will be given two stories to read. The story of Emma ([Appendix 4](#)) and the story of Jose ([Appendix 5](#)). Then they will be asked to identify QoL indicators and use a chart ([Appendix 6](#)) to compile evidence related to factors that contribute to or diminish each of those young person's QoL. They will also be asked to decide who, Emma or Jose, had a better QoL.

(10') The trainer will ask the trainees to suggest ways/ methods to improve Emma's and Jose's QoL.

### **Break (10')**

### **Activity 3 (50'): Tell us a story**

The trainees will be asked to write a story/scenario similar to those used during Activity 2. Their inspiration should come from children in their country, children they met at their school or class. They might also refer to children facing special difficulties such as migrants, children from lower societal strata, children with disabilities.

Each group will have time to write the scenario, direct it, distribute roles among group's members, and present it in the class as a play.

**Conclusion (10')**: The trainees will sum up the lessons learnt through each activity using the 3-2-1 method where they have to name 3 important things they've learned, 2 things that impressed them and 1 questions-query they have after this workshop. This will be done as a discussion in the group.

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<sup>4</sup> <https://www.learnalberta.ca/content/ssmt/html/docs/judgingqualityoflife.pdf>

## Workshop 5: Case studies

### Objectives:

Participants will be able to:

- Get informed about the QoL in specific areas of the world
- Examine policies implemented for the improvement of children's QoL
- Suggest other ways to improve children's QoL

**Duration:** 3 hours

### **Methodology-Process**

#### **Activity (2:30'): Unfold the case**

The aim of this activity is for the participants to recognize problems regarding the quality of life, according to a case study and give solutions to the problems.

This workshop will be based on one long activity. It will also include two, 10-minute breaks.

Laptops will be needed as well as the case studies in the table below. The trainer will also need to fold a box with 7 pieces of papers on each of which a case study will be written.

The group of trainees will get divided into 7 smaller groups, each one of which will appoint a leader. The trainer will call the group leaders and give them a folded box (=case). The leaders will sit in a circle and they will be passing the box to those sitting next to them while there will be a music background. Once the music stop, the person who holds the box will unfold the box. On the piece of paper a case study will be written regarding the improvement of children's QoL in different countries. By the end of this process, every group leader will have one case study. The trainer will ask the leaders to return to their group and follow the steps below:

1. Read the Case Study
2. Take notes on the problem, how the situation was and how it improved, which policies were implemented to improve the QoL in that case

3. Search the internet to enrich the information regarding the case study
4. Create a short PPT presentation or poster to present the case study and their finding on the specific issue
5. Make suggestions of other ways to change/improve the specific situation
6. Give a 5-minute presentation

#### **Case Study 1**

Expanding Education in the Philippines

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.21

This Case Study concerns education in the Philippines, and how children are out of school because their parents cannot afford it.

#### **Case Study 2**

Better Child Health in Bangladesh

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.15

This case study describes health care in Bangladesh and how people cannot afford health care or is not available in their region.

#### **Case Study 3**

Ethiopia's Success in Fighting Stunting

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.18

This case study concerns the progress of Ethiopia concerning child malnutrition.

#### **Case Study 4**

Fighting Child Marriage in India

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.28

This case study describes the story of Kamala, her marriage with an older man and their two children and the financial and social struggle she faced.

#### **Case Study 5**

Afghanistan's Progress in Reducing Teen Births

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.31

This case study introduces the progress been made in Afghanistan concerning education where more women have the opportunity to attend schools and this has led to less teen births.

#### **Case Study 6**

#### How Colombia is Reducing Violence Against Children

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.34

This case study underlines the investment been made in Colombia in community policing and welfare programs for neighborhoods with many at-risk youth, that has led to the decrease of the child homicide rate.

#### Case Study 7

##### Mexico's Progress in Ending Child Labour

Save the Children (2019) Global Childhood Report 2019: Changing lives in our lifetime, p.25

This case study concerns how child labour rate has decreased because of the investment in education and the incentives provided for children to attend school rather than work.

**Conclusion (10')**: The trainees will sum up the lessons learnt through each activity using the 3-2-1 method where they have to name 3 important things they've learned, 2 things that impressed them and 1 questions-query they have after this workshop. This will be done as a discussion in the group.

## Summary

“Wellbeing” and “Quality of Life” are two broad but also well-studied terms. In the context of Part 1, we provided a brief analysis on their conceptual framework and dimensions. Exploring the way in which these terms were studied by academics and applied by policy- and law-makers we underlined their importance, especially when it comes to children. Children’s Quality of Life composes a major issue for many people around the world, from parents and educators to activists and politicians. Various indicators are used to evaluate the issue while laws and conventions are used as tools to ensure it. However, chronic problems as well as rapid changes pose obstacles in the process to the achievement of a good Quality of Life for Children around the world. Those need to be constantly monitored and effectively addressed.

The main aim of Part 2, the Workshops, included in this chapter is to enable educators to recognize the obstacles that children’s around the world face, to deeply understand the importance of ensuring a good quality of life for all the children, while at the same time, examine ways to improve the situation. These can be achieved through the development of knowledge, critical thinking, and empathy; all of which are characteristics of the activities suggested.

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## Appendices

Appendix 1 (PPT presentation attached)

[Appendix 2](#)

Appendix 3 (PPT presentation attached)

[Appendix 4](#)

[Appendix 5](#)

[Appendix 6](#)

## Case studies

[Case Study 1](#)

[Case Study 2](#)

[Case Study 3](#)

[Case Study 4](#)

[Case Study 5](#)

[Case Study 6](#)

[Case Study 7](#)

## Appendix 2

UNICEF, as one of the most important organizations regarding children of the world, proposed six dimensions of wellbeing: material wellbeing, health and safety, educational wellbeing, family and peer relationships, behaviors and risks, and subjective wellbeing.

What does each dimension contain and how can we measure them?

1. Material wellbeing
  - a. Income poverty (percentage of children living in homes)
  - b. Unemployment (percentage of children in families without an employed adult)
  - c. Deprivation (percentage of children reporting low family affluence- percentage of children reporting few educational resources- percentage of children reporting fewer than 10 books in the home)
2. Health and Safety
  - a. Infant survival and health (number of infants dying before age 1 per 1000 births- percentage of infants born with low birth weight (<2500g.)
  - b. Immunization (percentage of children age 12 to 23 months immunized against measles, DPT, and polio)
  - c. Safety (deaths from accidents and injuries per 100,00 aged 0-19)
3. Educational Well-being
  - a. School achievement (average achievement in reading literacy- average achievement in mathematical literacy- average achievement in science literacy)
  - b. Beyond basic skills (percentage aged 15-19 remaining in education)
  - c. Transition to employment (percentage aged 15-19 not in education, training or employment- percentage of 15-year-olds expecting to find low-skilled work)
4. Family and peer relationships
  - a. Family structure (percentage of children living in single-parent families - percentage of children living in stepfamilies)
  - b. Family relationships (percentage of children who report eating the main meal of the day with parents more than once a week - percentage of children who report that parents spend time “just talking” to them)
  - c. Peer relationships (percentage of 11, 13 and 15 year-olds who report finding their peers “kind and helpful”)

## 5. Behaviors and risks

- a. Health behaviors (percentage of children who eat breakfast – percentage who eat fruit daily – percentage physically active – percentage overweight)
- b. Risk behaviors ( percentage of 15 year-olds who smoke – percentage who have been drunk more than twice – percentage who use cannabis – percentage having sex by age 15 – percentage who use condoms – teenage fertility rate )
- c. Experience of violence (percentage of 11, 13 and 15 year olds involved in fighting in last 12 months – percentage reporting being bullied in last 2 months )

## 6. Subjective well-being

- a. Health (percentage of young people rating their own health no more than 'fair' or 'poor')
- b. School life (percentage of young people 'liking school a lot')
- c. Personal well-being (percentage of children rating themselves above the mid-point of a 'Life Satisfaction Scale' – percentage of children reporting negatively about personal wellbeing)

## Appendix 4

### Emma

“I hate you. You’re such an idiot!” The back door slammed loudly. Emma opened her eyes quickly and pulled up her soft comforter. Her heart was beating fast and she had a knot in her stomach. It was her older sister who had yelled and slammed the door.

“Lazy head, out of bed!” her father shouted from the bottom of the stairs. Heavy footsteps quickly moved through the house and then the front door opened and slammed shut. The car started and with a screech pulled away. Dad must be late for work. He often seemed angry now. Emma remembered happier times when he helped her with her homework and they would go to basketball games together. She wondered if it would ever be like that again.

Emma looked across the room and realized she had left her computer on all night. She squinted as the bedroom light glared into her eyes. Except for the noise of the computer, the house was quiet. Sitting up on the edge of the bed she noticed that her hoody was all twisted around her neck. She pulled it loose and untangled her hair. Falling asleep late with all her clothes on was becoming a habit. Stepping across the room her foot caught some pants that were heaped with clothes across the floor. “When will Dad show me how to use the washing machine?” she thought to herself. Walking past the family room, she saw that the giant-screen television was on but the sound was off. The time blinked 12:00 on the DVD player. A pizza box was on the couch with a plate and glass on it. Turning up the sound, she sat down. “So, what can you tell us about being bullied everyday?” asked the host of the talk show.

“I could be on this show,” she said to herself. The knot came back into her stomach as she thought of the girls who were two grades ahead of her and who threatened her every day. The growling in her stomach reminded her she hadn’t eaten since those two pizza pops after school yesterday. She opened the big fridge. “No milk, no juice ...!” She found the last pizza pop in the freezer and stuck it in the microwave. The cappuccino machine had coffee left from yesterday. Picking out a mug from the dirty dishes, she poured the cold coffee into it. Removing the pizza pop from the microwave, she replaced it with the coffee and after the beep took them both down the hall to the family room to watch television.

The house seemed empty now that mom had moved back to nana and poppa’s. When was the last time she had seen her? Almost two months now. She hoped it wouldn’t be long before she could spend a weekend with her at nana and poppa’s.

“What time is it?” she wondered aloud. The clock on the stove said 8:35 a.m. “I’m late!” Quickly finishing breakfast she stuck her cell phone in her pocket and headed out the

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door. The older girls would already be at school so she wouldn't have to worry about them until break time.

“My social assignment!” she remembered, and she grabbed it and ran down the stairs. Emma really liked her social teacher this term. Mrs. Cavendish was really helpful and treated her like she cared about her. “I really want to do better this term. If I can pull up my average, then next year I might be able to change schools. Maybe more of the teachers will be like Mrs. Cavendish. Maybe then things will change.”

Adapted from Roland Case, ed., *Caring for Young People's Rights* (Vancouver, BC: The Critical Thinking Consortium, 2004). Permission granted by The Critical Thinking Consortium for use by Alberta teachers.

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## Appendix 5

### José

Turning over on the woven sleeping mat, José bumped into his younger brother. He could see the early morning light through the cracks in the stick wall of his family's home. The sticks broke easily but were a type of wood that the termites wouldn't eat.

José could hear his mother feeding the chickens in the yard. Gently raising the thin bedsheet that kept the bugs off at night, José sat up and climbed over Salvador and his tiny sister Rosita.

Careful not to wake them, he replaced the sheet and stepped onto the dirt floor.

This was José's favourite time of the day and, as he stepped outside, he breathed deeply the clean morning air. When his mother saw him, she smiled. Her smile had not always been so sad. She had been troubled ever since his older brother Juan was taken away by the police and his father left to work in the mountains. He tried not to think about it. He was nine years old and the oldest child at home so his mother needed him to be strong.

He smiled at his mother and walked to the well on the other side of the yard that he had helped his father and Juan dig. Only four tugs on the rope brought up a bucket of water. He felt blessed not to have to walk the two kilometres for dirty creek water or the five kilometres to the river like most of the villagers. In 20 minutes he had enough water for the chickens, pigs, today's washing and for breakfast. Then he watered the chili pepper plants. The thin green peppers were getting longer.

"Mama, mama," came the call from inside the hut as four-year-old Rosita and seven-year-old Salvador jumped up off the sleeping mat and ran out of the hut. Both wore the wonderful hats their father had given them for Christmas.

Mother made coffee and hot salted tortillas for breakfast. Eating silently, watching his family, José's chest filled with warmth. Thinking about the day, he remembered they had a little cheese to put on the tortillas they would have for dinner that night. He could hardly wait. "It is another day and more good things are going to happen," he thought as he and Salvador picked up their machetes and headed off to the coffee plantation.

This week they were cutting down all the weeds to get ready for planting. It was harder than burning them, but it took longer and gave them more money. Maybe mama could buy a coconut with the extra money they would earn.

After chores were done on the coffee plantation, José had an hour before dinner to work with the school teacher. José hoped he would hear more of the story about the girl in the city and practise his writing. It was fun to help the little ones and listen to them read. Hearing Salvador read aloud made him proud. But José knew that, as much as they all might want to go on in school, learning to read and write and do simple arithmetic was all the schooling that anyone in his family was going to have. It would not be long before he would have to leave home to find work to help support the family. However, it was only three weeks until Holy Week when he could wear his new white cotton shirt and listen to the choir sing. Holy Week was always a special time in Brazil, especially Easter Sunday, the last day of the week-long events. Maybe his father and uncle would come back and sing his favourite song after dinner that night. It was so exciting to see everyone dressed in their best shirts and dresses singing and dancing.

Adapted from Roland Case, ed., *Caring for Young People's Rights* (Vancouver, BC: The Critical Thinking Consortium, 2004). Permission granted by The Critical Thinking Consortium for use by Alberta teachers.

Appendix 6

Comparing Quality of Life

	Positive Factors	Negative Factors
José' s Life		

Emma' s Life		
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I conclude that Emma/ Jose has the better quality of life  
because\_\_\_\_\_

\_\_\_\_\_

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