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## Investigating Tween Children's Capacity to Conceptualise the Complex Issue of Wellbeing

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**ABSTRACT** Wellbeing is an area that has gained increased global focus, particularly when considering children's lives. With the growing focus on children's wellbeing, it is apparent that this is an important aspect that is being considered in the policy and provision designed for children. The decision-making surrounding wellbeing provision for children typically occurs without the direct input of the children that these services are designed to benefit. With children's capacities being variably considered in wider society, opportunities for children to participate in decision-making on matters that affect them are often limited. The absence of children's perspectives on matters that affect their lives, such as wellbeing, reveal that adults may be missing a key perspective when seeking to understand and cater for children's wellbeing needs. This article outlines the results of a study that investigated how children aged 8 to 12 years of age (tweens) defined and conceptualised wellbeing. This article proposes that children can be included in the conceptualisation and development of policy and provision designed to benefit them and argues for increased presence of the voice and participation of children in wider societal initiatives.

### Introduction

Despite increasing adult awareness of the importance of inclusion of children's voices within decision-making processes, the reality is that the inclusion of children's voices is limited in practice (Ben-Arieh, 2005; Fattore et al, 2007; Komulainen, 2007). While there is an ever-growing body of literature within the sociology of childhood that seeks to elucidate and present children of all ages as having the capacity to consider a range of issues that affect them (James & Prout, 1997; James et al, 1998; Mayall, 2002, 2013; James & James, 2004; Harcourt, 2012), the extent to which child voice is included in matters affecting them is often limited due to the child either being not heard or not asked (Mortimer, 2004). However, the child's views and contributions are often given more merit the closer they are to being socially defined as an 'adult' (Archard, 2004). The proportion of information that is presented from children's perspectives in research is comparatively limited when considering the perspectives of children of tween age (8-12 years of age) (Sargeant, 2005; Fattore et al, 2007; Adams, 2012), particularly in relation to complicated topics such as wellbeing.

Wellbeing is a complex topic that is variably considered in the research literature (Dear et al, 2002; Pollard & Lee, 2003; McAllister, 2005; Fattore et al, 2007; Crivello et al, 2009) with attempts at defining and classifying wellbeing focused upon it consisting of social, physical, cognitive, economic and psychological domains (Keyes & Lopez, 2002; Pollard & Lee, 2003; Fraillon, 2004; Schickler, 2005; La Placa et al, 2013). An individual can experience aspects of both positive and negative wellbeing within these domains (Pollard & Lee, 2003; Diener & Oishi, 2005; Fattore et al, 2007), however, wellbeing in its broadest sense encompasses all aspects of human experience within a holistic perception of the individual at any given time.

McAllister (2005, p. 2) defines wellbeing as

More than the absence of illness or pathology; it has subjective (self-assessed) and objective (ascribed) dimensions; it can be measured at the level of individuals or society; it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth.

While this definition incorporates many of the commonly associated characteristics of wellbeing acknowledged in the wider literature, a greater exploration into the difficulty surrounding conceptualisation and associated elements of wellbeing is necessitated to understand the complexity of wellbeing. Many of the characteristics commonly associated with wellbeing fluctuate and change in response to different circumstances and contexts experienced by an individual (Fattore et al, 2007). This makes definitions that focus on positive characteristics alone insufficient in defining wellbeing when acknowledged as ever changing and not a fixed entity (Schickler, 2005).

Wellbeing is further discussed in the literature as an 'elusive concept' that is difficult to define (Pollard & Lee, 2003; McAllister, 2005; Camfield et al, 2009; Crivello et al, 2009; La Placa et al, 2013), with definitions of wellbeing considered ambiguous and 'contested in the literature' (Jones & Sumner, 2009, p. 33). A critical contributor to the apparent difficulty in defining wellbeing may be due to its interdisciplinary nature with Camfield et al (2009, p. 69) describing wellbeing as 'used more as an umbrella term to encompass specific concepts and indicators such as "psychosocial adjustment", "positive self-concept", "nutritional status" or "educational achievement"' rather than being clearly defined. Wellbeing has been considered 'socially contingent, a construct embedded in society and culture and prone to change and redefinition over time' (Fattore et al, 2007, p. 11) with no agreed definition across disciplines of wellbeing (Dear et al, 2002; Watson, 2010).

In seeking to understand wellbeing, the importance of context is highlighted when considering wellbeing to be both multifaceted (Pollard & Lee, 2003; Gabhainn & Sixsmith, 2006; Camfield et al, 2009) and 'a socially contingent, culturally anchored construct that changes over time, both in terms of individual life course changes as well as changes in socio-cultural context' (Crivello et al, 2009, p. 53). When considering the relevance of wellbeing for different individuals and groups, wellbeing measures and policies need continual evaluation and reassessment to ensure that they are still meeting the wellbeing needs of a society (McAllister, 2005).

With an increasing focus in contemporary society on how we can 'be happy' and obtain a better 'quality of life', research into wellbeing and development of wellbeing policies and provision for children is widely discussed (Ben-Arieh, 2005, 2006; Gabhainn & Sixsmith, 2006; Bradshaw et al, 2007; Coppock, 2010; Watson, 2010; Federal Interagency Forum on Child and Family Statistics, 2012; UNICEF, 2013). This has particularly manifested itself through the range of educational programmes designed to cater for different aspects of children's physical and socio-emotional wellbeing within educational contexts (Farrell, 2008; Queensland Government, 2008; Watson, 2010).

While there have been studies conducted that seek to hear children's voice on various aspects relating to their wellbeing (Sargeant, 2005, 2012; Gabhainn & Sixsmith, 2006; Adams, 2012; The Children's Society, 2012), few have investigated children's perspectives on wellbeing itself, and sought to determine whether children could define such a concept (Fattore et al, 2007). Such studies contribute to knowledge and understanding about what wellbeing means to children and begin to contribute to the understandings of how wellbeing provisions can be better suited to children's identified wellbeing needs. However, given the increasing body of literature that explores children's perspectives, there remains limited discussion of how this demonstrated capacity can directly inform and influence policy development (Coppock, 2010), and therefore practice.

The infrequency by which children's perspectives are sought on complex issues reflects a positioning where children may not be considered to have the capacity to contribute meaningfully to discussions about adult driven child matters, particularly in education (Lundy, 2007; Robinson & Taylor, 2013). The concept of 'adulthood' where children are viewed as 'naturally "less" than adults ... in a state of becoming (adults), rather than being seen as complete and identifiable persons' (Hendrick, 2008, p. 42) can be used to explain why children may have been positioned in this way in dominant western conceptualisations of childhood.

Research embracing children's participation and voice has demonstrated that children have the ability to conceptualise complex topics such as quality (Einarsdottir, 2005), citizenship (Phillips,

2010) and marginalisation (Messiou, 2006). Wellbeing is already considered a complex and elusive construct for adults as demonstrated by the apparent difficulty in generating an agreed definition (Dear et al, 2002; McAllister, 2005; Camfield et al, 2009; Crivello et al, 2009; Jones & Sumner, 2009; La Placa et al, 2013; Pollard & Lee, 2003). However, to argue that wellbeing may be too difficult for children to define because adults have difficulty conceptualising wellbeing in a clear way, presents an unfounded tenet. This potentially erroneous assumption is made even though children have rarely been asked or invited to contribute to conversations about wellbeing (Ben-Arieh, 2005; Fattore et al, 2007; Adams, 2012; Mashford-Scott et al, 2012). As Lundy (2007) describes, this occurs when adults consider children to lack capacity and when they consider complex matters to be too difficult for children to be involved. This project sought to gather children's perspectives on wellbeing, to explore their capacity to conceptualise this complex topic (Dear et al, 2002), and to determine how tween children conceptualise and define the complex issue of wellbeing.

### Method and Procedure

Data collection for this study occurred in two phases. The sampling frame for data collection remained the same across both data collection types, inviting children between the ages of 8 and 12 inclusive to participate in the study ( $n=54$  participants; 31 female, 23 male). There were 20 children who participated in the type 1 data collection (two sessions per group) and 34 children in the type 2 data collection (three sessions per group). Gender, cultural and socio-economic differences were not of specific consideration in this study. All children were recruited from schools in the same educational region of South-East Queensland, Australia with five schools participating. Each group consisted of four to six children from the same school. Type 1 groups each consisted of two males and two females from each year level (3 to 7 inclusive), while the type 2 groups consisted of children from the same school, but not necessarily the same year level or age.

School	Number of groups from school	Group codes and size [n]
School A	2	A (A1[5], A2[4])
School B	1	B (B1[6])
School C	3	C (C1[4], C2 [5], C3[5])
School D	1	D (D1[5])
School E	5	E (E1[4], E2 [4], E3 [4], E4[4] , E5[4])

Table I. School codes for data reporting in this study.

Informed consent was provided by the schools, parents and children involved in the study (Sargeant & Harcourt, 2012). The sessions utilised qualitative methods and incorporated a range of activities that used verbal, written and illustrated communication means. The activities were used to focus the sessions to explore the topic of wellbeing in a variety of ways, but the children could respond in ways of their choosing which acknowledged their Article 13 rights (United Nations, 1989). The sessions involved the children describing wellbeing [1] (session one), analysing their descriptions through thematic grouping (session two), and defining wellbeing (session three). An overview of the activities within the sessions is described in Table II (see Gillett-Swan [2013] for more information about the activities utilised in this study and process undertaken in more detail).

The items from each of these sources of data were categorised into themes and the associations between each theme explored using hermeneutics as the analysis framework (Patterson & Williams, 2002). What differentiates this approach to other ways of analysing qualitative data (such as thematic categorisation) is the focus on the identification of *relationships* between the data. This provides a 'holistic' rather than 'reductionist/multivariate' interpretation of the information, which makes it more congruent with hermeneutic philosophy (p. 45). While the hermeneutic position considers a holistic presentation of the information that identifies relationships between the data important, the individual themes that make up the holistic understanding are also recognised here. In seeking to elicit children's individual 'voices', irrespective of whether they are representative of wider and more general perspectives on the same topic, hermeneutic philosophy and sociology of childhood have parallel aims. In positioning the

participants as active social agents and valuing the unique insight that they provide into their individual experiences, the continuity in theoretical, philosophical and analytical traditions for this study strengthens its potential. As such, the children's views were accepted at face value (Sargeant & Harcourt, 2012) as they were positioned to have the capacity to meaningfully contribute to discussions about their lives and other issues.

Activity chronology*	Code	Participant grouping	Participant schools
General discussion (using broad discussion question 'What does the word wellbeing mean?')	Activity A	Group	All
Wellbeing rating	Activity B	Individual	A-D
Rating reason	Activity C	Individual	A-D
Brainstorm (including drawing, writing, speaking)	Activity D	Individual	All
Thematic groupings	Activity E	Group	A-D
Importance ranking	Activity F	Individual	A-D
Wellbeing definition	Activity G	Individual & Group	A-D
Wellbeing purpose	Activity H	Individual	A-D
Threatens wellbeing	Activity I	Individual	A-D
Heightens wellbeing	Activity J	Individual	A-D

\*Activities A to C were used on multiple occasions with each group and did not necessarily follow the chronological sequence given in the text.

Table II. Activities and reference codes for research tasks.

When seeking to present the perspectives of children in research, there remains a risk of silencing the individual voice to present the strength of the responses through group consensus. The richness of the individual voice supplements the power of the collective voice when utilising a qualitative approach that seeks to elicit children's perspectives on a topic. Within a hermeneutic approach to analysis, analysing the information ideographically (individually) then nomothetically (collectively) can aid in reducing the conundrum associated with communicating the individual and collective voices of children in research. Because of this it can be problematic to determine which information should be included and which excluded to provide the reader with the essence of how the children conceptualise the construct. This is particularly evident when certain themes recur and dominate children's discussions about a topic, which may lead some to question where their knowledge has been acquired and how authentically the children's perspectives may be represented (Mayall, 2002; James, 2007; Elden, 2012).

### Results (conceptualising wellbeing)<sup>[2]</sup>

The analyses of results were informed by hermeneutic processes in a four-stage sequence. The data provided by the children was first explored ideographically by individual case, then by each focus group. Concepts of wellbeing from these first two ideographic analyses were compared to identify whether there were any aspects of wellbeing across the individuals within the group and the group itself that were not represented in the fourth stage of the idiographic analysis. Finally, the responses from each analysis of individual group data were combined to present the 'essence' (Husserl, 1913/1983, p. 25) of wellbeing as defined by the children. This section begins by broadly identifying the themes that dominated the discussion and exploring how these themes fit with the children's conceptualisations across each of the sessions.

While there were eleven emerging themes from the data, the three themes of social (relationships), psychological (self) and physical (health) were reflected in the majority of the children's depictions and descriptions of wellbeing. This is consistent with the literature that suggests these elements are important when considering wellbeing (Ryff & Singer, 1998; Keyes & Lopez, 2002; Fraillon, 2004; Hattie et al, 2004; Hill, 2004; Schickler, 2005; Gabhainn & Sixsmith,

2006; Adams, 2009). The three dominant themes of social, psychological and physical are the focus of this article. The children's depictions of general wellbeing will also be discussed.

### *Social (relationships)*

The social theme encompassed any and all mention of other people, groups, animals and objects with a reference to a relationship of any kind. For example, 'playing with my dog' was categorised within social (relationships), sub-theme of a 'positive relationship' → 'relationship with animals' and has a positive sentiment. It also included the children's nominations of other interpersonal associations that may also be thematically grouped under other themes. For example, 'personal qualities' such as 'kind ... helping' was linked to both social (relationships) and psychological (self), as while they are personal qualities of the individual (self), the children described them as enacted on others (interpersonal).

In examining the sub-themes within the social theme, two distinct patterns emerged. The first pattern considered the affect and sentiment associated with the items coded within the relationships category in that the children discussed relationships as existing within positive, negative or neutral affectations. While relationships broadly were consistently considered by the children to be directly relevant to, and impact an individual's wellbeing, the type of relationship and affectation associated with the relationship was also noteworthy. These aspects played an integral part in how each child reported their wellbeing in a variety of contexts or situations:

I put brothers half and half ... it's not very half, but somewhere in the middle pretty much ... I'll colour them in a nice pink permanent marker so I think of ... happy. (Erica, age 11)

This reflects how Erica acknowledged her brothers as having the ability to impact on wellbeing in positive and negative ways. By reframing her thoughts and feelings towards them (by colouring them in pink permanent marker on her page), she was able to consider the situation more positively and have more control over how her relationship with her brothers at any given time may affect her wellbeing. It was noticed that almost half of all of the negative relationships discussed (44%) were by children aged 9-10. The negative aspects of interpersonal relationships were discussed as influencing the way wellbeing was conceptualised and what was needed for their wellbeing to be improved or enhanced, such as 'teasing, calling me names, people hitting me and bullying' (Hannah, age 9) or 'not having any friends' (Natalie, age 11).

The sub-themes within the relationship theme were also able to be refined by specificity. The relationship sub-themes included the identification of relationships with family, friends and peers, other people, animals, global, and spiritual aspects. Positive relationships as relevant for wellbeing were experienced with friends and peers and family and loved ones. The highest sub-category within the negative affections to do with relationships was also assigned to friends and peers. An interpretation of this suggests that friends and peers are important for tween children's wellbeing. While the relationships with friends and peers fluctuated between positive and negative interactions, the importance of having these relationships was a key contributor to a tweens overall sense of positive and enhanced wellbeing. The children discussed both positive and negative relationships as impacting on wellbeing an equal number of times which supports the idea that wellbeing is experienced holistically. The children identified the importance of relationships, whether positive or negative, and emphasised relationships as impacting on how they conceptualised and experienced their wellbeing.

In addition to relationships with family (34% of relationship responses), the children also identified relationships with friends (22%) and animals (19%). Relationships with either animals or friends may have been identified as important as children considered specific examples where each of these groups had impacted on their wellbeing. As an example, pets were discussed in both positive and negative ways with 'hugging my guinea pigs' being a positive relationship and 'my cat made my mum go to hospital so I hate my cat' indicating a negative relationship. Only when the direction of the relationship was specified was the item coded within the positive or negative relationship sub-theme. The children also provided examples of neutral sentiments where the researcher did not make assumptions of direction during the coding process, even when it seemed a certain direction was likely.



The children considered relationships as integral to their wellbeing and used memories and past experiences that involved others to illustrate how relationships impacted on their conceptualisations of wellbeing. For example:

I'll tell you something that affects my wellbeing ... I don't have a dad ... I used to have a dad, now I don't so that's that. But we can talk about it later. (James, age 8)

James acknowledged that the absence of his father in his life affected his wellbeing but did not indicate directionally whether it impacted in a positive or negative way. By the children being cognisant of different events and factors that could affect their wellbeing, they illustrated their ability to consider the topic in different ways and objectively discuss wellbeing without subjective value judgements being placed upon the descriptions provided.

Children's 'personal qualities' were considered as linked between both the social (relationship) and psychological (self) themes as the children outlined personal qualities (self-characteristics) that were enacted on others (relationship characteristic). Considering these components in isolation would not fully incorporate the integral connection between the two that is needed to understand how the children described wellbeing. The children considered how others perceived them and how this perception impacted on their wellbeing reflecting the dynamic nature of the personal qualities the children discussed. For example, 'I'm always nice, so I wrote nice' and 'mine is about kind words and love hearts and everyone being cool' illustrates how the children considered both the ways others perceived them, as well as the way they responded to others as integral to both their own and others wellbeing. These results suggest that tween children are concerned with and aware of the importance of quality relationships. They seek to be received and interacted with in a positive way so that their own and others wellbeing can be positively influenced:

you can affect someone else's wellbeing ... if you want to make yours better by affecting someone else's, it's kinda bad, so you have to think about people around you ... at school, if you have bad wellbeing, or if you're not happy, then its most likely that somebody else is sad as well. (Group E3 discussion)

This child concluded by saying:

if you lash out or something because you feel cut off from everyone else, then you're going to ruin someone else's wellbeing as well.

#### *Psychological (self)*

The theme of psychological incorporated the psychological and 'self' related items nominated by the children throughout the discussions. Not to be confused with selfish or materialistic nominations, the sub-theme of 'self' referred to the broader classification for items within the sub-themes of self-concept, self-care, self-protection, self-perception, self-regulation and management (behaviour) and effort as separate from items that were classified within a materialistic or 'self-interested' grouping. Erroneously combining the two themes may lead an interpretation of the results that considered tween children as materialistic and ego-centric when seeking to understand how children of this age conceptualised wellbeing. Instead, the children identified many aspects to do with 'the self' that went beyond a solely psychological thematic grouping, such as 'being optimistic about myself' and 'sleeping'. Like relationships, the children discussed items grouped within this sub-theme as having the potential to impact on wellbeing in both positive and negative ways.

*Personal qualities.* Items coded within the sub-theme of 'personal qualities' surrounded responses that showed selflessly looking out for the greater good of society (Hyde, 2008). Specific responses included 'sharing', 'being kind to others', 'helping people', 'everyone being happy' and 'taking care of family and friends'. These items reflected specific actions that were altruistic in nature and involved positive relationships with others and personal qualities.

*Feelings.* The feelings described by the children could be grouped within positive ('happy'), negative ('angry') or neutral ('feelings') affectations, as well as general ('feelings') or specific ('happy ... sad ...

angry'). As with relationships, each response within the feelings sub-theme could be sub-categorised by affectation and specificity for analysis purposes. Considerations of feelings included specific feelings that were either positive or negative in nature ('happy ... sad ... angry'), as well as 'things that I like', such as 'getting tickets to SeaWorld for my sister's birthday'. The nomination of 'things that I like' was used after many children verbally said the phrase to describe and group items that they had included in their conceptualisation of wellbeing.

The relative lack of importance of feelings when compared to other themes that the children identified throughout their conceptualisations indicates conflict with conceptualisations of wellbeing that consider it a synonym of happiness. While positive affect was an important aspect in this study, the children did not identify feelings as important as other items when conceptualising wellbeing. These results suggest that situational and isolated events can impact on how the children conceptualised wellbeing and whether it was framed as positive or negative.

#### *Physical (health)*

The children considered health broadly – 'it's like how much health you have' – as well as related to physical health and fitness, nutrition, negative aspects of health, and health care. The children identified considerations of health as impacting on the wellbeing of an individual, as well as having the potential to impact on the wellbeing of others:

Injured would go into the heart group because if you're injured, people try to help you and that helps your wellbeing. (Neve, age 8)

The children considered wellbeing and its components at times as consisting of more than the level of 'health' that an individual has. For example, despite injury being considered as something negative that impacted on an individual's wellbeing, it was also discussed as a positive as:

if you get injured you have to go to hospital and hospitals help people a lot. (Libby, age 12)

The examples also illustrate how the children were able to consider the experiences and impacts of wellbeing from multiple perspectives. The acknowledgement of the positive and negative aspects of health as they related to wellbeing aids in demonstrating the complexity of wellbeing and how these aspects are intertwined both with an individual's health and their wellbeing.

*Wellbeing insurance.* During the discussion, the topic of wellbeing insurance was raised of the children's own volition. The children detailed wellbeing insurance to 'cover my feelings and health ... so technically what [wellbeing insurance] would be doing is if we get hurt or are suffering, you help us' (group B1 discussion). In the same way adults are able to take out insurance policies to cover themselves in case of death or injury, the children identified the need for the same insurance to be provided for them. The multifaceted way that the children discussed wellbeing insurance meant that the item was multiply coded based on the associations the children made between it and other items identified throughout their discussion. The children's descriptions of wellbeing insurance also reflected the importance that the children placed on the emotional and physical aspects of their wellbeing, and the need for assistance, support and security in these and other matters.

*Food and fitness.* Food and fitness were discussed in both positive and negative ways through identification of physical activities, exercise and nutrition as representing items coded within the physical theme. The balance between good food, bad food and fitness depicted by the children indicated how the interplay of these factors was able to influence an individual's wellbeing in both positive and negative ways. The children's awareness of these elements and understanding of the relation to an individual's wellbeing may reflect the effectiveness of the school-based campaigns that focus on promotion and development of the physical wellbeing of students (Queensland Government, 2008).

### *General Wellbeing*

The children acknowledged both the positive and negative aspects of wellbeing through their conceptualisations, as well as the potential for wellbeing to fluctuate. The children's varying emphasis on each of the themes and sub-themes identified throughout their discussion are reflected in the three dominant themes. The key components of wellbeing were consistent across each of the groups in that the broader areas of psychological, social, and physical aspects consistently dominated the elements of wellbeing that the children identified as important. Wellbeing for these children could then be considered as consisting of the core elements (domains) of psychological, social and physical being that are informed by the sub-elements of economic, environmental, cognitive, global awareness, survival and experience.

Drawing upon the findings from the third session, the children's individual definitions presented a clear focus towards the 'self' within the psychological domain. For example, 'what you think about yourself', 'what you are doing to yourself', 'a good feeling when you're happy', and 'how good you are'. The dominance of the psychological and physical components of wellbeing presented through the children's definitions affirms the results from the earlier sessions where the children indicated the psychological and physical aspects as highly important.

Where the results from the third session depart from the earlier sessions is in the decreased emphasis on the social aspect of wellbeing reflected through the children's definitions. The development of the way the children thought about wellbeing across the three sessions may be more reflective of the questions asked than the social or relationship element of wellbeing having decreased importance in definition. The increased focus on self rather than relationships through the children's definitions may be then more reflective of the interaction between social and personal elements as they seek to gain independence and affirm their identity. It is therefore the social interaction that enables the children to develop their wellbeing through their sense of self and identity, but in defining what wellbeing is, it is the outcome rather than the process that the children focus upon.

### **Discussion**

The children's conceptualisations reflect an alignment with general adult understandings of wellbeing in the literature through the continuity between the children's perspectives and the domains of wellbeing identified earlier (Keyes & Lopez, 2002; Pollard & Lee, 2003; Fraillon, 2004; Schickler, 2005; La Placa et al, 2013)

There were many unique elements included in the children's descriptions when they discussed wellbeing in a general sense. While the social and relationship theme was hardly nominated in the children's formal definitions for wellbeing (session three), it was identified as important during the children's explanatory and initial conceptualisations of wellbeing (sessions one and two). While adults have emphasised the social determinants of wellbeing for children (Fraillon, 2004; Bradshaw et al, 2007; UNICEF, 2013), the children in this study placed different emphasis on the association between the social and relationship aspects and their overall wellbeing. From the children's perspective, the role that relationships have in determining an individual's wellbeing may be separate to their understanding of what an individual's wellbeing actually is.

The children's attention and emphasis on relationships as important for wellbeing remained high throughout the children's discussions even though it was not represented linguistically in their written definitions. The conceptualisations of wellbeing that the children provided in the first session tended to focus on the events, circumstances and interactions that were based on the child's most recent experiences and memories often based around a relationship. Even though the actual experiences provided may not be experienced frequently, the children still acknowledged that they have wellbeing. This represents how upon an initial investigation of wellbeing, isolated events contributed to how these children conceptualised their wellbeing at one point in time.

Despite the children choosing not to include social aspects (such as relationships) in their final definitions, the children's discussions throughout the first two sessions indicated that the children considered the social aspects as both relevant and important for wellbeing in some way. The absence of the social element from their definitions indicates that the children deemed it not necessary to put in their definitions, instead choosing to focus on the self aspects.



The children's conceptualisations developed over the course of the three sessions from initially considering wellbeing as a short-term affect, to determining wellbeing as something that is more long term and enduring. When considering how the children's conceptualisations of wellbeing developed over time, the focus also shifted from single, isolated moments in time towards a more holistic definition. This goes against models of wellbeing for children that are considered in terms of well-becoming, focusing on the qualities or traits that children are missing and ignoring the child's view of their experienced lifeworld (Fattore et al, 2007; Crivello et al, 2009; Jones & Sumner, 2009). The children conceptualised wellbeing in a holistic way that recognised the interplay between positive and negative aspects of life, being and experience that can coexist at any given time. The children conceptualised their own childhoods as a time of both being (a child) and becoming (an adult) and explained this with reference to the physical components of wellbeing. The children's identification of aspects surrounding physical (health) as important for wellbeing is consistent with other research conducted with tween children about their wellbeing (Fattore et al, 2007).

The children's conceptualisations presented in this study affirm that the nature of wellbeing is indeed complex and multifaceted (Pollard & Lee, 2003; Camfield et al, 2009). The difficulty in formally defining wellbeing may stem in part from the apparent misalignment between the things that have to do with or contribute to wellbeing (combining factors), and what wellbeing actually is (as a noun in its entirety).

The children's commentary described the conditions required for an individual to be able to experience wellbeing as not determined by demographic and social characteristics, such as age, gender, culture, class, experience, intelligence and ability. Instead, achievement of wellbeing was framed as an aspiration, as something that was the ideal, positioning the framing of the children's definitions in an enhanced (positive) way:

wellbeing is good food, good mind, good think, every good thing. (Charlie, age 11)

The children's definitions were contextualised within a positive focus, while their descriptions identified clear positive, negative and neutral components. The positive framing of the children's written definitions illustrated how the children decided not to include the negative and neutral aspects that they had discussed in earlier sessions. By focusing on the positive and aspirational elements of wellbeing, the children's definitions reflected an alignment with a shift towards a positive orientation or futures focus, rather than a deficit view (Ben-Arieh, 2006).

When the descriptions provided by the children were explored further, it was established that the children considered a number of conditions as needing to be met in order to 'achieve' wellbeing:

If you can create a better environment for yourself, it makes you happy, which helps other people's wellbeing, because they can get onto what they want to and maybe discuss what you've done. (Group E3 discussion)

It could then also be questioned whether, by the children's definition, an individual could be considered to 'have' wellbeing if the positive framing is not acknowledged or evident. The children identified an awareness that while wellbeing exists as a goal, the contributors to achieving the goal contain positive and negative aspects than could then be reconsidered as risk or protective factors (Conti & Heckman, 2012).

The children consistently indicated that wellbeing was not something that they had specifically been taught or told about in any formal or structured way:

I heard it [the word wellbeing] since I was three ... and it means, well, umm ... .

Their conceptualisation could be informed by observation or through their inherent understanding of wellbeing based on how they interpreted various inputs presented to them throughout their lives. Despite not being formally taught, the children's understanding of wellbeing supports the view that children have a greater understanding of their world than adults may ascribe to them (Sargeant, 2005) as they demonstrate an ability to conceptualise and describe things about which they are not normally considered knowledgeable. However, within the path to wellbeing, the children expressed dissatisfaction with the wellbeing programmes that are currently in place:

we haven't learnt that much about it [wellbeing], well ... coz, we do learn tonnes about it, but we don't actually know that we're learning about it ... so we don't know how to react to it.  
(Group E2 discussion)

Through the children's discussions of wellbeing, it was determined that children of this age can provide a comprehensive explanation and definition of wellbeing and its multifaceted nature.

## **Conclusion**

There is significant international relevance with the results presented in this study. While the data represents the views of 54 Australian children in conceptualising and defining wellbeing, this study demonstrates the capacity of children of this age in defining and deconstructing a difficult topic. Such evidence contributes to the argument that children can (and should) be included in conversations about matters that affect their lives, not just because it is their right (Article 12, UNCRC, United Nations, 1989), but because they have the capacity to make meaningful contributions to understanding difficult topics that affect them in various ways. This is a globally applicable lesson that can be drawn upon in future research that seeks to elicit and include children's perspectives in other contexts on wellbeing or other complex topics relevant to their lives.

In conclusion, investigating children's capacity in conceptualising complex issues further exemplifies their ability as capable informant on matters that affect them and serves to present a more complete view on the matters affecting their lives than can be considered by adult perspectives alone. The children's demonstrated capacity to conceptualise and make meaningful contributions to discussions surrounding complex topics such as wellbeing provide key insight into children's lifeworlds and present a clear framework by which adults, policymakers and educators can include children's perspectives on matters that affect them. By first accepting children's capacity and then actively including children's voices, an additional perspective is offered when making decisions about what may be in their best interests.

Even though the adult conceptualisations of wellbeing were not being used to verify the children's perspectives, the consistency between the adult and child conceptualisations not only suggests the validity of children's responses, but also extends the current knowledge base on wellbeing. The children's knowledge and understanding of wellbeing as relevant for them in many respects goes beyond adult understandings and conceptualisations of wellbeing presented in the literature. It is not proposed that children's voices are sought at the exclusion or detriment of adult voices and opinions; instead it is considered necessary to include the perspectives of all stakeholders to ensure that policy, provision, services and outcomes can be most effective at meeting the needs of those involved. Children's perspectives should not only be sought because it is their right, but also because they are the best ones to inform adults about how their lives can be improved.

## **Notes**

- [1] Type 1 data collection focused on exploring the children's descriptions of wellbeing in both of their sessions. While some of the children in type 1 analysed and defined wellbeing throughout their descriptions, they were not specifically asked to do so. The type 2 data collection focused on the children's descriptions, analysis and formal definitions across the three sessions where each session was specifically focused around their descriptions, analysis or definitions for wellbeing.
- [2] Pseudonyms have been used.

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