

International Journal of Social Sciences and Humanities
Vol. 4 No. 3, October 2026, pages: 1920-1941
e-ISSN: 2985-6469
https://ejournal.45mataram.ac.id/index.php/ijssh

Dimensions of Early Childhood Well-Being: An Integrative Review

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Article History

Manuscript submitted:
September 20, 2026
Manuscript revised:
October 15, 2026
Accepted for publication:
October 24, 2026

Abstract

Early childhood well-being has often been measured with a mixture of constructs that have not been clearly distinguished, which makes instrument scores difficult to interpret. This integrative review mapped the well-being dimensions reported in 50 sources, including 19 primary empirical studies, with a focus on the experiences of children aged 4–6 years. Eleven dimension codes, comprising seven candidate child-experience codes and four context or outcome codes, were applied by source age, informant, and sample size. Positive affect, relationships and attachment, and engagement were reported most often, whereas self-regulation, safety, and life evaluation were rarely reported as child experiences. Of the 35 sources that reported age ranges, 25 covered ages 4–6 years, but only one study used child self-report within that range. Material conditions, parenting, and maternal health were discussed mainly as contexts that must be separated from child well-being scores. Based on these patterns, seven candidate domains and a development pathway that separates child reports from adult reports were proposed.

Keywords

Early Childhood; Subjective Well-Being; Well-Being Dimensions; Measurement; Instrument Development; Content Validity

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Introduction

Early childhood education quality is often judged through growth, language development, cognitive ability, or school readiness. These indicators matter, but they do not explain how the child experiences daily life: whether the child feels safe, accepted, free to play, and able to enjoy everyday activities. This experiential perspective is what we call child well-being. The shift toward a well-being approach treats children's present quality of life as a goal in its own right, not merely as a means to later achievement (OECD, 2021; Davis et al., 2026).

Attention to child well-being has also grown outside the measurement literature. Conceptual reviews show that the terms used are highly diverse (Ben-Arieh & Frønes, 2011; Pollard & Lee, 2003). A recent scoping review of child well-being measurement found that *child well-being*, *quality of life*, *life satisfaction*, and *flourishing* are used interchangeably, and that some measures mix indicators of deficit and strength (Kang et al., 2026). In early childhood education and care (ECEC), Lee-Pang et al. (2026) also note the absence of agreement on the definition and boundaries of child well-being. This diversity is not only a terminological problem. If one score sums home conditions, developmental ability, and a child's happiness, the meaning of that score becomes unclear, and we cannot tell which part or dimension the score actually reflects.

A second problem concerns sources of information. Young children can already express their feelings, but their verbal ability, sense of time, and tendency to answer in socially expected ways develop rapidly and unevenly. Parents and teachers can observe behaviour and context, but their judgements are not automatically equivalent to the child's subjective experience. A review of patient-reported outcome measures (PROMs) for children aged 2–7 years by Morato-Espino et al. (2025) found limited evidence of content validity. In the literature reviewed here, most measures also rely on adult reports, for example PROMIS Early Childhood (Blackwell et al., 2022) and the NSCH indicators (Davis et al., 2026).

In Indonesia, this question is increasingly pressing. Saputri and Risnawati (2024) reported a positive relationship between well-being and school readiness in 139 children aged 4–7 years ($r = 0.420$, $p < 0.001$). The study is important, but both variables are correlational and do not establish that changes in parenting cause changes in well-being. The Early Development Instrument (EDI) has been validated in Indonesia (Brinkman et al., 2016), but the EDI measures school readiness reported by teachers, not child well-being that is self-assessed. This difference suggests that Indonesia does not yet have a clear dimensional framework for measuring the well-being of preschool children.

This article addresses a narrower question than a general review of well-being. Its aim is to build a conceptual foundation for instrument development. The four research questions are: RQ1 (construct boundaries): How are the boundaries of early childhood well-being defined, and what must be separated from them? RQ2 (child experience dimensions): Which dimensions are most often reported as child experiences, and how strong is the evidence? RQ3 (age and informants): How much evidence comes from child reports within the 4–6-year age range? RQ4 (instrument implications): Which domains, informants, and validation stages are most feasible to test next?

e-ISSN : 2985-6469

The article makes three contributions. First, it maps the same dimension codes across all sources, so that the strength of evidence for each dimension can be compared. Second, it explicitly separates child experience, context, and outcomes. Third, it identifies gaps in evidence at ages 4–6 years and in child self-report, which directly shape instrument design.

Methods

Design and reporting considerations

This manuscript is an *integrative literature review* with a structured, coded mapping of dimensions. This design was chosen deliberately. The initial corpus came from two Elicit search files containing 24 unique records. A comprehensive database search, cross-database deduplication, full-text assessment, and risk-of-bias appraisal by two independent reviewers have not yet been documented. For that reason, the manuscript does not claim adherence to PRISMA 2020 and does not present a flow diagram as though the process were complete (Page et al., 2021). If the journal requires a systematic literature review (SLR), the database search and dual screening must be completed first.

Sources

Sources were gathered from three groups. First, the 24 records in the initial corpus, including nine records that were duplicates of one another. Second, psychometric, empirical, and conceptual articles cited in earlier drafts whose bibliographic details had been checked. Third, additional sources identified through targeted searching to fill gaps, namely instruments used in early childhood and studies of well-being among preschool children. In total, 50 sources were coded and are listed in Appendix A. The verification status of each reference is marked with [verify] in the reference list.
Inclusion criteria for the dimension mapping were sources that (a) address or measure the experiences, conditions, or outcomes of children; (b) report age or allow age to be categorized clearly; and (c) are written in Indonesian or English. Classic theoretical works (for example, Ryff, 1989; Diener & Ryan, 2009; Bronfenbrenner & Morris, 2006) were used as theoretical foundations and were not coded as empirical evidence. Sources about adults, such as the well-being of parents or teachers, were coded as context rather than as child dimensions.

Dimension codebook

Eleven codes were developed from terms that recur across the sources. The first seven codes were treated as candidate child experiences, and the next four were treated as context or outcomes that must be separated from well-being scores (Table 1).

Table 1. Coding Framework of Child Well-Being Dimensions, Model Roles, and Operational Definitions

Code	Dimension	Role in model	Operational definition
AP	Positive affect / happiness	Candidate	Feelings of happiness, comfort, or cheerfulness in daily activities

EN	Engagement & curiosity	Candidate	Active involvement, exploration, curiosity, and persistence
RS	Self-regulation & resilience	Candidate	Ability to manage emotions and recover from frustration; the boundary with competence needs testing
HB	Relationships & attachment	Candidate	Feeling loved, accepted, and listened to, and having a friend or trusted adult
RA	Safety & comfort	Candidate	Feeling safe from harm and comfortable in routines
AG	Agency & participation	Candidate	Opportunities to choose, express opinions, and take part in deciding activities
EH	Life evaluation	Candidate	Global judgement of one's life, including life satisfaction
KM	Material & ecological conditions	Context	Assets, housing, parenting, service quality, and the environment
MS	Emotional-behavioural problems	Outcome	Internalizing and externalizing symptoms; not the direct opposite of well-being
DV	Development & competence	Outcome	Language, motor, cognitive, and social competence
KF	Physical health	Outcome	Health status and physical activity

Each source was coded for age range, sample size and unit, informant source (child, parent, mother, educator, observer, direct assessment of the child, mixed, or unclear), evidence type (primary empirical, review, conceptual, or other), and dimensions. Coding was performed from the draft text and abstracts by a single coder. Ages that were not stated were left blank rather than estimated.

Analysis

The analysis is descriptive. Frequencies were calculated as the number of sources containing a given code, not the number of participants. The figures are organized as follows: evidence type and publication year (Figure 1), age range (Figure 2), sources of information in primary empirical studies (Figure 3), sample size in empirical studies (Figure 4), and the dimension matrix (Figure 5). Figure 6 presents the conceptual model and Figure 7 the development pathway. The counts are not intended as prevalence of dimensions in the global literature.

Ethical considerations

This study did not collect primary data from participants. All data were drawn from publications and reports that are publicly available. In the discussion, findings about children are not extended to children outside the contexts reported, and data about school-age children are read as supporting evidence rather than direct evidence for ages 4–6 years.

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Results and Discussions

Characteristics of sources

Of the 50 sources, 19 (38%) are primary empirical studies, 18 (36%) are reviews or meta-analyses, 5 (10%) are conceptual frameworks, and 8 (16%) are other types, such as commentaries, programme reports, policy documents, or book chapters (Figure 1a). Publication years range from 2008 to 2026, with the number of sources increasing in 2020–2026 (Figure 1b). Two sources come from Indonesian authors in the primary empirical group: Saputri and Risnawati (2024) and Risnawati et al. (2023).

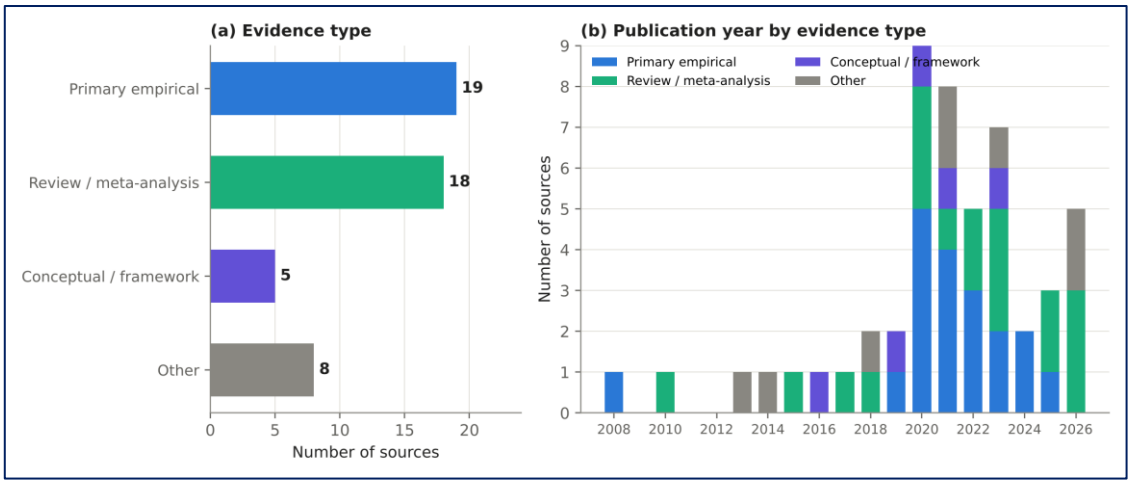


Figure 1. Evidence type and publication year of the coded sources (n = 50). (a) Number of sources by evidence type. (b) Number of sources per publication year by evidence type

Figure 1 presents the distribution of the 50 included sources according to evidence type and publication year. As illustrated in Figure 1(a), primary empirical studies constituted the largest proportion of the reviewed literature (n = 19; 38%), followed closely by review articles and meta-analyses (n = 18; 36%). Conceptual and theoretical frameworks accounted for 10% (n = 5), while the remaining 16% (n = 8) consisted of other publications, including commentaries, programme reports, policy documents, and book chapters. This distribution indicates that the literature on child well-being incorporates both empirical investigations and theoretical synthesis, reflecting the multidimensional nature of the construct and the diversity of approaches used to examine it.

Figure 1(b) illustrates the publication trends between 2008 and 2026. The distribution shows that research on child well-being was relatively limited and sporadic during the earlier years, followed by a noticeable increase in publications from 2020 onwards. The period between 2020 and 2026 accounts for the majority of the included sources, suggesting growing scholarly attention to children's well-being in recent years. This increase is particularly evident in primary empirical studies and literature reviews, indicating a simultaneous expansion of empirical evidence and efforts to consolidate existing knowledge.

The relatively balanced representation of empirical studies (38%) and reviews or meta-analyses (36%) suggests that child well-being research is an expanding field in which evidence generation and theoretical integration are developing alongside one another. Nevertheless, the smaller proportion of conceptual and theoretical frameworks (10%) may indicate a need for further conceptual refinement, particularly regarding the definition, dimensions, and operationalisation of well-being in early childhood.

Furthermore, although the reviewed literature demonstrates increasing international research interest, the limited representation of Indonesian empirical studies highlights the importance of strengthening context-specific evidence. Differences in sociocultural environments, family structures, parenting practices, and educational experiences may influence how young children perceive and experience well-being. Consequently, conceptual frameworks and measurement instruments developed in other cultural contexts may require careful adaptation and empirical validation before being applied to Indonesian children.

Overall, the findings indicate that the literature provides a substantial foundation for understanding child well-being, while also revealing opportunities for further conceptual and methodological development. In particular, future research should prioritise the development of culturally sensitive, developmentally appropriate, and psychometrically robust instruments capable of capturing the subjective well-being of young children in Indonesia. Such efforts would contribute to a more comprehensive understanding of early childhood well-being and support evidence-based practices in early childhood education, parenting, and child development.

Age range and informant source

Of the 50 sources, 35 reported a numeric age range. Of these, 25 sources cover at least part of the 4–6-year range (Figure 2). However, this coverage largely comes from cross-age studies, such as cohorts of 0–5 years or surveys of 0–17 years, or from parent reports. When the analysis is restricted to sources that use child reports, only one study falls within the 4–6-year range: Saputri and Risnawati (2024; age 4–7 years; n = 139). Other studies that use child reports fall outside this range: Davies et al. (2023) at ages 8–9 years, Tapia-Fonllem et al. (2020) among students in grades 5–6 of primary school, and Imrie et al. (2021) among children aged 8–18 years. The distribution of participant age ranges and the corresponding informant sources is illustrated in Figure 2.

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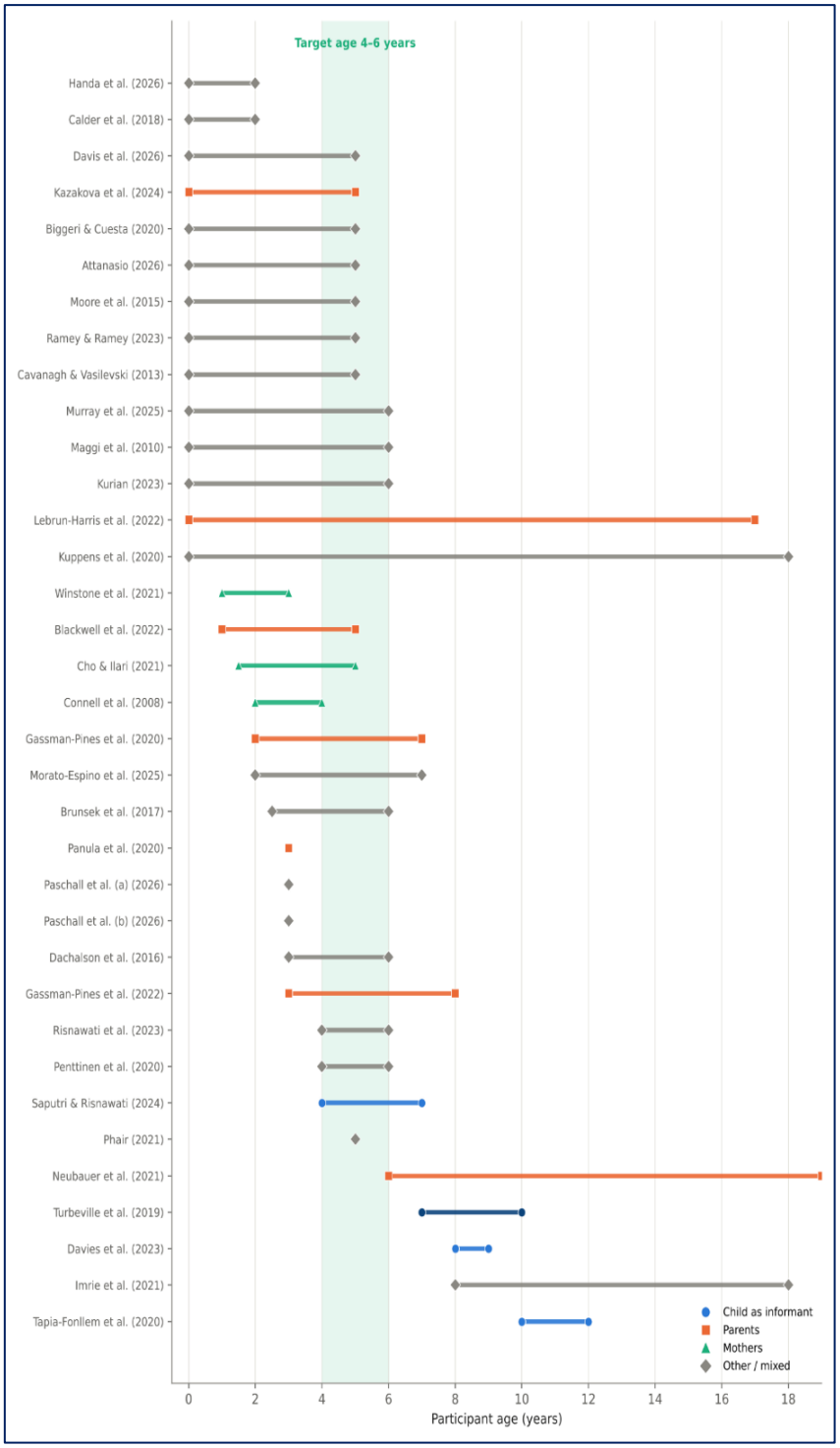


Figure 2. Age range of participants in sources that report age. The green area indicates the 4–6-year target. Shape and colour indicate the main informant.

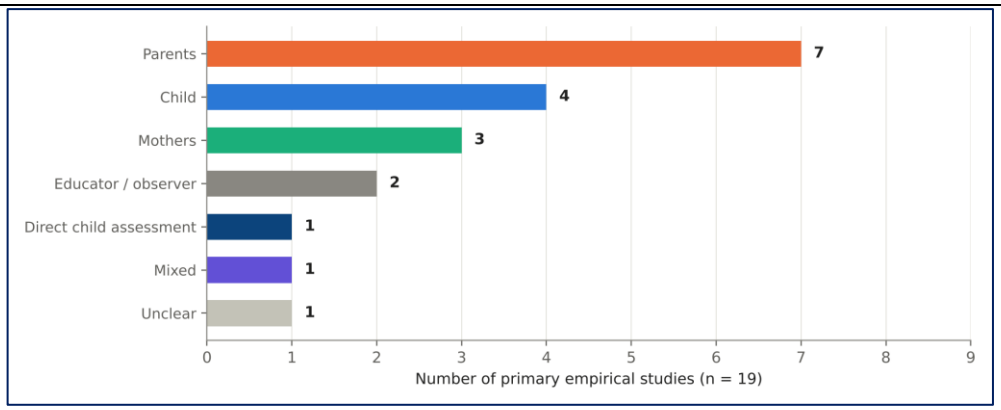


Figure 3. Sources of information in the 19 primary empirical studies. Counts indicate the number of studies, not the number of participants.

Figure 3 presents the distribution of information sources across the 19 primary empirical studies examining children's well-being. Parents were the most frequently used informants (n = 7; 36.8%), followed by children (n = 4; 21.1%) and mothers (n = 3; 15.8%). Educators or observers contributed information in two studies (10.5%), while direct child assessment, mixed informants, and unspecified sources each accounted for one study (5.3%). Overall, the findings demonstrate that adult-reported information remains the predominant approach to assessing children's well-being, whereas studies directly involving children as informants are comparatively limited.

This distribution highlights an important methodological consideration in early childhood well-being research. Although parents and educators can provide valuable information about children's emotional expressions, behaviours, and social interactions, their assessments may reflect adult interpretations rather than children's subjective experiences. The relatively limited representation of child-reported data suggests that children's perspectives have not been sufficiently incorporated into existing measurement approaches. Consequently, there is a need to strengthen child-centred assessment methods, particularly through age-appropriate interviews, visual response scales, and participatory techniques that enable young children to communicate their feelings and experiences. Integrating children's perspectives with adult reports may provide a more comprehensive understanding of early childhood well-being and inform the development of culturally and developmentally appropriate measurement instruments.

Sample Size Distribution Across Primary Empirical Studies

Figure 4 illustrates the variation in sample sizes across primary empirical studies examining child well-being, presented on a logarithmic scale to accommodate substantial differences in study populations. Sample sizes ranged from 19 participants to 174,551 children, reflecting considerable diversity in research designs, populations, and data collection approaches. Large-scale studies, such as Lebrun-Harris et al. (2022; n = 174,551) and Kazakova et al. (2024; n = 18,000), involved substantially larger samples than studies focusing on specific developmental or contextual factors. In contrast, studies such as Saputri and Risnawati (2024; n = 139 children), Cho and Ilari (2021; n = 19 mothers), and

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Murray et al. (2025; n = 20 educators) employed relatively smaller samples. Importantly, the sample units varied across studies, including children, parents, families, mother–child dyads, teachers, and educators, indicating methodological diversity in how child well-being has been investigated.

The substantial differences in sample sizes highlight a distinction between population-level investigations and smaller, context-specific studies. While large-scale studies provide valuable evidence for identifying population trends and examining broader socioeconomic and developmental patterns, they do not necessarily offer detailed insights into young children's subjective experiences or the psychometric properties of developmentally appropriate well-being measures. Conversely, smaller studies may provide more contextually rich information about children's emotional experiences, family relationships, and everyday interactions, although their findings may have limited generalisability. These findings suggest that sample size alone does not determine the relevance or methodological strength of evidence on early childhood well-being. Instead, the appropriateness of the research design, developmental characteristics of participants, sources of information, and measurement validity must also be considered. The findings further underscore the importance of conducting psychometrically rigorous studies with adequately sized and representative samples to develop and validate well-being instruments specifically designed for preschool-aged children.

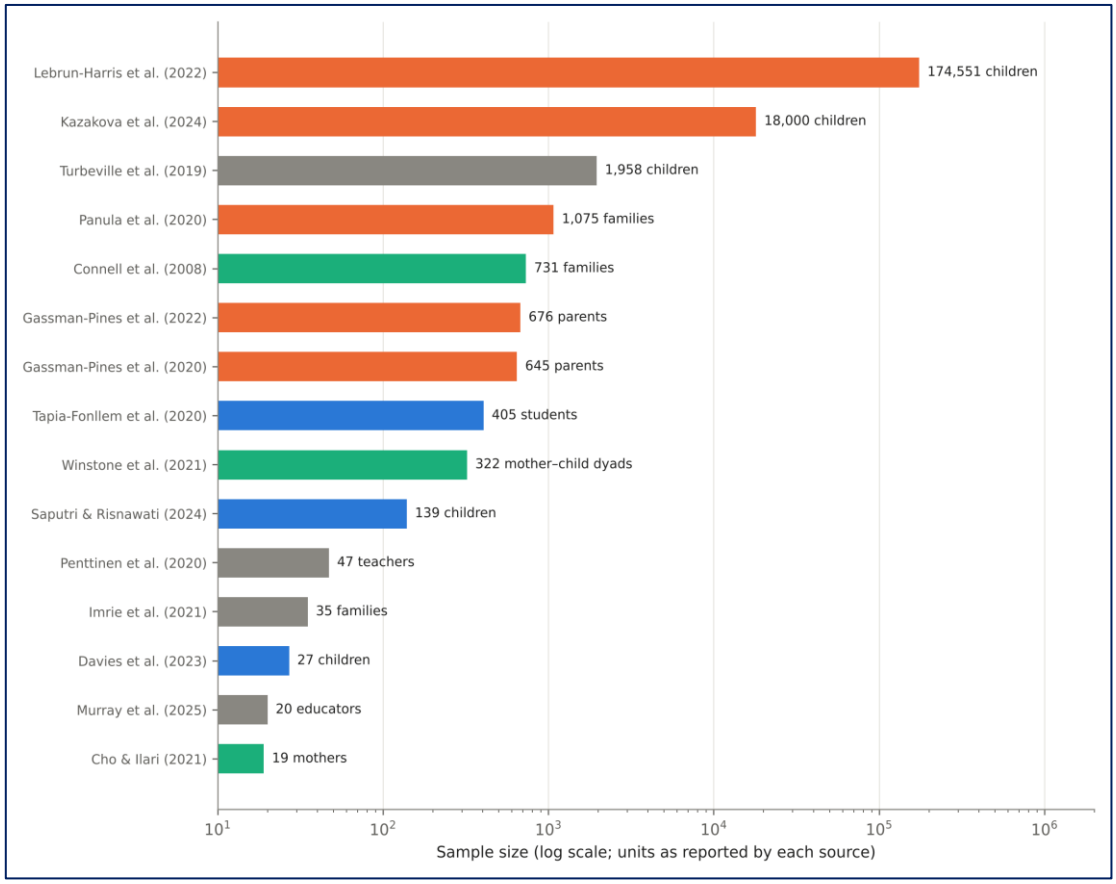


Figure 4. Sample size of primary empirical studies (log scale). Colour indicates the main informant, and units follow the reports of the sources.

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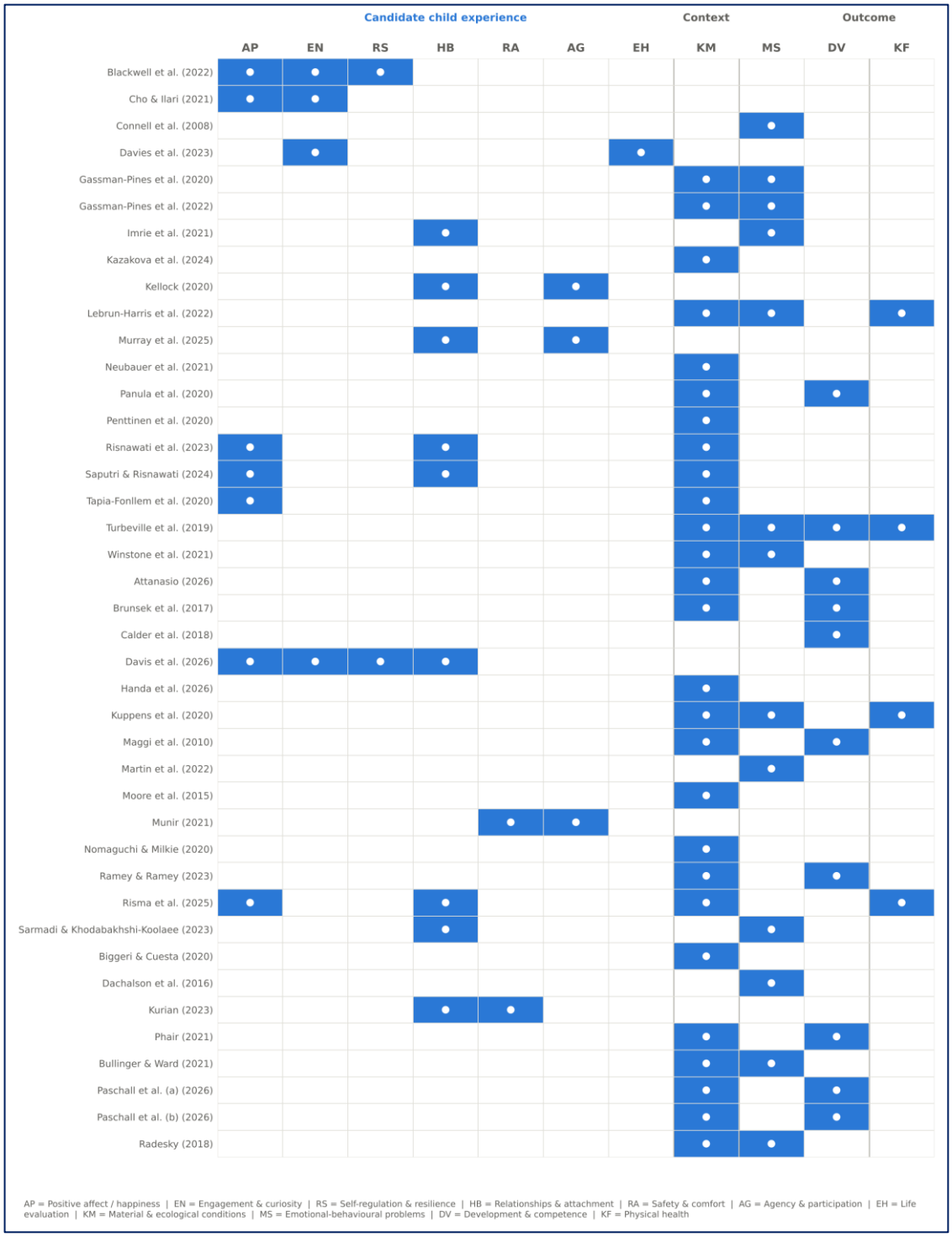


Figure 5. Dimension matrix by source. Circles indicate the dimensions reported in each source. Blue columns are candidate child experiences; grey columns are context and outcomes.

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A more important pattern emerges when the codes are restricted to sources that use the child's own report. In this group, the candidate codes that appear are AP (2 sources), HB (2), EH (1), EN (1), and AG (1), while RS and RA do not appear at all. Consequently, the dimensions of self-regulation and safety, which are often discussed conceptually, do not yet have child-report evidence in this corpus.

Table 2. Evidence for each candidate dimension

Code	Dimension	Sources	Sources with child report	Strength of evidence	Notes
HB	Relationships & attachment	9	2	Moderate	Frequently reported, but mostly from adult reports or reviews
AP	Positive affect	7	2	Moderate	Strong concept (Blackwell et al., 2022), but only one study of child reports at ages 4–6
EN	Engagement & curiosity	4	1	Low–moderate	Reported in PROMIS and in Davis et al. (2026); child reports come from ages 8–9
AG	Agency & participation	3	1	Low	Supported by educator data (Murray et al., 2025) and visual approaches (Kellock, 2020)
RS	Self-regulation & resilience	2	0	Low	Must be distinguished from developmental competence
RA	Safety & comfort	2	0	Very low	Conceptual; not yet tested in child reports
EH	Life evaluation	1	1	Very low	From the SLSS, at ages 8–9

Context and outcomes that must be separated

Many sources address context and outcomes. Material conditions and deprivation (Kazakova et al., 2024; Turbeville et al., 2019; Biggeri & Cuesta, 2020) are related to children's experiences but are not identical to them. In France, for example, only about 40% of children who are deprived are also income-poor (Kazakova et al., 2024). Parenting and parent–child relationships (Melquist, 2009; Connell et al., 2008; Panula et al., 2020) are also important as context. Connell et al. (2008) reported that family interventions increased the likelihood that children moved from problematic to normative groups, but that outcome was problem-oriented and relied on maternal reports. Maternal mental health (Handa et al., 2026) and the quality of ECEC services (Brunsek et al., 2017) are also discussed as determinants rather than as child dimensions.

The well-being of teachers and parents requires particular caution. Penttinen et al. (2020) reported that teaching stress was associated with lower emotional support and lower classroom organization. This finding describes a possible pathway, but it does not show that teacher well-being is a subscale of child well-being. Figure 6 summarizes this separation in a working model.

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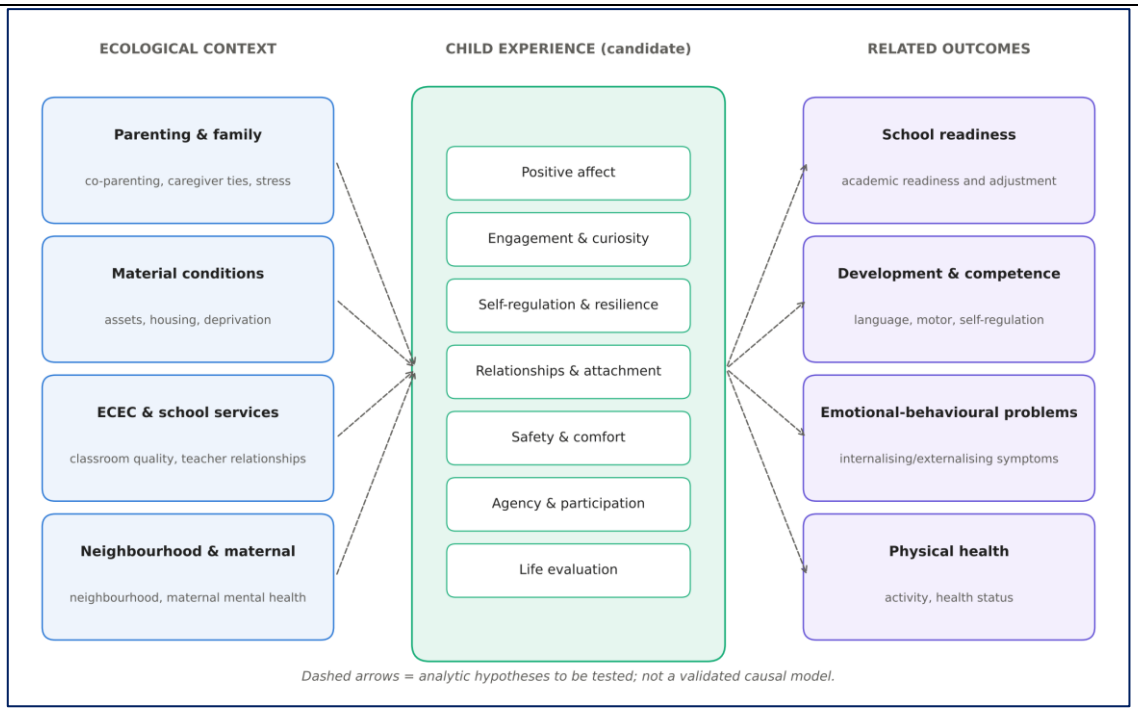


Figure 6. Working model: ecological context, child well-being experience, and related outcomes. Dashed arrows are analytic hypotheses to be tested

Figure 6 illustrates a proposed conceptual framework integrating ecological contexts, children's well-being experiences, and related developmental outcomes. The framework identifies seven candidate dimensions of early childhood well-being: positive affect, engagement and curiosity, self-regulation and resilience, relationships and attachment, safety and comfort, agency and participation, and life evaluation. These dimensions are situated within broader ecological contexts, including parenting and family relationships, socioeconomic conditions, early childhood education and care (ECEC) environments, neighbourhood characteristics, and maternal mental health. Children's well-being is further hypothesised to be associated with school readiness, developmental competence, emotional and behavioural problems, and physical health.

The framework highlights the importance of conceptually distinguishing children's well-being experiences from their contextual determinants and related developmental outcomes. Rather than treating well-being solely as an indicator of academic readiness or the absence of psychological difficulties, this model emphasises children's positive experiences, interpersonal relationships, perceived safety, and opportunities for meaningful participation. Nevertheless, the proposed dimensions and relationships remain theoretical and require empirical validation. Overall, this framework provides a foundation for developing developmentally appropriate, culturally sensitive, and psychometrically robust well-being instruments that capture the subjective experiences of children aged 4–6 years in Indonesia.

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Available instruments

Table 3. summarizes the instruments most relevant to the construct of child experience. Information on age and psychometric properties that could not be confirmed from the reviewed sources is marked [verify]. None of the instruments in this table was developed and validated specifically for Indonesian children aged 4–6 years.

Table 3. Instruments relevant to measuring child well-being dimensions

Instrument	Construct	Age	Informant	Suitability for a new instrument
PROMIS Early Childhood Well-Being (Blackwell et al., 2022)	Positive affect, engagement, self-regulation	1–5 years	Parents	Clear dimensional model; US norms; not necessarily reflective of child reports
NSCH Child Flourishing Index (cited in Davis et al., 2026)	Flourishing	Reported for 0–5 years in the review	Parents	Useful as a comparison; based on parent reports
Students' Life Satisfaction Scale (Huebner, 1994; used in Davies et al., 2023)	Life satisfaction	School-age children [verify age range]	Children	Language and format need adjustment for ages 4–6
Early Development Instrument (Janus & Offord, 2007; Brinkman et al., 2016)	School readiness	About 5 years	Teachers	Not a measure of well-being; suitable as an outcome or for criterion validity
Strengths and Difficulties Questionnaire (Goodman, 1997)	Behavioural problems and strengths	About 2–17 years	Parents, teachers, children	Problem-oriented; can serve as a comparison outcome
PANAS-C (Laurent et al., 1999)	Positive and negative affect in children	School-age children [verify]	Children	Relevant affect model; needs adaptation for ages 4–6
Pictorial Scale of Perceived Competence (Harter & Pike, 1984)	Competence and social acceptance	Preschool and early primary [verify]	Children	Relevant pictorial format; measures competence, not well-being
Flourishing Scale (Diener et al., 2010)	Flourishing	Adults [verify]	Adults	Not directly suitable for children; useful only as a construct model

Table 3. shows the same pattern as the corpus. Almost all instruments that use child reports are designed for school-age children, while early childhood instruments are dominated by adult reports. Consequently, a new instrument should begin with exploration of children's experiences rather than direct adaptation of existing instruments.

Seven candidate domains

Based on Tables 2 and 3, seven domains are proposed as candidates for initial exploration (Table 4). These domains are working hypotheses. The domains with the strongest field evidence are positive affect, engagement, and relationships. The domains of self-regulation, safety, and life evaluation need to be tested earliest because their child-level evidence is thinnest.

Table 4. Candidate domains for instrument development

Domain	Operational definition	Example experience to explore	Evidence in corpus (sources)	Status
Positive affect	Feelings of happiness and comfort in daily activities	Enjoying play, feeling happy in class	7 (2 child reports)	Strong candidate; test at ages 4–6
Engagement & curiosity	Active involvement in activities and exploration	Wanting to try new things, asking questions, persisting in play	4 (1 child report)	Candidate; test the boundary with interest
Self-regulation & resilience	Ability to manage emotions and recover from difficulty	Staying calm after disappointment, returning to play after a fall	2 (0 child reports)	Caution: close to developmental competence
Relationships & attachment	Feeling loved, accepted, and listened to	Feeling accepted by friends, feeling listened to by teachers	9 (2 child reports)	Strong candidate; separate from adult behaviour
Safety & comfort	Feeling safe and comfortable in routines	Feeling safe at school, comfortable at home	2 (0 child reports)	Conceptual; requires field exploration
Agency & participation	Opportunities to choose and express opinions	Being allowed to choose play, being heard when expressing opinions	3 (1 child report)	Candidate; highly dependent on interview format
Life evaluation	Global judgement of life as a whole	Choosing a face or picture that describes overall feelings	1 (1 child report, ages 8–9)	Very early; requires adaptation of language and format

Separating constructs as a design rule

Separating constructs must be a design rule, not only a point of discussion. Every proposed item should be coded as child experience, context, or outcome before field testing. Items about home conditions, such as "my parents prepare my food," measure family practices or resources. Items such as "I feel happy when I am with my family" are closer to the child's subjective experience. Statements about safety may reflect the child's experience and the state of the environment at the same time, so their definition needs to be clarified before validation. The conceptual framework of Casas and Frønes (2019) distinguishes four perspectives, namely objective, subjective, developmental, and eudaimonic, and supports this kind of separation. Biggeri and Cuesta (2020) also distinguish resources, capabilities, and achievements.

Response formats for ages 4–6

The only study in the corpus with child reports in the 4–6-year range, Saputri and Risnawati (2024), used five facial expressions as the response format. This format provides a concrete example but does not show that each label is understood in the same way by children. Kellock (2020) showed that abstract concepts can be translated into stories, picture choices, activities, and descriptions of everyday situations. Cho and Ilari (2021) provided an example of affective experience in everyday musical activities, but their reports came from mothers and did not separate the child's experience from the mother's perception. Response formats therefore need to be tested through cognitive interviews before use.

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Certain item designs should be avoided. Double-barrelled questions, seven-point scales for children aged 4–6, and negatively worded questions that ask children to rate the absence of a problem should be replaced with short, concrete questions that refer to real experiences. Pictures and everyday situations can help, but they do not replace testing for comprehension.

Multi-informant approach without automatic aggregation

A multi-informant strategy treats the reports of children, parents, and teachers as different perspectives. They can complement one another, but they should not be summed into a single score without tests of measurement equivalence. Parent reports can be used for behaviour that is easy to observe, teacher reports for classroom context, and child reports for subjective experience. Contextual measures, such as material conditions, should be analysed as separate variables. This separation is consistent with the critique that objective and subjective indicators are often mixed (Biggeri & Cuesta, 2020; Morato-Espino et al., 2025).

Development pathway

Figure 7. shows the proposed development pathway. The first stage is the definition of the construct and its boundaries with outcomes and context. The second stage is exploration of children's experiences through picture-based interviews and observation. The third stage is the compilation of an item pool in which each item has been coded. The fourth stage is expert review of relevance, completeness, comprehensibility, and cultural fit. The fifth stage is cognitive interviewing with children aged 4–6 years. The sixth stage is field testing with factor analysis consistent with theory, reliability analysis, and tests of group invariance. The seventh stage assesses convergent and discriminant validity and relationships with criteria such as school readiness or behaviour problems. The COSMIN guidelines (Mokkink et al., 2010) can be used to assess the quality of each measurement property. At stages 4–5, items that fail are returned to stages 2–3.

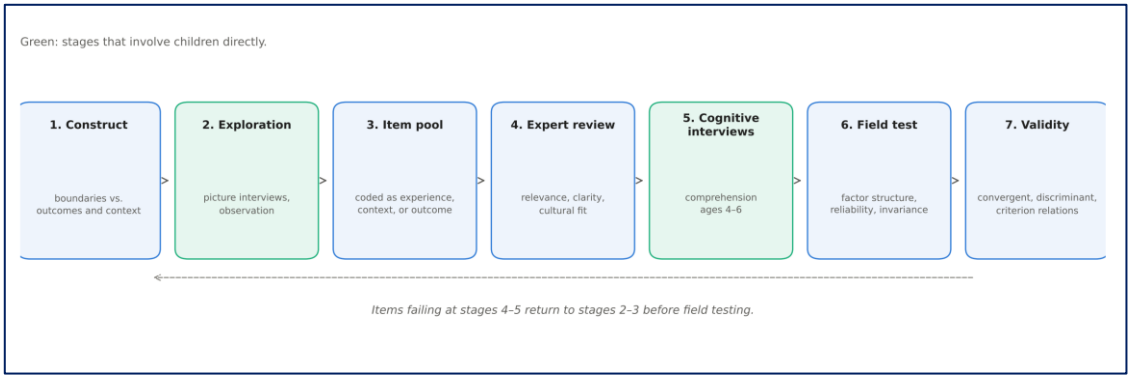


Figure 7. Development pathway for an instrument on the well-being of children aged 4–6 years. Green stages involve children directly.

Position relative to previous reviews

Previous reviews have already mapped many aspects of this field. Blackwell et al. (2022) excel in the specification of psychometric indicators, Davis et al. (2026) in mapping prerequisites and domains of

flourishing, Kang et al. (2026) in the diversity of terms and measures, and Lee-Pang et al. (2026) in the conceptualization of well-being in ECEC. Tadić Vujčić et al. (2022) emphasize developmental aspects of measuring child well-being. This article adds one element that has not yet appeared in those reviews: a mapping of the same dimension codes across all sources, together with age, informant, and strength of evidence. In this way, the most urgent gap, namely child-report evidence at ages 4–6 years, can be seen directly.

Limitations

First, coding was performed by a single coder from draft text and abstracts. Without double coding and full texts, the accuracy of the dimension codes cannot be guaranteed. Second, the corpus is not the product of a systematic search. The frequencies in Figure 5 and Table 2 should not be read as prevalence in the global literature. Third, some sources are reviews, commentaries, or conceptual frameworks, so the direct empirical evidence about child dimensions is smaller than the number of sources suggests. Fourth, the age range for some sources (for example, Kellock, 2020, and Neubauer et al., 2021) could not be confirmed from the available text. Fifth, some references still need to be verified against primary sources, particularly the entries marked [verify] in the reference list. Sixth, Saputri and Risnawati (2024) need to be clarified on the number of instrument items, because earlier drafts reported 12 and 14 items. Seventh, most studies have correlational designs, so relationships between dimensions cannot be interpreted as causal.

Conclusion

Early childhood well-being cannot be reduced to the absence of behaviour problems, the fulfilment of material needs, or school readiness. The construct requires a definition that centres the child's experience while recognizing its dependence on the environment. Among the 50 sources coded, relationships, positive affect, and engagement are the dimensions most often reported. However, the evidence from child reports at ages 4–6 years is very limited, and self-regulation, safety, and life evaluation have almost not been tested as child experiences.

For instrument development, the implications are: (1) the construct definition and its boundaries with context and outcomes must be set first; (2) exploration of children's experiences should use picture-based formats before items are drafted; (3) child reports must be tested separately from parent and teacher reports; and (4) content validity should be examined before factor analysis. This article provides a conceptual foundation for instrument development, not a substitute for psychometric validation studies.

Acknowledgments

The authors would like to express their sincere gratitude to the Institute for Research and Community Service (LPPM), Universitas Terbuka, Indonesia, for providing financial support for this research. This funding has contributed to the successful implementation of the study and the advancement of research on early childhood well-being. The authors also acknowledge Universitas Terbuka for its continued support of academic research and scholarly publication.

e-ISSN : 2985-6469

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