A1. Methodology

A1.1 Research Design and Objectives

This report draws on a mixed-methods, multi-source research design that combines three complementary components, each designed to answer a different kind of question about children's rights and safety:

- **The ChildFund Alliance World Index** — a composite quantitative index measuring the implementation of women's and children's rights across 134 countries. It provides the *independent description of national conditions*: the institutional, legal, and governance environment within which rights are implemented.

- **The Global Consultation** — a standardised questionnaire administered to 2,344 children and adolescents across 27 countries. It provides a *description at the level of the child*: children's own reports of safety, trust, perceived help-seeking capacity, participation, and future agency.

- **The Safety Mapping** — 76 facilitated participatory group sessions with 834 children across 21 countries, in which children mapped their environments, classified safe and unsafe spaces, and proposed solutions. It provides the *spatial and contextual description*: how children navigate their environments and what they think needs to change.

The three components are read alongside one another through a triangulation strategy (Section 5) in which convergence, divergence, and elaboration across sources are all treated as analytically meaningful (Denzin, 1978; Greene, Caracelli & Graham, 1989; Creswell & Plano Clark, 2017). The design is not a validation exercise in which qualitative data illustrate quantitative findings, and it does not treat any one source as the key through which the others are read: each generates findings in its own right, and the relationships among them — including their frequent non-alignment — are themselves objects of analysis.

One consequence of this design should be stated at the outset, as it governs how the quantitative material is presented throughout the report. The countries covered by the consultation are not a sample drawn from a wider population; they are the countries in which ChildFund Alliance members operate. There is no superpopulation to which findings from them could be generalised, and inferential statistics — significance tests, p-values and confidence intervals — are therefore not applied to this material. Country-level correlation coefficients, where they appear, are descriptive observations about the specific countries covered, each reported with the number of countries on which it is computed; they can direct attention and motivate a hypothesis, but they do not carry a claim on their own. No finding in this report rests on a country-level coefficient. This position is set out in full in Section A1.6.

The design is guided by the central research question of this edition: how do structural inequalities in the implementation of women's and children's rights shape children's everyday conditions of safety, and what determines whether formal and informal protection systems, relationships, and practices translate into real and actionable safety in a context of polycrises? Safety is not treated as directly measurable through a single indicator: it is approached as a relational and context-dependent condition, emerging from the interaction between the systems children live in and their everyday experiences. This framing draws on Bronfenbrenner's ecological systems theory, which emphasises that children's development and wellbeing emerge from the interaction of nested environmental systems — from immediate family and school contexts to broader institutional, cultural, and structural conditions (Bronfenbrenner, 1979).

The research pursued four objectives:

1. to assess the structural implementation of children's and women's rights at country, regional and world level through the World Index;

2. to capture children's perceptions and experiences of safety, trust in adults, perceived help-seeking capacity, worries and participation across diverse contexts;

3. to understand how children interpret, navigate and respond to risk in their everyday environments, and what changes they propose;

4. to examine where structural conditions and children's lived experience align, and where they diverge — treating that gap as a finding in its own right.

A1.2 The ChildFund Alliance World Index

The ChildFund Alliance World Index 2026 ranks 134 countries from 2015 to 2025, combining 30 different indicators. The World Index — together with its three sub-indices, *Context*, *Children* and *Women* — aims at assessing the implementation of human rights for children and women at the country, regional and world level.

The methodology follows the approach introduced with the 2022 edition of the former WeWorld Index (an original product by ChildFund Alliance member WeWorld), revised and improved for the 2024 edition of the ChildFund Alliance World Index. The World Index tracks the absolute performance of territories and assesses their strengths and weaknesses in each feature composing it: scores are calculated for 30 indicators, grouped in 15 dimensions, 3 sub-indices and the overall index on an intuitive 0–100 scale, providing an absolute and relative benchmark with clear best and worst scenarios.

Theoretical framework and structure

The World Index is grounded in the Human Rights-Based Approach (HRBA), complemented by the Capabilities Approach (Sen, 1999; Nussbaum, 2011). The HRBA defines the normative structure of rights — based on universality, indivisibility, participation, accountability, and non-discrimination — while the Capabilities Approach specifies the substantive freedoms required for those rights to be meaningfully exercised, emphasising the role of social, economic, and institutional conditions in shaping effective freedom. Rather than measuring capabilities comprehensively, the Index uses a structured set of indicators to approximate how rights are translated into real-life conditions across different domains and population groups.

The Index is structured around three sub-indices — Context, Children, and Women — each containing five dimensions, each measured through two indicators. The Context Sub-Index captures structural conditions: environmental quality, housing, exposure to conflict, democratic performance and safety, and access to information. The Children's and Women's Sub-Indexes capture rights realisation across health, education, economic conditions, participation, human capital, and exposure to violence. This structure reflects a core analytical assumption: structural conditions and outcomes are distinct but interdependent — improvements in context do not automatically translate into improved rights realisation, and inequalities may persist even in relatively strong structural environments.

Indicator selection and data collection

Indicators are chosen based on their relevance concerning human rights implementation from the perspective of children and women. To guarantee statistical integrity, indicators with the fewest missing observations are selected. Data for the 30 selected indicators come from various sources: 26 indicators are retrieved from the World Bank database, the remainder directly from the source. All data used are the most recent available as of March 2026.

Table A reports, for each of the 30 indicators, the dimension it belongs to, its definition, unit of measurement and source.

Table A
The 30 indicators of the World Index: dimensions, definitions, units and sources

INDICATOR (UNIT)	DEFINITION	SOURCE (LAST UPDATE)
CONTEXT SUB-INDEX		
ENVIRONMENT		
1. CO2 emissions per capita (tonnes)	Carbon dioxide emissions stemming from the burning of fossil fuels and the manufacture of cement. They include carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring.	Climate Watch (2023)
2. Level of water stress (%)	Freshwater withdrawal as a proportion of available freshwater resources: the ratio between total freshwater withdrawn by all major sectors and total renewable freshwater resources, after taking into account environmental water requirements.	FAO (2022)
HOUSING		
3. People using safely managed drinking water services (%)	Percentage of people using drinking water from an improved source that is accessible on premises, available when needed and free from faecal and priority chemical contamination. Improved water sources include piped water, boreholes or tubewells, protected dug wells, protected springs, and packaged or delivered water.	UNICEF, WHO (2024)
4. People using safely managed sanitation services (%)	Percentage of people using improved sanitation facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. Improved sanitation facilities include flush/pour flush to piped sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, composting toilets or pit latrines with slabs.	UNICEF, WHO (2024)
CONFLICTS AND WARS		
5. Global Peace Index (score 5–1)	Quantification of the absence of violence or the fear of violence to assess a nation's level of peace (Negative Peace). A higher GPI represents a higher level of violence in a country.	Vision of Humanity (2025)
6. Refugees per country of origin (%)	People recognized as refugees under the 1951 Convention Relating to the Status of Refugees or its 1967 Protocol, the 1969 OAU Convention, or the UNHCR statute; people granted refugee-like humanitarian status; and people provided temporary protection. Asylum seekers are excluded. Country of origin generally refers to the nationality or country of citizenship of a claimant.	UNHCR (2025)
DEMOCRACY AND SAFETY		
7. Global Democracy Index (score 0–10)	The Democracy Index is based on 60 indicators, grouped into five categories: electoral process and pluralism, civil liberties, functioning of government, political participation and political culture.	Economist Intelligence Unit (2024)
8. Intentional homicide rate (per 100,000 people)	Estimates of unlawful homicides purposely inflicted as a result of domestic disputes, interpersonal violence, violent conflicts over land resources, intergang violence over turf or control, and predatory violence and killing by armed groups. Intentional homicide does not include all intentional killing.	UNODC (2023)
ACCESS TO INFORMATION		
9. People with access to electricity (%)	Percentage of population with access to electricity. Electrification data are collected from industry, national surveys and international sources.	IEA, World Bank (2023)
10. Individuals using Internet (%)	Individuals who have used the Internet (from any location) in the last 3 months, via a computer, mobile phone, personal digital assistant, games machine, digital TV, etc.	ITU (2025)
CHILDREN'S SUB-INDEX		
CHILDREN'S HEALTH		
11. Under-five mortality rate (per 1,000 live births)	Probability per 1,000 that a newborn baby will die before reaching age five, if subject to age-specific mortality rates of the specified year.	UN IGME (2023)
12. Adolescent mortality rate (per 1,000 people ages 15–19)	Probability of dying between 15 and 19 years of age, expressed per 1,000 adolescents aged 15, if subject to age-specific mortality rates of the specified year.	UN IGME (2023)
CHILDREN'S EDUCATION		
13. Lower secondary completion rate (% of relevant age group)	Gross intake ratio to the last grade of lower secondary education (general and pre-vocational): the number of new entrants in the last grade of lower secondary education, regardless of age, divided by the population at the entrance age for that grade.	UNESCO (2024)
14. Share of youth not in education, employment or training (% of youth population)	Proportion of young people who are not in education, employment, or training (NEET) to the population of the corresponding age group.	ILO (2024)
CHILDREN'S HUMAN CAPITAL		
15. Population covered by at least one social protection benefit (%)	Share of the population effectively covered by a social protection system, including social protection floors such as child and maternity benefits, support for persons without a job, persons with disabilities, victims of work injuries and older persons.	ILO (2023)
16. Government expenditure on education (% of GDP)	General government expenditure on education (current, capital, and transfers), expressed as a percentage of GDP. It includes expenditure funded by transfers from international sources to government.	UNESCO (2024)
CHILDREN'S ECONOMIC CAPITAL		
17. Unemployment rate (%)	Share of the labor force that is without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.	ILO (2024)
18. Poverty headcount ratio at $6.85 a day, 2017 PPP$ (%)	Percentage of the population living on less than $6.85 a day at 2017 international prices.	World Bank (2024)
VIOLENCE AGAINST CHILDREN		
19. Children out of school (% of primary school age)	Percentage of primary-school-age children who are not enrolled in primary or secondary school. Children in the official primary age group that are in pre-primary education are considered out of school.	UNESCO (2024)
20. Adolescent fertility rate (per 1,000 women ages 15–19)	Number of births per 1,000 women ages 15–19.	UN Population Division (2022)
WOMEN'S SUB-INDEX		
WOMEN'S HEALTH		
21. Lifetime risk of maternal mortality (%)	Probability that a 15-year-old female will die eventually from a maternal cause, assuming that current levels of fertility and mortality (including maternal mortality) do not change in the future, taking into account competing causes of death.	WHO (2023)
22. Life expectancy at birth, female (years)	Number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.	UN Population Division (2023)

WOMEN'S EDUCATION		
23. Educational attainment (upper secondary), female (% of female ages 25+)	Percentage of population ages 25 and over that attained or completed upper secondary education.	UNESCO (2023)
24. Tertiary school enrolment (gross), female (%)	Ratio of total enrollment, regardless of age, to the population of the age group that officially corresponds to tertiary education, which normally requires, as a minimum condition of admission, the successful completion of education at the secondary level.	UNESCO (2024)
WOMEN'S ECONOMIC OPPORTUNITIES		
25. Vulnerable employment, female (% of female employment)	Contributing family workers and own-account workers as a percentage of total employment.	World Bank, ILO (2025)
26. Ratio of female to male labor force participation rate (%)	Labor force participation rate is the proportion of the population ages 15 and older that is economically active. The ratio is calculated by dividing the female labor force participation rate by the male rate and multiplying by 100.	World Bank, ILO (2025)
WOMEN'S DECISION-MAKING PARTICIPATION		
27. Women in ministerial level position (%)	Proportion of women in ministerial or equivalent positions (including deputy prime ministers) in the government. Prime Ministers/Heads of Government are included when they hold ministerial portfolios; Vice-Presidents and heads of governmental or public agencies are excluded.	Inter-Parliamentary Union (2024)
28. Women Business and Law Index	Score between 0-100. Women, Business and the Law 2026 offers the latest global assessment of how laws, policies, and practices shape women's economic opportunities across 10 topics relating to their working lives: Safety, Mobility, Work, Pay, Marriage, Parenthood, Childcare, Entrepreneurship, Assets, and Pension.	World Bank (2026)
VIOLENCE AGAINST WOMEN		
29. Intimate partner violence, female (%)	Share of women, aged 15 years and older, who experienced physical or sexual violence from an intimate partner in the past year.	IHME (2023)
30. Intentional homicide rate, female (per 100,000 female)	Estimates of unlawful female homicides purposely inflicted as a result of domestic disputes, interpersonal violence, violent conflicts over land resources, intergang violence over turf or control, and predatory violence and killing by armed groups.	UNODC (2024)

Missing values imputation

Missing values imputation is a key step in the calculation of the World Index. The absence of data may be attributed to several factors, including a lack of coverage by the data source, incomplete reporting by the country to international organisations, or outdated data. Imputation seeks to balance two objectives: avoiding excessive modification of the available data sample, while filling in all missing data as required to obtain a composite index value. The data sample used in the calculation for each territory and year under consideration is determined as follows:

1. if present, the original observation is taken;

2. if the observation is missing from the sample, a linear interpolation is performed to fill in the missing value from the neighbouring observations or, if these are also missing, the last available observation is propagated forward or backwards for a maximum of 5 years (interpolation is performed only in the presence of missing values preceded or followed by a valid observation);

3. when a territory still lacks more than 6 indicators, it is excluded from the calculation for the present year; otherwise, the missing indicators are imputed from the area average for the indicator, calculated by weighting the available data based on the population of each territory in the area.[1]

Data transformations

Some transformations are necessary before normalising the indicators to the same scale. Some indicators need either to be capped by setting a clear cut-off value, or to be transformed to reduce the effect of extreme values that may affect the normalisation. In the second scenario, skewed distributions are addressed using a log transformation or a square root transformation. This methodology retains the distinctive variations in performance between countries while creating a more balanced distribution that is less extreme.

CAPPED INDICATORS. A top cut-off is imposed on four indicators: indicator 2 is capped at 200%, indicator 13 is capped at 100%, indicator 16 at 10%, and indicator 24 at 100%. Larger values of these indicators were considered unrepresentative for aggregation purposes.

LOG TRANSFORMATION. The logarithm transformation reduces the right side of the distribution when the indicator's range of values is wide or positively skewed. Indicators 1, 6, 8, 11, 12, 19, 21 and 30 are transformed according to the function:

$$x' = ln(x + 1)$$

where x is the raw data and x' is the transformed data. The addition of a positive constant ensures that the logarithm can be taken of all values within the distribution, including zeros, while preserving almost the same relative differences between countries.

SQUARE ROOT TRANSFORMATION. The square root transformation has the same objective as the previous one, but has less impact on the data distribution. Extreme values should not be considered erroneous, but preserved as a distinguishing feature of the countries they describe. Indicators 2, 20, 27 and 29 are transformed according to the function:

$$x' = \sqrt{x}$$

Table B
Orientation, range and transformation applied for each World Index Indicator

INDICATOR	INVERTED	BEST_TYPE	WORST_TYPE	BEST_VALUE	WORST_VALUE	TRANSFORMATION	CAPPED
1	yes	best	worst	0,02	49,5	log	no
2	yes	best	theoretical	0,03	200	sqrt	yes
3	no	theoretical	worst	100	5,96		no
4	no	theoretical	worst	100	5,74		no
5	yes	theoretical	theoretical	1	5		no
6	yes	best	worst	0	25006,5	log	no
7	no	theoretical	theoretical	10	0		no
8	yes	best	worst	0	107,6	log	no
9	no	theoretical	worst	100	4,2		no
10	no	theoretical	worst	100	1,1		no
11	yes	best	worst	1,4	387,4	log	no
12	yes	best	worst	0,8	136,6	log	no
13	no	theoretical	worst	100	11,9		yes
14	yes	theoretical	worst	0	56,1		no
15	no	theoretical	worst	100	0		no
16	no	best	worst	16,4	0		yes
17	yes	theoretical	worst	0,1	34,6		no
18	yes	theoretical	worst	0	98,0		no
19	yes	theoretical	worst	0	66,0	log	no
20	yes	best	worst	0	180,1	sqrt	no
21	yes	best	worst	0	9,1	log	no
22	no	best	worst	88,5	25,6		no
23	no	theoretical	worst	100	0,6		no
24	no	theoretical	worst	100	0,9		yes
25	yes	theoretical	worst	0	96,4		no
26	double	theoretical parity	worst	100	7,1		no
27	double	theoretical parity	worst	50	0,0	sqrt	no
28	no	theoretical	worst	100	26,3		no
29	yes	best	worst	2,53	39,8	sqrt	no
30	yes	best	worst	0	17,5	log	no

1 List of Countries and Territories excluded for the calculation of the 2026 edition of the World Index: Central African Republic, Congo, Dem. Rep., Congo, Rep., Cabo Verde, Gabon, Guinea, Guinea-Bissau, Equatorial Guinea, Liberia, Mauritania, Sierra Leone, São Tomé and Príncipe, Angola, Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Madagascar, Sudan, Somalia, Fed. Rep., South Sudan, Seychelles, Zambia, Brunei Darussalam, Micronesia, Fed. Sts., Kiribati, Marshall Islands, Myanmar, Nauru, Palau, Papua New Guinea, Korea, Dem. People's Rep., Solomon Islands, Timor-Leste, Tuvalu, Vanuatu, Samoa, Hong Kong SAR China, Macao SAR China, American Samoa, Guam, Northern Mariana Islands, New Caledonia, French Polynesia, Turkmenistan, Kosovo, Antigua and Barbuda, Bahamas, The, Barbados, Cuba, Dominica, Grenada, Guyana, Haiti, St. Kitts and Nevis, Nicaragua, St. Vincent and the Grenadines, Venezuela, RB, Puerto Rico (US), St. Martin (French part), Turks and Caicos Islands, Bermuda, Cayman Islands, Curacao, Aruba, Sint Maarten (Dutch part), Iraq, Libya, Syrian Arab Republic, Yemen, Rep., Maldives, Andorra, Liechtenstein, Monaco, San Marino, Gibraltar, Isle of Man, Virgin Islands (U.S.), Greenland, British Virgin Islands, Channel Islands, Faroe Islands.

Normalisation

All indicators are normalised using the min-max transformation with boundaries set at the indicator level. These boundaries are established in two possible ways: (i) theoretical best and worst values; (ii) maximum and minimum values recorded across the time series from 2015 to 2025. This type of normalisation allows for tracking the absolute trend and comparing territories not only within a single year but also over time. Each indicator is translated onto a positively oriented 0–100 scale, according to the following transformations:

$x' = 100 \cdot (x - xmin) / (xmax - xmin)$ *if x is positively oriented*

$x' = 100 \cdot [1 - (x - xmin) / (xmax - xmin)]$ *if x is negatively oriented*

$x' = 100 \cdot [1 - |x - xmin| / (xmax - xmin)]$ *if x is double oriented*

where x is the indicator value, $xmin$ and $xmax$ are its normalisation boundaries and x' is the normalised indicator score.

Aggregation

The Index of each territory is computed by aggregating the indicators' scores in a hybrid fashion, which consists of three sub-steps of aggregation. First, dimension scores are calculated by taking the unweighted arithmetic mean of the two indicators within each dimension. Then, to avoid full compensability, the geometric mean is employed across dimensions and sub-indices: in this way, a deficiency in one feature cannot be fully or partially compensated for by surpluses in another. Specifically, dimension scores Di, sub-index scores Sj and the final index I are computed as follows:

$Di = (x1 + x2) / 2$

$Sj = (D1 \cdot D2 \cdot D3 \cdot D4 \cdot D5)^{1/5}$

$I = (S1 \cdot S2 \cdot S3)^{1/3}$

where $x1$ and $x2$ are the scores of the two indicators within each dimension, Di is one of the five dimensions within each sub-index, and Sj is one of the three sub-indices that form the final index I of a territory.

Areas and world scores

To assess area and world performance on the World Index, population-weighted averages are first computed for each indicator; these values are then aggregated with the same procedure outlined above for actual countries. All the countries for which data are available are taken into consideration to compute indicator values for areas and the world, even those excluded from the Index because of too many missing values. In this way, regional and world scores are obtained for each feature of the Index.

Human Rights Implementation Groups

To provide an immediate overview of the performance of each territory, countries are divided into six tiers based on the scores obtained in the Index, according to the intervals reported in Table A. Tiers are provided for the Context, Children and Women sub-index scores as well. This division allows groups to be easily compared between years, since the underlying scale remains the same; the tiers are also employed in calculating the total children and women population in each group for every year taken into exam.

Table C
Intervals adopted to group territories

HUMAN RIGHTS IMPLEMENTATION	INTERVAL
Advanced	$s \geq 85$
Strong	$75 \leq s < 85$
Moderate	$65 \leq s < 75$
Basic	$55 \leq s < 65$
Limited	$45 \leq s < 55$
Minimal	$s < 45$

YEARS LEFT

Comparing values calculated for the different time steps, a rough projection of the variation rate of the Index, the sub-indices and the single dimensions at the world level can be assessed. The average variation rate between 2015 and 2025 is computed, and the number of years still needed to reach a score value of 100 from the present situation is then estimated. This method assumes the variation rate as constant over time and, in particular, cannot provide an estimate if the variation rate is negative.

A1.3 The Global Consultation

The global consultation was designed to gather children's and adolescents' own perspectives on safety, protection, trust, and participation — the experiential counterpart to the structural conditions measured by the World Index. The survey captured perceptions across six broad areas: education and learning opportunities; play and social development; adult support and protection systems; exposure to violence and insecurity; wellbeing and future-oriented aspirations; and the perceived ability to influence one's own future. Responses were standardised into comparable indicators to enable cross-country and regional analysis. The tool was developed by an internal WeWorld research group, reviewed and approved by WeWorld's global Education and Child Protection experts, and, following an initial pilot in Italy, subsequently refined and validated by the Steering Committee, which comprises representatives from all ChildFund Alliance member organisations.

The questionnaire was administered through the KoboToolbox platform and took approximately 10–12 minutes to complete. It opened with a child-friendly introduction — read aloud or shown to the child — explaining the purpose of the survey, the absence of right or wrong answers, and the possibility of stopping at any time, followed by a child-friendly consent form in which four statements (understanding of the survey's purpose, confidentiality and anonymity, the right to stop at any time, and agreement to take part) had to be actively acknowledged before starting. The instrument then comprised 17 numbered questions, plus conditional follow-ups, organised in five thematic sections, each introduced by a short script read aloud reminding children that they only needed to answer what they felt comfortable sharing:

- **ABOUT YOU** (questions 1–4) — country, gender, age group (8–11, 12–15, 16–18), and a functional-difficulty question asking whether anything about the child's body, senses, or way of learning makes some activities harder (such as seeing, hearing, moving, concentrating, or learning/understanding things).
- **DAILY LIFE AND WELLBEING** (questions 5–7) — current participation in learning activities; opportunities to play or do things that bring happiness or relaxation, even when life is challenging; and the ease of talking to a trusted adult when feeling strong emotions (fear, worry, sadness).
- **SAFETY AND PROTECTION** (questions 8–12) — the places where children usually feel safest (up to three choices, with an open option); the existence of places in their area where children should not go because they are not safe, with a conditional follow-up on the reasons; the frequency of situations that do not feel calm or safe; the perceived ability to ask someone for help if they saw a child being treated harshly or unfairly, with a conditional follow-up on where or whom they would turn to; and the perceived importance of children's safety to adults in their community.
- **FEELINGS, FUTURE AND HAVING A VOICE** (questions 13–15) — a matrix question asking whether any of eight changes had occurred in the child's life in the past few months and how each made them feel (problems or arguments in the family; problems at school or where they learn; changes in where they live; fighting or violence in their country; fighting or violence in other parts of the world; bad weather or nature problems; sickness of the child or someone close; another big change); perceived freedom to make choices about their future; and the frequency with which they get to share their opinion when decisions affecting them are made.
- **OPEN QUESTIONS** (questions 16–17) — what helps children in their community feel safe, cared for, and treated fairly; and three words to describe what it means to be a child in their community.

In line with the do-no-harm principle (Section 8), the questionnaire was sequenced to begin from children's positive experiences — play, wellbeing, trusted adults — before moving to risks and worries, used child-friendly language adapted to the 8–18 age range, and applied skip logic so that children were only asked follow-up questions relevant to their previous answers.

Target population and scope

The target population for the consultation consisted of children and adolescents aged 8 to 18 who live in countries where ChildFund Alliance member organisations operate and who participate in their programmes. Given the broad nature of the target population, obtaining a statistically representative sample was not feasible due to constraints related to time, resources, accessibility and ethical considerations. A convenience sampling approach was therefore adopted, enabling the consultation to reach a broad, although not statistically representative, sample. The consultation should therefore be regarded as an exploratory exercise, with the primary aim of capturing a wide range of perspectives and contextual insights rather than producing findings that are statistically generalisable.

Data collection

The data collection period spanned February to April 2026. The consultation was administered online, either through self-completion by children with internet access, or with the support and supervision of trained enumerators in cases involving younger children or children without access to the internet. Children and adolescents were reached on the basis of their accessibility to member organisations, mainly through project implementation. The process was carried out by the following ChildFund Alliance members: Barnfonden, Children Believe, ChildFund Australia, ChildFund Deutschland, ChildFund International, Educo, and WeWorld. The survey was available in 13 languages: English, Italian, French, Spanish, Portuguese, Arabic, Ukrainian, Khmer, Kiswahili, Bengali, Tetun, Tok Pisin, and Swedish.

Overview of the sample

The final clean dataset comprises 2,344 children and adolescents across 27 countries. The geographical distribution of the sample is reported in Table B.

Table D
Geographical distribution of the sample

COUNTRY	CHILDREN	MEMBER ORGANISATION RESPONSIBLE FOR THE DATA COLLECTION
Bangladesh	101	Educo
Benin	110	Educo
Bolivia	51	Educo
Burkina Faso	59	WeWorld
Cambodia	133	WeWorld + ChildFund Australia
Ecuador	267	ChildFund International
El Salvador	85	Educo
Ethiopia	58	ChildFund International
Guatemala	99	ChildFund International
Honduras	106	ChildFund International
India	82	Children Believe
Italy	67	WeWorld
Kenya	110	WeWorld
Mali	52	WeWorld
Mexico	122	ChildFund International
Mozambique	80	WeWorld
Palestine	60	WeWorld
Papua New Guinea	48	ChildFund Australia
Senegal	90	ChildFund International
Spain	105	Educo
Sweden	62	Barnfonden
Syria	61	WeWorld
Tanzania	55	WeWorld
The Philippines	71	Educo
Timor Leste	52	ChildFund Australia
Uganda	98	ChildFund International
Ukraine	60	WeWorld + ChildFund Deutschland
Grand Total	**2,344**	-

- **Gender.** Female participation is slightly higher overall, accounting for 56% of the sample, with some countries showing significantly higher proportions of girls, reaching up to 70%. Twenty-eight children do not identify within the binary definition of genders.
- **Age.** The majority of children and adolescents surveyed fall within the 12–15 age group (48%), while approximately one quarter of the sample (28%) is represented by younger children (aged 8–11) and another quarter by older adolescents (aged 16–18).
- **Disability.** Overall, 19% of respondents report experiencing difficulties related to their body, senses, or learning processes, which may affect their ability to carry out certain activities (such as seeing, hearing, moving, concentrating, or understanding). It is important to note that the sample was reached through project activities, which may have a specific focus on children with learning difficulties or physical disabilities. This may, in turn, contribute to a higher representation of children with such challenges within the sample. When disaggregation by disability status is performed, it refers to children who specifically responded "Yes" versus "No" to this question.

Quantitative analysis

A descriptive approach was applied to the consultation data, mainly through the construction of frequency tables for each question. Disaggregation by country, gender, age group and disability status was investigated for all questions.

To enable analysis at the country level and integration with the World Index, continuous variables were created by aggregating the frequency of responses at the country level, as follows:

Table E
Country-level continuous variables derived from the survey

VARIABLE	DEFINITION
Having a trusted adult to talk to	% of answers "Easy" and "Very easy" to question 7
Feeling safe at home	% of answers "At home" to question 8
Feeling safe in the family	% of answers "With my family" to question 8
Feeling safe at school	% of answers "At school" to question 8
Not feeling safe anywhere	% of answers "I don't feel safe anywhere right now" to question 8
Perceived risk near water	% of answers "There is water and children could fall in or drown" to question 9.1
Perceived risk of violence	% of answers "There are fights, violence, or weapons" to question 9.1
Perceived social risk	% of answers "There are people who might scare or hurt children" to question 9.1
Experiencing unsafe situations	% of answers "Often" and "Sometimes" to question 10
Ability to ask for help	% of answers "Yes" to question 11
Perceived importance of children's safety by adults	% of answers "Very important" and "Quite important" to question 12
Worrying about weather events	% of answers "Very worried" and "Mostly sad or scared" to the item "Bad weather or nature problems (floods, fires, strong heat, storms)" of question 13
Worrying about violence in their country	% of answers "Very worried" and "Mostly sad or scared" to the item "Fighting or violence in my country" of question 13
Worrying about violence in other countries	% of answers "Very worried" and "Mostly sad or scared" to the item "Fighting or violence in other parts of the world" of question 13
Worrying about family situation	% of answers "Very worried" and "Mostly sad or scared" to the item "Problems or arguments in my family" of question 13
Worrying about school	% of answers "Very worried" and "Mostly sad or scared" to the item "Problems at school or where I learn" of question 13
Worrying about health issues	% of answers "Very worried" and "Mostly sad or scared" to the item "When I or someone close to me is sick" of question 13
Ability to share their opinion	% of answers "Always" and "Often" to question 15

Pearson's correlation coefficients were computed to describe how measures are distributed together across countries, both among survey measures and between survey measures and the World Index's sub-indices and dimensions. Correlations were computed at the country level: across 27 countries where both measures come from the consultation, and across 23 where one measure is a World Index score, four consultation countries being unranked in the Index. These coefficients are used descriptively and not inferentially; their analytical status, and the risk of ecological fallacy, are set out in Section 6.

Qualitative analysis

The open-ended questions (16 and 17) were automatically translated into English to facilitate the analysis. A thematic analysis was conducted on the open-ended responses using a hybrid coding approach that combined deductive and inductive elements (Miles, Huberman & Saldaña, 2014; Saldaña, 2021). Thematic categories were defined based based on both the research focus - namely structural dimensions of children's wellbeing (family, education, community) - and themes that emerged directly from children's answers. (basic needs, play, social life and rights). These categories were operationalised through keyword-based coding in R, allowing each response to be assigned to multiple themes (multi-label coding).

Thematic coding for question 16 (feeling cared for, respected and protected):

Table F
Coding scheme for question 16

THEME	KEYWORDS
Care	care, cared, love, loved, support, kind
Respect	respect, fair, equal, treated well, discrimination
Protection	protect, violence, abuse, danger, police
Education	school, teacher, education, learning
Basic needs	food, water, health, shelter
Community	community, leader, NGO, neighbour, authority
Voice	voice, heard, listen, express

Thematic coding for question 17 (what being a child means):

Table G
Coding scheme for question 17

THEME	KEYWORDS
Joy	joy, happy, joyful, fun, cheerful, smile
Play/social life	play, game, sport, friend
Learning/future	school, study, learning, grow
Behaviour	respect, obey, help, behave, discipline
Dependency	small, minor, under, weak, dependent, innocent
Rights	rights, freedom, opinion, voice

A1.4 The Safety Mapping

The Safety Mapping methodology is grounded in a child-centred, rights-based, and participatory framework, drawing on principles of child participation, safeguarding, and "do no harm" (Hart, 1992; Lundy, 2007; Clark, 2010). It is designed to capture children's situated understandings of safety, risk, and protection as they relate to everyday environments, rather than to document individual experiences of harm or trauma. Conceptually, the methodology is shaped by three key assumptions:

- **Safety is relational rather than purely spatial.** Safety is not treated as an intrinsic property of a place, but as an outcome of social relations, power dynamics, adult presence, and institutional behaviour.
- **Children are competent analysts of their environments.** Children are understood not only as informants but as capable interpreters of risk, able to identify patterns, causal relationships, and responsibilities within their communities.
- **Risk is context-specific and structurally produced.** Children's exposure to risk is shaped by wider structural conditions, including poverty, governance, climate change, conflict, gender norms, and social inequality.

Within this framework, the Safety Mapping functions both as a participatory activity and as a qualitative data-generation tool for territorial and relational analysis of child safety.

Scope of the exercise and participants

The Safety Mapping activities were implemented by members of the ChildFund Alliance in areas where Alliance organisations have active programmes and long-term engagement. In total, 76 facilitated group sessions were conducted with 834 children across 21 countries. The exercise involved:

- children and adolescents aged approximately 8–19 years;
- groups differentiated by age where possible, and in some cases by gender, depending on context;
- both urban and rural settings;
- contexts affected by the climate crisis, armed conflict, displacement, or structural marginalisation, as well as comparatively stable environments.

The methodology does not aim to produce a statistically representative sample. Instead, it seeks to generate context-rich qualitative insights grounded in children's lived environments.

Table H
Safety Mapping: coded sessions and participants by country (source: session-level analysis matrix)

COUNTRY	CODED SESSIONS	PARTICIPANTS	MEMBER ORGANISATION RESPONSIBLE FOR DATA COLLECTION
Bangladesh	2	16	Educo
Benin	14	154	Educo
Bolivia	2	23 (15 from Educo; 8 from ChildFund International)	Educo + ChildFund International
Burkina Faso	2	20	WeWorld
Cambodia	3	29	WeWorld
Ecuador	20	280	ChildFund International
El Salvador	2	13	Educo
Ethiopia	1	10	ChildFund International
India	2	19	Children Believe
Italy	11	120	WeWorld
Kenya	1	10	WeWorld
Mali	2	17	WeWorld
Papua New Guinea	1	10	ChildFund Australia
The Philippines	2	16	Educo
Senegal	1	12	ChildFund International
Spain	2	14	Educo
Syria	2	22	WeWorld
Tanzania	2	12	WeWorld
Timor-Leste	1	10	ChildFund Australia
Uganda	2	15	ChildFund International
Ukraine	1	12	WeWorld
Total	**76**	**834**	

Design of the Safety Mapping activity

All sessions followed a common facilitator template developed for the exercise. The template served as a flexible guide, providing facilitators with room to adapt and contextualise the activity according to local realities and the diverse settings of the participating countries. At the same time, it ensured a minimum common denominator across all sessions, allowing the exercise to retain a shared methodological structure while remaining responsive to different humanitarian and long-term development contexts. It was designed for children aged 8–18 and adapted to the local context. Sessions involved groups of 6–12 children, divided by age (with narrower age bands where feasible, e.g. 8–10 and 16–18) and, where culturally appropriate, by gender, and lasted 60–75 minutes.

Each session followed six steps:

1. **Warm-up and creation of a safe space (10 minutes).** A short drawing or name game to relax the group, preceded by a child-friendly opening script explaining the purpose of the activity, clarifying that no personal stories were required, that there were no right or wrong answers, and that children could stop at any time.
2. **Collective mapping of everyday spaces (20 minutes).** Children drew the places they use regularly — home areas, paths and roads, school, water points and sanitation facilities, playing fields, markets and community areas, natural areas (rivers, forests, beaches, fields), and, where relevant, shelters, IDP sites, or temporary structures. For groups with low literacy, pre-prepared symbols, shapes, stickers, or icons were used, in some cases over a printed satellite image or drawn outline of the community.
3. **Safety coding (10 minutes).** Using a three-level, colour-based system, children collectively classified places as safe (green: places where children feel protected, listened to, welcomed, and respected), okay/neutral (yellow: places that feel mostly fine but could be better), or critical (red: places children might find difficult, uncomfortable, confusing, or risky), with the explicit reminder that the discussion concerned places in general, not personal stories.

4. **Guided group discussion (20 minutes).** Facilitated discussion — with all questions framed in general rather than personal terms — covering four domains: what makes safe spaces safe, who helps make them safe, and what children enjoy doing there; what makes critical spaces difficult, whether they are particularly challenging for some children (for instance girls or children reporting functional difficulties), what could be changed, and who could help; whether any places are more difficult because of flooding, heat, storms, drought, conflict, overcrowding, or displacement, and how these changes affect children's daily movements; and how children would like to share their ideas with adults, and what the best way is for adults to listen.

5. **Positive action messages (5 minutes).** Children were invited to formulate one message to adults to help make children safer, in the form of short slogans, drawings, or one or two words.

6. **Closing and wellbeing check (2–3 minutes).** A short check-out (e.g. thumbs up/side/down or coloured circles) to monitor how children were feeling at the end of the session.

This structure allowed children to discuss sensitive issues indirectly and collectively, reducing the risk of distress or exposure. Facilitators were explicitly instructed not to promise that changes would happen, but to promise that children's views would be shared.

Safeguarding within the activity

The Safety Mapping methodology is explicitly designed to comply with safeguarding and ethical standards (fully described in Section 8), including: avoidance of direct questioning about personal experiences of violence or abuse; a focus on places and systems rather than individual perpetrators or events; voluntary participation and the right to remain silent or disengage; and attention to group dynamics and emotional safety during sessions. Facilitators were instructed to observe and manage signs of discomfort, distress, or withdrawal, and to prioritise children's wellbeing over data completeness. Enumerators operated under a written referral guidance sheet — to be activated if a child disclosed a protection concern, showed visible distress, or the group identified a community-level risk requiring follow-up — requiring them to stay calm, avoid probing for details, ensure the child felt safe, follow the organisation's child safeguarding protocol, and inform their supervisor the same day. Each member organisation also maintained its own established referral pathways, which would have been activated where appropriate in line with organisational safeguarding procedures. However, no disclosures were recorded in the session notes or activity records from the 76 Safety Mapping sessions. Given that the methodology deliberately avoids eliciting children's personal experiences of harm, this should not be interpreted as an indication of the level of protection need in participating communities. **The absence of recorded disclosures may also reflect the non-disclosure design of the methodology and differences in documentation across sessions, rather than an absence of protection concerns. Where referral pathways were available, their functionality should be distinguished from their existence and, where possible, verified before sessions took place.** A do-no-harm and conduct checklist was completed before, during, and after each session (safeguarding protocols reviewed, location safety check, child-friendly and private space, no personal stories requested, no adults influencing responses, secure storage of materials, debrief with supervisor).

Data generation and documentation

Documentation followed a structured note sheet common to all sessions. Before content notes, note-takers completed a participant profile recording the date, location, whether the location had recently been affected by climate-related disasters or by conflict, group composition and age range, the number of participants (total, girls, boys), and the number of children reporting functional difficulties (visible or reported, with type where known). During and after each session, facilitators or designated note-takers then recorded:

- the list of places identified and their classification (safe, critical, neutral), with at least one direct quote explaining each classification;
- children's explanations and reasoning, captured as far as possible in children's exact words rather than paraphrase — note-takers were instructed to write what children said, not what they thought children meant, to record differing views within the group, and not to edit, judge, or filter children's ideas;
- improvement ideas exactly as children described them, without assessing feasibility;
- the actors children identified as responsible or capable of acting;
- climate, conflict, or crisis factors mentioned, in children's wording;
- internal observational notes on group dynamics — who spoke most and least, gender dynamics, participation of children reporting functional difficulties, signs of fear, tension or distress, and peer pressure or adult influence.

No children's names were recorded: quotations were attributed only through identifiers such as "Girl, 11" or "Boy, 9". Maps and notes were stored securely, handed to supervisors daily, and never kept on personal devices. All data were subsequently entered into a coding framework designed to enable cross-country comparability while preserving qualitative depth.

Analysis of the Safety Mapping data

Analytical approach. The analysis adopted a qualitative, comparative, and interpretive approach (Patton, 2015; Flick, 2018), moving beyond individual case studies to identify patterns across contexts. All session notes — produced by facilitating teams in several languages and translated into English where necessary — were consolidated into a single session-level analysis matrix. Each session constitutes one analytical unit, coded for: country, implementing organisation, site/community, urban or rural setting, group composition (gender, age range, number of participants, presence of children reporting functional difficulties), and the structural factors affecting the location (climate crisis, conflict, both, or none), together with children's quotations on climate change and conflict where these factors were raised.

Coding of places. The places identified by children were coded against a controlled typology of 14 location categories, applied identically to safe, critical, and neutral classifications: home; school; child-friendly centre/space; community spaces; place of worship; hospital/health facility; authority (police, municipality, administrative offices); market; street/road; crossing places (bridges, intersections); WASH facilities; natural points (rivers, forests, fields, mountains); distribution points; and other. Each coded classification remained anchored to at least one verbatim quotation — attributed by gender and age only — explaining why children perceived the place as safe or critical, preserving the link between the categorical coding and children's own words. The same physical place could be coded as safe in one session and critical in another, or as both within the same session (e.g. home, school, or WASH facilities), and these within-category ambivalences were treated as analytically meaningful rather than as coding inconsistencies.

Coding of solutions and actors. Children's improvement ideas were coded into nine thematic categories: child participation and agency; environmental and climate risks; hygiene and health; infrastructure and basic services; recreation and child-friendly spaces; safety and protection risks; supervision and adult support; violence and threats; and other. The actors children identified as responsible for or capable of supporting improvements were coded into eight categories: parents; teachers; adults in general; authorities; community leaders; religious leaders; NGOs; and other.

Triangulation within the Safety Mapping. Findings were derived through triangulation of spatial classifications, qualitative explanations and quotations, and observational notes recorded by facilitators. This allowed the analysis to distinguish between what children say explicitly, what they indicate indirectly, and what emerges through repetition, silence, or conditional language.

Cross-cutting and country-level analysis. The analytical process included the identification of cross-cutting global patterns; comparative analysis across geographic regions; country-level interpretation of risk configurations and solution spaces; and thematic deep dives on agency, gender, climate crisis, conflict, and the right to the future. The focus was on analytical coherence and explanatory depth, rather than on frequency counts or statistical inference.

Analytical positioning

Throughout the analysis, particular attention was paid to:

- recognising silence and ambiguity as meaningful data, especially in high-risk contexts;
- avoiding deficit-based interpretations of children's views;
- distinguishing between absence of expression and absence of risk;
- situating children's perceptions within broader structural and political contexts.

The methodology thus treats the Safety Mapping not merely as a consultation tool, but as a method for generating territorial and relational knowledge from children's perspectives.

Methodological strengths

The approach is non-intrusive and safeguarding-compliant; accessible across age groups and literacy levels; capable of capturing relational, spatial, and structural dimensions of safety; adaptable across diverse cultural and crisis contexts; and generates both analytical insight and programmatic guidance. While it does not produce generalisable prevalence data, it offers deep insight into how risk is produced, negotiated, and imagined in children's everyday worlds — making it particularly suited for programming, policy reflection, and advocacy. Its constraints are discussed in Section 6.

A1.5 Triangulation and Integrated Analysis

The study employs between-method triangulation within a convergent mixed-methods design: the three components were implemented independently, each with its own instruments and analytical procedures, and their results were integrated at the analysis and interpretation stage. Integration served the purposes identified in the mixed-methods literature (Greene, Caracelli & Graham, 1989): *corroboration*, where agreement across methods strengthens confidence in a finding; *complementarity*, where one method elaborates or clarifies results obtained through another; *initiation*, where discrepancies between methods prompt the reframing of questions and generate new hypotheses; and *expansion*, where the combination of methods extends the scope of the inquiry beyond what any single method could cover.

Consistent with the overall design (Section 1), children's lived experiences constitute the primary entry point of the integrated analysis. Participatory data are not used to illustrate or validate the structural patterns measured by the Index. The Index is used instead as a second and independent description of the same countries, at the national level of legal, institutional and policy conditions. The two descriptions are read alongside one another rather than one through the other, and their frequent non-alignment is treated as a result of the analysis rather than as a problem within it.

Analytical function of each component

Each component addresses a distinct analytical question, at a distinct unit of analysis, with distinct limitations (Table G). No single component is treated as the criterion against which the others are validated: the relationships among their results — agreement, discrepancy, or elaboration — are themselves objects of analysis.

Integration procedure

Integration was conducted through a five-step analytical sequence, applied iteratively rather than strictly linearly.

1. **Establishing the experiential baseline.** The survey data were analysed first, to establish the distribution of children's reported experiences across the 27 countries and to identify the patterns requiring explanation — including the predominance of between-country over between-group variation, the absence of expected income or governance gradients, and null associations between related constructs.

2. **Mechanism identification through participatory data.** For each pattern identified in step 1, the Safety Mapping material was examined to identify the conditions under which the pattern holds (for instance, the conditional and relational character of the safety children attribute to home and school). The Safety Mapping corpus was also analysed in its own right and generated findings that the structured instrument could not anticipate, consistent with the expansion function of the design.

3. **Structural contextualisation through the Index.** The country-level variables derived from the survey (Section 3.5) were correlated with the Index's sub-indices and dimensions. Both statistically detectable associations and null results were reported; null results were treated as substantively informative about the relationship between structural conditions and reported experience, subject to the statistical caveats discussed in Section 6.

4. **Examination of discrepant results.** Where components yielded discrepant results, the discrepancy was examined systematically before substantive interpretation: first for measurement explanations (item wording, sample composition, administration conditions), then for contextual explanations, drawing on the Safety Mapping and on country context documentation. Discrepancies that survived this examination were reported as substantive findings on the distinction between structural rights implementation and experienced safety, in line with the initiation function of the design.

5. **Validation against country context documentation.** Interpretations were checked against country context documents compiled from secondary sources for each of the 27 countries, to ensure that explanations of unexpected patterns were grounded in documented contextual conditions rather than analytical conjecture.

Interpretation rules

Three rules governed the interpretation of integrated results. First, convergence across the three components was treated as corroboration and increased the confidence attached to a finding; the relational rather than spatial character of safety, supported independently by all three sources, is interpreted on this basis. Second, divergence was not treated as error: once measurement explanations had been excluded, divergent results were interpreted as evidence that the structural implementation of rights and children's experienced safety are related but distinct constructs — the inversion between Index tier and reported perceived help-seeking capacity observed in some country pairs is reported in these terms. Third, elaboration — where qualitative material accounts for a quantitative result — was used to move from the description of a pattern to the identification of its mechanism; mechanisms identified in this way are interpretive hypotheses grounded in the data, not statistically tested causal claims.

Table I
Analytical function, unit of analysis and principal limitations of the three components

COMPONENT	ANALYTICAL FUNCTION	UNIT OF ANALYSIS	PRINCIPAL LIMITATIONS
World Index	Measurement of the structural conditions of rights implementation (institutional, legal, governance)	Country-year (134 countries, 2015–2026)	National-level aggregation; secondary data; cannot capture lived experience or within-country disparities
Global consultation	Standardised measurement of children's reported perceptions of safety, trust, perceived help-seeking capacity, worries and participation	Individual child (n = 2,344; 27 countries), aggregated to country level for integration	Convenience sample; self-report; breadth without contextual depth
Safety Mapping	Contextual, spatial and relational analysis of how children classify their environments, explain risk, and formulate proposals	Group session (76 sessions; 834 children; 21 countries)	Non-quantifiable; no country-level estimates; programme-linked settings

A1.6 Limitations

The findings presented in this report should be interpreted in light of several methodological and analytical limitations. These limitations do not undermine the relevance of the data, but they do define the scope, comparability, and generalisability of the conclusions. They are presented here by component, followed by the limitations that apply to the integrated analysis.

Limitations of the World Index

The World Index aims to assess the multifaceted aspects of women's and children's inclusion in society by evaluating the implementation of fundamental human rights across different territories; it is, however, undoubtedly difficult to fully capture the complexity of these concepts. First, the indicators chosen for many of the dimensions are not perfect and do not measure certain aspects of the phenomenon; it is therefore crucial to further investigate relationships and correlations among these indicators. Second, the arbitrary choices made in the normalisation and aggregation process determine the outcome. Third, country performance is ultimately dependent upon the quality and availability of data published by other sources. Fourth, as a composite index based on secondary data, the Index operates at the national level and cannot reflect internal disparities within countries or the heterogeneity of lived experiences across population groups: it should be interpreted as an analytical approximation of structural conditions of rights implementation, not a complete representation of lived realities. Fifth, several source indicators are updated with a lag of two to six years: scores for the most recent years therefore rest partly on interpolated or propagated values (Section 2) rather than on newly observed data, and recent-year scores and rankings should be read as best available estimates whose precision declines toward the end of the series. Finally, the indicator set is periodically revised between editions (10 of 30 indicators were replaced between the 2022 and 2024 editions); all time comparisons presented in this report (e.g. 2015 vs 2026) are computed by applying the current methodology and indicator set retrospectively across the full series, so that observed variations reflect changes in the underlying data rather than changes in the measurement instrument. Scores are accordingly not comparable with those published in previous editions. Despite these weaknesses — common to all composite indices — the Index can serve as a reference to assess the relative performance of territories and identify specific areas of strength and weakness; the scoring on a 0–100 scale provides an intuitive benchmark to track relative and absolute variations over time.

Programme investment as an unmeasured variable. The consultation was conducted exclusively in countries where ChildFund Alliance members are active, and members differ in the balance of their investment between relational work and the referral and response capacity of protection systems. This variation is not currently coded and therefore cannot be controlled for or tested. It represents both the most significant unmeasured source of between-country variation in the present analysis and its most promising extension: coding countries by the composition of programme investment

would allow the central proposition of this report — that the alignment between trust and perceived help-seeking capacity depends on systemic capacity and not on relational capacity alone — to be tested directly rather than inferred. This is identified as a priority for the next edition.

Limitations of the Global Consultation

Sampling and representativeness. The consultation used convenience sampling rather than probability sampling, and was designed to capture the perspectives of children reached through the ChildFund Alliance network, rather than to produce statistically representative results. As participants were selected within specific programme contexts, the findings cannot be generalised to all children and adolescents in the countries included in the study. This is consistent with the epistemological tradition of purposive sampling in participatory research with children, where the goal is theoretical insight rather than statistical generalisation (Tisdall, Davis & Gallagher, 2008; Clark, 2010).

Sample composition. The disability rate in the sample (19%) is higher than national averages in most countries, likely because some programme areas have a specific focus on children reporting functional difficulties; this should be considered when interpreting disability-disaggregated findings. Younger children (8–11) are underrepresented relative to their share of the child population in most countries, and their experiences may be partially underweighted in aggregate findings. Female participation (56%) is slightly higher than male, possibly reflecting patterns of access through programme activities.

Cross-country comparability. Although a common consultation framework and questionnaire were used across countries, comparisons between contexts should be approached with caution. Children's perceptions and experiences are shaped by diverse social, cultural, economic and political realities, meaning that differences observed across countries may reflect contextual factors rather than comparable levels of wellbeing, agency or opportunities. Administration conditions also varied — some children completed the survey independently, others with facilitator support; some in group settings, others individually — and these differences may affect responses, particularly on sensitive topics. Social desirability effects may also vary across cultural contexts and administration modalities, and cannot be fully controlled (Podsakoff et al., 2003).

Self-reported data. The analysis relies on self-reported data, which may be affected by factors such as differences in question interpretation, social desirability bias, age-related understanding, and variations in data collection settings. While efforts were made to ensure consistency in implementation, differences in facilitation and local conditions may have influenced participants' responses.

Thematic coding and translation. Thematic analysis of open-ended responses involved the coding and grouping of answers into broader categories. While coding procedures were applied consistently, some degree of interpretation was unavoidable, and certain responses could reasonably fit within multiple themes; thematic findings should be understood as indicative of key patterns rather than exhaustive representations of all perspectives expressed. The keyword-based, multi-label coding applied to the open-ended questions carries specific limitations of its own: keyword matching cannot reliably handle negations ("I do not feel safe" matches the same keyword as "I feel safe"), synonyms or paraphrases not included in the keyword lists, or figurative and context-dependent expressions, and its accuracy is further conditioned by the quality of automated translation. These limitations are attenuated by the descriptive use made of the coding — identifying the relative salience of broad themes rather than measuring precise frequencies — but coded theme counts should not be over-interpreted, and manual validation of a random sample of coded responses is recommended as a robustness check for future editions. The cross-country analysis also required the translation of responses into a common language, in some cases using automated translation tools, which may have resulted in the loss of nuances, cultural references or context-specific meanings — particularly for local dialects and expressions for which direct translations were not always available.

Limitations of the Safety Mapping

Coverage and representativeness. The Safety Mapping exercises were conducted exclusively in areas where members of the ChildFund Alliance have active programmes and ongoing operations. The dataset therefore does not provide a comprehensive picture of child safety conditions at the national level; it reflects situated and programme-linked contexts, often characterised by heightened vulnerability, prior engagement with child protection actors, or existing community mobilisation. The number of sessions and participating children varies significantly by country, depending on programme scale, operational capacity, and contextual constraints; this uneven distribution means that cross-country comparisons should be interpreted qualitatively rather than quantitatively. The analysis aims to identify patterns, configurations, and recurring dynamics, rather than to produce prevalence estimates or nationally representative conclusions.

Variability in data collection and documentation. Although a shared template and common methodological guidance were provided, data collection was facilitated by different organisations, teams, and note-takers operating in diverse linguistic, cultural, and institutional settings. There is therefore variability in the level of detail recorded in session notes; the extent to which verbatim quotations were captured; the depth of observation regarding group dynamics, gender differences, or emotional responses; and the interpretation and transcription of children's expressions, especially when mediated through translation. While the coding framework enabled structured comparison, some nuances may be more visible in certain countries or sessions than in others due to differences in documentation styles rather than differences in children's experiences. The completeness of the coded fields in the session-level analysis matrix also varies: not every classified place is accompanied by a quotation, and the coding of improvement ideas and supportive actors is available only for the sessions in which children generated such content — groups did not respond with the same density across all steps of the activity, so the absence of coded solutions or actors for a given session reflects the depth of that discussion rather than a gap in coding. Some sessions documented in a single source covering several communities were also disaggregated into separate analytical units, sharing contextual information across entries. Sessions also varied in size, gender composition (predominantly mixed, with exceptions such as Tanzania, where separate groups were conducted), and urban–rural context; facilitator experience and local norms around children's self-expression may have influenced the volume and content of what children shared (Johnson & Turner, 2003).

Expression, silence, and underreporting. The methodology intentionally avoids eliciting personal traumatic experiences, in line with safeguarding and "do no harm" principles. As a consequence, certain forms of risk — particularly gender-based violence, domestic violence, illegal economies, armed presence, and abuse by authority figures — may be indirectly referenced, partially expressed, or not verbalised at all. In several contexts, especially those characterised by social control, violence, or illegality, children use silence, ambiguity, drawings, or conditional language to signal risk. The absence of explicit mention should therefore not be interpreted as absence of exposure or concern, but rather as a structural constraint on what can be safely articulated. Differences across contexts may thus partly reflect variable degrees of discursive freedom, rather than differences in the underlying level of risk.

Analytical and interpretive limits. The analysis relies on qualitative coding and interpretive synthesis rather than quantitative measurement. While this approach is well-suited to capturing relational and spatial dimensions of safety, findings are interpretative and theory-informed, rather than reproducible through statistical testing. Some variables available in the dataset (such as age, gender, disability, or urban/rural classification) could not always be cross-tabulated systematically due to missing or unevenly recorded information. Finally, because the exercise captures perceptions at a specific moment in time, the data do not necessarily reflect longitudinal change or evolving dynamics, particularly in rapidly changing contexts such as conflict or climate emergencies.

The solution space framework. The framework used to classify children's proposed solutions was developed inductively from the Safety Mapping data, through iterative cross-reading of session outputs across countries. Its categories — expanded/structural, active/mitigation, contracted/avoidance, collapsed/silence — were developed to capture qualitative distinctions in the type and ambition of proposals, not mutually exclusive codes applied mechanically. Classification was carried out by researchers with contextual familiarity with the countries concerned; inter-rater reliability was not formally assessed. The framework should therefore be understood as a structured interpretive tool rather than a validated psychometric instrument: its value lies in identifying patterns across contexts, not in providing precise counts or scores. Future research could formalise the framework through systematic coding protocols and inter-rater reliability testing (Miles, Huberman & Saldaña, 2014; Saldaña, 2021).

Limitations of the integrated analysis

Analytical status of country-level coefficients. The countries covered by the consultation are not a sample drawn from a wider population: they are the set of countries in which ChildFund Alliance members operate. There is no superpopulation to which findings from them could be generalised, and inferential statistics — significance tests, p-values and confidence intervals — are consequently not applied to this material anywhere in this report. Country-level correlation coefficients appear here as descriptive observations about how measures are distributed across the specific countries covered, and as nothing more. Each is reported with the number of countries on which it is computed: coefficients derived from consultation measures alone cover 27 countries, while those involving World Index scores cover 23, four consultation countries being unranked in the Index.

What follows from this status. A descriptive coefficient can direct attention and motivate a hypothesis. It cannot support a claim. No finding in this report rests on a country-level coefficient alone: where a coefficient accompanies an argument, the argument is carried by individual-level distributions, by the qualitative evidence of the Safety Mapping, or by both, and the coefficient is offered as a convergent observation. Coefficients computed across this number of countries are also sensitive to the composition of the set — excluding a single country can change them appreciably — and this sensitivity is reported wherever it is material. Readers should not compare the

magnitude of coefficients against one another, nor read a low coefficient as evidence that no relationship exists.

Selection of the coefficients reported. A substantial number of variable pairs were examined across survey measures and Index dimensions. The coefficients reproduced in this report were selected on the convergence of three criteria — magnitude, theoretical plausibility, and consistency with the qualitative evidence from the Safety Mapping — and not on any statistical threshold. Under the descriptive framing set out above no threshold is applied, and no correction for multiple comparisons arises: the coefficients are reported as observations to be read alongside the other evidence, and the reader is told in each case how many countries they cover.

Measurement gap between related constructs. Some headline findings compare survey items with different referents. In particular, trust in adults and perceived help-seeking capacity are measured through different questions: trust is assessed through the ease of speaking to a trusted adult when scared, while help-seeking is assessed through a hypothetical scenario about seeking help if a child were being treated harshly. These are related but not identical constructs, and part of the weak country-level co-movement between them may reflect this measurement gap rather than a purely substantive disconnect. The finding is consistent with theoretical arguments in the child protection literature and with the qualitative patterns visible in the Safety Mapping, but it should be understood as a country-level ecological finding that identifies a pattern demanding explanation, not as a direct measure of the trust-to-action mechanism at the individual level.

Ecological fallacy. Country-level ecological correlations carry the risk of ecological fallacy — relationships observed at the country level may not hold at the individual level, and individual-level findings reported elsewhere in the report should not be conflated with country-level correlations (Robinson, 1950; Subramanian et al., 2009).

Selection of quotations. Translation of qualitative data into English for analysis introduces a layer of interpretation that cannot be fully controlled. Particular care was taken with quotes selected for inclusion in this report to preserve meaning rather than impose formulations from outside the original cultural and linguistic context; nonetheless, some nuance is inevitably lost, and the selection of quotes reflects editorial judgment and may not fully represent the range of voices within each country context.

Implications for interpretation

These limitations indicate that the participatory findings should be read as:

- context-rich but not representative;
- analytically powerful but not exhaustive;
- indicative of structural patterns rather than universal conditions.

Country-level figures throughout the report are indicative rather than nationally representative, and should not be used for cross-country ranking or population-level inference. The strength of the dataset lies not in generalisation, but in its capacity to reveal how children interpret, navigate, and respond to risk within their lived environments, and how these interpretations are shaped by structural inequalities, crisis conditions, and available forms of adult accountability.

Methodological Innovation

This report introduces three methodological contributions that distinguish it from comparable child rights reports.

Treating divergence between sources as evidence, not noise. Most multi-source reports treat convergence as the goal — findings are validated when sources agree. This report treats divergence as equally informative. When the World Index and the participatory data point in opposite directions, the gap between them is itself a finding: it identifies the distance between how rights are implemented in structural terms and how they are experienced in practice. This reframing shifts the purpose of triangulation from validation to diagnosis — the question is not "do the sources agree?" but "where do they agree, where do they diverge, and what does each type of result tell us?"

The solution space as a leading indicator. This report introduces the structure of children's proposed solutions in the Safety Mapping — what they propose, at what level of ambition, and who they name as capable of acting — as a diagnostic indicator of children's relationship to their own futures. This is methodologically significant because the solution space is both measurable (it can be classified by type and tracked over time) and temporally prior to standard outcome indicators: changes in the solution space appear before displacement figures, school closure rates, or participatory survey data register deterioration. The finding that children in certain contexts have stopped proposing structural change — or have stopped proposing anything — constitutes an early warning signal that existing monitoring systems are not designed to detect. The framework draws on research on children's participation (Hart, 1992; Tisdall, Davis & Gallagher, 2008), future orientation in crisis contexts (Betancourt et al., 2010; Tol, Song & Jordans, 2013), and the concept of anticipatory action, and applies it in a participatory research context for the first time at this scale. While further research is needed to assess its predictive value, the present findings should not be interpreted as evidence of a causal relationship between changes in the solution space and subsequent outcomes. Rather, they suggest that the solution space may function as a promising diagnostic indicator deserving of further longitudinal validation.

Integrating children as analytical subjects, not informants. Participatory research with children has a long tradition, but it is frequently used to illustrate findings generated through other means — children's voices as evidence for conclusions reached by adults. In this report, children's accounts are primary analytical data: they are read alongside the World Index rather than derived from it, they generate findings that the Index cannot produce, and they identify patterns — such as the trust-to-action gap and the normalisation of crisis — that would be invisible to adult-defined instruments. This is not methodologically novel in the academic literature on children's participation (Clark, 2010; Bakhtiar, Syed & Garg, 2023; Schweiger, 2024), but it is rare in policy-facing child rights reporting at global scale, where participatory data typically occupy a supplementary or illustrative role.

A1.7 Relationship with the 2024 Edition, Replicability and Future Research

This report builds on, but differs substantially from, the 2024 edition of the ChildFund Alliance World Index (ChildFund Alliance, 2024). The 2024 edition combined the Index — then covering 157 countries over 2015–2023 — with a global consultation of 11,014 children and adolescents, administered as a standardised questionnaire and analysed after a proportional bootstrap resampling (n = 10,000) designed to mitigate the biases of convenience sampling. The present edition redesigned the participatory strand in three respects. First, the consultation is deliberately smaller (2,344 children in 27 countries) and explicitly exploratory, with no resampling applied: rather than approximating population demographics through reweighting, the analysis treats the sample as what it is — children reached through programme contexts — and draws its claims accordingly. Second, a qualitative, group-based component (the Safety Mapping) was introduced alongside the survey, shifting the design from a single-instrument consultation to a multi-method participatory strand. Third, the thematic focus shifted from a broad assessment of rights implementation to safety and protection. The Index itself was also revised, with coverage changing from 157 to 134 countries.

Three implications follow for the reading of results across editions. Results from the two consultations are not directly comparable: the instruments, thematic focus, sample sizes and weighting strategies differ, and differences between editions cannot be interpreted as change over time. Index scores are likewise not comparable with those published in 2024 (Section 5). More generally, the two editions should be understood as methodologically complementary rather than continuous: the 2024 edition prioritised breadth of consultation, while the present edition prioritises depth, contextualisation, and integration across methods.

Replicability

The participatory components rest on fully documented, reusable instruments: the survey questionnaire (17 questions in 13 languages, implemented in KoboToolbox with skip logic and an embedded child-friendly consent module); the Safety Mapping facilitator template (including opening scripts, consent and assent modules, a structured note sheet, referral guidance, and a do-no-harm conduct checklist); and the session-level coding matrix with its controlled vocabularies (14 place types, nine solution categories, eight actor categories). These instruments make both components replicable in future editions and adaptable by other organisations working with children in comparable settings.

To strengthen replicability and enable the measurement of change over time, future editions should consider: maintaining a stable core of survey questions across editions, so that comparable time series of children's reported experiences can be constructed; retaining, where operationally feasible, a panel of Safety Mapping sites to allow longitudinal reading of the same communities; formalising the solution-space classification through a written coding protocol and inter-rater reliability testing; validating a random sample of keyword-coded open-ended responses through manual coding; and documenting administration conditions (self-completion versus enumerator support, group versus individual settings) systematically, so that their influence on responses can be assessed.

Directions for future research

The findings of this edition open several avenues for further inquiry. The most direct is the longitudinal tracking of the solution space as a candidate early-warning indicator: the hypothesis that contractions in the type and ambition of children's proposals anticipate deteriorations later registered by standard indicators is testable, but only with repeated observation of the same contexts over time. A second priority is the individual-level analysis of the relationship between trust in adults and perceived help-seeking capacity, with aligned item referents. The present edition establishes the trust-to-action gap through the distribution of individual responses rather than through a country-level association; estimating it directly at the individual level, with country fixed effects, would allow the mechanism to be tested rather than described. Third, extending data collection beyond programme areas — even on a limited scale — would allow an assessment of how far the patterns observed in programme-linked settings transfer to the broader child population. Fourth, both participatory components would benefit from more systematic disaggregation by disability, which the present data support only partially. Future editions should consider adoption of the Washington Group Child Functioning Module to strengthen the measurement of disability and functional difficulties and improve comparability with other datasets. Finally, on the Index side, further investigation of the relationships and correlations among indicators remains a standing recommendation of the technical notes, and mixed-methods case studies in the countries showing the largest divergence between structural scores and reported experience would provide the most efficient test of the interpretive framework proposed in this report.

A1.8 Ethics and Responsibility in Research with Children

esearch with children on safety, violence, and insecurity requires ethical standards that go beyond standard social research protocols. Children are not a generic vulnerable population requiring additional procedural caution — they are rights-holders whose participation in research is itself a rights-based act, and whose protection during that participation is a direct expression of the values the research aims to serve. This section describes the ethical framework governing the consultation, the specific safeguards applied across the 27 countries, the responsibilities that arise from the nature of the findings, and the limits of what this research can ethically claim.

Ethical framework

The consultation was designed and conducted in accordance with three intersecting ethical frameworks.

The **United Nations Convention on the Rights of the Child (UNCRC)** provides the foundational normative frame. Article 12 establishes children's right to express their views on matters that affect them and to have those views given due weight. Article 3 requires that the best interests of the child be a primary consideration in all actions concerning children. Article 19 establishes the right to protection from all forms of violence, abuse, and exploitation. These three articles together establish that research on children's safety must both protect children during the research process and genuinely use their contributions to advance their interests — not merely extract their testimony.

The **ethical principles governing research with children** — as elaborated in the research ethics literature (Alderson & Morrow, 2020; Morrow, 2008; Powell & Smith, 2009) and in child rights programming standards — centre on five commitments: informed and voluntary participation, confidentiality and anonymity, do no harm, genuine contribution, and equitable access to findings. Each is described below in relation to how it was applied in this consultation.

The **ChildFund Alliance safeguarding policies and child protection standards** provided the operational framework within which all field activities were conducted. These standards apply to all interactions with children in Alliance programme areas and were mandatory for all staff and partner organisations involved in data collection.

Informed and voluntary participation

Participation in both the consultation and the Safety Mapping was voluntary. No child was required to participate, and no consequence — positive or negative — was attached to the decision to participate or withdraw. Where children declined to answer specific questions, their choice was respected without follow-up pressure.

Informed assent was obtained from all child participants prior to data collection. The purpose of the research, the voluntary nature of participation, the way data would be used, and the anonymisation procedures were explained before any data were collected. In the survey, this took the form of a child-friendly introduction and consent form embedded in the questionnaire itself, in which four statements — understanding of the survey's purpose, confidentiality and anonymity, the right to stop at any time, and agreement to take part — had to be actively acknowledged before any question was asked. In the Safety Mapping, a caregiver/guardian consent module (used where required by local regulations and organisational policy) explained the purpose, procedures, risks and benefits, voluntariness, and confidentiality of the activity, and specified that no photos of children would be taken without additional permission; child assent was then obtained through a child-friendly script read aloud.

Parental or guardian consent was obtained where required by local ethical norms and national regulations. In some contexts, community-level consent—from community leaders or school directors—supplemented or, where permitted under applicable ethical and legal requirements, substituted for individual parental consent in accordance with local practice. **Where individual parental or guardian consent was not obtainable or was not required, the consent modality and its ethical and legal basis were documented at country level. Implementing organisation staff did not provide consent on behalf of children participating in the research.** The modality of consent in each country was determined in consultation with local ChildFund Alliance members, who hold the contextual knowledge necessary to ensure that consent processes are culturally appropriate as well as procedurally compliant.

Confidentiality and anonymity

All data collected through the survey are stored in anonymised form. Individual responses are not attributable to specific children, and no personally identifying information — name, school, or location more specific than country — is retained in the analytical dataset.

Quotes selected for inclusion in this report are identified only by age, gender, and country. No quote in this report carries sufficient identifying information to allow a third party to identify the child who produced it.

Safety Mapping outputs — drawings, maps, annotated photographs — were processed to remove any identifying features before being used for analysis or cited in publications. Where programme area locations are referenced in the analysis, they are described at the level of country or region rather than specific community.

The key informant interviews conducted in Afghanistan and Lebanon are anonymised at the level of role and location. Practitioners are identified by professional function and sub-national location but not by name or organisation. Families interviewed in Lebanon are identified only by the age of the child they were describing and the type of displacement they experienced.

Do no harm

Research on safety and insecurity with children carries a specific risk: that asking children to describe threats, fears, and dangerous spaces may itself cause distress, retraumatisation, or — in contexts of social violence — expose children to risk if their disclosures were to become known to actors who pose threats to them. Several measures were applied to mitigate these risks.

Topic framing. Both the survey and the Safety Mapping were designed to begin from children's positive experiences — where they feel safe, who they trust, what they enjoy — before moving to risks and challenges. This sequencing was not only methodologically appropriate (building rapport and establishing the relational conditions for honest response) but ethically necessary: entering a research session focused immediately on violence and danger with children in high-risk contexts is itself potentially harmful.

Facilitator training. All Safety Mapping facilitators received training that included recognition of signs of distress, protocols for pausing or ending a session if a child became distressed, and internal referral pathways to psychosocial support where available. Facilitators were instructed not to probe for details of specific incidents of violence or abuse, and not to ask follow-up questions that might encourage children to disclose experiences they had not chosen to volunteer.

Referral pathways. In all 27 countries, programme staff had established referral pathways to psychosocial or child protection services. Children who showed signs of significant distress during or after data collection activities were referred to available services through these pathways (even though no incident was reported).

Zones of silence. The Safety Mapping protocol was designed to allow children to mark risks without naming them. In contexts of social violence — where naming specific actors or locations carries risk — children were not prompted to disclose information they had not chosen to share. The analytical framework explicitly recognises that strategic non-disclosure is a rational response to dangerous environments, not a methodological failure, and the research design accommodated this by treating marked-but-unnamed risks as valid data rather than incomplete data.

Suspension of activities. In Lebanon, ongoing conflict prevented Safety Mapping activities entirely. In Afghanistan, the combination of restrictions on research involving children and the risks to both children and local staff made participatory data collection unfeasible. The decision to suspend activities in these two contexts reflects the application of the do no harm principle over the research objective of maximising coverage. The gap in data is explicitly acknowledged in the analysis.

Genuine contribution

Research that asks children about their experiences of insecurity, violence, and restricted futures imposes a burden on them. That burden is ethically justifiable only if the research genuinely advances their interests — not merely generates knowledge about them. This commitment shapes how findings are used.

Throughout the report, children are treated as analytical contributors whose accounts generate knowledge, not as informants who illustrate conclusions reached through other means. The findings on the trust-to-action gap, the solution space as a diagnostic, and the normalisation of crisis were generated from children's own accounts, not imposed from outside. This is not only a methodological choice, but an ethical one: it reflects a commitment to epistemic justice, the recognition that children's ways of knowing their own environments are valid and valuable (Fricker, 2007; Bakhtiar, Syed & Garg, 2023; Schweiger, 2024).

The recommendations in this report are grounded directly in what children identified as missing — care, responsive adults, schools that support, communities that watch out, and the experience of being heard. They are not translated from what children said into adult policy language; they attempt to remain as close as possible to the terms in which children described their own needs. This is the minimum requirement of genuine contribution: that the research produces outputs that would recognisably serve the interests of the children who participated in it.

Responsibility arising from the findings

Conducting this research creates responsibilities that do not end with publication. Children in extractive participation — consultation processes that collect their knowledge without producing visible responses — develop well-founded evidence that speaking does not matter. This is documented in the report itself. The act of conducting this consultation, if it produces no visible response, risks replicating exactly the dynamic the report identifies as most damaging to children's future agency.

The ChildFund Alliance and its members therefore carry a specific responsibility arising from this research: to communicate findings to the children who participated in terms they can access, in their own languages and communities; to demonstrate visible action on at least some of what children proposed; and to return to these communities in subsequent research cycles prepared to explain what changed and what did not, and why. This commitment is not separate from the research — it is part of it. Participatory research with children that does not close the loop of action and feedback is not fully ethical, regardless of how carefully the consent procedures, anonymisation protocols, and do no harm safeguards were applied (Hart, 1992; Lundy, 2007; Tisdall, Davis & Gallagher, 2008).

Equitable access to findings

The primary publication of this research is in English, which excludes most of the children whose participation made it possible. Equitable access to findings requires that summaries of the research be made available in the languages of the countries covered by the consultation, in formats accessible to children of different ages and literacy levels, and through the Alliance member organisations that facilitated the research. Dissemination in accessible formats — including visual summaries, child-friendly versions, and community-level feedback sessions — is part of the ethical commitment undertaken when children were asked to participate.



References

Alderson, P., & Morrow, V. (2020). The Ethics of Research with Children and Young People: A Practical Handbook. SAGE Publications.

Bakhtiar, M., Syed, M., & Garg, S. (2023). Children as knowledge producers: Participatory research and epistemic justice. Children's Geographies, 21(4), 612–626. https://doi.org/10.1080/14733285.2022.2115641

Betancourt, T. S., Borisova, I., Williams, T. P., Brennan, R. T., Whitfield, T. H., de la Soudière, M., Williamson, J., & Gilman, S. E. (2010). Sierra Leone's former child soldiers: A follow-up study of psychosocial adjustment and community reintegration. Child Development, 81(4), 1077–1095. https://doi.org/10.1111/j.1467-8624.2010.01455.x

Brannen, J. (2005). Mixing methods: The entry of qualitative and quantitative approaches into the research process. International Journal of Social Research Methodology, 8(3), 173–184. https://doi.org/10.1080/13645570500154642

Bronfenbrenner, U. (1979). The Ecology of Human Development: Experiments by Nature and Design. Harvard University Press.

Clark, A. (2010). Transforming Children's Spaces: Children's and Adults' Participation in Designing Learning Environments. Routledge.

Creswell, J. W., & Plano Clark, V. L. (2017). Designing and Conducting Mixed Methods Research (3rd ed.). SAGE Publications.

Denzin, N. K. (1978). The Research Act: A Theoretical Introduction to Sociological Methods. McGraw-Hill.

Fargas-Malet, M., McSherry, D., Larkin, E., & Robinson, C. (2010). Research with children: Methodological issues and innovative techniques. Journal of Early Childhood Research, 8(2), 175–192. https://doi.org/10.1177/1476718X09345713

Flick, U. (2018). An Introduction to Qualitative Research (6th ed.). SAGE Publications.

Fricker, M. (2007). Epistemic Injustice: Power and the Ethics of Knowing. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198237907.001.0001

Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a conceptual framework for mixed-method evaluation designs. Educational Evaluation and Policy Analysis, 11(3), 255–274. https://doi.org/10.3102/01623737011003255

Hart, R. A. (1992). Children's participation: From tokenism to citizenship. UNICEF Innocenti Research Centre. https://www.unicef-irc.org/publications/100-childrens-participation-from-tokenism-to-citizenship.html

Johnson, R. B., & Turner, L. A. (2003). Data collection strategies in mixed methods research. In A. Tashakkori & C. Teddlie (Eds.), Handbook of Mixed Methods in Social and Behavioral Research (pp. 297–319). SAGE Publications.

Lansdown, G. (2011). Every Child's Right to Be Heard: A Resource Guide on the UN Committee on the Rights of the Child General Comment No. 12. Save the Children / UNICEF.

Lundy, L. (2007). "Voice" is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. British Educational Research Journal, 33(6), 927–942. https://doi.org/10.1080/01411920701657033

Masten, A. S. (2014). Ordinary Magic: Resilience in Development. Guilford Press.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). Qualitative Data Analysis: A Methods Sourcebook (3rd ed.). SAGE Publications.

Morgan, D. L. (1998). Practical strategies for combining qualitative and quantitative methods: Applications to health research. Qualitative Health Research, 8(3), 362–376. https://doi.org/10.1177/104973239800800307

Morrow, V. (2008). Ethical dilemmas in research with children and young people about their social environments. Children's Geographies, 6(1), 49–61. https://doi.org/10.1080/14733280701791918

Nussbaum, M. (2011). Creating Capabilities: The Human Development Approach. Harvard University Press.

Patton, M. Q. (2015). Qualitative Research and Evaluation Methods (4th ed.). SAGE Publications.

Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. Journal of Applied Psychology, 88(5), 879–903. https://doi.org/10.1037/0021-9010.88.5.879

Powell, M. A., & Smith, A. B. (2009). Children's participation rights in research. Childhood, 16(1), 124–142. https://doi.org/10.1177/0907568208101694

Robinson, W. S. (1950). Ecological correlations and the behavior of individuals. American Sociological Review, 15(3), 351–357. https://doi.org/10.2307/2087176

Saldaña, J. (2021). The Coding Manual for Qualitative Researchers (4th ed.). SAGE Publications.

Schweiger, G. (2024). Children's participation in research: Ethical foundations and methodological implications. Children's Geographies, 22(1), 89–103. https://doi.org/10.1080/14733285.2023.2198012

Sen, A. (1999). Development as Freedom. Oxford University Press.

Subramanian, S. V., Jones, K., Kaddour, A., & Krieger, N. (2009). Revisiting Robinson: The perils of individualistic and ecologic fallacy. International Journal of Epidemiology, 38(2), 342–360. https://doi.org/10.1093/ije/dyn359

Tisdall, E. K. M., Davis, J. M., & Gallagher, M. (2008). Researching with Children and Young People: Research Design, Methods and Analysis. SAGE Publications.

Tol, W. A., Song, S., & Jordans, M. J. D. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict — a systematic review of findings in low- and middle-income countries. Journal of Child Psychology and Psychiatry, 54(4), 445–460. https://doi.org/10.1111/jcpp.12029

UN Committee on the Rights of the Child. (2009). General Comment No. 12: The right of the child to be heard. CRC/C/GC/12. United Nations.

UNICEF. (2002). Adolescent Programming Experiences During Conflict and Post-Conflict: Case Studies. UNICEF.