The Well-being of Children in the Educational System from Bihor County. A Qualitative Approach

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Abstract: The study positions of children as social and moral actors who can tell about their understanding and experiences of well-being. In this sense, we try to capture variations in children's welfare experiences and to show how researchers can conceptualize and build on children’s narrative perspectives in order to achieve a better understanding of the signification they attribute to well-being. During the four focus group meetings of the Children's Understanding of Well-Being- Global and Local Contexts project, we investigated the dimensions of well-being with students in the lower secondary public system (Gymnasium). By making such qualitative approaches, we hope to contribute to the information and further development of useful policies and practices for investigating and monitoring child welfare beyond the cultural and social context in which they live.

Keywords: children; social actors; individual perceptions; dimensions of well-being.

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1. Introduction

In the past two decades, welfare studies have known a strong impetus due to the legislative evolution regarding the field of children's rights, the echoes spread by promoters of the new sociology of childhood, and social constructivism (Fattore, Fegter, & Hunner-Kreisel, 2019). The importance of facilitating children's listening to issues that concern them is highlighted by the articulate approach made by the researchers of "New Childhood Sociology". These researchers identify the conceptual autonomy of the children - they observed that they have lives that matter and they can know about them (Alanen, 2005; Fattore, Mason, & Watson, 2007; Verdugo, Schalock, Keith, & Stancliffe, 2005). These perspectives treat the child as a social agent capable of having a vision of his own life.

The present article consists of two main parts, one which illustrates the main theoretical concepts related to children’s participation and well-being and another that explores the meanings attached to well-being by children’s themselves. It begins with a literature review focused on children’s well-being and their involvement in participatory research. The article continues with presenting the results of a qualitative study, which involved pupils from the secondary system of four schools in Bihor county, including both mass schools and special schools.

As stipulated by UNICEF’s CRC (United Nations General Assembly, 1989), children’s right to participation is a fundamental one. It allows children to express their opinions in matters that concern them, fact that safeguards their rights and may further contribute to the development and improvement of policies that address children’s and youth problems. (ARC, 2001) Moreover, children have the capacity to study childhood from the inside (Bejenaru, 2015), adding valuable knowledge in defining childhood. Considering that all children have the right to participate in research that relate to their life, in the last years child rights specialists pleaded for the involvement of children with disabilities and their families in participatory research as long as they are able to communicate. Thus, Verdugo, Schalock, Keith, and Stancliffe (2005) pleaded for the direct involvement of people with disability in research regarding quality of life, stating that proxys may be used only in exceptional circumstances, when the beneficiaries are not able to express their views.
1.1. Children’s well-being and their involvement in research focusing on this topic

In the last years, the question regarding the manner and the amount of involving children into research raised significant dilemmas. Based on the amount of children’s involvement, Ben-Arieh (2005) distinguished the following dimensions: as part of the study project, as a source of information, as data collectors, as part of data analysis or as partners in data use. In many research contexts, the children themselves are formally defined as a "vulnerable group" (Fattore et al., 2019). In this sense, the authors point that children’s views may be overlooked because of adults tendency to regard children as vulnerable actors that need protection rather than competent actors that are competent to have a say in matters that concern them.

The involvement of the child as a subject in research is conditioned by certain judgments about their cognitive abilities and their social skills, therefore the researcher who wants to involve children as participants must assess and pay particular attention to their development and maturity (ARC, 2001). This approach commonly uses age-based criteria in order to include or exclude certain children and requires the adoption of particular methodological techniques (Christensen & Prout, 2002). Understanding children’s well-being implies involving children as social actors in their research and focusing on their narratives (Fattore et al., 2007; Fattore et al., 2019).

In the international research, there are relatively few qualitative studies involving children in understanding their well-being (Fattore et al., 2007, 2009, 2016). At the same time, on the national level, we feel the need for such steps, especially in the area of vulnerable categories (persons with disabilities) (Bacter, 2018). With regard to the study of well-being, quantitative research is mostly supported, both nationally and internationally (Bădescu & Petre, 2012; Bălțătescu & Bacter, 2016).

Overtime, the field of well-being research has witnessed four major changes that make the transition from survival to well-being, from negative to positive, from living well to general well-being, from traditional areas to new domains, and subsequently moving to the active child at the expense of the subjects of research (Alanen, 2005; Ben-Arieh, 2005). "Studying children's points of view and priorities and, in fact, children as active

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1 Codes for the Ethical Conduct of Research which guide the decisions of Institutional Review Boards may play a role in taking a decision concerning the participation of children in research.
members of society instead of passive research subjects, inevitably leads to the inclusion of children in every effort to study their well-being" (Ben-Arieh, 2005: 576).

Well-being is implicitly defined in quantitative research through several indicators used to measure children's well-being (Bernath, 2017), and in qualitative research through emotionalized concepts (Fattore et al., 2019).

Well-being (seen by children) is mainly associated not only with feelings of happiness, but also awareness of sadness. Children depict well-being in terms of safety feelings, particularly through appeals at harmonious social relationships. The ability to act freely and morally, to make moral decisions with a certain degree of autonomy is essential in the production of the feeling of welfare (Fattore et al., 2007). Child well-being also includes the quality of life in a broad sense, it is a complex and varied phenomenon, "well-being can be understood as the structural conditions of children as standards of living and as a dynamic system in which children are an active force" (Ben-Arieh & Frones, 2007: 250).

The participative action study is particularly suited to issues regarding quality of life because people with intellectual disabilities can contribute to the collective understanding of how to conceptualize the quality of life and to determine ways to improve it (Bonham et al., 2004). Although the concept of well-being includes positive physical, psychological and social states, most researchers focus on the psychological area (Hayes, O'Toole, & Halpenny, 2017; Huppert & Baylis, 2004).

Evidence of psychological research in the US suggests the idea that children from rich families are at greater risk to their psychological well-being than the poorest because of the different non-trivial threats. These threats include the following: higher rates of substance use, anxiety and depression; they are linked to several factors: on the one hand, the excessive pressure to achieve physical and emotional isolation from parents on the other (Morrow & Mayall, 2009). Previous research has centered on aspects that need to be investigated in terms of quality of life, starting from the questions: “What?”, “How?”, “Who?” and “Where?”. Concerning the first question, it is necessary to investigate the areas and indicators of the quality of life. Then, there are required both objective and subjective types of measurement. With regard to the involvement of people with intellectual disabilities, there is already a developing consensus that they need to be directly involved in the quality of life research (Stoutjesdijk, 2014; Townsend-White, Pham, & Vassos, 2012) and proxy measures to be used only if it is absolutely necessary (Verdugo et al., 2005). QOL measurement should extend beyond the place where the person lives, works, is education
level and recreation, it assesses the importance of significant people in their lives (idem).

Positive interventions, no matter at what stage of life are taken, can have beneficial effects on well-being, adequate early-stage but also most vulnerable human development will generate long and long-lasting benefits for the person’s life (Huppert & Baylis, 2004).

In our opinion, children have the competence to express their points of view related to the matters of concern and to their living environment. In this respect, they have the capacity to understand the world around them, hardships they have to face and the possible social shortcomings they assimilate through the adults (models) of their lives. Their readiness to speak freely about their living environment and their quality of life is another argument to state that children’s perspective brings more insights into their daily realities.

2. Research purpose and objectives

Our research grounds on the premise that children are social and knowledgeable actors able to talk about themselves. Through this research, we aim to understand the variations in terms of child welfare experiences and the ways in which these can be conceptualized and established from narrative perspectives taken from bibliography. At the same time, we want to contribute to informing and subsequently formulating recommendations on useful practices for welfare investigation and monitoring. Our goal is to build a children’s viewpoint on perceived well-being through the involvement of children as subjects and acquaintances.

2.1. Specific objectives

In the study we aim to identify the main concepts that define the well-being perceived by children from secondary schools, separated in mainstream schools and special education (Law no. 1/2011 on National Education). In this sense, we tried to extract and interpret some relevant aspects that make up the concept of well-being (as perceived by children), starting from their free narratives. At the same time, one of our goals is to identify the most suitable methods for monitoring and investigating children in terms of their welfare.

3. Methodology

The research was conducted between June 2018 and April 2019 in four schools in Bihor County by organizing four focus group interviews with
children from secondary schools. In this study we used focus group interview for gathering data, which allowed us to obtain information both from participants’ responses and the interaction between them. The interview followed the Interview Protocol prepared by Fattore, Fegter, and Hunner Kreistel (2019) in the Qualitative Multilateral Study on Child Welfare-Stage. As the authors point out, the study seeks to understand the meanings attributed by children to the dimensions of well-being. Through this approach the authors aim to obtain a more detailed understanding of the results of the quantitative project Children's Worlds. In using qualitative methods, Fattore followed the definitions of the qualitative methods of Denzin and Lincoln (1998), which allow researchers to try to understand and interpret phenomena from the point of view of the meanings that humans bring (Fattore et al., 2016). As a result, the interviews aimed at presenting how children experience and relate to what makes them feel good, what matters to them and capture the accounts of the contexts that participants perceive as well-being.

4. Participants

The research addresses children’s well-being from children’s perspective. The participants were 32 children from 5th and 6th grade from mainstream education and special education, eight from each school. Out of the involved children, 22 were girls and 16 were from special schools (50%) (See Table 1. The distribution of the involved participants by school and gender). The schools were selected in order to ensure that both children from mainstream schooling system and children with mild and moderate disabilities from special education institutions have the chance to be involved into the research. Thus, during the selection process, two special educational institutions and two mass schools were chosen.

| Schools            | Boys | Girls | Total/32 children |
|--------------------|------|-------|-------------------|
| Sc. Gim. "B", Oradea | 3   | 5     | 8                 |
| CSEI "O", Oradea   | 2   | 6     | 8                 |
| School "N"         | 2   | 6     | 8                 |
| CSEI. "T"          | 3   | 5     | 8                 |

The second criterion considered in the selection refers to children’s type of residence, the research aiming to ensure equal opportunities for
participation to focus group interviews both to children living in rural areas and children from urban areas. As a result, two schools in Oradea and two rural schools were chosen (See Table 2. School’s distribution by type of residence). To protect children, in this article we decided to refer to the institutions by employing the first letter: B- mass school from urban area, O- special educational institution from urban area, N- mass school from rural area, T- special educational institution from rural area.

The four focus groups were carried out by one of the teachers from a special education institution, who is a member of the research project and one the authors of the article. In each meeting a teacher from the respective school was present, this being a significant person from the school environment of the pupil, having the role of assuring confidence and children’s stress relieving while attending the activities. An important mention is that the written consent of the parents /legal guardians of the children was obtained, which was done before the activity was carried out. Children were priorly informed about the research and only those that agreed to participate and had parents’/legal guardians’ approval were involved in the activities.

Table 2. School’s distribution by type of residence

| Type of public educational system | Urban                  | Rural                   |
|----------------------------------|------------------------|-------------------------|
| Mass education                   | "B" Secondary School Oradea | "N" Secondary School village near Oradea |
| Special education                | "O" Inclusive Educational Center Oradea | "T" Inclusive Educational Center village near Oradea |

2 The coordinating teachers have always begun the meetings with self-knowledge exercises to ensure an effective focus-group activity
5. Procedure

We conducted 4 focus group meetings with 8 students in each activity, starting from a standard well-being investigation map, with 5 overall dimensions shown in the project guide: "Children's Understandings of Well-Being-Global and Local Contexts" / The Multinational Qualitative Study on Child Welfare - Stage 1. As the project guide shows, the main dimensions were the self-concept, main aspects of well-being, what makes them feel good, socio-demographic aspects. The self-concept dimension consisted of a general presentation of each participant (the students had to say about themselves: who they are and how they present themselves). As part of the second dimension, every child had to draw map of the main aspects of well-being: (important places, important people, important things / personal belongings, important events). Subsequently, in the third dimension, the students had to embed in the map what makes children feel good (checking what they wrote or drew earlier). In the 4th dimension pupils had the possibility to change the most important aspects of well-being. Finally, the students completed the survey about them, Annex A of Project "Children's Understanding of Wellbeing-global and local Contexts" / Qualitative Multinational Child Welfare Study - Stage 1.

6. Presentation and interpretation of results

Transcripts of focus group meetings were encoded and interpreted through the NVIVO 11 qualitative analysis program, which allows systematization and data analysis (Bazeley, 2013; Richards, 1999; Welsh, 2002). Through this software, we can compare the references’ coverage and consistency of focus groups, the themes debated within each and the perspective of each participant in the discussion, as well as the differences between how the participants relate to the proposed topics. NVIVO also provides a graphical representation of the themes of interest and their coverage. Among the types of visual representations that can be achieved by are included: word clouds, tree maps, 2d and 3d charts. At the same time, the researcher may benefit of NVIVO tools (queries) for analyzing the main dimensions that were identified, the intersections between dimensions and the answers of the participants, which can be exported as Excel tables.

In developing this research we opted for thematic analysis, which is a qualitative research method commonly used in social sciences (Braun & Clarke, 2006; Clarke & Braun, 2013). This method establishes the link between quantitative and qualitative research, allowing the transfer of
information from one to another (Boyatzis, 1998). According to Nowell, Norris, White, and Moules (2017), the veracity and credibility of the thematic analysis is achieved by iteratively passing the proposed methods of Lincoln and Guba (1985), namely: familiarizing with data, generating initial codes, searching for the main themes, re-evaluating themes, defining and appointment of the themes, presentation of the results. Software programs that systematize information provide valuable help to researchers across these stages. The choice of thematic analysis is also justified in the light of the objectives set out in the interview protocol followed in the course of the study.

After familiarizing with the data, we developed the five dimensions based on the concepts of the Project Protocols "Children's Understanding of Wellbeing-Global and Local Contexts" / Qualitative Multilateral Study on Child Welfare - Stage 1, which are illustrated in Figure 1. The hierarchy chart of the main dimensions.

The first dimension, "Who are we?" (1) refers to the "self-concept" and includes: self-description, the cultural background and general aspects about children (things that represent them, preferred colors, representative symbols). Subsequently, within this dimension, we created the sub-dimensions “General data” (1.1), “hobbies” (1.2), “school references”(1.3).

The second dimension, "Well-being" (2), was created by analyzing the map of the main aspects of well-being. In this dimension we coded the answers of children related to well-being: “happiness”, “love”, “safety”, “friendship”, “well-being”, “maintaining comfort within families”, “dreams”, “hopes”, “memories”, etc. Here we created 5 subdivisions: “important people” (2.1), “important places” (2.2), “important activities” (2.3), “important things” (2.4), “feelings” (2.5). The third aspect of the project reflected by mapping well-being, “what makes children feel good” was initially included as a standalone dimension, but later we included it in the "well-being" dimension. The highest coverage of it is found in the subdivision “feelings” (2.5) and refers to:
happiness, well-being, awareness of sadness and aspects that bring psychic comfort or discomfort.

Changing the aspects related to well-being is another fundamental aspect pursued by Fatore et al. in the interview protocol. Based on this concept we coded the dimension “What do we change?” (3). Here we created the sub-dimensions “close persons”(3.1), “objects”(3.2), and “people”-including references to the world in general (3.3). Children's responses were very diverse especially on that concerns the living area, people around, humanity, physical appearance, etc. The last concept followed in the following interview protocol, that of socio-demographic data, was initially coded as a dimension, but later it was embedded in the dimension "Who are we?"(10, considering that all the concepts identified were encoded within the first dimensions. While in the successive stages we aimed to include the relevant information in as many sub-dimensions as possible in order to be able to construct a broad picture of the themes analyzed, a series of information did not fit in the sub-dimensions mentioned. They represent either in vivo structures with a strong sense of their own, or aspects mentioned only by one of the participants in the discussion.

7. Preliminary results on the qualitative interpretation

In the following section, we present the preliminary results of the qualitative interpretation obtained through data analysis tools included in the NVIVO11 program, namely: word clouds (Figure 2. Focus group word frequency), mental maps (Figure 3. Mental map of the most common word used in focus groups) and different types of charts (Figure 4. Degree of coverage of the dimensions and sub-dimensions within the 4 focus groups, Figure 5. Degree of coverage of the first dimension in each focus group, Figure 6. Degree of coverage of the second dimension in each focus group, Figure 7. Degree of coverage of the third dimension in each focus group,
Figure 8. Comparison of the explanatory graphs of covering the dimensions and sub-dimensions of the focus groups of children with disabilities and of children from mainstream education).

By running the Word Frequency Query, we noticed that the most common 3 words from focus groups were those related to friends, hobbies, spoken language at home and school. It seems that regardless of the form of education they attend, children like to form friendships (in the case of pupils from special education institutions, their friends are only children around them: classmates, colleagues from the centre where they live, as they have little opportunities to forge new friendships).

The mental map of “friends” (“prietenii”)—Figure 3, the most common word from the focus groups shows the contexts in which children talk about their friends and present the persons that children associate to friendships. We noticed from this figure that children from special education institutions do not have a clear demarcation between friends and close family members (parents, brothers, sisters, grandparents).

As we have observed during the interviews, children (both in mass education, in particular) are attached to the important people in their lives (family of origin, classmates, or colleagues in the area where they live (Family Type Centers), these being the people with whom they develop friendships. Friends are the fellows with whom they share the same experiences, experiences, events:

... "the important people in my life are: Mrs. S (my boss), my parents living in Alesd, my grandparents, the friends around the cottage who live with their families, and the two girls in my class"- R. (child in special education), (14 years old), lives in a family house

... "I would like to be with my family to spend more time with them"- M (14 years old), lives in a family type center:

... "I'd like to meet my aunt who's gone to England more often"- C (14 years), lives with the family

The idea unfolded by the analysis of children's answers is that all children have friends (no matter where they live or whom they live with) and they are able to express some wishes about their lives, friends, family, social relationships, etc. As the mental map shows, children associate friends with family members (mother, father, aunt, grandmother, sister), with the language they speak (Hungarian, Roman), favorite activities (“football”, “shopping”, “going on a trip”, “playing on the park”). Also in some mentions, children talk about church, which is associated to a place where you go along with your friends. When asked what he drew, one of the participants gave a particular answer, which shows the importance of friends, “I drew children which mean friends for me”. Moreover,
the mental map shows an association between “friends” and the phrase ... "I would like to change people", which can be interpreted as the willingness of the participating child to be understood by others.
Analyzing the chart present above (Figure 4. Degree of coverage of the dimensions and sub-dimensions within the 4 focus groups), we can see that most of the information in the dimensions and sub-dimensions was provided by the children enrolled in mainstream education institutions (urban, rural) and not by the children with disabilities (urban and rural). As expected, it seems that pupils in the urban area have more opportunities in terms of personal development and have more chances to express their point of view. Compared to their peers, they have provided more information about themselves. The information given by students with disabilities, whether urban or rural, is less and poorer in consistency. Grounded on specialists’ findings, segregation of children with disabilities could be conceptualized as a possible explanation (UNESCO, 1994), although this should happen only in exceptional circumstances, when it follows the best interests of the child and other actors involved in the educational sphere (parents, classmates, teachers). The lack of opportunities for communication and of family support lead to a closure in itself, as we
also noticed in the focus group meetings. Thus, children in the institutional care encounter more difficulties in communicating about themselves and express themselves inaccurately when asked about their favorite activities.

![Figure 4 Degree of coverage of the first dimension in each focus group](image)

Regarding the amount of information extracted from focus group interviews within the "Who are we?" dimension, we can see that most children expressed their preferences mostly by presenting themselves. Thus, in three of the four focus groups the dimension "Who are we?" had the highest degree of coverage. The group of children who spoke significantly less about personal identity is those enrolled in school B- mainstream education, urban area. One possible explanation is that they talked the least about this issue, preferring to focus on the transmission of other information (from the desire to transmit the multitude of accumulated knowledge).

On the other side, the children enrolled in the T- special education system, rural area concentrated the most on their own presentation. The tendency to speak the most about one's own identity can be a result of the fact that they have few opportunities to express their point of view and their own preferences.

Below we illustrate the most suggestive in vivo structures on this dimension:

A: „My name is A....., I am 11 years old, I do not like school so much because I have too many homework and I do not have time to play as much as I would like to. I have practiced swimming since I was 3 years old; now I do not practice any more because I do not have so much time.” – girl, mainstream education, urban area

R: „My name is R...., I am 14 years old and I like.....(pause)..to have a work to do”- girl, special education institution, urban area

Another aspect that would explain why the information presented by pupils in T institution (special education institution rural area) is more numerous refers to the chosen presentation method. They preferred to write on a previously given teacher’s note, while other children answered oral questions about their own person and general issues about themselves.
 Within well-being dimension, students enrolled in mainstream education institutions gave most of the information. Students with disabilities express themselves with more difficulty in terms of aspects that give them a perceived state of well-being. We have found that students with disabilities both in the rural and urban areas are more likely to express themselves in written language (some use long pauses before expressing a sensitive aspect or have the tendency to respond like a colleague because they do not want to be stigmatized later because of the expressed viewpoint. Within this dimension, we created sub-dimensions with reference to: important people, important places, important events, favorite objects / things. Regarding the sub-dimension of "favorite objects", we present two antithetic answers of the participants:

A: "Badges from the time of communism, my father gave them, almost all the flag is full, they are old, but they are all under my control anyway, so no problem ... I like military medals because they have been granted to brave people who have risked their lives and appreciate these people very much." - Boy, fifth grade, mass education

R: "The clock (received from the religion teacher) and a ring, but I would like a tablet, a speaker and a phone" - little girl, grade VII, special education.
them feel good (whether it is about things, people, places or events), children with disabilities have poorer and less consistent information on well-being, especially in the cases when they are deprived of parental love. When asked to nominate concrete aspects of their lives, they have fewer desires, relating to concrete and common aspects of their environment: clothes, food, personal household items, and mostly significant people.

Asked about what they want to change in order to improve their lives, children with disabilities nominate fewer aspects than their peers mentioned, fact that may constitute a sign that their universe is somewhat limited. At the same time, the answers suggest that children from special education institutions assimilated less notions to compare the reality they live with the one they want, which is a significant difference between them and children from mass schools.

In order to understand better the way children approach their well-being in term of what do they want to change, we present two suggestive responses below:

“... I would like to change my family, stay away from the center and live with my family”
– M, little girl, special education

"... If I could I would change… if only I could make my grandparents and my parents younger, to earn more time together so my parents did not die and I remained alone" - S, little girl, mainstream education

While analyzing children's responses to this dimension, we noticed the incurrence of the idea of family unity and children’s desire of belonging to the family of origin. Those who do not live with the family want this, and those who already have this privilege want to keep this situation for as long as it is possible, fact that reveals is a slight tendency for separation anxiety.

The two responses show two different social realities in diametrically opposite poles. In the first case, it concerns a child experiencing two situations that affect his or her personal well-being. The first is related to the fact that the family of origin does not socially accept her (she is placed in the institutional care) and this is reinforced by the light intellectual disability confirmed by specialists. In the case of the second child, she had a well-established well-being and she had to face a sad event that left her vulnerable. Under these circumstances, she is concerned to maintain the issues that she already had and the desire to prolong the well-being she had experienced until then.

Another relevant aspect that could represent a starting point for further research is that children in special education from rural areas (most of whom are children living in the boarding school) preferred to write more
and did not express their views in an oral manner. Many of them wrote that they would like to change the "memories" without specifying additional issues to justify the written ones.

Analyzing the graphs illustrated below (Figure 8. Comparison of the explanatory graphs of covering the dimensions and sub-dimensions of the focus-groups of children with disabilities and of children from mainstream education), we note that all children talked more about well-being and less favorite objects and school, although all focus groups took place in schools.

Figure 7. Comparison of the explanatory graphs of covering the dimensions and sub-dimensions of the focus groups of children with disabilities and of children from mainstream education

Another important issue is that the last question in the Data Questionnaire was related to whether they want to say or write something about them (issues that may not have been debated in the focus group). In this case, a little girl from B school wrote: "My parents are divorced for 5 years and live with my mother and my grandparents, when I will be great to be an architect or an accountant."

The conducted research shows that children’s views constitute a starting point both in quantitative and qualitative research designs, as children’s answers may serve as guides for identifying the aspects that need further investigations. During the focus
groups, the atmosphere was relaxed and friendly, the information expressed by children standing as a proof of this. Hence, some of the participants talked about significant aspects from their lives, as the pauses or the employed keywords may suggest – these structures were emphasized in the section focused on focus group dimensions.

Also, the focus groups show how children relate their experiences to the concept of well-being. When they talk about well-being, children associate it with happiness, love or with the moods, they experience in particular circumstances that have a specific significance for them. Children reflect well-being in various ways. While some of them relate well-being to their will of controlling their lives, others acknowledge the danger of losing the affective safety (which they feel in the original families) and others talk about their losses or the lack of emotional, social and material resources that should be ensured by their families or their legal guardians.

8. Limitations of the qualitative study

The study presents some limitations, which determine us to recommend treating these results with caution and further investigate the aspects revealed the focus groups. The first limit could be the existence of a single encoder in the Nvivo program, and it may be slightly subjective in coding. We also consider the need for individual interviews for pupils with disabilities to be carried out in the future (it is clear that they would express more information, much more nuanced than the ones they exhibited in the group). Another aspect that may limit results’ applicability relates to the fact that we did not provide more detailed information about the desire to protect children's information (some confidential) and would require further research through more varied and customized methods depending on the potential of the children involved in the research.

9. Conclusions

Children and adolescents have physical, psychological and social needs that must be met to allow them healthy growth and appropriate development. The extent to which parents, family, community and society are able to respond to these developmental needs (or not) may have long-term consequences on the development of the responsible adults for later (ARC, 2001).

The development of indicators that relate to the experiences of children may reflect dimensions and areas assessed by children in general (in a historical, cultural and social context) (Fattore et al., 2007). The problem of
the role of children in studying their well-being has both a normative and a methodological aspect. While the normative aspect refers exclusively to children (they do not have civil rights as adult citizens), the methodological aspect also considers subject’s voice, and if we refer to the subjective perspective (children), it is not necessarily the only truth, but it is an essential one in data analysis (Ben-Arieh, 2005). "It is important to recognize that sustainable welfare is associated with the use of our forces, sustaining our relationships and striving to achieve socially desirable goals."

A relevant aspect of this article is that students were able express oral information, or to write different aspects based on standard questions about their own person. They also had the possibility to make drawings that represent them, all from the perspective of their personal style perceiving the aspects of their lives. Children can and must become an active force when it comes to matters that concern them.

The present study proves that regardless of the form of education in which a child (mass / special) is enrolled to, he/she can reproduce aspects of his / her life, correctly and naturally perceives the way in which his/her life flows and can propose aspects to improve existence. Children who participated in the focus group of special education had either mild or moderate disabilities, or other symptoms associated with the main disability (behavioral disorders, ADHD etc.).

We propose this study design and similar studies to it because the well-being field can be enriched by creating useful practices for measuring and monitoring the well-being of children, as well as by developing useful policies to improve child and childhood legislation and decision makers.

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