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Author(s)	Sixsmith, Jane; Nic Gabhainn, Saoirse; O'Higgins, Siobhan
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Children's, Parents' and Teachers' Perceptions of Child Well-being

Jane Sixsmith, Saoirse Nic Gabhainn, Collette Fleming, and Siobhan O'Higgins

Authors' Details

Jane Sixsmith (Corresponding Author)

Jane Sixsmith RGN, HV, BSc, M.A., Ph.D.

Lecturer in Health Promotion at the Department of Health Promotion, NUI, Galway:

jane.sixsmith@nuigalway.ie. Telephone + 353 91 493466

Saoirse Nic Gabhainn

Saoirse Nic Gabhainn, B.A., M.A. Ph.D.

Senior Lecturer in Health Promotion at the National University of Ireland Galway and

Deputy Director of the Health Promotion Research Centre.

Contact: saoirse.nicgabhainn@nuigalway.ie, Telephone + 353 91 493093.

Collette Fleming B.Ed. M.A.

Teacher, Scoil Phadraig Primary School, Westport, Co. Mayo, Ireland.

Contact: flemclog@eircom.net. Telephone + 353 98 26027

Siobhan O'Higgins

Siobhan O'Higgins, B.A., P.G. Dip., M.A.

Researcher, Health Promotion Research Centre, National University of Ireland, Galway

Contact: siobhan.ohiggins@nuigalway.ie. Telephone + 353 91 493956.

Research Paper

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Abstract

Purpose

This paper presents an exploration of parents', teachers' and childrens' perspectives on children's understanding of well-being with the aim of illuminating and comparing the conceptualisation of well-being from these three perspectives.

Methodology

The participatory method developed to undertake this study stems from our adaption of the 'draw and write' technique, with children taking photographs rather than drawing and participating in data analysis. Children aged 8-12 years took 723 photographs representing well-being, while a second set of children grouped the photographs into categories. A third set organised these categories, developing and illustrating through schema the pattern of relationships between categories. This process was repeated for parent and teacher groups drawing on the photographs taken by the children.

Findings

Differences emerged between parents and teachers and children and adults. Parents provided a more detailed conceptualisation than teachers. Children included pets where adults perceived school as more important in children's well-being. The identification of the differing perspectives between children and adults suggests that this approach has enabled children to illuminate their own unique perspective on well-being. It also demonstrates that children can express complex understandings of abstract concepts.

Practical Implications

The findings reinforce the need to gain children's perspectives rather than relying on adult perceptions of children's perspectives, in order to inform quality service, practice and policy developments.

Key words: participatory research, well-being, children, teachers, parents

Introduction

The centrality of well-being in the lives of children is epitomised in the United Nation (UN) Convention on the Rights of the Child (United Nations, 1989). Ireland ratified this convention in 1992 and the first National Children's Strategy (Department of Health and Children, 2000) followed. The Irish strategy specifically recognised the development of indicators of children's well-being as an action, putting the concept of well-being to the fore at a national level (Department of Health and Children, 2000). The strategy also identified three key goals: children will have a voice, children's lives will be better understood and children will receive quality supports and services. That children's lives be better understood is a necessary contributing step to the development of child centred quality supports, services and policies and it would appear logical that actively seeking out children's voices would facilitate this endeavour. However, this has not always been the case and traditionally adults have provided information on children's policy and service needs (Alderson, 2001) with parents often considered the most appropriate and primary voice of the child (Hayes, 2002). Adults, such as parents and teachers, it can be argued, have a unique perspective and hold key insights into the lives of children which could contribute to the development of child focused policy and practice. This paper presents an exploration of teachers', parents' and childrens' perspectives on children's understanding of well-being. The participatory method developed to undertake the study stems from our use of the 'draw and write' technique but with children taking photographs rather than drawing and participants taking part in data analysis.

The concept of child well-being is complex and multi-faceted (Helliwell, 2003). This results in many definitions reported in the literature (Ben Arieh *et al.*, 2001), yet a single

agreed understanding of well-being remains elusive (Hanafin and Brooks, 2005). Hanafin and Brooks (2005) identify the definition of Andrews *et al.* (2002) as a guide to the development of child well-being indicators in Ireland. The rationale given for this choice is that Andrews *et al.*'s (2002) conceptualisation is multi-dimensional, with the recognition of the importance of relationships within the context of a social ecological approach that is coherent with the reality of children's lives. Interestingly, this definition also includes explicit reference to health. Definitions identified from the literature are usually conceptions by adults that mediate our understanding of children's well-being, as opposed to children's own constructions of well-being. This limitation would be ameliorated by children expressing their own perspective directly, unencumbered by an adult world view.

Increasingly, children's perceptions are being recognised as providing a unique view of the world, an insider's view or emic perspective that can positively contribute to child centred policy and practice developments (Darbyshire *et al.*, 2005). However, the research process through which this perspective is accessed can be problematic as, Harden *et al.*, (2000) argue, it reinforces inequalities in power between adults and children. This can be negated to some extent by the active and meaningful participation of children throughout the research process (Darbyshire *et al.*, 2005), including the analysis stage where power differentials are particularly manifested (Mayall, 1994). Much of the focus today in research with children includes: seeking the emic perspective, fostering inclusion and participation, and striving towards equality and mirrors developments in health promotion research practice. Health promotion research is developing with the integration and application of the tenets of health promotion applied through the research process (Springett, 2001a,b; Tones and Tilford, 2001). In this way the active meaningful

participation of people, not just children, is sought in a way that, at the very least, is not disempowering.

The way children's ideas are explored varies with a vast range of approaches used. The 'draw and write' technique is one such approach, often used in school settings as a vehicle to facilitate children's expression of abstract concepts such as health (Williams *et al.*, 1989; MacGregor *et al.*, 1998). The technique, while groundbreaking in its time with its implicit recognition of the need to seek out the child's perspective, has recognised limitations (Backett-Milburn and McKie, 1999; Kelleher *et al.*, 2001; Nic Gabhainn and Kelleher, 2002). One of the constraints of the 'draw and write' technique is the school setting, rather than the approach itself, with its organised physical and social boundary (Coad and Lewis, 2004), overseen at all times by adults (Harden *et al.*, 2000) suggested to influence the participation of children in 'draw and write' activities (Backett-Milburn and McKie, 1999; Nic Gabhainn and Kelleher, 2002). Children's perception of their own abilities in drawing may also restrict their participation (Backett and Alexander, 1991). These limitations may be negated by the use of photography rather than drawing as cameras can be taken out of the school setting and are dependant on a relatively straightforward skill that can be easily and quickly learnt. As disposable cameras have become more readily available and cheaper so their use in research has increased. Children as young as 3-8 years of age have successfully used photographs to illustrate to adults what was important to them in their community (Miller, 1996). Photovoice, a participatory action research strategy, initially developed with adults (Wang and Burris 1994; 1997), was employed by Darbyshire *et al.* (2005) with children, as one of many methods of data collection, to elicit children's understandings and experiences of place, space and physical activity.

Darbyshire *et al.* (2005) identified that the children's rights agenda has created an environment of awareness in which children have the right to be consulted and heard. However, in an Irish context, Articles 41 and 42 of the Constitution directly refer to the life of the child and relate to family and education respectively (Bunreacht na hEireann, 1937). There is no specific clause that guarantees the rights of the child, although this was recommended in 1996 (Constitution Review Group, 1996). The inalienable rights of the family and parents in the Constitution have, in times of conflict, led to the subordination of child rights (Fahey, 1997). In circumstances of family breakdown, parents may agree issues of child custody and access and only in situations where agreement is not achieved is a court obliged to "take into account the child's wishes" and then only "as it thinks appropriate and practicable" (All Party Oireachtas Committee on the Constitution, 1997 p25). In relation to school, children are accorded some consultative rights under the 1998 Education Act. However, Hayes (2002) has argued that this Act is circumspect with regard to the democratic participation of children, as students' rights to information and consultation are conditional and dependant on the school Principal or Board of Management (Lynch, 1998).

While the legislative context appears restrictive in regard to children's rights the development of the National Children's Office, which actively and meaningfully includes children in research, policy and practice developments, suggests an increasing commitment to a rights based approach in the Irish context. Due to the role of parents and teachers in the lives of children and their position in relation to power over children in Ireland, it would appear expedient to ascertain not only children's perspectives but also that of parents and

teachers in relation to children's conceptions of well-being. This paper aims to illustrate teachers', parents' and children's conceptualisations of well-being through a participatory method of research using photography.

Methods

This research was carried out in 5 rural school settings with each school outside the boundary of any city or town, yet geographically distinct from each other using a mixed gender team of researchers. One boys' school, one girls' school and two mixed gender schools were actively sought to participate. Written informed consent was obtained from parents / guardians of all child participants, as was consent from the school. At all research phases, following explanation of the study, children, whose parents had provided written consent, were given the option to withdraw with alternative activities provided. Parents and teachers were recruited through a fifth rural primary school. For all groups, ground rules, including observance of confidentiality, were agreed between the researchers and participants. The 4 phases of the research are delineated below.

Phase 1

In classrooms, with teachers present, the research team introduced themselves and the study to class groups of 8-10 year olds. The purpose of the research was explained to the children and included a description of the concept of well-being taken from previous research in an Irish context as *'feeling good, being happy, and able to live your life to the full'* (O'Higgins, 2002). Children were asked to quietly reflect on what makes them well and keeps them well and then share their reflections with the rest of the class for which positive feedback was given. Disposable cameras were then distributed to each child and

they were asked to label them with their name, sex and age. Instruction was given on their use and children were given the opportunity to take a test photograph, which the research team supervised, providing assistance when needed. Children were told that they could take as many photographs as they liked and of whatever they wanted. They were also told that if they did not want to participate they could return the camera unused. Finally, the children were informed of the day to return the used cameras to school and that the research team would return with their developed photographs. A letter to parents reiterating these procedural issues was sent home with each participating child.

The children returned the cameras to the school, which were duly professionally processed and two copies of each set of prints produced. One set of photographs was labelled with each label predominantly left blank except for coding of the child's age, sex and school. The research team returned to the schools and the two sets of photographs were given back to the child that had taken them. One set was for the child to keep and with the second set the children were asked to write on the labels what the pictures depicted. Researchers oversaw this process and with the teachers' guidance provided assistance to children when required. The labelled and annotated photographs were collected by the research team. Each photograph was examined and those marked '*test*', '*practice*', '*nothing*', '*mistake*', '*error*' and '*I didn't mean to take this photograph / picture*' and those left blank were removed as invalid. These procedures were repeated in two schools, one was boys only and the second girls only. In total 763 photographs were returned to the research team, 140 of which were invalid. The remaining 623 photographs were randomly assigned into sets of fifty.

Phase 2

A group of 8 children aged 10-12 years in a third school undertook the second phase of the research. The research was described with the same explanation of well-being given as at Phase 1. The children were introduced to the photographs fifty at a time, asked to view them and gather them into groups of pictures that went together, a process referred to as categorisation. The children themselves decided which photographs went into which category, how many categories and what they were called. As the process progressed, additional sets of fifty photographs were introduced until saturation – that is when no new categories were developed by the children. Finally, children decided on the title for the category and chose an example photograph.

Phase 3

In this phase a new group of 8 children from a fourth school were introduced to the study. The categories developed in Phase 2 were represented by a flashcard with the category name and previously chosen example photograph. The children were asked to arrange the categories into a pattern by fixing the flashcards onto a double sheet of A1 paper in any way they chose. The opportunity was also given for the addition of any perceived missing categories through the provision of blank flash cards which could be used by labelling the cards and including them in the process. On conclusion of this activity the children were asked to indicate which categories, if any, were linked and to depict this by drawing a line joining the categories. This is referred to as schema development with the resulting depiction a schema. This division of data creation by children in phase 1 from children's analysis in phases 2 and 3 ensured that people and scenes depicted in the photographs were not known to the children undertaking the analysis, limiting the potential for any pejorative

comments. It also facilitated validation of the previous phase with the opportunity for participants to include further categories considered missing.

Phase 4

Two purposively selected adult groups, one of parents and one of teachers participated in this final phase, at a fifth rural primary school. The research process mirrored that undertaken by the children at Phases 2 and 3 but were amalgamated. The study was explained in the same terms as that to the children, with the same definition of well-being. The parents' and teachers' groups independently used the photographs that had been taken by the children at Phase 1 and were introduced to them fifty at a time to categorise. They then went on to develop schema. Again, opportunity was given for the addition of any perceived missing categories.

Phases 2, 3 and 4 engendered a large amount of discussion and negotiation in both child and adult groups which was audio-taped with researchers taking contemporaneous notes. The researchers were also debriefed following the exercise. This information was used to inform the results.

Results

The results of this study take the form of the categories and schema developed by the three groups of children ($n=8$), parents ($n=7$) and teachers ($n=6$). The teachers' construction will be presented initially followed by that of parents and finally that of the children. The depiction of the schemas is as faithful as possible to those produced by the groups themselves.

Teachers

The group of teachers used a total of 250 photographs to develop 14 categories. The categorisation process generated much discussion by teachers particularly in relation to 'freedom' and 'pride'. One teacher interpreted the photograph 'going home from school' as representing freedom and the other photographs in the group, according to the teachers, relate to the feelings a child would have, for example, when out in a boat. As there was only one photograph in the category 'pride' it was suggested that this be subsumed into 'possessions', however, others felt that this should remain, the rationale given by the teachers that pride is an important component of children's well-being. It was decided early on that 'family' and 'home' differed, with 'family' equating to people and 'home' a place. Teachers identified an emphasis in the photographs on solitary pastimes rather than group activities. They also identified nutritious food and visits to the doctor as missing from children's representation of well-being. Teachers highlighted a perceived lack of reference to spiritual well-being.

Teachers' Schema

The teachers constructed the schema around what they identified as the core categories of 'home', 'family' and 'friends' which were perceived as central to a child's well-being and so placed them in the middle. Categories perceived as more important were placed in closer proximity to these three central features. The schema as developed is presented in figure 1. The font size of the category label represents the number of photographs placed by the group of teachers into this category (See table 1 for legend).

Take in Table 1

Take in Figure 1

Parents

Parents' review of the photographs generated 28 categories from 300 photographs. In the development of the categories by parents, differentiation was made between 'hobbies' and 'play', the rationale given by parents was that hobbies are specific, pre-meditated activities rather than spontaneous play. Similarly, distinction was made between 'home' and 'family' as home was considered a physical space and family were people. Parents separated sweets and food as they equated sweets with treats and food as a life necessity. A number of areas were identified as missing from the category development by parents. These missing components according to parents were emotional expression and areas of health, specifically mental health and ill health. Festivities, such as Christmas, were also identified as missing as were holidays and money. These missing areas were perceived by parents as important to children's well-being.

Parent's schema

Parents positioned the categories in their schema in clusters of loosely grouped categories that they felt belonged together. For example, 'family', 'home', 'support' and 'friends' were all grouped together and are depicted as such in the schema. However, it was considered that the characteristics of each category, which had become to some extent a sub-section, were important to keep. All categories were depicted as linked and connected

as it was perceived that children need the totality for well-being. The schema as developed is presented in figure 2 with the larger font size of the label indicating that more photographs were included in the category (see table 1).

Take in Figure 2

Children

According to those constructing this schema it should be read from top to bottom in terms of importance, so that 'family' (closely followed by 'animals and pets' and 'sports and soccer') was considered the most important with flowers and clock the least important for well-being. As can be seen there are many connections with the most connected category that of 'fun', with 9 connections, followed closely by 'Things to do'. The schema constructed by children is presented in figure 3. As before, the larger the font size of the category label, the greater the number of photographs placed in that category by the participating children in phase 2.

Take in Figure 3

Discussion

Differences and similarities emerge across all three groups of data analysts. Teachers took a broader approach to defining children's well-being and consequently parents had exactly double the number of categories as teachers (28 to 14 respectively). There was consensus

on the two main categories of 'friends' and 'family'. There was also general agreement on the categories 'home' 'nature' and 'pets' although labelled 'animals' by parents. The 'school' category described by the teachers was more inclusive than that of parents which appears subdivided with 'school' one category and the others being 'teachers', 'academia' and 'ability' which are presented in the parents' schema in the same area of the chart but not explicitly linked. This broader conceptualisation by the teachers indicates the general salient features they perceive as important to children's well-being as opposed to the more detailed construction by parents. However, as parents grouped sets of categories on the schema, it can be suggested that they recognise this broader conceptualisation also. The category and schema development indicate areas of consensus which can also be observed between parent and teacher groups' identification of what is missing from the constructions which include holidays and ill health. However, differences can also be observed with teachers identifying a lack of reference to spiritual well-being and parents suggesting that the expression of emotion is missing. Both these concepts, spirituality and emotion, are abstract and complex to express for both children and adults and it may be that this form of data collection is unable to capture this level of abstraction. However, it is important to recognise that these are adults' interpretations of children's photographs of well-being and children may have considered their photographs to be depicting emotions or spirituality and adults are not interpreting them in this way.

A striking aspect of the children's category and schema development is its complexity, with the twenty three categories being presented in a hierarchy. The centrality of family is in concurrence with both parents and teachers and the importance of family to child well-being has been recognised (e.g. Carroll, 2002). The simplicity of the word 'family' hides

the complexity of what the term actually denotes. Costello (1999), when referring to the influence of the family on child well-being, considers definitions, structure, functioning and relationships within the family. However, family is not presented in this way through the category and schema development, rather simply as family members which includes extended family. The category 'friends' is given more importance in the adults' schema than would appear to be the case in the children's even though the 'friends' categories comprised large numbers of photographs. This is of note as Morrow (2001), in a study of young people's perspectives on their environments, found that friends were photographed in at least half the pictures even though they had been asked to take pictures of places, not people.

However pets, while featuring in both adults' schema, are accorded a much more significant position by the children. The primacy of pets to children's perceptions of well-being was identified in the previous application of this approach (Nic Gabhainn and Sixsmith, 2006) but is often not included in considerations of child well-being (Ben-Arieh *et al.*, 2001; Torsheim *et al.*, 2001). The category 'school' has more prominence in the adults' conceptualisation of well-being than children's, which is surprising when it is assumed that the primary productive activity of children is related to learning within school (Carroll, 2002). In a study of factors associated with school children's general, subjective well-being, the strongest correlations were found with means of self-fulfilment and social relationships (Konu *et al.*, 2000). The results of this research suggest that while adults recognise school as an important contributor to child well-being children themselves do not necessarily share this perception.

The category 'neighbours' is presented in both the teachers' and children's schema although in differing positions of importance. The children appear to place it higher in their hierarchy while teachers place it on the periphery of their construction linked to a category, labelled 'locality', which has been placed in a similar peripheral situation on the schema. The Children's Strategy (Department of Health and Children, 2000) identifies the role of community to child well-being with recognition of the built and natural environment to support their physical and emotional well-being. Interestingly, teachers linked the category 'neighbours' to that of 'locality' but children did not link the category 'neighbours' to 'places' in their schema. Parents did recognise the role of environment for children's well-being but in terms of 'special places' and 'nature'.

The elements identified as missing by teachers, parents and children are also illuminating. Both parents and teachers identified a specifically biomedical component, ill health and visiting a doctor as missing. However, children appear to have constructed a very positive conceptualisation of well-being with no negative health connotations. Although the teachers identified spirituality as missing from the photographs it should be noted that children placed the category 'church' high in their hierarchy. This category only had five photographs suggesting that few children took pictures of this topic area, which may explain why none appear to have emerged in the teacher's category construction. This also highlights that the number of photographs in a category does not necessarily correlate with its placement on a hierarchal schema.

The children depict the categories in the schema as highly connected, often with two way links and these contrast with the adults' constructions. The more connected categories

could be interpreted as more important in that they have a perceived role in the other category areas, which would mean in this study that from the child's perspective 'fun' is a central feature of children's well-being. However, this was not the way the children discussed the schema, although they did acknowledge that all categories are linked, in some way suggesting an integrated approach to well-being.

The development of this approach to data collection and analysis has proved valuable in giving voice to children and demonstrating that their voice differs from that of adults and not as traditionally conceptualised, merely a simpler less developed world view. This supports the explicit participation of children in policy, practice and service developments that relate to their lives. Research informs these developments and researchers have an obligation to enable the voice of children to be heard beyond consultation and towards active participation. This can be achieved through child participation in the research process and supporting the use and development of participatory methodologies. The use of photography enabling children to reflect and record their insights outside the school setting has also proved useful and appears to have negated some of the restrictions encountered with the 'draw and write' technique. Researchers working with children need to actively provide children with the opportunity to express themselves unfettered by restrictions imposed by adult presumptions which are often reinforced by the setting in which research is undertaken. The inclusion of participants through data collection and analysis emphasises the importance and commitment of the research to the participant's perspective. This would appear particularly important for children whose views have often been mediated through adults. This research approach is coherent with the principles of health

promotion and would support the development of a health promoting ethos within a school setting.

Limitations

As with all research this study has limitations. There are some documented differences in the procedures adopted with adults and children. Different groups of children were involved in the categorisation and the schema development phases, whereas single groups of both teachers and parents completed both sets of tasks, albeit independently. The involvement of one group of participants through all research phases may have provided more cohesion, facilitated greater reflection and resulted in more comprehensive conceptualisations of child well-being by parents, teachers and children. However, the division of the research in this way meant that no participant undertaking category and schema development knew those portrayed in the photographs, thus limiting the potential for any pejorative comment. However, this raises a further ethical issue; although informed consent was obtained from parents / guardians, teachers, parents and children, with participants proffered the opportunity to withdraw at all points of contact, consent was not obtained from those pictured in the photographs. Participation in analysis may be questioned as without academic analysts, research may produce nothing more than lay understandings (Harden *et al.*, 2000). However, as in this case, if the aim is to give children a voice and to gain their perspective in order to contribute to adults' understanding of child well-being, it would appear necessary that children undertake the analysis to reduce the imposition of an adults' view through the adult analyst's interpretation of the data.

Conclusion

The childrens' conceptions of well-being, illuminated through the participatory approach taken, are at least as detailed and complex as that of parents and teachers. As has been shown teachers', parents' and children's perspectives of child well-being while having similarities also have discernable differences. This is particularly notable in relation to the role of pets in children's lives which requires further exploration. This study demonstrates the value of the participation of children in research as active participants. Their contribution should not be under-estimated.

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Table 1: Legend for font size of schema category labels

Number of photographs	Font size of category label
< 2	10
2-6	12
7-14	14
15-24	16
25-35	18
>35	20

Figure 1: Teacher's Schema

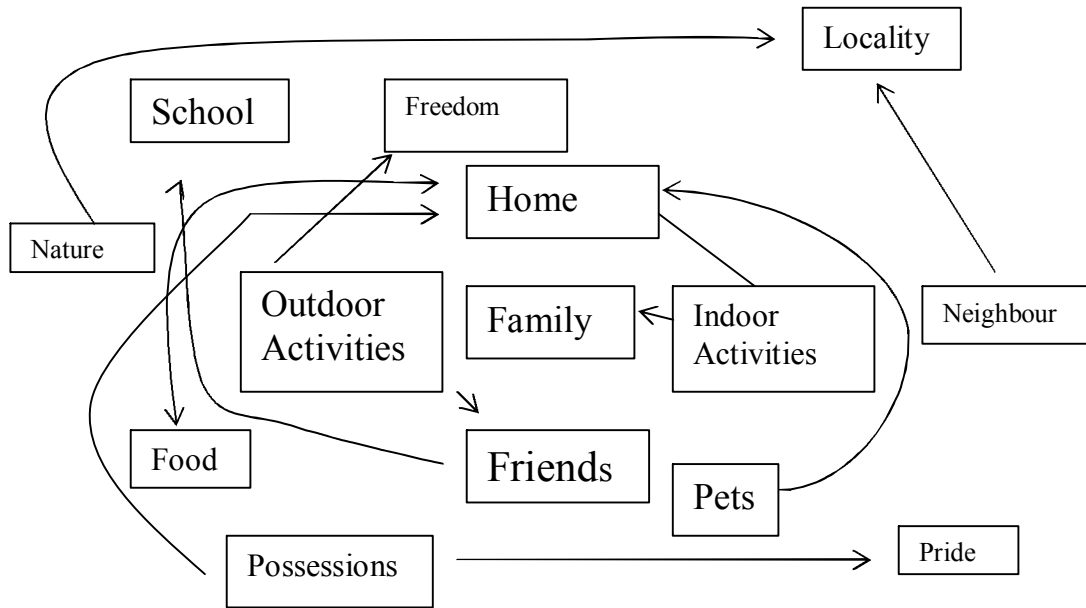


Figure 2: Parent's Schema

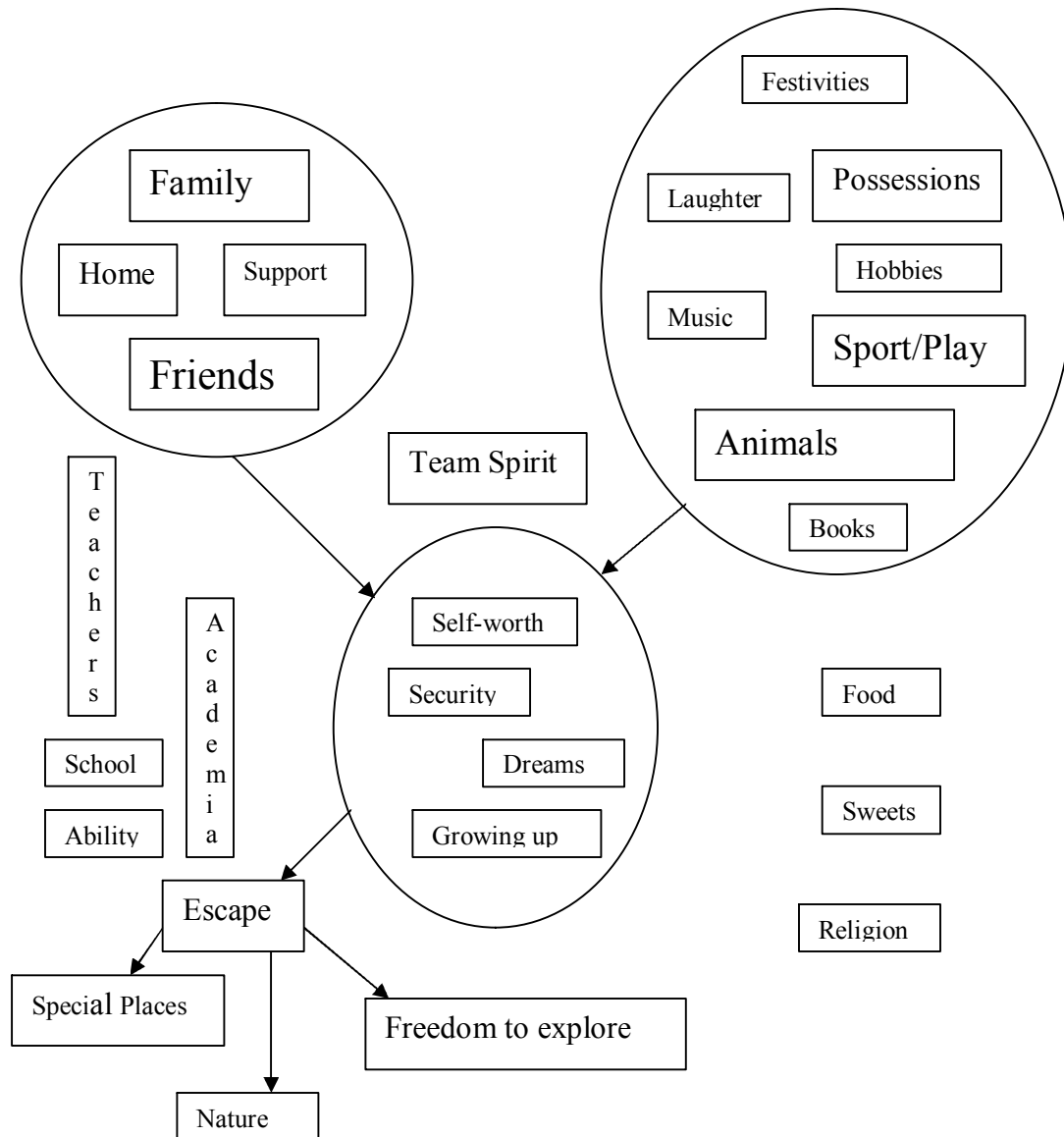


Figure 3: Children's Schema

