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CHILDREN´S PERCEPTION OF SCHOOL WELL-BEING

A study carried out in two rural schools in France.

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List of acronyms used:

- WB: well-being
- SWB: school well-being = well-being at school
- GWB: general well-being
- MWB: mental well-being
- MM: multiple methods
- HP: health promotion
- HPP: health promoting programs
- IL: international literature
- WHO: World Health Organisation
- G: girls
- B: boys

1. INTRODUCTION

The definitions of health can be classified broadly in two paradigms: the first is the wellness-illness paradigm and the second is the ecological model of health (1). In the first paradigm, the high level of wellness is at the positive end and is conceptualised as a sense of well-being (WB), life satisfaction and quality of life. In the second paradigm, more recent and comprehensive, health is understood as a complex, interconnected, biological and social system. Literature in health promotion (HP) focuses on WB as the ultimate aim of HP taking into consideration the ecological perspective linked to settings and environments. Over the past ten years, HP approaches based on settings have become a central feature (2). The Sundsvall statement (3) and the Ottawa Charter (4) suggest there is a certain degree of consensus around this approach. The school setting has been identified as a central setting to promote children's health and WB (5-7).

Promoting school well-being (SWB) is a way of promoting the health of many children (8-10) and, thus, a public health strategy. Little research has focused on SWB, and almost none in the French context. Therefore, to gain insight into all the facets of SWB, a study of students' perceptions of their own WB is essential (11). This research explores children's understanding of SWB, in intent to build knowledge for HP interventions that improve SWB and, thus, children's health.

2. BACKGROUND

2.1. HEALTH AND WELL-BEING

As stated above, there has been, lately, a shift from viewing health in terms of survival, through a phase of defining it in terms of freedom from disease, onward to an emphasis on the individual's ability to perform daily activities, and on positive themes of happiness, social and emotional WB, and quality of life (12).

The Ottawa Charter for Health Promotion (13), in fact, defines health as a positive concept emphasizing social and personal resources, as well as physical capacities. Moreover, the WHO's definition of *health* (14), from 1946, is still in use and it supports the positive aspects of health: "Health is a state of complete physical, mental and social WB and not merely the absence of disease or infirmity".

Several other generally accepted definitions of 'health' exist. Bircher (15) defines health as "a dynamic state of WB characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility", while Saracchi defines health as "a condition of WB, free of disease or infirmity, and a basic and universal human right" (16). Australian Aboriginal people generally sustains that "...Health does not just mean the physical WB of the individual but refers to the social, emotional, spiritual and cultural WB of the whole community" (17). As well, according to Jourdan's work (18) global health is linked to WB. Thereby, there is evidence that WB and health are greatly correlated.

In order to define WB, an extensive review of the international literature was carried out. As it is a complex and multi-dimensional concept that depends on the context, many different ways of referring to WB were found: health (19;20), happiness (21;22), quality of life (23;24), life satisfaction & subjective WB (25;26), general WB (19;22;27-32), mental WB (33-35), emotional and psychosocial WB (36;37), physical WB (37), student WB (11;38-40), WB in schoolchildren (33;41;42), and, WB at school¹(43-51).

2.2. HEALTH AT SCHOOL

School has long been recognized as an important setting in which to improve the health and WB of children and young people (18). As well, the contribution of HP to health and WB of pupils has been increasingly widely recognized (52;53).

According to Broussouloux's publication (62), the primary mission of schools is to impart knowledge. However, school is an efficient setting for providing HP and education because it reaches more children than any other institution. In the lexicon of public health and medicine, this means that school could prevent many health problems from occurring. There is evidence that prevention is a cost-effective strategy in maintaining people's health, reducing morbidity and mortality rates, saving medical costs, yielding a higher level of productivity, and securing a happier life (54).

Furthermore, as Jourdan (18) highlights that, if schools does not act on all determinants of health (biological, socio-cultural, environmental, behavioral, links to health systems), they interact with the majority of them.

Those may be some of the reasons why many comprehensive school development programs were created. Two examples of them: Health promoting schools (55) and Coordinated school health programs (56).

The concept of a *health promoting school* was promoted by the WHO, through its Global School Health Initiative (57). It is defined as a school constantly strengthening its capacity as a healthy setting for living, learning and working. It is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, creation of a safe and healthy school environment, provision of appropriate health services and involvement of the family and wider community in efforts to promote health (58). In Europe, the European network of Health Promoting School (called since 2006 School for Health in Europe Network) was created before the global program and it was based on the Ottawa Charter and the WHO broad definition of health (59).

The Coordinated (called before Comprehensive) School Health Program was created in US in the 1980s. It is a health education program designed to protect and promote the health, safety and WB of students and school staff (54).

¹ In our research "school WB" and "WB at school" are used as synonyms.

Further, UNICEF has developed a framework of rights-based, child-friendly schools characterized as "healthy, effective and protective with children, and involved with families and communities» (60). As well, WHO, UNICEF, UNESCO and the World Bank have agreed upon a core group of cost effective components of a school health, hygiene and nutrition program, called FRESH, which can form the basis for joint action to improve health at school (36;61).

Jourdan's work (18) upholds that school is one of children's life environments and, it participates fully in the WB and health of children and young people. It is, thus, called to contribute, as the family and the community, to improve children's health. Moreover, this work affirms that school is a privileged actor of public health strategies and, supports its importance as a place to promote health, not only because it is frequented by an age class during several years, but because close links between health and education were demonstrated: promoting student health contributes to improve educational success and, increasing the level of education contributes to improve health.

Another author also agree with this idea of the relationships between health and education (37;38). He argues that students physically healthy have lower levels of depression and higher levels of life satisfaction, higher cognitive tests and positive effects on academic achievement.

2.3. WELL-BEING AT SCHOOL

2.3.1. SWB is gaining importance

For a number of years schools' effectiveness research has pointed its attention towards cognitive outputs and, WB in school has been usually seen as separated from the comprehensive role of schooling. Recently, however, interest in non-cognitive factors is growing (39;47;63;64) and school systems are being transformed to become more conducive children's WB (38).

2.3.2. The impact of being well at school

Samdal et al. remark in their study of *Achieving health and educational goals through schools* (65), the importance of creating a school environment where the students perceive to be safe and justly organized, and which fosters supportive relationships between the students and the teachers. They assure that creating such an environment may have the effect both of improving the educational experience of the student and enhancing their health and WB.

WHO (36), argues that school psychosocial environment is important as it may influence student's behavior, it has the potential to either enhance or damage the mental health and WB of young people and it may impact on school performance, defined broadly as school behavior, attendance, and academic achievement (27;64).

According to the research *The Voice of Children* (38), children who experience a greater sense of holistic WB are more able to learn and assimilate information in effective ways, more likely to engage in healthy and fulfilling social behaviors, and more likely to invest in their own and others' WB and in the sustainability of the planet as they take up their social, professional an leadership roles in adulthood.

Ruus' work (39) sustains that school is responsible, as a living and learning environment, for creating a favorable climate where students are encouraged to perceive learning tasks as challenges and opportunities for self-improvement, develop constructive coping strategies, and feel psychologically and physiologically well.

Students' perceptions of and experiences in the school, influence the development of their self-esteem, self-perception and health behaviors. In turn, these issues affect the students' present and future health and WB (43). Karen Petegem (63) and Samdal et al. (65) uphold that, high achievement scores increase students WB, which helps create better students' motivation which again lead to higher achievement scores.

2.3.3. Building a concept of SWB

The research hypothesises that the WB at school is not isolated and locked inside the school environment. Experiences lived outside school, or inside but not related to the traditional objective of schools of imparting knowledge, may have an impact on SWB. With the purpose of finding out an approximation of the SWB concept, an exhaustive analysis of the international literature has been done. There are many dimensions and definitions of the concept of WB and, thus, only the concepts of SWB, general WB (GWB) and mental WB (MWB) were the focus of this study, and a comparative analysis of these three main concepts was done. The principal dimensions and categories of WB collected throughout the literature review are presented in table1 and completed in annex 1.

Some of the indicators of WB were collected from the points of view of children (22;29) and others are dimensions created by parents, teachers and researchers or organizations². The grouping done in this section was based on the work of A. Giordano and coll. (66) about the dimensions included in the concept of *Fundamental needs* and completed it with Allardt's sociological *Theory of welfare* (67;68) where he points that **WB is a state in which it is possible for a human being to satisfy his or her basic needs. He divides these needs into the categories having, loving and being.** "Having" refers to material conditions and impersonal needs in a wide perspective. "Loving" stands for the needs to relate to other people and to form social identities. "Being" denotes the needs for personal growth.

Van Petegem defines SWB as "a positive emotional state which is the result of a harmony between the sum of specific *context factors* on one hand and *personal needs and expectations* towards the school on the other hand" (11). The analysis below helps to complete this definition.

² The bibliography is not specified because, for this analysis, it was done a compilation of the indicators/dimensions of WB that appeared in the literature without differentiating the sources. All the bibliography cited in the point 2.1. was used as a base for this section.

Table 1: Principal dimensions and categories of WB collected throughout the international literature review. The dimensions inside each category are described inside the box.

Main categories and dimensions of WB		Items defined in different approaches of WB		
		SCHOOL WB	GENERAL CHILDREN WB	MENTAL WB
LOVING	Relationship with the family	Cooperation between school and home	Good quality of the relationships; getting advice and follow up; memories	General good relationships
	Relationship with peers /friends	*	*	General good relationships
	Relationship with teachers and school staff	Students-teachers relationships; teachers WB	*	Relationships between pupils and staff; teachers' WB
	Relationships with the community	Belonging to one's community; relationships with social affairs and health care systems	Neighbors, people; representation and rights within the community	Make contributions to the community
	Quality of the relationships with others	Group dynamics; violence	Violence	Violence
BEING	Leisure time	Nature; sport; recreation; break	Pets and animals; books; toys and teddys; sport, play, recreation; laughter; festivities; religion; energy; holidays; freedom	Sport; recreation
	Spiritual WB and personal characteristics	Self-esteem; growth and aspirations	Self-esteem; autonomy; growth and aspirations; future orientation; perspectives in life; dreams; love	Self-esteem; autonomy; capacity to cope with the normal stress of life; use and enjoy solitude; sense of right and wrong; happiness; confidence; energy
	Decision making	Possibility to participate in the schooling	Capacity of choice; being a moral actor; being asked their opinions and shown respect	
	Learning ; opportunities for improving	Supportive and rewarding atmosphere and active learning: encouragement from teachers, parents and peers; motivation; deep reflection and creative activities; achievement	Learning and teaching methods; educational materials; being encouraged to study; mental ability and academic achievement; school role in teaching about and monitoring healthy lifestyles	Learn; curriculum; pedagogical methods; academic achievement
HAVING	Material WB		Socio economic and demographic status; having a good "appearance"	
	Home	Cooperation home-school	House; living conditions; clothes; means of communication	
	Environment	Physical environment surrounding school	Nature; places; clocks; shops; transportation; secure physical environment	
	School conditions	Physical environment surrounding school and inside school; learning environment; services to pupils	Classrooms and clean toilets; library	
PHYSIOLOGICAL NEEDS			Nutrition; sleeping; rest; bedroom; cleanliness	
HEALTH		Physical health; mental health; health services; health behaviors	Physical health; mental health; health services; health behaviors	Healthy or risky behaviors
SCHOOL		*	*	*

If the category was not mentioned in the specific WB concept, nothing is written in the rectangle, and, if nothing particular is mentioned inside, but the category is, we just put an asterisk to show that the category is mentioned. See annex 1 for more details.

The categories in common in the three concepts of WB are: *social relationships, leisure time, spiritual WB & personal characteristics, learning and opportunities for improving, and health*. They may be aspects of SWB that would have an influence in GWB and MWB and vice-versa. Analyzing with more details, in **social relationships**, all WB concepts highlight the importance of the *quality of the relationships*. Then, the MWB concept just establishes the idea of having *good relationships with others* in general while, GWB and SWB develop this dimension and divide it into: *family, peers, community and teachers*. For the category of **leisure time**, all concepts uphold the dimensions *sport, play and recreation*. However, SWB adds *contact with nature and breaks*, and GWB, adds others such as: *pets and animals, books, toys and teddies, computers, holidays, celebrations and religion*. In the category **spiritual WB & personal characteristics**, the three develop the dimension of *self-esteem*; and SWB and GWB also include *growth and aspirations*. Then, about the category **learning and opportunities for improving**, the three concepts mention it: SWB and GWB include *encouragement to study* as important and GWB includes *the role of school to teach and monitor healthy lifestyles*. Concerning **health**, in both, GWB and SWB, **health** includes *mental health* as an entity in itself, *general health*, as well as *health services and health behaviors*. In MWB it only includes *health/risk behaviors*.

Other aspects only in common between GWB and SWB are: *opportunities for decision making, and school conditions*.

Different aspects related to **school** are mentioned in the three concepts inside the categories *relationships with teachers and school staff, learning & opportunities for improving, and school conditions*. Thus, school in itself seems to be important for WB not just at school but also in general and mentally.

Finally, there are categories that are specific for SWB, like having *positive learning experiences*, or, specific for GWB, like *material WB*, and *physiological needs*.

Summing up, the quality of the relationships with others, the free time, the self-esteem, the opportunities for improving, and the health, are all aspects that influence all the sides of WB. Therefore, for well being at school, it is necessary to be well generally and mentally. Likewise, the fact of being well at school contributes to being well in general and enjoying MWB.

2.3.4. The School Well-Being Model

The SWB Model created by Konu and Rimpela (49), is based on Allardt's sociological theory of welfare (67;68). In this model SWB was divided into four categories: *school conditions* (having; safe working environment, learning environment, and services to pupils), *social relationships* (loving); *means of self-fulfillment* (being respected as a valuable part of a society); and *health* (the absence of disease and illness).

In the SWB Model, teaching and education affects every category of WB and is connected with learning. Also, pupils' home and surrounding community have their own impact on school and school children.

The frame of this research will be this model. It was tested, it has a high internal consistency and it matches well with the appropriate questions taken from real school life (46). Furthermore, it is presented from a pupil's viewpoint. In addition, comparing with other health promoting frameworks, this model use the concept of *WB*, the definition of *health* and the subcategory *means for self-fulfillment*. (See the scheme of the SWB Model in Fig.1 Annex 2)

2.4. THE INTERNATIONAL LITERATURE REVIEW

This section presents the international literature review of what has been done in different countries about WB, health at school, and SWB. The point is to show the importance of studying children WB and SWB and integrating it when planning HP programs (HPP) and public health strategies.

In **Finland**, Konu and Rimpela (2002) developed the conceptual *School WB Model*, which attempts to place health aspects into the school context and, at the same time, provides guidelines for indicators of WB. It can be utilized to construct SWB profiles and also, as a process evaluation tool, in order to, thus, make improvements to promote the WB of pupils (49).

In **Ireland**, a *National Children Strategy* was created (2000) (69) and one of its key action has been the development of children's WB indicators, putting the concept of WB to the fore at a national level (28). Under this strategy, it is outlined the goal of giving children a voice and, thus, Gabhainn and Sixsmith performed three researches about children's understanding of WB, facilitating children's participation in order to create the WB indicators (22;32).

In **United Kingdom**, there has been an increasing concern about WB of children (44). For instance, *Every Child Matters* (30) is a new approach to the WB of children and young people which defines the aspects of WB in childhood to which all developments in children policy should contribute.

In **Belgium**, *The Ordinance of the French Community* tries to promote WB and well living of students and to create a school environment favorable to health (70). In the same way, the study "Health and WB of young people" is being done since 1985 by the Unit of Health Promotion and Education of the Free University of Brussels (71) and it explores students' WB and their perception of health.

In **Afghanistan**, De Berry et al. (72) carried out a participatory work with children and their families in Kabul where children's WB was examined.

Furthermore, the Universal Education Foundation (UEF) (38), a partnership initiative dedicated to creating a **global** movement towards "Education by All for the Well Being of Children" has as its goal to improve learning environments to nurture WB. By one of its components - The Voice of Children - the UEF tries to capture and share, by surveys and qualitative methods, young people's perceptions on how various learning environments affects their WB.

Further, the **Rights of the Child** (73) includes a global commitment to improve child WB and recognizes the need of appropriate indicators at a country or regional level as a vital step towards this goal.

2.5. THE CASE OF FRANCE

SWB in other countries has been studied in different ways. However, it is difficult to generalize their results to the French context without a previous recontextualization process. Evidence based practice debate (92) gives us some insight into this necessity.

According to Allardt's definition of WB (68), WB has to be determined historically and has to be defined again when living conditions change. Differences in culture and political systems are important to the students' perception of the school and their satisfaction with it.

In France, WB at school has not been widely studied. However, the school is always a place of particular attention, as children up to 16 have to attend school and the majority of children are educated (18).

Since 2001, it exists the National Plan for Health Education (74) for the development of prevention strategies in schools. Moreover, the international survey HBSC (Health Behavior in School-aged Children), is completed in France since 1994. It provides unique insight into the health and behavior of young people, including physical, emotional and psychological aspects of health, and the influences of the family, schools and peers, and of socioeconomic and developmental factors (62).

Further, some researches related to WB at school have been done. For instance, an exploratory study was done in Bourgogne in 2005 about the representation of WB according to the educational community of one secondary school (40).

A growing interest in health and WB in the school context in France can be deduced from above. Nevertheless, there is a lack of specific researches about SWB that can be integrated in health education and HP to further develop them (52;75).

Schools in France set a low priority on HP (76) and professionals in their workplace are not aware of their HP role (77).

Those are some of the reason why the Health Promoting Program (HPP) where this research is included³ was designed: to address this issue and to enable the school staff to implement a HP policy. It started in 2008 and will continue until 2011. The program is focused on developing different aspects of HP in schools: teacher's HP practices; school's HP environment; WB of children and teachers at school; relationships between schools and families; children's health knowledge, attitudes and skills; and children's social, emotional and physical health.

³ This is a project named « Apprendre à mieux vivre ensemble » (Learning to live together) headed by the laboratory PAEDI of the IUFM of Auvergne (Clermont-Ferrand, France) and the National School of Public Health of France.

In relation with this program, Pommier et al. have developed a mixed methods research program about evaluation of HP in schools (78) in order to give schools, data to develop their own HPP. The data comes from teachers, parents, school staff and children. Concerning children's data, there is a quantitative aspect as well as a qualitative one. As part of the qualitative data, it is important to identify which aspects make children be well at school. That is the reason why we studied this issue, to complement children's quantitative data and contribute in the long run to improve children's WB and HPP in schools.

Summarizing, new knowledge about WB in schools is needed in France if ameliorations want to be done in the field of promoting WB in the school context and, hence, in children life.

3. OBJECTIVES of the research

3.1. Aim: to provide the educational school teams with useful information about children's perception and understanding of SWB in order to contribute to the improvement of school HP and education programs and enhance WB at school.

3.2. Primary research objective: identify children's understanding of what form part of their own WB at school, studied in the primary school context.

3.3. Subsidiary research objectives:

- Identify the dimensions of school WB by children's direct participation in the research process;
- Produce a typology of the dimensions of WB at school: simplify, outline and reduce to a pattern this complex concept across categorization;
- Compare the results with the international literature;
- Show the contribution children can make throughout their participation in research and through the use of multiple methods.

3.4. Hypothesis: The dimensions of SWB of our population will have the four categories of the SWB Model developed by Konu and Rimpela (*school conditions, social relationships, means of self-fulfillment and health*) with some differences in the items inside each dimension.

4. METHODOLOGY

4.1. Introduction

SWB can be studied from different points of view –parents', teachers', researchers', children's- ,and with different types of methods. However, following our research objectives and, given that it is an **exploratory study**, a qualitative child-focused and participative approach was chosen.

In order to understand what WB at school is from the children's perspective, fieldwork is needed for personal contact with the students and to observe them in the environment where they evolve in their daily life. The purpose is to see, listen and have a systematic, global and integral comprehension of the context and of what they feel and think (79;80).

Furthermore, one of the basic strategies in HP is the development of participation in order to develop empowerment (93).

4.2. Why children as researchers?

According to Van Petegem (11), to gain insight into all the facets of SWB, an examination of students' perceptions of their own WB is essential. Students are active participants in their own environment and must be given a voice; they are capable of indicating what is important for their WB at school and they want to be heard. Therefore, she supports that students must be centralized and they should be able to speak for themselves because, only by gathering students' subjective perceptions of their school experiences, it would be possible to create an accurate measure of SWB.

Empowerment research shows that participation through the intervention and through research allows students to experience a greater sense of WB by being more engaged and having their voices heard and recognized (38). While empowering children and making them participate, their health is being promoted (21).

There are other positive aspects in children's role in studying their WB:

- It is a natural consequence of the concept of **children's rights** (81). Respect for children's participation recognizes them as subjects rather than objects of research, who "speak" in their own right and report valid views and experiences.
- It is based on accepting **childhood** as a phase of itself. Much of the literature on children, focuses on them exclusively as "future adults" or the members of the "next generation" (82). There is, hence, a need to focus on the activities and experiences of children while they are children.
- It is the consequences of accepting the need for '**subjective**' view of childhood. As Alderson notes (10), adults may believe that the most appropriate way to find out what children think, want or need is to seek 'proxy information' from significant adults such as parents and professionals. However, in order to gain an accurate measure and provide meaningful monitoring of children's WB, it is necessary to develop means of gathering children's subjective perceptions of their world and insights into their experiences (83).

Recent years have brought a growing body of research developing new ways of undertaking research with children. "Traditional" research methods which do not directly involve children have been criticized for carrying out research *on* rather than *with* or *for* children, ignoring the views of children as key informants in matters pertaining to their health and WB (8;10).

Furthermore, Strack, R.W. et al. (2010) (84) affirm that placing emphasis on children's roles as researchers will help inspire a sense of responsibility and purpose in society that should contribute to increasing their social competency.

Drawing upon this increasingly important children's rights movement, researchers have been developing inclusive and participatory children centered methodologies, which place the voices of children at the centre of the research process (8). They sustain that:

- Children should be the **source of information** (85). They are the primary source of knowledge about their own views and experiences. They can be, moreover, a means of access to other children. Notwithstanding, the growing literature on children as researchers suggests that children are an under-estimated, under-used resource (10).
- Children can be the **data collectors**. According to what Aldreson sustains (10), the use of children as data collectors may be easier and more appropriate to deal with the 'power dynamics of age' and to redress inter-generation imbalances of power, open up new directions for research, and draw on children's unique perspective to inform social policy and practice.
- Children should be part of the **data analysis** because for interpretation, a deep comprehension of the cultural and social framework where children are immersed is needed. Moreover, this would reduce the imposition of an adults' view through the adultist interpretation of the data (32).
- The **reliability and validity**, and the **ethical acceptability** of research with children is augmented by using an approach which gives children an active role in the study, one which gives them control over the research process and methods and makes sure they are in tune with the children's ways of seeing and relating to their lives (8).

4.3. Population

4.3.1. Why primary school children?

Primary school children were chosen for this research for many reasons (18;86). First, primary education is the base of the learning pyramid. The things children learn, the skills they acquire and the experiences they live, will be the base for their future. Second, this is the stage of primary socialization and, acting here in the way children relate to others, is primordial to their WB because, as will be seen later, the relationships to others are the most important aspect of their SWB. Then, as they are developing their intelligence and also their body, the actions at this stage of their life can be determinant for their health and WB all along their life. Finally, as at the international level there are very few works about children of these ages concerning the subject of study, it would contribute with new knowledge for being able, later, to act in this age stage.

The participating schools are a convenient sample chosen among the schools that are included in the French HPP where this research is immersed. This type of research cannot be done if the school and the school board are not favorable to spend time and organize with the researcher the fieldwork. Because these schools will continue the HPP and will use its results to ameliorate their HP at school, our research would complement the contribution done by the program.

4.3.2. Characteristics of the schools: Both are rural schools of the region of Bretagne in France. The School 1 has 7 classes of around 20 pupils per class, in a pedagogical inter communal grouping of two communes of 779 and 515 inhabitants each. Regarding socio economic level, students come

from diverse social backgrounds (farmers of large or very small farms, workers, artisans, teachers, etc.) and some families live in a precarious situation.

The school 2 has only pupils from the commune it pertains (with 1000 inhabitants in total). It is divided in 4 classes with an average of 20 pupils per class. Concerning the socio economic level, there are blue and white collar workers with few agricultures; 1/3 of the population have low-qualified employments.

4.3.3. Sample: 41 children (22 girls and 19 boys), aged from 8 to 11 years old (CM1 and CM2 of French school system, equivalent to 4th and 5th grade). School 1 has 23 pupils and school 2, 18. They worked separately in three mixed gender groups of 7 and 8 pupils in the first school and 6 in the second (6 groups in total).

4.4. Regulation and ethics

Written informed consent was obtained from parents / guardians of all children, at the beginning of the year, to participate on the project. Consent from the school, the pedagogic adviser and the education inspector of the region was also sought at the beginning of the program. At all research phases, children, whose parents have provided written consent, were given the option to withdraw. Consent also was obtained from those pictured in the photographs.

All parents and children accepted to participate and none of the children asked to withdraw.

4.5. Method/Design

A multiple method (MM) design was performed. It was based on three methodologies: focus group, photovoice and mapping.

4.5.1. Multiple methods

The approach of MM increases children's opportunity to choose a method they are more at ease with to better express themselves. Moreover, the various approaches complement rather than duplicate the information that comes out during the research process: it enables the expressions of different aspects depicting the children's worlds (87;88).

4.5.1.1. Focus group

Focus groups in schools are a congruent and appropriate research approach to gauge children's views (89). The participants, who have relevant characteristics or features of their lives in common, are brought together to discuss the topic in question and take the lead (90). It is what was done in the first phase of the study where children were asked to give ideas and opinions of what SWB meant to them. The researcher played the role of a facilitator or moderator to help the group focus on the topic of interest. The idea was to enable and allow the children to discuss and articulate 'in their own words' their perceptions, understandings, beliefs, values and experiences (88).

4.5.1.2. Photovoice

This methodological approach has already been used in researches about children's understanding of general WB (22;29). The reasons why it was chosen in this research are the following:

- Visual methods can create different ideas from those derived from verbal or written interviews. It has the potential to enable children to depict people and places that are important to them within their home, school and wider community. Photography offers a direct (but of course also interpreted and selective) way of seeing the world and provides a valuable, visual complement to the focus group interviews with children (88).

- Cameras can be taken outside the school environment and beyond parents' surveillance, facilitating deeper, broader conceptualizations of abstract ideas (29).

- The technique enables them to record images that they may not consider themselves able to draw or express orally or by writing. Further, children are less likely to be influenced by their friend's depictions.

- Being in a position to return data (photographs) and the negatives to the children explicitly acknowledges the joint ownership of the data by the children and the researchers.

- It enhances youth empowerment: being in photovoice has caused children to think about their community for the first time (84).

- At the end of the process, a selection of photographs could be exhibited at school in order to show the school community, the parents and the pupils, children's perceptions of SWB (29).

4.5.1.3. Mapping: The fact of drawing and discussing a map enables children to portray graphically play, activity, places and spaces in their lives, to visually situate themselves within their families and social environment and perhaps, expand on their verbal accounts (88).

4.5.2. Stages of data collection

All the groups performed all the phases of the research, differently from what was done by Gabhainn et al. in their researches about *Children photographing their WB* (22;29), where each group performed a different phase. According to Sixsmith et al (32) "The involvement of one group of participants through all research phases may provide more cohesion, facilitate greater reflection and results in more comprehensive conceptualizations of child WB..."

4.5.2.1. First stage

a) Focus groups

In the classroom with the teacher and the pedagogic advisor present, the research was introduced to the class group; the purpose and the methodology were explained. Next, children were asked to quietly reflect on what makes them well at school and, small anonymous papers with the following questions were given: *What makes me be well at school? And, what makes me feel and keep well at school?* Pupils were reassured and put at their ease explaining the importance of their responses and their point of view. They were told that they would not be judged with regard to what they said, and that the orthographic mistakes would not be taken into account. It was also remarked that they were not obliged to write if they did not want. The teachers and the adviser were ready to help all pupils who needed assistance. Then, the entire responses were collected and kept. Afterwards, a brainstorming

in group was made in order to build the different dimensions of SWB. All the ideas were written on the blackboard.

The objectives of this part were to enhance children imagination, to motivate them to participate and to clarify the concept of SWB that would help to face the other phases of the research. Moreover, the purpose was to collect the first ideas children had about the concept of SWB in order to make, after, a comparison with the ideas that came out after the photovoice process.

b) Photovoice: photographing school WB

In a second time, the dispensable cameras were distributed and children were asked to label them with their name, gender, age and class. Written instructions were given on their use and assistance was provided when needed. Children were told that they could take as many photographs as they liked and of whatever they wanted (maximum 27 photos because it is the camera's capacity), and, if they were unable to take pictures of something, they could take a picture of a photograph or brochure, or cut an image from a magazine or draw or write. Finally, the children were informed of the day to return the used cameras (one week later) and, that we would return with their developed photographs. A letter to parents reiterating these procedural issues and giving guidelines on how the camera works was sent home with each participating child.

c) Retrieving the cameras: Teachers gathered the cameras from each child and two copies of each set of prints were produced. Labels were affixed to the back of one of the sets of pictures. Each label was left blank except for a short code to indicate the child's sex, age, class and school.

4.5.2.2. Second stage

a) Reducing and annotating photographs: At the beginning of the second session children were given positive reinforcement regarding the photographs. The two sets of photographs and the single set of negatives 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 remove those photographs which had been taken by mistake, practice or did not mean anything to them. Later, they worked with the remaining photos: they were asked to write on the labels what the pictures depicted. This process was overseen and assistance was provided when necessary.

b) Categorizing the photographs

The remaining photos were all mixed and randomly assigned in two times to the mixed gender groups. The groups worked in parallel; they looked at the photographs and divided them into categories. Then, they decided which photographs would be into which category, how many categories and how they should be called. Finally, children decided on the title and description of each category and they chose an example photograph. All this process derived in different packets representing each category (with the title, the photo example and the description) and with all the related photos inside.

4.5.2.3. Third stage. Mapping: Developing schemas of SWB

The same groups of the previous phase worked in the categories they had developed in phase 2. In school 1, the groups of 8 pupils were divided in two groups of 4 in order to make the work easier. They had the different packets of categories and they were invited to look at them and to think about how they could be arranged or organized into a pattern onto a paperboard. They wrote the titles of the dimension they had created onto post-its in order to make easier the organization of the diagram. The opportunity was given for the addition, suppression or fusion of categories. Afterwards, they were asked to write and draw the diagram directly onto the paperboard in the way they wanted. They were free in the order and arrangement of the schema: they were not asked to order them in any way or to place them in a hierarchy. Then, they had to indicate which categories, if any, were linked and to depict this by drawing a line joining the categories in order to join them into a pattern. Afterwards, each group was asked to explain the diagram to all the class.

4.6. Data collection

First, we gathered the papers with pupils' writings, and all the comments they made during the focus group phase. Second, we collected all the pockets built during categorization with the names and descriptions of each category and the photographs pertaining to them. Finally, we collected the diagrams produced in the last session. Further, all phases were audio-taped and contemporary notes were taken.

4.7. Data analysis

For the data analysis, a qualitative Directed Content Analysis approach was chosen (91). It is carried out in different steps by coding the data and constructing categories and subcategories with the different variables or concepts identified during the analysis. The software utilized to do this work was NVIVO 8.

First, all the commentaries children had done and the things they had written during the focus group phase were loaded. Then, all the individual descriptions of each photo, and all the comments and categories done by each groups, during the phase of categorization, with the corresponding description, were also loaded.

With this information, three types of data were constructed. First, the oral and written commentaries pupils had developed during focus groups were coded and categories and subcategories were constructed. The initial coding scheme was built taking into account the existing researches in the subject. Then, using the dimension built by each group after photographing and categorization, and respecting the names they had created, a pattern of SWB was made. The third part was our own interpretation of children's analysis by the study of all the descriptions of each photograph. Across these analyses the purposes were:

- To explore the dimensions that came to light through the focus group and after photographing, and see the differences between them.

- To examine the differences between the crude categorization done by children and the one constructed by the researcher.
- To see which categories appeared more in the different groups and the quantity of photographs of each, in order to come to conclusions about the dimensions of SWB that are more important for children.
- To make comparisons between sexes about the categories of SWB mentioned.
- To be able to compare all the data that came out from this analysis, with the international literature.

5. RESULTS

5.1. General data

Two schools participated in the study. The total number of photos taken by the school 1 (23 pupils) was 405 (average of 17.60 photos per child) and, for the school 2 (18 pupils), 275 (average per child 15.27). The number of total remaining photos after the triage were 509: 324 for school 1 (they eliminated 81 photos (20%)) which means 108 photos per group, and 185 for school 2 (they removed 90 photos (32.72%)), meaning 62 photos for two groups and 61 for one.

5.2. Presentation of the results

In the tables below, the three main categories of SWB that came out through this research are repeated in all of them: *relationships*, *means of self fulfillment* and *having*. This way of organizing the data is based on other researches on the subject (they are three of the four main categories of the SWB Model). The subcategories were also constructed considering existing works and using the concepts that came out during the content analysis, in order to get to a regrouping of the dimensions children developed.

5.3. Results from the Focus Group (Table 2)

The categories of SWB identified during the focus group are presented in table 2. All their comments and writings of this stage were coded and organized in categories and subcategories, in the way it was explained above. The *relationships*, the *means of self-fulfillment* and the *school conditions* came out as dimensions of SWB during this stage.

5.4. Results from Photovoice

5.4.1. Categories of SWB created by children (Table 3: 3a, 3b and 3c)

The crude categories children constructed after photographing (in **bold**) and their descriptions are presented in table 3 (a, b and c). The reader might think that some categories are similar and should not be separated. However, in this part, the results present the terms children used for each category because the purpose is to show the categories and regroupings the children made themselves. Some intervention from the researcher was done by regrouping the categories made by children in the bigger main dimensions of the SWB Model.

Table 2: Dimensions of SWB created by children during the Focus Group. In the first column, the main three categories of SWB identified. In column 2, the subcategories that regroup the dimensions children mentioned in column 3.

Category	Subcategory	Dimension children mentioned			
RELATIONSHIPS (loving)	Relationships to pets and animals	Responsibility			
		Having an animal			
	Quality of relationships	Respect			
		Having contacts and exchanges with others			
		Helping others			
		Politeness and sympathy			
		Confidence			
	Social relationships	Family	Being encouraged by the family		
			Helping parents		
			Having a loving family		
		Peers	Having peers	Having peers in general	
				Having younger peers	
			Quality of the relationship	Friendship	
				Having contacts & exchanges with others	
				Supportive peers	
				Having a love at school	
				Bullying	
Teachers' attitudes towards the students		Sympathetic, gentle and not severe teachers			
		Good teachers			
	Confident teachers				
	Security and support by teachers				
MEANS OF SELF-FULFILLMENT (being)	Learning, opportunities for improving	The future, opportunity for choosing later			
		Learning useful and important things			
		Working			
		Academic achievement and progress			
	Spiritual WB	Memories			
	Leisure time	Leisure time in school. Having fun			
		Types of leisure time	Doing things after school; going out with friends		
Sport, biking, horsing, football, playing, motorcycle-cross					
Home					
	Nature				
SCHOOL CONDITIONS (having)	Physical environment inside school: organization of the space				
	Surrounding environment: neighbors				
	School services	Eating			
	School learning environment	School rules	Obligations	Rights of doing things	
				Getting up	
				Homework	
		Responsibilities			
	Punitions and justice: not many punishments; being punished with justice.				
School curricula: arts, math, geography.					
Break					
Activities, things to do at school: library, cooking, swimming-pool					

Table 3: Categories and descriptions done by children during the stage of categorization, the number of groups that constructed these categories and the number of photographs (and percentage of the total) that they put inside of each dimension. The table is divided in 3 parts for pedagogical reasons.

Table 3.a: Relationship (loving)

Categories & subcategories ⁴		Description	N° of groups that mentioned the category	N° of photos inside the category (%) ⁵	
RELATIONSHIPS (loving)	Pets and animals	Animals	We feel good when we think on them. Knowing that they are not good ruins all the day. We love playing with them. We love them; they are as our family.	5	48 (9,43)
		Having animals of company	Having fun and being in charge of them.	1	21 (4,12)
	Family		We think about them all the time. They protect, help and bring us up. They make us work at school. They are important when we are sad and because we live with them. A good mother supports us. It is good not being all the time with them.	6	41(8,05)
	Peers	Mates	Having mates is important.	1	31 (6,09)
		Friends	Having sympathetic friends is the most important thing .A friend is for life; a friend is who we play with.	2	61 (11,98)
		Girls	We made a group of girls at school.	2	21 (4,12)
		Boys	We wanted to put them together in a category.	1	26 (5,10)
		School friends	For not being alone.	1	19 (3,73)
		Friends inside and outside school	It serves to play together and having fun.	1	25 (4,91)
	Teachers & school staff	Teachers	They are polite (it depends on whom). They teach us things inside and outside school; they are like friends. They help us to work. It is good if they do not give us many punishments.	5	30 (5,89)
		People responsible for school and work	It is good to work and to have teachers.	1	8 (1,57)

5.4.2. Categories and dimensions of SWB throughout the interpretation of children work.

(Tables 4a, b and c, and 5)

Even though the objective of this work was to gather children's perceptions of SWB, we decided to analyze their data through the researcher's perspective, which means how the researcher would interpret the same data children analyzed. These results are presented in tables 4 and 5. For the construction of these tables only the descriptions of all the photographs made by each child were

⁴ In **bold**; the categories created by children. The rest are regroupings to make the table and the later comparisons better understandable.

⁵ Total number of photos: 509

taken into account. This information was analyzed and coded and, based on the initial coding scheme of the main categories of SWB, divers subcategories were constructed and added.

The children and the photographs that referred in any way to each dimension were counted. Some photos describe more than one dimension and, so, they were included in more than one category.

Peers, leisure time, pets & animals, teachers and family were the dimensions more referred. The *relationships in general* seem to be the most important aspect of SWB.

Table 3.b: Means of self fulfillment (being)

Categories & subcategories		Description	N° of groups that mentioned the category	N° of photos inside the category (%)		
MEANS OF SELF-FULFILLMENT (being)	Ourselves	We love ourselves; we can encourage ourselves.	1	1 (0,19)		
	Luckiness; happiness	It is our relatives, our friends, having a home, a family, an animal.	1	2 (0,39)		
	Leisure time	End of the day	When we get back home, it is good because we do not work anymore.	1	2 (0,39)	
		The break	We can play in the playground. We feel good in the playground.	2	24 (4,71)	
		Not getting boring outside school	I love sport; it is useful for doing some exercise and meeting friends.	1	7 (1,37)	
		Festivities, celebrations	Easter	We are with the family.	1	1 (0,19)
			Party	When we are in a party we blaze out. It is good when there are a lot of children and, also, the family because we can get many presents.	1	3 (0,58)
			Festive parties with the family	We see all the family and we play and have fun.	1	1 (0,19)
		Playing	Car races	I love that because it is fast.	1	2 (0,39)
			Games	For not getting bored. We can communicate with many people. We can do other thing than working.	3	20 (3,92)
			Playing at school	When we have finished working we can play.	1	6 (1,17)
		Football	It is different from studying; we do not work. It makes us feel good.	1	3 (0,58)	
		Sport	It is an activity where we have fun.	1	6 (1,17)	
		Preferred leisure activities	For relaxing.	1	2 (0,39)	
		Motorcycles and cars	It is a pleasure.	1	4 (0,78)	
		Laughter	It is good to do other things at school than working. For laughing. It can be funny or not.	1	3 (0,58)	
		Opportunities for improving	Books, reading	Reading is important at school; we like reading for understanding stories. As a spare time activity.	1	2 (0,39)
			Working	It is useful for learning and having a job later. It depends on the type of work because there are some which are null.	1	1 (0,19)

Table 3.c: Having

Categories & subcategories		Description	N° of groups that mentioned the category	N° of photos inside the category (%)	
HAVING	Places in general	Home	It is very important for children. It should be big and, most of all, having a bedroom useful for studying and working. It is good for having a rest.	1	3 (0,58)
		Places	It is where we go and where we have fun. But there are some that we do not like.	1	13 (2,55)
		Spots	We can play there. Some we do not like. It is not the same if it is hot or not.	1	14 (2,75)
		Plants	The most important thing; they are for breathing. They are beautiful.	1	2 (0,39)
	Material WB	Nourishment	It is the most important thing for living. The food bought in the supermarket and that made in our garden is different; I like farming with my family. In the cantina we eat well except some days. It is different in the cantina and at home: in the cantina we can talk and we are with our mates.	3	4 (0,78)
		Cakes	For eating.	2	2 (0,39)
		School affairs	They are useful and important at school.	1	1 (0,19)
		The objects	We can play and work with. There are some which are not interesting.	1	0 (0)
		Shoes	It is important to have the clothes we like because, if not, we have shame. In other countries there are children who do not have shoes.	2	2 (0,39)
	School conditions and places	School	It is the most important thing as well as the family. To have a work later.	2	17 (3,33)
		The interior of the school	Where we can do activities.	1	6 (1,17)
		The cantina	A place to eat and play with children of private schools, and to relax.	2	6 (1,17)
		Atelier	Here, it is evident that when we work hard, we can succeed.	1	3 (0,58)
		Places at school	It is good to have a toilet and a sport room.	1	8 (1,57)
		Playground	It is useful for having fun, playing and meeting friends.	1	1 (0,19)

5.5. Synthesis of the different categories of SWB collected throughout all the different methods. (Table 6 in annex 3)

Taking in consideration all the categories mentioned by children and all the comments they made during all the research process, a synthesis was made in order to be able, later on, to compare these results with the international literature.

Table 4: Categories and subcategories done throughout the interpretation of children work during photovoice, the number of children who mention the category in any way and the photographs representing the dimension in question.

Table 4.a: Relationships (loving)

Category	Subcategories		N° children (%) ⁶	N° photos (%) ⁷				
RELATIONSHIPS (loving)	Relationships with pets and animals	Pets & animals at home		17 (41,46)	54 (10,60)			
		Pets & animals at school		5 (12,19)	5 (0,98)			
		Pets & animals in general		2 (4,76)	6 (1,17)			
	Social relationships	Family	Description of the family in general		16 (39,02)	22 (4,32)		
			Quality of the relationship	Having a loving family		9 (21,95)	17 (3,33)	
				Encouragement from the family		1 (2,43)	4 (0,78)	
		Teachers and school staff	Teachers in general		11 (26,82)	15 (2,94)		
			Quality of the relationship	Teachers´ attitudes towards the students		10 (24,39)	11 (2,16)	
				Security and support	Supportive teachers		1 (2,43)	1 (0,19)
					Adults´ surveillance at school		1 (2,43)	1 (0,19)
				General characteristics		7 (17,07)	8 (1,57)	
		Peers	Peers in general		29 (70,73)	102 (20,03)		
			Friends		20 (48,78)	59 (11,59)		
			The youngest children at school		7 (17,07)	11 (2,16)		
			Friends outside school		1 (2,43)	1 (0,19)		
			Contact with peers of other schools		2 (4,76)	3 (0,58)		
			Having peers of different ages in class		1 (2,43)	1 (0,19)		
			Quality of relationships	Having a love at school		2 (4,76)	2 (0,39)	
				Having contacts and exchange with others		6 (14,63)	7 (1,37)	
				Laughter		3 (7,31)	5 (0,98)	
Bullying				1 (2,43)	1 (0,19)			
Comprehension and respect		2 (4,76)		4 (1,78)				

⁶ Number of children that included the category as part of SWB and the percentage of the total of children.

⁷ Number of photos where the category was expressed in some way, and the percentage of the total. Some photos were included in more than one category, thus the addition of the photos is not 509 and the addition of the percentages is not 100%. This is true for all the tables 4.

Table 4.b: Means of self-fulfillment (being)

Category	Subcategories	N° children (%)	N° photos (%)	
MEANS OF SELF-FULFILLMENT (being)	Leisure time	Sport	9 (21,95)	10 (1,96)
		Traveling & Holiday	2 (4,76)	2 (0,39)
		Nature	3 (7,31)	4 (0,78)
		Going back home	2 (4,76)	2 (0,39)
		Computer	8 (19,51)	8 (1,57)
		Football	8 (19,51)	11 (2,16)
		Reading, books	3 (7,31)	3 (0,58)
		Activities at school	4 (9,75)	6 (1,17)
		Festivities, celebrations	1(2,43)	5 (0,98)
		Cars and motorbikes	4 (9,75)	7 (1,37)
		Opportunities for leisure time	1 (2,43)	1 (0,19)
	Playing	Playing inside school	11 (26,82)	14 (2,75)
		Playing outside school	2 (4,76)	3 (0,58)
		Playing in general	12 (29,26)	15 (2,94)
	Learning; opportunities for improving	The fact of going to school	1 (2,43)	1 (0,19)
		Learning	2 (2,43)	3 (0,58)
		Working at school	3 (7,31)	3 (0,58)
Spiritual wellbeing	Freedom	2 (4,76)	2 (0,39)	
	Self-esteem	6 (14,63)	7 (1,37)	
	Luckiness & happiness	2 (4,76)	2 (0,39)	

Table 4.c: Having

Category	Subcategories	N° children (%)	N° photos (%)			
HAVING	Material WB	Clothes and shoes	2 (4,76)	2 (0,39)		
		Food	5 (12,19)	6 (1,17)		
		Home	A big home	1 (2,43)	2 (0,39)	
			Bedroom	3 (7,31)	4 (0,78)	
			Home in general	3 (7,31)	4 (0,78)	
	School conditions	School in general	1 (2,43)	1 (0,19)		
		Services at school	Cantina	5 (12,19)	6 (1,17)	
			Toilets	1 (2,43)	1 (0,19)	
		School learning environment	School objects and didactical materials	5 (12,19)	5 (0,98)	
			Curriculum	1(2,43)	1 (0,19)	
			Rules & punishments	1 (2,43)	1 (0,19)	
			Leisure time at school	Break	3 (7,31)	3 (0,58)
				Playing when free-time	3 (7,31)	4 (0,78)
		Places in and around school	Physical environment inside school: big, comfortable and not cold places.	5 (12,19)	6 (1,17)	
			Places at school	Sport room	4 (9,75)	4 (0,78)
				Playground	9 (21,95)	12 (2,35)
				Swimming pool	1 (2,43)	2 (0,39)
				Class-room	2 (4,76)	3 (0,58)
				The library	1 (2,43)	1 (0,19)
				Others: hall, after-school club	4 (9,75)	4 (0,78)
Physical environment surrounding school: trees, the exterior	2 (4,76)	2 (0,39)				

5.6. Schemas made by groups (Annex 4)

Family, peers, animals, teachers and leisure time seems to be the most relevant dimensions of SWB followed by places at school and some aspects of material WB. The deep interpretation and analysis of the diagrams are done in the following section⁸.

Table 5: Synthesis of the principal dimensions of SWB with the total number of photos of each and the number of children that mentioned the category. To find out the number of children, a meticulous analyze and counting with NVIVO has been done.

Categories	Subcategories	N° of children (%)	N° of photos (%) ⁹
RELATIONSHIPS	Relationships with pets and animals	19 (46,34)	65 (12,77)
	Family	21 (51,21)	43 (8,44)
	Teachers and school staff	23 (56,09)	36 (7,07)
	Peers	39 (95,12)	196 (38,50)
Total		41 (100)	340 (66,79)
MEANS OF SELF-FULFILLMENT	Leisure time	32 (78)	91 (17,87)
	Learning; opportunities for improving	3 (7,31)	7 (1,37)
	Spiritual WB	8 (19,51)	11 (2,16)
Total		32 (78,04)	109 (21,41)
HAVING	Material WB	11 (26,82)	18 (3,53)
	Services at school	5 (12,19)	7 (1,37)
	School learning environment	9 (21,95)	14 (2,75)
	Physical environment inside school	5 (12,19)	6 (1,17)
	Places at school	15 (36,58)	26 (5,10)
	Physical environment surrounding school	2 (4,87)	2 (0,39)
Total		24 (58,53)	73 (14,34)

6. DISCUSSION

This research explores children's understanding of their WB at school, by their direct participation in the research. The results of this work, carried out in two rural primary schools in France, verifies that the dimensions of SWB, by the point of view of our population, include three of the four great

⁸ Refer to annex 3 to see some examples of the diagrams.

⁹ N° of photos where the category was expressed in some way, and the percentage of the total. Some photos were included in more than one category, thus the addition of the photos is not 509 and the addition of the percentages is not 100%

categories of the SWB Model (*school conditions, social relationship and means of self-fulfillment*). It is to remark the clear absence of *health* as part of SWB.

Before a detailed analyze of the results, it seems important to clarify that this research studies only one perspective of SWB since the perception of teachers, parents and specialists of the subject was not included. Therefore, the study of the perceptions and discourses of the actors themselves -the children- does not expect to determine how some public health program should work but, simply, to place and highlight these opinions to count with them when planning public health programs related to the subject of SWB.

6.1. Comparison between focus groups and photovoice results (tables 2, 3 and 4)

The categories of *relationships, means of self-fulfillment and school conditions* appeared in the focus group and the photovoice approach. However, a deeper analysis shows that, after the stage of photographing, more dimensions of SWB have come to light.

The dimensions in common between the two methods are: *relationships with pets & animals; social relationships; leisure time; learning & opportunities for improving; spiritual WB; school rules; school curriculum, and services to pupils*. Notwithstanding, there are some aspects that were not expressed after photographing and are important to remark because they were expressed during the focus group process. Inside the category of *school rules*, children talked about: *obligations, punishments, justice, and rights to do things*; while, in the photos, they just talked about the *plays they are authorized to do at school*. Then, in the dimension of *learning and opportunities for improving*, they talked about *academic achievement and the future*, while through the photographs they just mentioned *learning and working*.

The categories that were added after photographing are developed below. They divided *pets & animals* into *pets & animals at home, at school and of company*. Also, they added *having peers of other schools, other ages and outside school*. As well, the ideas of *freedom, self-esteem, happiness & luckiness*, appeared in the photographs. At last, the *material WB* and the different *places inside school* came out only throughout photographing.

These results reveal, on one hand that using MM enrich the results. On the other hand, as the principal categories are mentioned in both methods, it gives consistency to the results found.

6.2. Comparisons between children categorization and our own interpretation (tables 3 and 4)

The main difference is that the categories *quality of relationships, curriculum, and rules & punishments*, were not created as categories by children although there were photographs describing them. This may suggest that, on one side, there are terminologies that children find difficult to use and to put in words. On the other side, it may point to the fact that, by photographing, there are some ideas that cannot be expressed. It confirms the importance of using MM when doing research with children and when letting them participate: in order to offer them different ways of saying and expressing their voice.

Further, there are differences in the number of photographs put in each categories because of the re categorization in itself, but also, because when we constructed our categorization, there were some description of the photos that referred to more than one idea and, thus, more than one category.

6.3. The categories more mentioned and more referred in the photographs (tables 3, 4 and 5)

Focusing on the **groups**, the categories *family, teachers & school staff, peers, pets & animals, and leisure time* were mentioned by all groups. Then, *nourishment* was mentioned by 4 groups as well as *school conditions & places*. The other dimensions were mentioned by 2 or 1 groups. (Table 3)

An analyze of the **number of children** that referred to each category in the description of the photographs (table 5) shows that: all of them, the 41 children, referred to *relationships* in any way, 78% mentioned some kind of *means of self-fulfillment* and, a bit more than 58% referred to the *having* category. A deeper analysis of the dimensions within the main categories reveals that 39 children (95.12%) mentioned *peers*, 32 (78%) *leisure time*, 23 (56.09%) *teachers & school staff*, 21 (51.21%) the *family*, and 19 (46.34%) *pets & animals*. They are followed, in order, by *places at school* and *material WB*.

Concerning the **number of photographs**, *peers* has the most quantity: 196 (38.50%). Then, *leisure time* has almost 18%; *pets & animals* near to 13%; *family* a bit more than 8%, and *teachers* a little more than 7%. They are followed, in order, by *material WB*, *places at school*, *school learning environment* and *spiritual WB*.

Up to here, the results by the different methods coincide in the categories more referred. *Peers* and *leisure time*, in this order, have the most of the photos and are referred by most of the children and groups. They are followed by *family, pets & animals* and *teachers*. Those are the five categories that seem to be the most important. Then, *places at school* and *material WB* follow in importance.

Doing a more detailed analysis of table 4, the *pets & animals* that seem to be more important are those *at home*. Concerning *teachers*, the *quality of the relationships* is quite important. Regarding *peers*, *having peers in general* and *friends*, is the most important aspect. Then, about *leisure time*, *playing, sport, football* and *computers* are the most relevant for SWB. Finally, the *playground* seems to be the most significant place at school.

Recapitulating, for being well at school, children seem to need peers and leisure time; they do not want to be alone and they need free time in order to do other things than working, do sport and other activities they enjoy, and have fun. Then, they seem to need “good” and polite teachers, a “good” family and animals to be well at school.

6.4. Comparisons by gender

Some slight differences were found between girls (G) and boys (B). *Quality of the relationships with teachers* and *teachers' attitudes towards pupils, activities at school* and *shoes*, were only mentioned by girls. Then, *playground* (6G, 3B), *pets & animals at home* (12G, 5B) and *at school* (4G, 1B), and *family in general* (10G, 5B), were mentioned more by girls than by boys. Contrarily, *motorbike* and *cars*

were only mentioned by boys and *football* (7B, 1G) and *computers* (6B, 2G) were more referred by boys than by girls. In the other categories there were not important differences.

6.5. Interpretation of schemas (See annex 4 to see some examples)

According to the drawings children made, and the explanation they gave orally, the *family* is the most important category for SWB by the point of view of all groups. For most of the groups, *peers* and *pets & animals* are “as important as”¹⁰ *family* and, for one group, *teachers* are also in the first place. Another group said that *plants* are also the most important aspect because they are useful for breathing. One group said the *school* was also one of the most important dimensions. Then, *leisure time* and *places at school* are mentioned as significant. Two groups wrote the dimensions *teachers, animals, games, party, places* and *shoes*, in two different size police, meaning they have a different influence in SWB depending on how they are. For example, one group said that teachers are “good” if they do not give too many punishments. In contrast with the other research that used this methodology of mapping (22;29;32), children not only showed the importance of the categories themselves but, they also said something about how the different aspects of SWB should be to make them feel good.

Concerning the links made between categories, *animals* and *family* were linked in almost all the groups. This shows the importance that animals at home have for the children, as photographs have also shown. Then, *teachers* were linked with *working* and *school*, and one group linked it with *friends*. *Sport, games, having fun, break* and *friends* were all linked in some cases. *Lecture* was linked with *games* in one group arguing that they read when they have free time. *Nourishment* was linked with *family* in one group, explaining the importance of having a garden at home, farming and eating food that is not from the supermarket.

These results accord with those seen above: *family, peers, animals, teachers* and *leisure time* seem to be the most relevant dimensions of SWB followed by *places at school* and some aspects of *material WB*. However, the importance they gave to each category, challenges the results that came out throughout the other methods. In the diagrams, the *family* is in the first place and, *peers* and *pets & animals* follow. Contrary to the other results, *leisure time* is mentioned here as less important than it was in the other methods.

6.6. Comparison of our results with the international literature review (IL)

Taking into account the analysis that came out from the literature review (annex 1 and point 2.3.3) and the categories that came out throughout this research (tables 2, 4 and 5 in the results section and table 6 in annex 3), a comparison is done in an intend to challenge the hypothesis that the SWB concept built by our population would have some differences from the SWB Model, and would include some aspects that form part of broader concepts of WB such as *GWB*.

¹⁰ By their own words.

The categories *social relationships*, *means of self-fulfillment* and *school conditions*, coincide with the indicators of SWB found in the IL. However, the dimensions *family* and *pets & animal*, which appear strongly in our study, are not included as defined categories inside the concept of SWB in other researches. Nevertheless, it is important to remark that both have been mentioned by children themselves as being one of the most significant aspects of GWB in other studies (22;29;32).

Concerning the category *material WB*, it was not mentioned in other works as part of SWB as it does in our study; it forms part of the concept of GWB and it was an indicator created by adults, not by children.

Finally and surprisingly, the category *Health*, which appears in the IL as part of SWB, GWB and MWB, has not appeared in this research not even once. However, it should be remarked that the concept of *health* was directly mentioned by children only in the study about GWB (22; 29). Contrary, the SWB Model (49) was done taking children's perceptions into account but not exclusively.

These results verify, on one hand, the ideas already developed about the interconnections between SWB, GWB and MWB (see point 2.3.4. and table 1). Then, and most important, it discloses that one of the categories that is present in all the WB concepts is lacking in our research: health

To analyze in depth, a comparison of the subcategories inside each dimension of SWB is done below.

6.6.1. Relationships

The ideas of having *peers/friends*, the *quality of the relationships* and the *relationships with teachers*, appear also in the SWB Model of Konu and Rimpela (49). However, as expressed above, in the present work, children have mentioned *family* and *pets & animals* as very important components of their SWB while other works consider them as only part of GWB.

In the dimensions **peers**, one aspect that was named in our study and not in others, was the fact of having mates of other ages, others schools and outside school.

Concerning **teachers**, *teachers' attitudes towards the students* and the *experience of justice/injustice* coincide with what was found in the IL. Similarly, the idea of *security and support* appears in both, but in our study it is mentioned connected with teachers. Therefore, from the point of view of the population in this research, *pets & animals* and the *family* are part of SWB, differently to what other researches consider.

6.6.2. Means of self-fulfillment

Firstly, the dimension **decision making** appeared in the IL as important for SWB and GWB but it was not mentioned in the present research. Then, in the subcategory of **leisure time**, the children of the present study also included *doing things after school* and *going out with friends* as part of their SWB.

Another aspect that appears strongly in this study and also in other researches, but in different terms, is the idea of **opportunities for improving**: our populations talked about learning useful things, not failing and pass the grades, and the opportunity to have and to choose a job in the future.

Thereby, the education as a way of having a chosen future and the idea of progressing are important. Regarding the possibility of participating in *decision making*, it would be interesting to ask why it is not an aspect of their SWB: is it because at school they do not have this possibility and, so, it does not come to their mind? Or is it something already solved that does not need to be considered? It would be something of further investigation and the French school system may play a role in this, as it seems to be an important aspect of WB and SWB according to what was found in other works.

6.6.3. Having

Material WB appears in our research as part of SWB while it is absent in the SWB Model but present inside GWB. In the subcategory of **school conditions**, in our study, children mentioned explicitly *places at school*: the classroom, the sport room, the playground, the swimming-pool and the library are all important for their SWB. In the subcategory of *school services*, the SWB Model includes *health care* and *counseling*, and in our research only *toilets* and *cantina* are mentioned. In *school learning environment*, nothing about *school's role in teaching about and motivating healthy lifestyles* was found as important to SWB in the present research while the SWB Model includes them.

6.6.4. Health

As pointed before, the category *health* was not directly mentioned in any phase of our research study¹¹ while it appears strongly as part of GWB, MWB and SWB in the literature. Thereby, an obligated question would be *Why?* Is it because children are too young to think about health or to mention the word *health*? Are they so healthy or the HPP are so installed that this aspect does not come to their mind? Or, schools and the community are lacking programs and information regarding health?

Summing up, the results of this research disagree in one point with our hypothesis. We had postulated that the four great categories of the SWB Model (*social relationships*, *means of self-fulfillment*, *school conditions* and *health*) would appear in our research. However *health* lacks as part of SWB by the point of view of the population studied.

The results also suggest that there are some dimensions significant for the SWB that were not included in other researches and are important by children's point of view. The *family* and *pets & animals* must be emphasized because, not only they were not considered before, but also, because the results show that they were mentioned for all groups and almost all children and were represented in many photographs (third and forth in quantity after peers and leisure time).

¹¹ When we say that children did not mention *health*, here we take the definition of Konu and Rimpela (49), where *health* is defined as the absence of disease and illness, referring to physical and mental symptoms, common colds, chronic and other diseases and illnesses.

Moreover, other things that this analysis reveals is that, what was considered as being only part of the GWB of children, has also an effect in the way children are and feel at school.

6.7. Limitations of the research

First, as with other qualitative approaches, the finding cannot be generalized, but rather transferable to similar groups in similar settings in France. There is an uncertainty of the utility of the results in other contexts.

Then, since the schools involved where those included in a HPP, they were not randomly assigned. They have been working the subject of WB and HP at school before; hence, this may have produced a bias of selection. The point of view of children of other schools may be different and was left out. At the same time, in spite of being inside this HPP, the absence of the preoccupation about health is striking and surprising because it has crossed the discourses of all groups and all children individually.

Concerning the specific methodology of photovoice, some aspects could be changed in future researches:

- Smaller groups would have motivated more children to participate. In the groups bigger than 6 some children did not speak. This, however, shows again, the importance of giving children multiples ways for them to find the more comfortable one to express their voice (discussions, photos, diagrams and the possibility to write and draw if needed)
- The school environment may have limited children speak freely. As the teachers and the pedagogical advisors were present, this could have made children say what adults wanted to listen and not what children wanted to say.
- In report with the idea above, it would be useful for further research to explore the reasons why children eliminate certain photos. Was it because they did not want teachers or adults or mates to see them? Do we really collect their true opinions or what adults expected from them?

7. CONCLUSIONS

According to what the results revealed, contrary to what would have been expected, the SWB, according to the children of this research, is not directly linked to health¹². Children's relationships to others are the most important dimensions of their perception of SWB. Family, friends, pets, leisure time and the attitudes teachers have towards pupils, would have the most impact on SWB.

As public health actors, the first question to ask should be why *health* is not an issue for SWB by the perception of these children in France. Is it because primary school children do not think about health? Is it because they have not experienced a problem related to health that they do not consider it as important? Is it regretful that health has not come to light as an aspect contributing to their SWB? Or contrarily, there is not better signal of health that not considering health as significant?

¹² Taking the definition of Konu and Rimpela (49), where *health* is defined as the absence of disease and illness, referring to physical and mental symptoms, common colds, chronic and other diseases and illnesses.

Reprimanding the idea of Allardt (68), that WB is a state in which it is possible for a human being to satisfy her or his basic needs, it should be remarked that children in France need “loving” (relationships to others) to being well at school. The relationships with peers, with family, with teachers, and with pets, as well as the leisure time, are the most important things for them to be well at school. May be, they have the material and health needs satisfied and they have the opportunity, thus, to think about other aspects of life, more linked to the life enjoyment and personal growth. If this research had been done in another context, where the material basic needs lack, children would have talked about very different aspects of SWB: food, clothes, money, transport, health, school conditions, etc.

Another explanation for this lack of *health* in the SWB pattern created by children could be that health education is not a priority to the French education system and, thus, children do not have a contact with health topics at school. Furthermore, school nurses and school doctors are not always actors known by children. According to Jourdan’s work (18), French education system contributes to health ameliorations and is a favourable environment for health education. Nevertheless, he supports that there is a difficulty in France for the health world to integrate with the school world. He assures, however, that the place of health education as part of French schools missions is changing. He sustains that schools are public health actors, mainly in the prevention field, because it is during childhood that positive behaviours towards health are acquired. Therefore, it seems that things should be done concerning health education and HP.

This research contributes to new knowledge about the dimensions that should be taken into consideration when trying to improve the SWB. It could be a field of further research to analyze which other aspects of SWB are important in the French context and, which strategies are the most useful and efficient to get SWB better. In fact, the results of the project where this research is included will show soon the impact the HPP had at school. It would be interesting to assess how the aspects which children mentioned as more important in this study were touched by this HPP, in order to evaluate its utility and the need for making some adjustments in the future.

However, if WB at school wants to be enhanced, many actors should play a role. School staff is important because they see children all days and many hours, and they can greatly influence in the relationships with peers, the group dynamic and the motivation of good quality of relationships. As well, the attitudes teachers have towards children, not only in the way they teach but also by treating them with respect, comprehension and justice, and encouraging and motivating them, have an effect on their WB and are, thus, aspects education system should think about.

Then the family has a great role to play and, here, the socio economic and cultural context plays an important role as well as the society and the environment in general.

What public health systems can do to influence in a topic that have such a big influence in the health of so many children? Drawing attention to SWB means highlighting the health of the children

that attend school, which means the great majority of children in France. Hence, it is a good strategy of public health because it reaches two of its main objectives: it deals with preventive rather than curative issues; and with population-level more than individual level problems. However, for reaching this goal of improving SWB, deep interdisciplinary actions should be taken, where the social sciences, the education system, the families, the community, and the health system in general, with the health promoting and education programs, should play a responsible role.

It would be interesting for future research to be able to construct a SWB Model for French children taking into consideration the results of this research as well as the perceptions of parents, teachers and specialist of the subject done in further researches.

Also, it would be challenging to go deeper in the investigation of the reasons why health seems not to be an issue for SWB by children and, also, study why these children give so much importance to the relationships and the leisure time. Is the quality of their relationships good? Do they have enough free time to enjoy their childhood? Are they well socially? If WHO's definition of health is taken into account, where the social WB is part of health, and, also, the ecological paradigm where health is defined as a complex and interconnected biological and social system, HPP in France should take this into consideration and focus their strategies on improving the quality of the social relationships children have and the free time they enjoy.

8. BIBLIOGRAPHY

1. *Health Promotion through the life span*. Mosby Elsevier; 2010.
2. Whitelaw Sea. "Settings" based health promotion: a review. *Health Promotion International* 2001;16 (4).
3. Third International Conference on Health Promotion SS. *Sundsvall Statement on Supportive Environments for Health*; 1991.
4. WHO. *The Ottawa charter for health promotion*. *Health Promotion International* 1986;1(4):iii-v.
5. Hamel M, Blanchet L, Martin C. *6, 12, 17 Nous serons bien mieux! Les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Québec: Publications du Québec; 2001.
6. IUHPE. *Achieving health promoting schools: guidelines for promoting health in schools*. Saint-Denis ; 2008.
7. Arcand L, Bantuelle M, Bouvier P, Broussouloux S, Housseau B, Lamboy B, et al. *Comportements à risque et santé: agir en milieu scolaire*. Saint-Denis: INPES; 2008.
8. Barker J, Weller S. *Is it fun? Developing children centred research methods*. *International Journal of Sociology and Social Policy* 2003;23(1-2):23-58.
9. Backe-Hensen E. *Cool, boring, difficult or stupid? What the children thought*; 2003.
10. Alderson P. *Research by children*. *Journal of Social Research Methodology*; 2000;4(2):139-53.
11. Van Petegem K. *Relationship between student, teacher, classroom characteristics and students' school wellbeing*; 2008.
12. Mc Dowell I, Newell C. *Measuring Health: A Guide to Rating Scales and Questionnaires*. Second edition ed. New York: Oxford University Press; 1996.
13. WHO. *The Ottawa charter for health promotion*. *Health Promotion International*; 1986;1(4):iii-v.
14. International Health Conference. *Constitution of the World Health Organisation*; 1946.
15. Bircher J. *Towards a dynamic definition of health and disease*. *Med Health Care Philos*; 2005;8.
16. Saracci R. *The World Health Organization needs to reconsider its definition of Health*. *BMJ* 1997;314.
17. National Health and Medical Research Council. *Promoting the health of Indigenous Australians. A review of infrastructure support for Aboriginal and Torres Strait Islander health advancement*. Canberra: NHMRC, part 2: 4; 1996. Report No.: Final.
18. Jourdan D. *Éducation à la santé : Quelle formation pour les enseignants ?* Saint-Denis; INPES, coll. Santé en action; ed. 2010.
19. Lindberg L, Swanberg I. *Well-being of 12-year-old children related to interpersonal relationships, health habits and mental distress*. *Scandinavian Journal of Caring Sciences* 2006; 20:274-81.
20. Cornwell L, Hawley S, St Toman T. *Implementation of a Coordinated School Health Program in a Rural Low Income Community*. *Journal of School Health* 2007;77(9):601-7.
21. Hanafin S, Brooks A-M, Carroll E, Fitzgerald E, Gabhainn SN, Sixsmith J. *Achieving consensus in developing a national set of child well-being indicators*. *Social Indicators Research* 2007;80(79):107-4.
22. Gabhainn SN, Sixsmith J. *Children's understanding of Well-Being*. Centre of Health Promotion Studies, Department of Health Promotion, National University of Ireland, Galway; 2005.
23. Bonomi AE, Patrick DL, Bushnell DM, Martin M. *Validation of the United State version of the World Health Organization Quality of Life (WHOQOL) instrument*. *Journal of Clinical Epidemiology* 2000;53(1):12.
24. Berger-Smith R, Noll HH. *Conceptual Framework and Structure of a European System of Social Indicators. Centre of Survey Research and Methodology (ZUMA)*. Social Indicator Department; 2000. Report No.: 9.
25. Huebner ES, Gilman R, Laughlin JE. *A multimethod investigation of the multidimensionality of children's well-being reports: discriminant validity of life satisfaction and self-esteem*. *Social Indicators Research* 1999;46:1-22.

26. Mc.Cullough G, Huebner ES, Laughlin JE. *Life events, self concepts, and adolescents' positive subjective well-being*. *Psychology in the schools* 2000;37:281-90.
27. Spratt J, Shucksmith J, Philip K, Watson C. *'Part of Who we are as a School Should Include Responsibility for Well-Being': Links between the School Environment, Mental Health and Behaviour*. *Pastoral Care Journal* 2006;24(3):14-21.
28. Hanafin S, Brooks AM. *Report on the Development of a National set of Child Well Being Indicators*. National Children's Office, Dublin; 2005. Report No.: Report on the Development of a National set of Child Well Being Indicators in Ireland.
29. Gabhainn SN, Sixsmith J. *Children photographing well-being: facilitating participation in research*. *Children and society* 2006;20:249-59.
30. HM Government. *Every Child Matters*. <http://www.dcsf.gov.uk/everychildmatters/> 2004
31. Camfield L, Tafere Y. *'Children with a good life have to have school bags': Diverse understandings of well-being among older children in three Ethiopian communities*. Young Lives, Department of International Development, University of Oxford, Oxford OX1 3TB, UK; 2009. Report No.: 37.
32. Sixsmith J, Gabhainn SN, Flemming C, O'Higgins S. *Children's, Parents' and Teachers' Perceptions of Child Wellbeing*. *Health Education* 2007;107.
33. Adi Y, Kiloran A, Stewart-Brown S. *Systematic review of the effectiveness of interventions to promote mental wellbeing in primary schools*. HSRI and NICE; 2007 Dec. Report No.: Report 1: Universal approaches which do not focus on violence or bullying.
34. Erhart M, Ottova V, Gaspar T, Jericek H, Alikasifoglu M, Morgan A, et al. *Measuring mental health and well-being of school-children in 15 European countries using the KIDSCREEN-10 Index*. *Int J Public Health* 2009;54:160-6.
35. Shucksmith J, Summerbell C, Jones S, Whittaker V. *Mental wellbeing of children in primary education (targeted/indicated activities)*. University of Teesside School Health and social care 2007.
36. Skevington S. *Creating an Environment for Emotional and Social Well-Being*. The World Health Organization; 1999. Report No.: 10.
37. Awartani M, Whitman CV, Gordan J. *Developing Instruments to Capture Young People's Perceptions of how School as a Learning Environment Affects their Well-Being*. *European Journal of Education* 2008;43(1):51-70.
38. Awartani M, Whitman CV, Gordan J. *The Voice of Children. Student Well-Being and the School Environment*. Universal Education Foundation (UEF) Education by All for the Well-Being of Children; 2007. Report No.: Middle East Pilot Preliminary Survey Results: Palestine, Jordan and Lebanon.
39. Ruus V-R, Veisson M, Leino M, Ots L, Pallas L, Sarv E-S, et al. *Students' well-being, coping, academic success, and school climate*. *Social Behavior and Personality* 2007;35(7):919-36.
40. Lenoir M, Berger D. *Représentations du bien-être du collégien selon la communauté éducative: étude exploratoire*. *Santé publique* 2007;19(5):373-81.
41. Rebok G, Riley A, Forrest C, Green B, Robertson J, Tambor E. *Elementary school-aged children's reports of their health; a cognitive interviewing study*. *Quality of Life Research* 2001;10:59-70.
42. Ahonen A, Kurtakko K, Sohlman E. *School, Culture and Well-being*. Lapland University Press; 2007. Report No.: 4. Report in educational sciences.
43. Samdal O, Nutbeam D, Wold B, Kannas L. *Achieving health and educational goals through schools-a study of the importance of the school climate and the students' satisfaction with school*. *Health Education Research* 1998;13(3):383-97.

44. Morrison Gutman L, Feinstein L. *Children's well-being in Primary School: Pupil and School Effects*. Centre for Research on the Wider Benefits of Learning Institute of Education, 20 Bedford Way, London WC1H 0ALwww.learningbenefits.net; 2008. Report No.: 25. Wider Benefits of Learning Research.
45. Konu A., Lintonen TP, Autio VJ. *Evaluation of Well-Being in Schools-A Multilevel Analysis of General Subjective Well-Being Anne*. School Effectiveness and School Improvement 2002 Jan 8;13(2):187-200.
46. Konu AI, Alanen E, Lintonen TP, Rimpela M. *Factor structure of the School Well-being Model*. Health Education Research 2002;17(6):732-42.
47. Konu AI, Lintonen TP, Rimpela M. *Factors associated with school children's general subjective well-being*. Health Education Research 2002;17(2):155-65.
48. Konu AI, Lintonen TP. *School well-being in Grades 4–12*. Health Education Research 2006;21(5):633-42.
49. Konu AI, Rimpela M. *Well-being in schools: a conceptual model*. Health Promotion International 2002;17(1).
50. Konu AI, Lintonen TP. *Theory-based survey analysis of well-being in secondary schools in Finland*. Health Promotion International 2005;21(1):27-35.
51. Konu AI, Lintonen TP. *The Well-Being Profile - an Internet tool for school health promotion*. IUHPE - Promotion and Education 2006;13(4):230-5.
52. Li J, Mattes E, Stanley F, McMurray A, Hertzman C. *Social determinants of child health and well-being*. Health Sociology Review 2009;18(1):3-11.
53. St Leger LH. *The opportunities and effectiveness of the health promoting primary school in improving child health-a review of the claims and evidence*. Health Education Research 1999;14(1):51-69.
54. Torabi MR, Yang J-Z. *Comprehensive School Health Model: An Integrated School Health Education and Physical Education Program*. ICPE 2000.
55. Cheshlarov M, coll. *Models of Health Promoting Schools in Europe*. WHO Regional Office for Europe, Copenhagen; 2002.
56. National Center for Chronic Disease Prevention and Health Promotion DoAaSH. *Coordinated School Health Program*. <http://www.cdc.gov/HealthyYouth/CSHP/>; 2008
57. Promoting health through schools. *The WHO's Global School Health Initiative*. WHO:HPR/HEP 96.4 WHO Geneva, WHO, (1996).
58. WHO. *Promoting health through schools*. Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion. World Health Organ Tech Rep Ser 1997;870:i-93.
59. *European Network for Health Promoting Schools*. <http://www.enwhp.org/> 2010
60. UNICEF. *Child friendly schools*. http://www.unicef.org/lifeskills/index_7260.html#A%20Framework%20for%20Rights-Based,%20Child-Friendly 2004
61. World Education Forum. *Focusing Resources On Effective School Health (FRESH): Start To Enhancing The Quality And Equity Of Education*. Report final; 2010
62. Broussouloux S, Houzelle-Marchal N. *Education à la santé en milieu scolaire: choisir, élaborer et développer un projet*. Saint Denis: INPES; 2006.
63. Van Petegem K, Creemers B, Aelterman A, Rossel Y. *The importance of pre-measurement of wellbeing and achievement for current children wellbeing*. South Africa Journal of Education 2008;28:451-68.
64. Bowen N. *Psychometric Properties of the Elementary School Success: Profile for Children*. Social Work Research 2006;30(1):51-63.
65. Samdal O, Nutbeam D, Wold B, Kannas L. *Achieving health and educational goals through schools - A study of the importance of the school climate and the students' satisfaction with school*. Health Education Research 1998;13(3):383-97.

66. Golay A, Lagger G, Giordan A. *Motiver pour changer: un modèle d'éducation thérapeutique pour chaque patient diabétique*. In: Maloine, editor. Comment motiver le patient à changer ? p. 1-10. ; 2009
67. Allardt E. *Dimensions of Welfare in a Comparative Scandinavian Study*. Helsinki: Research Group for Comparative Sociology. University of Helsinki; Report N.: 9; 1975.
68. Allardt E. *An Updated Indicator System: Having, Loving, Being*. Helsinki: Department of Sociology, University of Helsinki. Working Paper No. 48; 1989.
69. Minister for Children and Youn Affairs. *National Children Strategy*. Government Publication, Dublin; 2000.
70. Deroubaix J. *La promotion de la santé à l'école au centre de deux logiques*. Education Santé; 232; 2008.
71. World Health Organization. *Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*. WHO Library Cataloguing in Publication Data. Report No.: Health Policy for Children and Adolescents, No. 4 ; 2004.
72. De Berry J. *Community Psychosocial Support in Afghanistan*. Community Psychosocial Support in Afghanistan;2(2):143-51; 2004.
73. *Convention on the Rights of the Child*, Document A/RES/44/25, U.N.General Assembly; 1989.
74. *Plan national d'éducation pour la santé*, Ministère de la santé ; 2001.
75. St Leger L, Kolbe L, Lee A, McCall DS, Young IM. *School health promotion: Achievements, Challenges and Priorities*. In: McQueen DV, Jones CM, editors. Global perspectives on health promotion effectiveness. Saint-Denis: Springer; p. 107-24 ; 2007.
76. Pommier J, Laurent-Beq A, Deschamps JP. *Pour une politique de promotion de la santé des jeunes*. In: Patricia L, editor. Les jeunes questions de société, questions de politique. Paris: La documentation française; 2007.
77. Jourdan D, Piec I, Aublet-Cuvelier B, Berger D, Lejeune ML, Laquet-Riffaud A, et al. *Education à la santé à l'école: pratiques et représentations des enseignants du primaire*. Santé Publique; 2002; 14(4):403-23.
78. Pommier J, Guével MR, Jourdan D. *Evaluation of health promotion in schools: a realistic evaluation approach using mixed methods*. BMC Public Health ; 2010 ; 10(43).
79. Paille P, Mucchielli A. *L'analyse qualitative en sciences humaines et sociales*. 315p., index, réf.4p., 2e édition ed. Paris ; 2008.
80. Miles MB, Huberman M. *Analyse des données qualitatives*; 2003.
81. Ben-Arieh A. *Where are the children? Children's role in measuring and monitoring their well-being*. Social Indicators Research; 2005; 74:573-9;.
82. Qvortrup J. *Childhood matters: An introduction*. In: Sgritta G, Bardy M, Wintersberger H, editors. Childhood matters: Social Theory, Practice and Politics.Viena: European Centre Avebury; 1994;p. 1-24;
83. Nijhoff M. *What children's rights mean to children: Children's own views*. In: Freeman M, Veerman P, editors. Ideologies of Children's Rights. Dordrecht 1992; p. 167-87.
84. Strack RW, Magill C, McDonagh K. *Engaging Youth through Photovoice*. Health Promotion Practice 2010;5:49-58.
85. Bianchi SM, Robinson J. *What did you do today? Children's use of time, family composition, and the acquisition of social capital*. Journal of Marriage and the Family 1997;59:332-44.
86. Terigi F. *Diez Miradas Sobre La Escuela Primaria*. Buenos Aires, Argentina: 2006.
87. Morse JM. *Principles of mixed methods and multimethod*. In: Tashakkori A, Teddlie C, editors. Handbook of mixed methods in social and behavioral research.Thousand Oaks: Sage Publications; 2003. p. 189-208.
88. Darbyshire P, MacDougall C, Schiller W. *Multiple methods in qualitative research with children: more insight or just more?* Qualitative Research 2005;5(4):417-36.
89. Horowitz J. *Conducting school-based focus groups*. Journal of Pediatric Nursing, 2003;18:321-31.

90. Greenbaum T. *The Handbook for Focus Group Research*. California: SAGE Publication; 1998.
91. Hsieh H-F, Shanon SE. *Three Approaches to Qualitative Content Analysis*. *Qualitative Health Research* 2005;15(9).
92. Donaldson SI. *In search of the Blueprint for an Evidence-Based Global Society*. In: Donaldson SI, Christie CA, Mark MM, editors. *What counts as credible evidence in applied research and evaluation practice?* Thousand Oaks: SAGE Publications, Inc; 2009. p. 2-18.
93. Tones K, Tilford S. *Health promotion: effectiveness, efficiency and equity*. 3 ed. Cheltenham: Nelson Thornes; 2001.

9. ANNEXES

Annex 1: Dimensions and categories of WB collected throughout the international literature review.

Annex 2: Scheme of the SWB Model.

Annex 3: Syntheses of the different categories of SWB throughout the different methods.

Annex 4: Some examples of children´s schemas.

ANNEX 1

Below, the original information about the concepts of WB collected from the international literature review, from where table 1 was built.

THE CONCEPT OF GENERAL WB

(19;27-32).

Some of the indicators of WB were collected by the points of view of children (22;29) and others are dimensions created by parents, teachers and researchers or organizations¹³. **In black, the dimensions created by children in other researches; in capital letter, the dimensions mentioned as the most important by their point of view.**

Social relationships (needs to relate to other people and form social identities)

- **FAMILY:** family time; familial circumstances; good quality of family relationships (having a loving and peaceful family); getting advice and follow-up by the families; memories.
- **FRIENDS:** relationship with peers.
- **Community:** People, neighbors; community characteristics; having respect, representation and rights within a particular community; quality of the relationships with others; relationships with teachers; social cohesion, social orientation.

Means of selffulfilment (being)

- Personal characteristics: autonomy; personal growth and aspirations; future orientation & perspective in life; self worth, self-esteem; pride; good behavior
- Spiritual WB: emotional WB; emotional expression; self-management; dreams; love.
- Decision making: capacity of choice; **being asked their opinions and shown respect; feel included and respected.**
- **Leisure time:** PETS, ANIMALS; TOYS AND TEDDYS; SPORT/RECREATION; comfort; opportunities for recreation; religion & churches; festivities & celebrations; trophies; laughter, fun; energy; strength; holidays; BOOKS/reading; computers, TV; art & music; farming, fishing; video games, trampolines, cars; freedom & escape; hobbies.

¹³ The bibliography is not specified because, for this analysis, it was done a compilation of the indicators/dimensions of WB that appeared in the literature without differentiating the sources. All the bibliography cited in the point 2.1. was used as a base for this section.

Having (Material conditions and impersonal needs)

- **HOME:** house; where I live; living conditions (electricity; water; clothes; shelter); access to means of communication (TV, radio, telephone).
- Material WB: possessions; money; economic security; socioeconomic status; socio demographic dimension; having a good «appearance».
- **Environment:** nature; geography; locality/PLACES; clock; shops; transportation; secure physical environment.

Physiological needs

- **Nutrition; FOOD and drink; appetite.**
- **Sleeping, rest, bedrooms.**
- **Cleanliness.**

School

- **Attending school;** liking school.
- Relationships with peers: bullying/harassment and discrimination/peer victimization.
- **School role in teaching about and monitoring healthy lifestyles.**
- **Relationships with teachers; being encouraged to study.**
- **Educational materials; learning and teaching methods.**
- **Classrooms and clean toilets; library.**
- **Mental ability and academic achievement.**

Health

- **General health: overall health status and WB; visits to the doctor; medicines;** chronic health conditions; sexual health.
- **Health services: access to health care;** basic health services; child care services; screening; immunization.
- Abuse and maltreatment; crimes committed on children.
- Public expenditure.
- Health behavior: use of tobacco, alcohol and drugs.
- Mental Health: happiness/positive mood; anxiousness/depression; perception of one psychological state; satisfaction with one's life situation; enjoying and achievement.

THE SCHOOL WB CONCEPT (SWB)¹⁴

(43-51)

Social relationships (loving)

- **Students-teachers relationships:**

¹⁴ In this research we “school WB” and “WB at school” are used as synonyms.

- Teachers' attitudes towards the students: teachers' interests in how pupils are doing; the experience of justice-injustice of the pupil's treatment on behalf of the teacher; the teacher apparent degree of concern for the pupil's WB.
- Teacher's WB.
- **FRIENDS**/relationship with peers.
- **Groups' dynamics**: no problems working in teams; social integration in class; being together.
- **Violence**: bullying; harassment; discrimination; peer victimization; physical punishment.
- **Cooperation between school and homes**: connecting school and home through involving parents.
- **Student's perception of teacher interpersonal behavior**.
- **School management style**: the way the school board directs the school.
- **Atmosphere** of the whole school organization.
- Belonging to one's community and the **environment**; relationships with social affairs and health care systems.

Means of self fulfillment (being)

- **Respect**: for pupils' work and views.
- **Decision making**: possibility to participate in the schooling.
- **Opportunities** for improving knowledge and skills emphasizing the pupils own interest fields.
- **Positive learning experiences**: supportive cooperation and active learning; staff's attitude towards students; friendly, rewarding and supportive atmosphere; role of school in helping children develop and grow; encouragement: from teachers, parents and peers; motivation towards learning tasks; pleasure and joy in learning; motivation for attending school; liking school; developing of creative activities; learning through deep reflection; self-confidence in capabilities; satisfaction with didactical materials used in lessons; students' satisfaction with their engagement in school life; mental ability and academic achievement.
- **Leisure time**: opportunities for leisure time activities during breaks; connection with nature; sport; playing; recreation.
- **Spiritual WB and personal characteristics**: emotional WB, expression and self-management; sense of interconnection with all of life; inner strength and sprit; self-esteem; self- knowledge; personal growth and aspirations.

School conditions (having)

- **Physical environment (PE) surrounding school**.
- **PE inside the school**: safe working environment (dirtiness, ventilation, temperature, lighting, appropriate desks, noise, risk of accident, peaceful atmosphere, security/safety, etc).
- **Learning environment**: curriculum; group size; schedules; time/school clock; amount of homework; rules & punishments; restlessness; breaks; school's role in teaching about and motivating healthy lifestyles; feeling of safety and security physically and emotionally.
- **Services to pupils**: school lunches; health care trustee and counseling.

Health status

- General health: the absence of disease and illness; visit to the doctor; evaluation of one's health; physical health and vitality; chronic health conditions; sexual health
- Health services: basic health services; child care services; screening; immunization
- Mental health: perception of one's psychological state; anxiousness/depression; gratitude and wonder; learning to heal oneself; personality disorders; psychological WB; life satisfaction.
- Healthy/risk behaviors; use of tobacco, alcohol and drugs.

THE MENTAL WB CONCEPT (MWB)

(33-35)

Social relationships (loving)

- Good relationship with others.
- Awareness, empathy.
- Violence, bullying.
- Conduct disorder.
- Make contributions to the community.

Means of self fulfillment (being)

- Emotional wellbeing: happiness; energy; confidence.
- Leisure time: sport; play; recreation.
- Personal characteristics: self knowledge; autonomy; capacity to solve problems, to cope with the normal stress of life; self-esteem; use and enjoy solitude; develop psychologically, emotionally creatively, intellectually and spiritually; develop the sense of right and wrong; attentiveness/involvement..

Health status

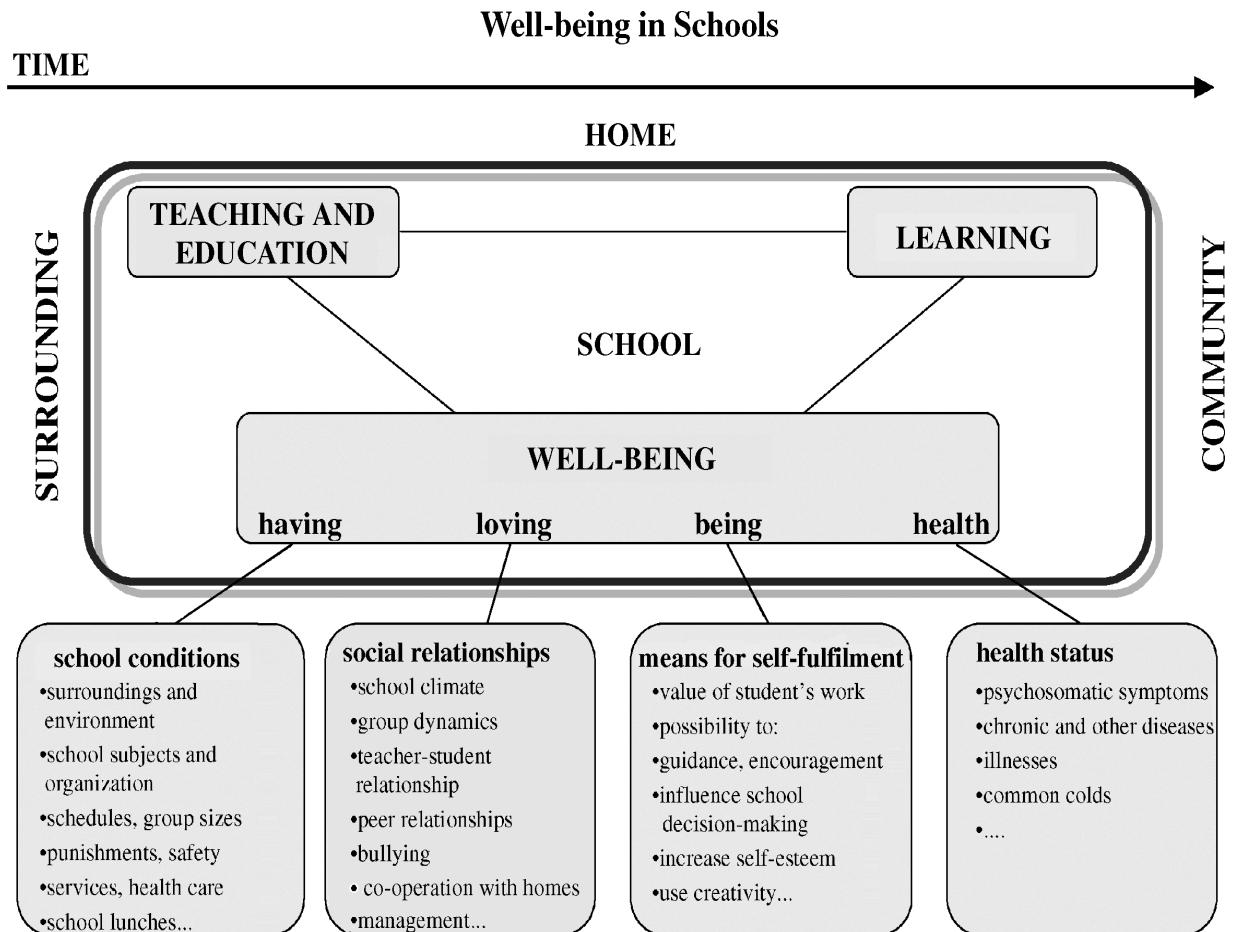
- Healthy/risk behaviours

School

- Academic achievement; learn; curriculum; pedagogical methods; relationships between pupils and staff; teacher WB

ANNEX 2

Figure 1: The SWB Model by Konu and Rimpela (49)



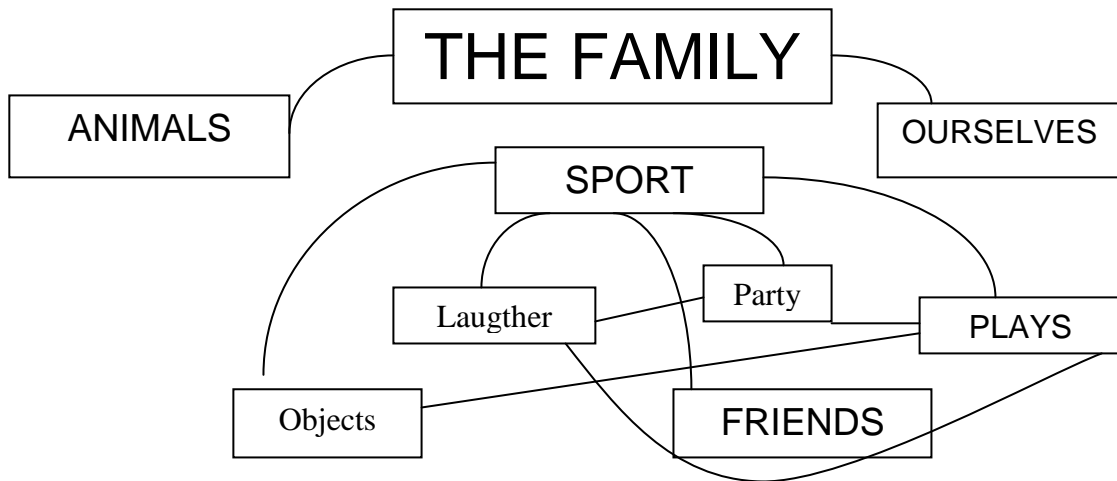
ANNEX 3. Table 6: Syntheses of the different categories of SWB throughout the different methods

RELATIONSHIPS (Loving)	Relationship to pets & animals	Pets and animals at home, at school and outside.			
		Responsibility			
	Social Relationship	Family	Having a family		
			Quality of the relationship : a loving family; encouragement from the family; having parents that teach us; helping parents		
		Teachers & school staff	Teachers' attitudes towards pupils : good, sympathetic, polite, not severe, confident, funny, who teaches well, works with us, speaks, and does not give many punishments; the experience of justice/injustice of the pupil's treatment on behalf of the teachers		
			Security & Support : adults' surveillance at school, supportive teachers		
		Peers	Having peers: in general; at school; of other schools; of other ages.		
			Having friends: at school; of other schools; of other ages.		
			Quality of relationship	Having contacts and exchanges with others: playing together, doing activities together, never being alone, doing the homework together	
				Comprehension and respect	
Supportive peers					
Being polite and sympathetic					
Laughter: it motivates to go to school					
Bullying					
MEANS OF SELF-FULFILLMENT (being)	Leisure time	Leisure time at school	Breaks and playing when free time; activities at school		
		Leisure time out of school	Going back home; going out with friends; doing things after school; playing after school; doing picnics; participating at home		
		Types of leisure time	Sport: in general; football; basquet; swimming; biking; horsing		
			Playing		
			Computer		
			Reading; books; BDs; music		
			Thinking on holidays; travelling		
	Nature: playing in the herb, taking air				
	Festivities & Celebrations				
	Learning & opportunities for improving	The fact of going to school			
		Learning useful things			
		Working at school ; working not so hard			
		Academic achievement: having good results, progress, pass the grade			
		The future: opportunities for choosing and having a job later			
	Spiritual WB	Freedom			
		Self-esteem			
		Memories			
HAVING	Material WB	Home : a big home ; bedroom			
		Food			
		Clothes & Shoes			
	School conditions	Services at school : cantina ; toilets			
		School learning environment	Schedules, amount of homework, curriculum		
			Didactical materials & school objects		
			Rules and punishments		
			Activities and things to do at school		
			Restlessness, breaks		
		Places in and around school	Physical environment inside school		
			Physical environment around school		
		Places at school	Classroom		
			Sport room		
			Playground		
			Swimming-pool		
Library					
Others, school in general					

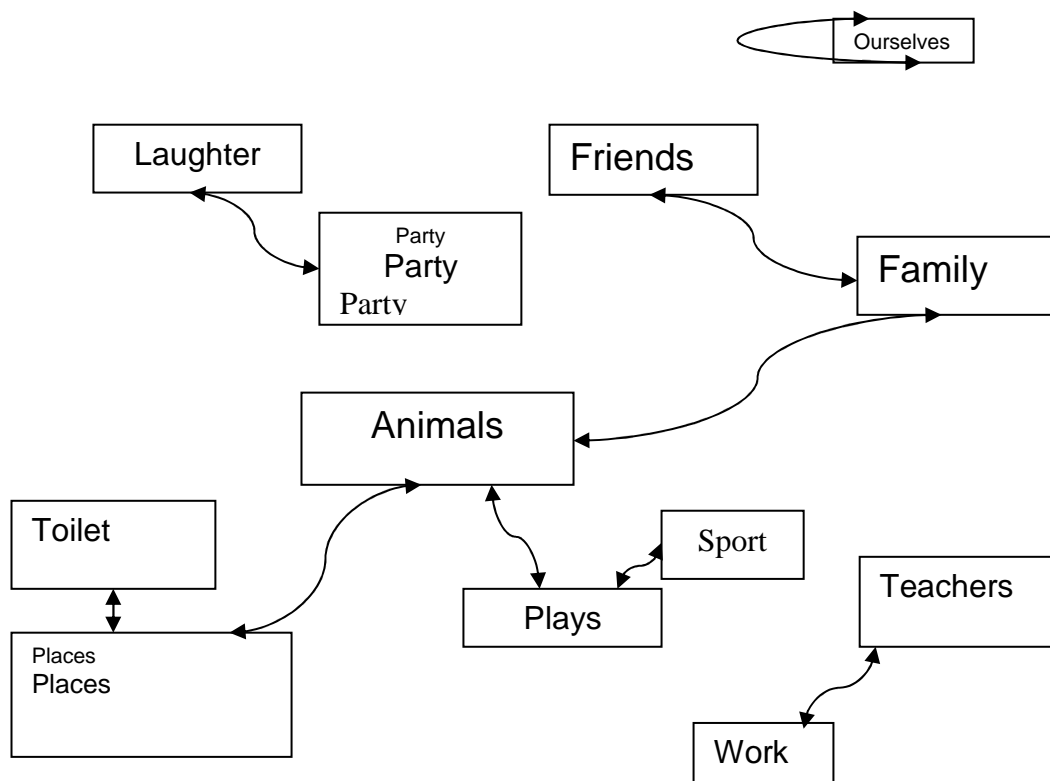
ANNEX 4

Some examples of the schemas made by children

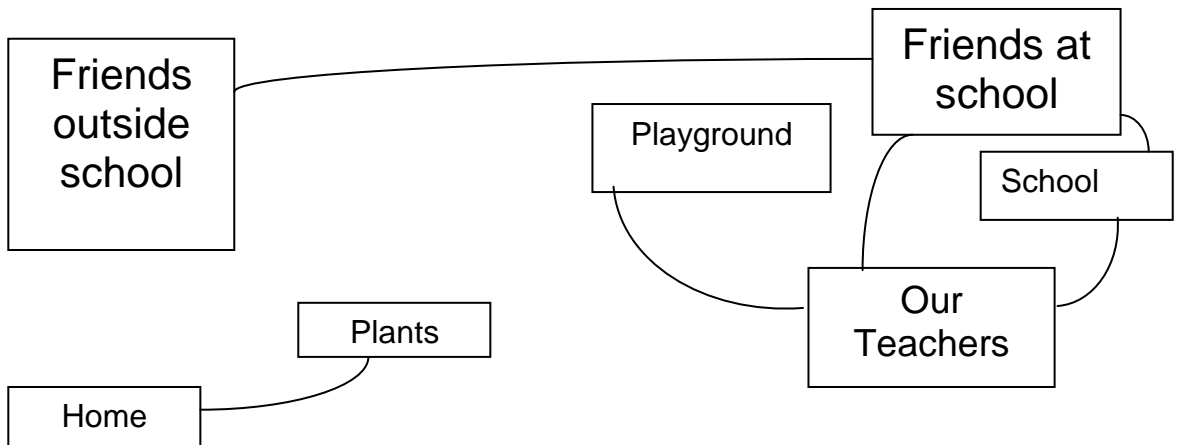
Schema 1



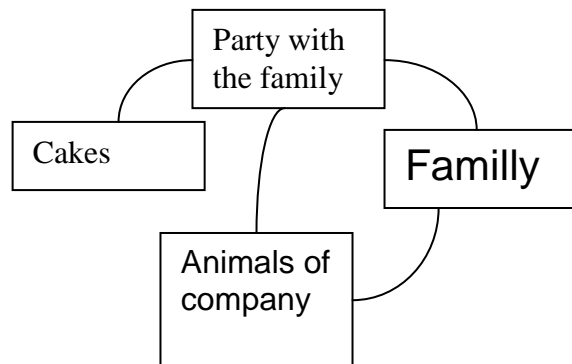
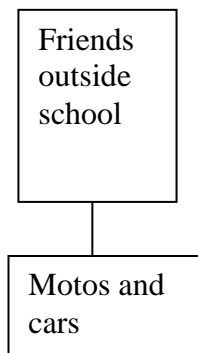
Schema 2



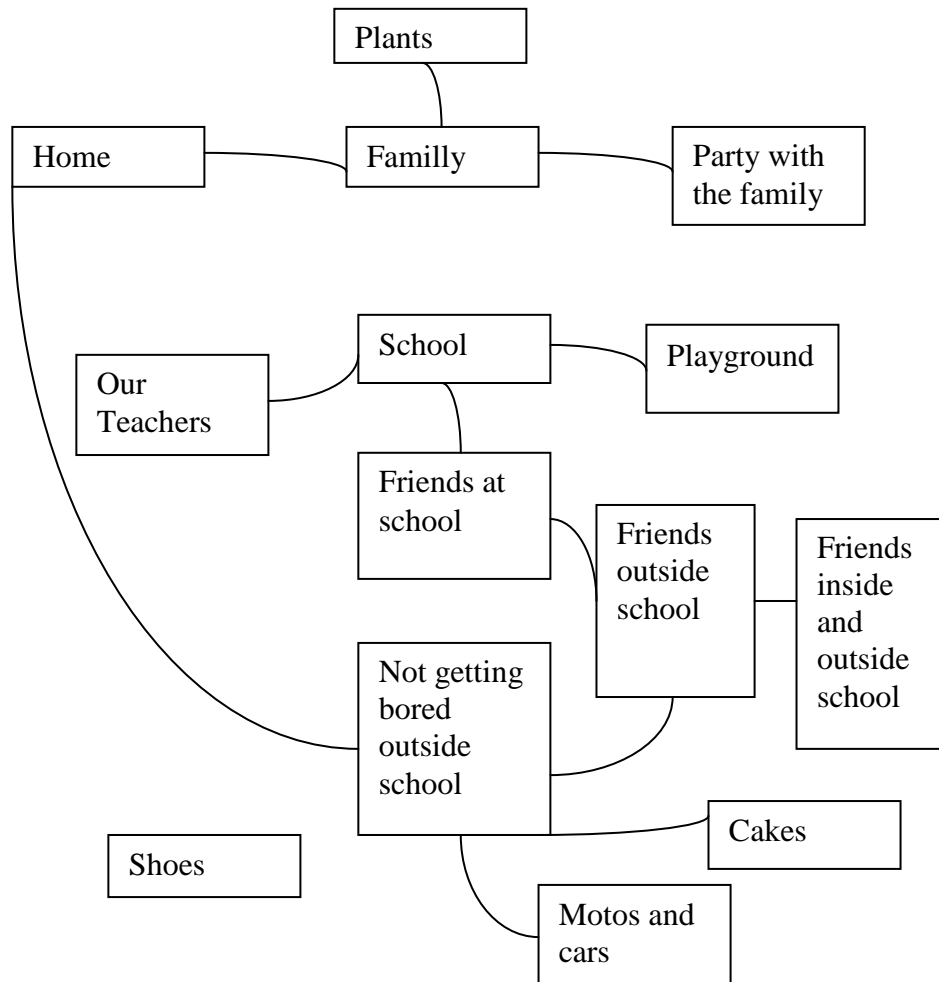
Schema 3



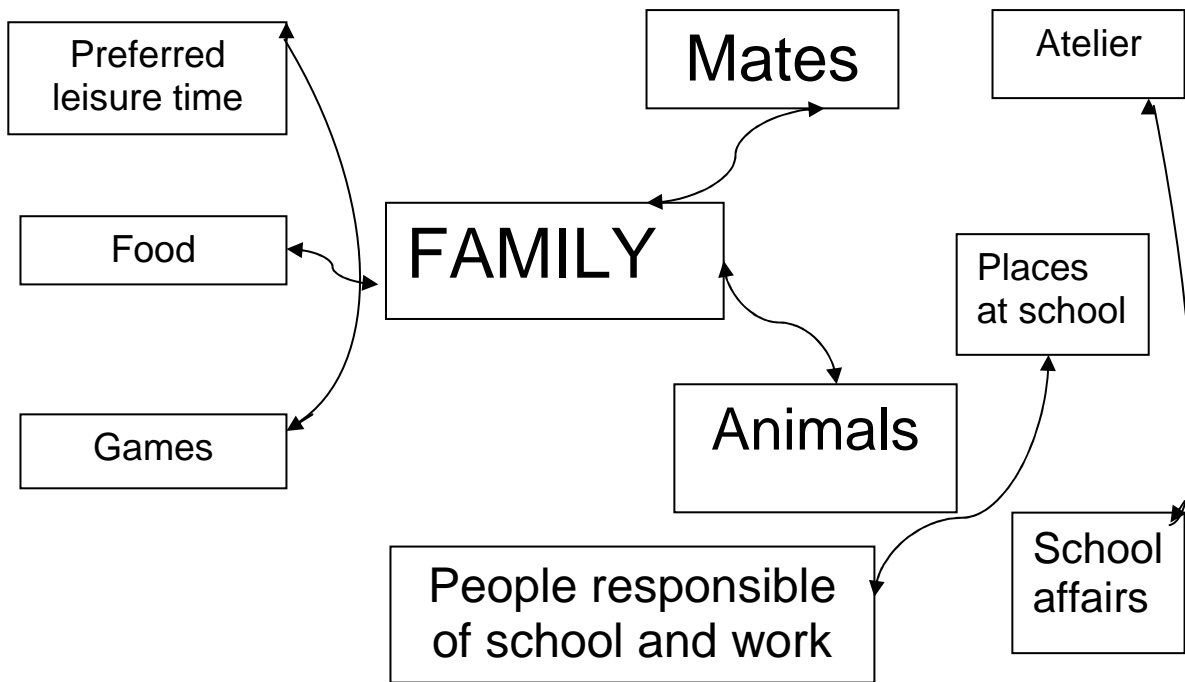
Shoes



Schema 4



Schema 5



10. SUMMARY

Background

Literature in health promotion (HP) focuses on well-being (WB) as an ultimate aim, taking into consideration the ecological perspective of health linked to settings and environments. The school setting has been identified as central to promote children health and WB. Promoting school well-being (SWB) is a way of promoting the health of many children and, hence, a good strategy of public health.

Little research has focused on SWB and almost none in France. Therefore, to gain an insight into the facets of SWB, this research explores children's understanding of SWB with the aim to build knowledge for HP interventions that would ameliorate SWB.

Methodology

It is an exploratory study performed in two rural primary schools in France. It is based on a qualitative child-focused and participatory approach. Multiple methods were used (focus group, photovoice and mapping) to increase children's opportunities to express their points of view. A Directed Content Analysis was performed.

Results

Contrary to other researches on the topic - where the *health* is an always present dimension as part of the general, mental and school WB of children-, in the present study, it was absolutely absent. *Health* has not been mentioned as part of SWB even once.

The *social relationships*, with *peers*, *family* and *teachers*, the *pets & animals*, and the *leisure time*, seem to be the most important aspects of SWB from the perspective of the studied population.

The categories of *family* and *pets & animals*, contrasting to other researches, have appeared strongly linked to SWB.

Conclusion

HP programs should focus their attention on the social aspects of health, the quality of the relationship children have, and the free time they enjoy.

11. SUMMARY IN FRENCH

Introduction

La littérature sur la promotion de la sante (PS) se focalise sur le Bien Etre (BE) comme but ultime, en prenant en compte la perspective écologique de la santé reliée aux différents milieux et environnements. Le milieu scolaire a été identifié comme fondamental afin de promouvoir la santé et le BE des enfants. En effet, cette promotion du BE à l'école est une manière d'éduquer de nombreux enfants, et ainsi d'établir une bonne stratégie de santé publique.

Très peu de recherches se sont focalisées sur le BE à l'école et presque aucune en France. Ainsi, afin d'avoir un aperçu sur les caractéristiques du BE à l'école en France, cette étude explore la perception que les enfants ont du BE à l'école avec l'objectif d'apporter des connaissances pour les interventions de PS qui pourraient améliorer le BE à l'école.

Méthodologie

C'est une étude exploratoire réalisée dans deux écoles primaires rurales françaises. Elle est basée sur une approche participative et centrée sur les enfants. Des méthodes multiples ont été utilisées (focus groupes, photovoice et mapping) afin d'augmenter les opportunités pour les enfants de s'exprimer. Une Analyse Dirigée du Contenu a été réalisée.

Résultats

Alors que dans les études précédentes sur ce sujet - où la *santé* est toujours présente comme élément important pour le BE mental, général, et à l'école des enfants -, cela était absent dans cette étude. Elle n'a pas été mentionnée une seule fois comme faisant partie du BE à l'école. Les *relations sociales* avec les *pairs*, la *famille* et les *enseignants*, les *animaux*, ainsi que le *temps libre* sont les aspects les plus importants du BE à l'école selon le point de vue de la population étudiée. Aussi, au contraire des autres études, les catégories de la *famille* et des *animaux* sont apparus comme étant fortement liées au BE à l'école.

Conclusion

Les Programmes de PS devraient concentrer leur attention sur les aspects sociaux de la santé, la qualité des relations que les enfants ont et le temps libre qu'ils profitent.