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Child well-being: children's, parents' and teachers' perceptions.

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Population Health

title	Child Well-being: Children's, Parents' and Teachers' Perceptions
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INTRODUCTION

That children's lives be better understood is a necessary contributing step to the development of child centred quality supports, services and policies and it would appear logical that actively seeking out children's voices would facilitate this endeavour. This approach is supported by the National Children's Strategy. However, traditionally adults have provided information on children's policy and service needs with parents often considered the most appropriate and primary voice of the child. Adults, such as parents and teachers, have a unique perspective and hold key insights into the lives of children which could contribute to the development of child focused policy and practice. This study undertook an exploration of parents', teachers' and children's perspectives on children's understanding of well-being with the aim of illuminating and comparing the conceptualisation of well-being from these three perspectives.

METHODOLOGY

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

RESULTS

Differences and similarities emerged between parents and teachers and children and adults. Teachers developed 14 categories from the photographs with their schema depicting 'home' 'family' and 'friends' as core categories for children's wellbeing. Parents provided a more detailed conceptualisation than teachers, generating 28 categories from the photographs all of which were linked in some way. Parents positioned the categories in clusters with, for example, 'family', 'home', 'support' and 'friends' grouped together. Children used 24 categories in their schema development, presenting the categories in a hierarchy with what they perceived as most important, 'family' closely followed by 'animals and pets' at the top graduating to the less important categories at the bottom. One and two way links were made between categories throughout the schema with the category 'fun' having the most connections.

CONCLUSIONS

The category 'family' can be seen in parents, teachers and children's construction of children's wellbeing as a common central feature. However, differences can also be observed. Children included pets where adults perceived school as more important in children's well-being. The identification of the differing perspectives between children and adults suggests that this approach has enabled children to illuminate their own unique perspective on well-being. It also demonstrates that children can express complex understandings of abstract concepts. The findings reinforce the need to gain children's perspectives rather than relying on adult perceptions of children's perspectives, in order to inform child centred quality service, practice and policy developments. Children's contribution to these developments must not be under-estimated and should be actively sought.

SOURCE

Health Education. 2007 107(6):511-523.

REFERENCES

Available on request.

