Eliciting the views of children about health in schools through the use of the draw and write technique

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SUMMARY
A draw and write scenario was devised in order to elicit the views of primary school pupils (ages 8–12) regarding the qualities they would expect to see in a school which promotes health, and the qualities their own schools need to develop to become more health promoting. The draw and write investigation was conducted in a sample of six primary schools in Lothian, Scotland. These schools are located in both urban and rural environments, and cater for communities of different socioeconomic status. Categorisation of the children’s responses revealed that the majority of pupils from all the schools considered issues relating to healthy eating, the school environment and exercise as being vital elements of a healthy school. There was inter-school variation in the richness of data produced and range of responses given. The scenario was also capable of detecting intra-school similarities and differences in response. We conclude that this draw and write investigation could be utilised to ascertain pupils’ opinions on the qualities schools need to possess and develop to promote health. These views, in turn, could help to inform the development of the Health Promoting School concept.

Key words: draw and write technique; evaluation; health education; Health Promoting School

INTRODUCTION
This paper reports the findings of research which sought to assess the feasibility of using the ‘draw and write’ technique to enable children to give their views on the qualities a school needs to possess, and their own schools need to develop, to promote health. This research was one component of a project which aimed to produce evaluation instruments for primary schools intending to develop the Health Promoting School (HPS) concept (MacGregor and Currie, 1995). The HPS has three main elements: health education in the formal curriculum; the ‘hidden curriculum’ or school ethos (i.e. relationships within the school, the school environment and facilities, the fostering of pupils’ self-esteem, etc.); and the relationship between the school and the surrounding environment, including parents and community services (Young and Williams, 1989). A review of the literature on the HPS emphasises the developmental nature of the concept. For example, according to Lavin (1993) ‘we are on the threshold of real innovation’, but little advice is given about how to develop the concept. In line with the philosophy of the HPS the researchers sought the opinions of samples of pupils, parents and school staff. The views and reported behaviours of pupils were ascertained through a ‘draw and write’ technique and a questionnaire based
on the WHO Health Behaviour in School-Aged Children (HBSC) Survey (Wold and Smith, 1993; Currie and Todd, 1993) in six primary schools in Lothian. Qualitative in-depth interviews relating to the HPS were held in these schools with samples of parents, teaching and non-teaching staff (MacGregor and Currie, 1995). This paper, however, will focus on the draw and write investigation conducted in the six schools.

Several recent publications demonstrate increased interest in the utilisation of the draw and write technique (Williams et al., 1989a, b; Zivkovic et al., 1994; McWhirter and Wetton, 1994; Oakley et al., 1995). Pridmore and Bendelow (1995) give an up-to-date critique of the method, as well as an account of the historical context in which the draw and write technique is placed, as the use of drawing, especially in child-centred research, has been documented in the psychological literature for many years. For example, Eiser (1985) gives examples of studies conducted in which children were invited to draw the insides of their bodies, or indicate the sites of the major organs. She credits Schilder and Weschler as being the first to use this mode of investigation in 1935.

A draw and write scenario was devised specifically for this project (see Methods). We decided to use the draw and write technique as it has been noted in the literature that children should be perceived as ‘active participants’ in the health promotion process (Kalnins et al., 1992), and Pridmore and Bendelow (1995) conclude that the use of art in child-centred research has ‘not traditionally been used to facilitate “empowerment”, but . . . to diagnose abnormality and nonconformity’. They argue that the draw and write technique has been seen to reverse this trend, and thus empower the children participating in the investigation.

METHODS

Selection of primary schools

The six primary schools in Lothian were selected in order to provide a variety of urban and rural schools, as well as schools drawing on communities of lower and higher socioeconomic status. School A and School B are located in the same village, but School A serves a mixed catchment area, whereas School B caters for a more deprived section of the community. School C serves a suburban environment, and draws on a neighbourhood of higher socioeconomic status than the other schools. Schools D–F cater for mixed catchment areas; Schools E and F are based in an urban environment and School D is situated in a rural location.

One primary 5 and one primary 7 class from Schools A–F were invited to respond to the scenario. Thus the perceptions of children of two different age groups with regard to the health promoting qualities they would expect schools to have could be examined.

Draw and write investigation

The researcher outlined the scenario to the teacher in a meeting arranged before the actual investigation was conducted, giving relevant advice, and answering any questions.

Abbreviated scenario

Somebody has told us about a school they know which everyone says is a healthy school, a school which helps everybody there, the children and the teachers and everybody to be really healthy. First of all, on the paper could you draw a quick picture of this healthy school in BOX 1. Look at your picture. Write in BOX 2 how we can tell this is a healthy school. Turn over the paper. Write down one or two things in BOX 3 which your school could do to be a more healthy school and make the people in it more healthy. In Box 4 write B for boy, G for girl and your age.

The class teachers read the scenario to the pupils, as the actual technique was supposed to be as similar to a normal teaching session as possible. Each pupil was given an A4 sheet of paper, divided into Boxes 1 and 2 on the front side, and Boxes 3 and 4 on the reverse side. The scenario invited the pupils to draw their ideas of a healthy school (Box 1), and to write their thoughts on why this school was healthy (Box 2). However, the teacher was allowed to start with the Box 2 before the Box 1 phase of the scenario if she felt her class would be slow to start drawing in Box 1. (This was only an issue for the primary 7 teachers.) They were then asked to write what their own school could do to become more healthy (Box 3), and to give their sex and age in years (Box 4). Completion of the investigation took about 30 min.

The researcher was present when the scenario was being conducted by the teacher, both to help with any queries as they arose and to act as a scribe for any child who requested help. The
presence of the researcher was also advantageous as it helped to minimise the likelihood of the pupils conferring with each other during the investigation.

The results from the six schools are presented together. Reference will be made to the questionnaire survey conducted in the primary 7 pupils in these schools (MacGregor and Currie, 1995).

Analysis

All of the pupils’ written responses were typed up and analysed using qualitative methods. The typed responses were examined and broad categories were formed. These broad categories were further refined into a more detailed list before the final classification was decided upon, and the data were placed in the assigned categories (Dey, 1993). The classification established was similar to that used in a previous draw and write survey in which children were asked what they did ‘to make and keep them healthy’ (Williams et al., 1989a), and thus limited comparisons could be made between the results of the two investigations. Examples of quotes in each category are given below. Detailed analysis of the drawings was not carried out, but general features were noted to give a broad categorisation of issues children focused upon.

RESULTS

Categorisation

While the categorisation was similar to one developed during a previous ‘draw and write’ research investigation (Williams et al., 1989a), the category of ‘School environment’ was devised inductively after examination of the data. The categories established were:

- School environment;
- Food/drink;
- Dental and medical health/services;
- Relationships;
- Exercise/games/play;
- Safety;
- Hygiene;
- Work;
- Negative instructions;
- Not appropriate;
- Emotional health.

This classification gives an indication of the issues the children considered to be important in relation to the health promoting qualities schools need to possess and develop. It should be noted, however, that this is one possible categorisation for this draw and write scenario, and other categorisations might be devised which focus on, for example, the classroom, the school and the home setting, as well as the wider society. The Box 2 and Box 3 responses were examined separately, as the Box 2 writing referred to an imaginary healthy school, whereas the Box 3 writing referred to the respondent’s own school. There was considerable overlap between these responses, however, as the children’s experiences of schooling influenced their opinions of the ‘imaginary school’, and therefore they were not compared and contrasted. Although this was the case, pupils referring to exercise in both Boxes 2 and 3 were counted twice in the category of ‘Exercise/games/play’, as they thought this issue should be addressed by both the ‘imaginary’ and their own schools. The category of ‘School environment’ encompassed a wide range of responses, but we did not sub-divide it into smaller components as there was again overlap between the different areas. There was also overlap between the categories, as a response of ‘don’t eat sweets’ could have theoretically been placed in ‘Food/drink’, ‘Dental health’ or ‘Negative instructions’. The majority of children gave multiple responses, and often one respondent would have comments placed in several categories. An example of this was if a pupil wrote three different statements in Box 2, one relating to ‘Food/drink’, one to ‘Relationships’ and the final one to ‘Safety’, each statement would count as one entry in each of these categories. However, multiple responses in one category in the same box from the pupil, such as a number of statements relating to healthy foods, were only counted as being one entry.

Although the number of responses in each category were tallied (see Tables 1 and 2), and the percentages of boys and girls responding in each category were calculated, further quantitative analysis was not conducted. Statistical significance testing, such as chi-squared testing on the differences in responses of the sexes, schools and two age groups could have been carried out. However, due to the overlap between the different categories and the Box 2 and 3 responses, and the equal weighting of multiple responses and a single response in one category, a purely descriptive analysis was considered to be appropriate. We would argue that it is advisable...
to avoid forcing the results from a draw and write investigation into a more rigorous quantitative analysis, involving cross-tabulations or significance testing, as Zivkovic et al. (1994) have done. As Dey (1993) says, ‘the more ambiguous and elastic our concepts, the less possible it is to quantify . . . data in a meaningful way’. As we have already noted, the data produced by a draw and write scenario can be categorised in a number of ways, often because of their unstructured nature, and thus tabulation of basic frequencies and percentages is the extent of the quantitative analysis we would recommend for this research technique.

Overall, 169 primary 5 pupils and 165 primary 7 pupils participated in the investigation in the six schools (see Tables 3 and 4).

**Drawings**

General features of the Box 1 illustrations were noted. The majority of the pupils drew external views of the school building(s), and internal views of the classrooms. Activities in the playground, and the wider school environment, also featured prominently. The most detailed drawings tended to be produced by the primary 7 pupils of School A. Although pupils were invited to draw an ideal healthy school, it was obvious that some children were drawing from their own experience, as aspects of their own school, such as security fences in the drawings of some School B pupils (see Figure 1), appeared in the pictures.

**Writing—Box 2 and 3**

Examination of Tables 3 and 4 demonstrates that the three major response categories of the primary 5 and 7 pupils were: Food/drink, School environment and Exercise/games/play. In both age groups the other categories received relatively few responses. Boys and girls produced broadly similar results, with the majority responding to all three of the most popular categories. There

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**Table 1: Primary 5 results, Schools A–F**

<table>
<thead>
<tr>
<th>Total response (Box 2 + 3)</th>
<th>Number of boys</th>
<th>Number of girls</th>
<th>Percentage of boys responding</th>
<th>Percentage of girls responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/drink</td>
<td>230</td>
<td>104 (38)*</td>
<td>126 (48)*</td>
<td>85.7</td>
</tr>
<tr>
<td>School environment</td>
<td>150</td>
<td>72 (19)</td>
<td>78 (23)</td>
<td>68.8</td>
</tr>
<tr>
<td>Exercise/games/play</td>
<td>130</td>
<td>56 (14)</td>
<td>74 (20)</td>
<td>54.5</td>
</tr>
<tr>
<td>Negative instructions</td>
<td>34</td>
<td>17 (2)</td>
<td>17</td>
<td>19.5</td>
</tr>
<tr>
<td>Dental and medical health/services</td>
<td>30</td>
<td>9</td>
<td>21 (4)</td>
<td>11.7</td>
</tr>
</tbody>
</table>

*Figure in parentheses denotes those pupils counted twice, as they produced both Box 2 and 3 responses.

**Table 2: Primary 7 results, Schools A–F**

<table>
<thead>
<tr>
<th>Total response (Box 2 + 3)</th>
<th>Number of boys</th>
<th>Number of girls</th>
<th>Percentage of boys responding</th>
<th>Percentage of girls responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/drink</td>
<td>224</td>
<td>104 (41)*</td>
<td>120 (45)*</td>
<td>78.8</td>
</tr>
<tr>
<td>School environment</td>
<td>204</td>
<td>104 (40)</td>
<td>100 (37)</td>
<td>80</td>
</tr>
<tr>
<td>Exercise</td>
<td>191</td>
<td>82 (28)</td>
<td>109 (41)</td>
<td>67.5</td>
</tr>
<tr>
<td>Hygiene</td>
<td>34</td>
<td>14 (4)</td>
<td>20 (9)</td>
<td>12.5</td>
</tr>
<tr>
<td>Work</td>
<td>24</td>
<td>9 (2)</td>
<td>15 (4)</td>
<td>8.8</td>
</tr>
<tr>
<td>Relations</td>
<td>21</td>
<td>8</td>
<td>13 (3)</td>
<td>10</td>
</tr>
<tr>
<td>Dental</td>
<td>19</td>
<td>3</td>
<td>16 (2)</td>
<td>3.8</td>
</tr>
<tr>
<td>Safety</td>
<td>16</td>
<td>11 (3)</td>
<td>5 (1)</td>
<td>10</td>
</tr>
<tr>
<td>Negative</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>7.5</td>
</tr>
<tr>
<td>Emotional</td>
<td>14</td>
<td>7 (1)</td>
<td>7</td>
<td>7.5</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Figure in parentheses denotes those pupils counted twice, as they produced both Box 2 and 3 responses.
were more multiple responses from the primary 7 than the primary 5 pupils.

When the results of individual schools were considered, Food/drink, School environment and Exercise/games/play were the three major response categories (albeit in different rank order) in ten of the twelve classes studied. The primary 5 classes of Schools A and B were the exceptions to this trend; their third most popular categories were Safety and Hygiene. In both of these cases the category of Exercise was displaced further down the order. In terms of the eight lower response categories, the schools produced a variety of results. For example, the pupils of Schools C and D wrote very few responses in any of these categories, whereas the primary 7 class of School A gave over ten responses to each of the categories of Relationships, Safety, Work and Emotional health. The results of School B’s primary 7 class, however, were almost certainly biased, as much conferring took place between the pupils. This problem was not encountered in the other classes.

Examples—Food and drink

This was the most popular response category in eight of the twelve classes invited to complete the scenario (see Figure 2). Often children produced a list of foods which a healthy school should provide. Some of the other responses, however, brought in issues such as the price of healthy foods, the pupils’ perceptions of being coerced into eating healthily and the food available within the school and at home (note that actual quotes elicited from the pupils have here been reproduced unaltered):

I think that they should sell fruit more. I know it’s expensive but you can’t put a price on health can you?
(School A, primary 7, Box 2)

If children get healthy food at school, and they enjoy it will encourage them to eat healthy food at home.
(School D, primary 7, Box 2)

I think they should not try and force us to eat healthily by cooking disgusting chips and hamburgers and I think they should put out more and cheaper, healthy food to encourage us to eat healthily.
(School C, primary 7, Box 3)

Examples—School environment

School environment was the most popular response category in both the primary 5 and 7 classes of School A. It was, however, a large category as it included responses relating to school buildings and facilities, the school ethos, immediate environment and wider environmental issues. It could be argued that the category should be divided into smaller groupings, but there was often overlap between responses in these areas. Litter, and to a lesser extent the state of the school buildings and facilities, were major concerns of pupils from all schools (see Figure 3). The children of both primary 5 and 7 classes invoked the school’s wider environment (see Figure 4), whereas the primary 7 pupils

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Table 3: Primary 5 sample

<table>
<thead>
<tr>
<th>Total</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Boys</td>
<td>77</td>
</tr>
<tr>
<td>Girls</td>
<td>92</td>
</tr>
</tbody>
</table>

Table 4: Primary 7 sample

<table>
<thead>
<tr>
<th>Total</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Boys</td>
<td>80</td>
</tr>
<tr>
<td>Girls</td>
<td>85*</td>
</tr>
</tbody>
</table>

*One girl gave no age.
A. S. T. MacGregor et al.

**Fig. 2.**

Box 1

You can tell this is a healthy school because there is no litter in the playground.

I think a healthy school is one that lots of people go to and enjoy.

She isn’t happy with her school.

**Box 2**

The children that go to the school have put all their litter in the litter bin.

He is happy with his school.

**Fig. 3.**
tended to raise more specific environmental issues in their comments:

because it has solar panal on the roof and not gas tanks and because of the solar panals on the roof we are not putting poloutoin in to the air . . . in the Winter we wont get very much sun but the school has a ganarator. (School A, primary 5, Box 2)

This school is a healthy school because there is no liter lying about. This is because of the amount of waste bins. (School A, primary 7, Box 2)

We should get the annexe playground re turfed. (School A, primary 5, Box 3)

car fuems also cause pollution so I think we should move the cars up to the top of the Road. (School C, primary 5, Box 3)

There should be a much more bigger playground so 340 children would be able to be in the playground at once instead of two classes at a time. (School F, primary 7, Box 3)

**Examples—Exercise/games/play** (see Figure 2)

This was the major response category of the primary 7 classes of Schools B and E. Many responses consisted of a list of sports or games which the pupil enjoyed, but other comments referred to issues such as the involvement of staff in exercise programmes, after school clubs and the time available for PE in the school curriculum:

P.E. Lessons were everyone is involved. (School D, primary 7, Box 2)

P.E. is very interesting too. There is a wide range of sports . . . many after-school clubs thanks to parent helpers. (School D, primary 7, Box 2)

have Gym 3 times a week, Monday, Wednesday and Friday. (School D, primary 7, Box 3)

**Examples—Hygiene**

Hygienic toilets that don’t stink, clean them evry day. (School E, primary 7, Box 2)

Flush the toylet when you come out. (School B, primary 5, Box 3)

**Examples—Work**

Local history is also important because it helps people to learn what things used to be like. R.E. is good because it lets us see that people think differently about things. (School A, primary 7, Box 2)
Nobody skives off school because they know . . . they are learning for their own good. (School F, primary 7, Box 2)

children can work hard to get a good Education. The teachers can teach the children good things. (School A, primary 5, Box 3)

Examples—Negative instructions
These statements were most common among the primary 5 pupils:
don’t do bad things . . . don’t fight say sorry. (School B, primary 5, Box 3)
Stop dropping litter on the ground. (School C, primary 5, Box 3)

Examples—Dental and medical health/services
After playtime and lunchtime you have your own toothbrush and you can brush your teeth. (School A, primary 5, Box 2)

Our school needs a health inspector. (School B, primary 5, Box 3)

Examples—Relationships
Although this category did not receive many responses overall, it should be noted that over half the responses came from School A pupils. The primary 7 class of School A seemed to have the most holistic concept of health, with friendship, good relationships between pupils, staff and parents, and communication being viewed as essential components of a healthy school:

And they also seem they are enjoying and listening to whoever is talking to them, and are taking in the information that the person is taking about. (School A, primary 7, Box 2)

Also because a lot of people go there and make friends. (School A, primary 7, Box 2)

People trying to get on better; People by thinking school is fun and it will be; By the Pupils and teachers getting on. (School A, primary 7, Box 3)

more kinder people/nice to people. (School A, primary 5, Box 3)

Examples—Safety (see Figure 4)
This category received few responses from the pupils in all schools except School A. It was the third most popular category of the School A primary 5 class:

Have car parks in certain places away from the children. (School A, primary 5, Box 2)

and the gates are only open at lunch time and home time there is always a gard there at night to make sure that it was safe. (School A, primary 7, Box 2)
(Playground fixt up a little bit) and get more supervisors. (School A, primary 5, Box 3)

Examples—Emotional health (see Figures 3 and 5)
I think a healthy school is one with happy pupils and happy teachers. [School A, primary 7, Box 2 (see Figure 5)]

You can tell because in the school evreybody is happy and if you weren’t helthy you wouldn’t be happy. (School E, primary 5, Box 2)

Examples—Not appropriate
This category received fewer responses from the older children. Pupils who did not have time, or did not wish, to write a response were included in this category.

DISCUSSION

Inter-school similarities and differences in response
The major response categories in the six schools were Food and drink, followed by School environment and Exercise/games/play. The pupils attending Schools C–F offered very few responses in the other categories, especially when compared to the results of both School A classes. The School B, primary 7 results were probably biased, as conferring took place between the pupils, despite the best efforts of the class teacher and the researcher. As a result, a disproportionate number of responses called for a new swimming pool.

The fact that the pupils in the different schools produced quite consistent results, especially in relation to the major response categories, is an important finding. The schools sampled were both urban and rural, and catered for mixed catchment, relatively affluent and deprived neighbourhoods. Despite this, similarities in response were recognised when the results of the children from these schools were compared. It suggests that the respondents from different backgrounds viewed health-promoting behaviours, such as healthy eating and exercise, as being vital when considering the qualities a school needs to possess and develop to promote health. Therefore the scenario gave an indica-
tion of the state of the children’s knowledge with regard to these qualities, and their understanding of the concept of health. The results of this investigation would tend to support a previous draw and write survey, in which children were invited to draw ‘all the things they [did] to make and keep them healthy’, and were then asked to label their pictures (Williams et al., 1989a). The two most commonly depicted categories in this survey were Exercise and Food and drink.

Certain issues were hardly addressed by the respondents of all six schools. Bullying and smoking were commented on infrequently, and the drinking of alcohol was completely neglected. However, when the results of the primary 7 questionnaire survey were analysed they suggested that these topics were areas of potential concern within the schools (MacGregor and Currie, 1995). One school, for example, reported high levels of smoking and bullying. It is possible that the more positive slant of the draw and write scenario decreased the likelihood of pupils mentioning health-damaging behaviours such as smoking and the drinking of alcohol. On the other hand, issues such as pollution and litter were raised in the draw and write responses, and were beyond the scope of the questionnaire survey. This demonstrates the value of the mixed methods approach adopted in the project as a whole.

Inter-school differences were also demonstrated. These often related to the category of School environment. For example, the pupils in School F wrote comments on improving the school playground and reducing pollution from cars. School F has a tiny playground (see Figure 4) and is located next to a busy intersection, and this was reflected in the children’s responses. Both age groups invited to respond from School B thought the school needed new toilet facilities. Arguably the most noticeable difference, however, was detected when the responses of the pupils attending School A were compared with those from Schools B–F. Both of the School A age groups tended to produce a wider range of topics in their written material, and thus most categories received responses. The primary 7 class in particular seemed to have a more holistic concept of health when compared with the pupils from the other schools. Their comments relating to the categories of Relationships and Emotional health, for example, suggested that they considered there was more to health than lifestyle behaviours (see Figures 3 and 5). It is not possible to explain definitively why this class produced such different results when compared with the respondents from the other schools. Their teacher was interviewed during the project (MacGregor and Currie, 1995) and gave the WHO’s 1946 definition as her concept of health. One
possible reason, therefore, was that the health education teaching in this class used this broader approach.

Intra-school similarities and differences in response
It is not surprising that the different classes from the same school identified similar issues as being important with regard to the healthy school, since they shared the same school environment and culture. For example, both classes attending School F commented on the inadequate size of their playground.

Nevertheless, differences in responses between the primary 5 and 7 classes within the same school were also noted. The older children tended to write more, and to cover more categories in their responses, in the time available. There were also differences in emphasis observed between the two age groups’ responses; for example, the older children attending School E were more likely to refer to exercise in their writing. The responses of the School A primary 7 class in the category of Relationships seem to be more mature than those elicited from their primary 5 counterparts (see p. 314).

The draw and write scenario also elicited other intra-school differences. The primary 5 children of School A perceived the state of their playground, and to a lesser extent the school building, as being particular concerns. This class was based in the school annexe, and hence used a different playground from the primary 7 respondents.

Drawings
Although the children were asked to draw an ideal healthy school, it was evident that many based their pictures on their own experience. Thus some drawings of buildings resembled the pupils’ own schools, or pictures of completely different buildings incorporated features from the school. For example, some of the drawings of the primary 5 classes of School B featured a security fence, resembling the one around the perimeter of the main school building (see Figure 1). It also appeared as if the drawing and writing processes stimulated the children to respond. In the primary 7 class of School A the teacher recognised that her class seemed unsure when they were initially invited to draw in Box 1, and thus instructed the pupils to start the Box 2 phase of the scenario. After the children had written some of their ideas they returned to their drawings with renewed interest.

Benefits of the draw and write scenario
The scenario elicited a range of views from the pupils regarding the characteristics of a school which promotes health, and their concepts of health more generally. The responses from the School A pupils especially demonstrated that many issues were considered to be important in relation to schools which seek to promote health. Even though the majority of respondents from the other schools referred to the three major categories of Food and drink, School environment and Exercise/games/play only, this is still an important finding. It gives an indication of the issues and qualities pupils expect schools to possess and address in order to promote health, which, in turn, could assist in the development of the HPS concept.

The HPS concept has three main elements (see Introduction). The responses elicited by the draw and write scenario relate to all of these elements—especially to the components of the ‘hidden curriculum’ and links to the surrounding community. For example, the pupils’ responses in the categories of School environment, Relationships and Emotional health often referred directly to the school ethos. Thus the scenario is capable of ascertaining the views on the health-promoting status of the school of one of the key stakeholder groups concerned with the HPS development—the young people themselves. It is also vital, however, to investigate the views of the other key stakeholders—the parents and the teaching and non-teaching staff—with regard to developing the HPS (MacGregor and Currie, 1995). If the views of all these stakeholders are taken into account it should be possible for a school to evolve into one compatible with the HPS concept.

Non-response was not a problem in this project. Every pupil attempted at least part of the investigation. Anecdotal evidence received by the researcher from both pupils and teachers suggested that the majority of respondents enjoyed completing the draw and write scenario.

Different trends in responses of the age groups can be observed in some pupils. For example, the children’s views on relationships were seen to mature when the responses of the primary 7 class in School A were compared with the primary 5 classes in the other schools. This, of course, could be due to the younger age group not being
able to articulate their ideas in such detail as the older pupils (Pridmore and Bendelow, 1995). The draw and write scenario also detected inter- and intra-school differences and similarities in response. In this project we used the technique in tandem with a questionnaire (Wold and Smith, 1993; Currie and Todd, 1993), and both techniques appeared to complement one another (MacGregor and Currie, 1995).

The scenario was flexible in that the order of the scenario could be altered. In this investigation the primary 7 class of School A preferred to start with the writing component.

**Drawbacks of the draw and write scenario**

There can be a problem in eliciting non-conferred responses in the classroom setting. However, in this project it was only an issue in the primary 7 class of School B, where so much conferring took place that some of the pupils’ responses lacked variation. The teacher and researcher must also be careful to minimise the chance of influencing a pupil’s response. For example, the teacher must not introduce bias into the research technique by giving leading statements, or their own personal opinions, when reading out the scenario. This did not occur in this project.

There is a need for consistency in approach. The teachers should be adequately briefed before they conduct the scenario, so that they can be flexible and responsive to the needs of their pupils, but not in the process make changes to the method.

It is inevitable that not all of the pupils’ views on how to make a school more health-promoting will be practical. For example, from our results it is clear that there would be major implications of cost if some of the suggested changes to the school environment were carried out. This further underlines the importance of finding out the views of all the stakeholder groups before developing the HPS.

**CONCLUSIONS**

This draw and write scenario has been shown to be appropriate for eliciting the pupils’ opinions on the qualities schools need to possess and develop to promote health, and for giving an indication of their perceptions about health. Although issues relating to health in individuals—such as healthy eating—dominated the responses of some classes, other pupils raised topics such as relationships and the school’s wider environment, which relate directly to the concept of the Health Promoting School. The responses to the scenario, therefore, demonstrate the views on how schools can become more health-promoting of one of the key stakeholder groups involved in the Health Promoting School concept—the young people themselves. It could thus be utilised by schools seeking to develop the Health Promoting School concept, although the views of the other main stakeholder groups, the parents and teaching and non-teaching staff, must also be taken into account.

**ACKNOWLEDGEMENTS**

The Health Promoting School in Lothian project was completed in October 1995. It was funded by the Health Promotion Department, Lothian Health. The Steering Group consisted of: Frank Monaghan, Quality Assurance Division, Department of Education, Lothian Regional Council; Michele McCoy, Lothian Health, Health Promotion Department; Andrew MacGregor and Candace Currie. The draw and write scenario was devised by Noreen Wetton. The authors would like to thank Stephen Platt, Ian Young and Catriona Crosswaite for their comments on this paper.

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**REFERENCES**


