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# Is school participation good for children? Associations with health and wellbeing

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## Abstract

**Purpose** – There is increasing recognition of children’s abilities to speak for themselves. School democracy, as demonstrated by genuine participation, has the potential to benefit both teachers and students; leading to better relationships and improved learning experiences. The aim of this study is to investigate whether participation in schools in Ireland is linked with perceived academic performance, liking school and positive health perceptions.

**Design/methodology/approach** – Data were collected via self-completion questionnaires from a stratified random sample of 10,334 students aged 10-17 years in Irish schools. The questions included encouragement to express their views in class, participation in the organisation of school events; taking part in making school rules; liking school, perceived academic performance, self-rated health, life satisfaction and self-reported happiness. Associations between school participation and other measures were expressed by odds ratios from logistic regression models, conducted separately for girls and boys.

**Findings** – More than 63 per cent of participating students reported that they were encouraged to express their views in class, 58 per cent that they were involved in organising school events and 22 per cent that they had been involved in making school rules. All forms of participation were lower among older students. Participation in school was significantly associated with liking school and higher perceived academic performance, better self-rated health, higher life satisfaction and greater reported happiness.

**Research limitations/implications** – These data are all cross-sectional and relationships cannot imply causality.

**Practical implications** – These findings underscore the relevance of school participation for students in Ireland.

**Originality/value** – The paper illustrates that, in general, positive relationships between school participation and health and wellbeing are demonstrated among Irish children.

**Keywords** Schools, Participation, Health promoting schools, Health, Wellbeing, Children (age groups), Young people, Ireland

**Paper type** Research paper

## Introduction

With the growth in the recognition of children’s rights there is an increased acknowledgement of children’s abilities to speak for themselves. This can be partly attributed to the ratification of the Convention on the Rights of the Child (United Nations, 1989). Adults are now obliged to ensure that children are enabled and encouraged to contribute their views on all matters relevant to them (Lansdown, 2001) but also to ensure that their views have appropriate influence and impact (Leitch and



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Mitchell, 2007). The Irish National Children's Strategy has acknowledged children's capacity to take up opportunity to participate and has put forward three national goals: children will have a voice; children's lives will be better understood; and children will receive quality supports and services (Department of Health and Children, 2000). Coherent with this, the Irish Education Act (1998) recommends that Boards of Management of schools should establish procedures whereby students are facilitated to be involved in the operation of the school (Government of Ireland, 1998).

In general, the education system has great potential for listening to students' voices in relation to many aspects of the school system (Lansdown, 2001). Efforts to foster student engagement and voice are evident in school reform changes in Australia (Levin, 2000), the UK (Fielding, 2001) and the US (Mitra, 2004). In England and Wales, there is now a legal obligation on schools to consider children's views (Children's Rights Alliance for England, 2008). In Ireland it has been acknowledged that students have a valuable contribution to make regarding school effectiveness and improvement (Department of Education and Science, 2002) resulting in the recommendation of establishment of post-primary student councils (Irish Education Act, Government of Ireland, 1998), and the provision of recommendations as to how this should be achieved (Department of Education and Science, 2002). Keogh and Whyte (2005) outlined the hypothesised positive impacts of such a development; including greater school effectiveness in meeting student needs, better academic achievement and more positive in-school relationships. The "pupil voice" approach, nested within the broader principle of pupil participation, entails listening and responding to what pupils say about their experiences as learners which can lead to positive developments in the classroom (Flutter, 2007) and positively impacts on attainment levels (Hannam, 2001) and satisfaction with school (Samdal *et al.*, 1998; Voelkl, 1995).

However, it has been asserted that pupils' voices have not been given the same prominence and influence as that afforded to adults' voices. In research carried out on behalf of the Northern Ireland Commissioner for Children and Young People (NICCY), young people were asked to identify things which they felt were unfair about school. The main issue to surface, directly or indirectly, was the fact that they did not have a say in many of the issues that affected them at school. One student participant explains: "pupils don't have a say in school. Teacher's opinions always come first" (Kilkelly *et al.*, 2004, p. 186). Children's views were not listened to, or worse, they were afforded only "minimalist, tokenistic opportunities to participate and engage with adults" (Kilkelly *et al.*, 2004, p. xxi). These findings are echoed in research by Morrow (1999) who observed that it was the lack of "autonomy and inclusion in decision-making, often with regard to mundane, everyday issues" and "the problem of being accorded little dignity or respect" that concerned children (Morrow, 1999, p. 166).

Pupil participation in school is a term used to "embrace strategies that offer pupils opportunities for active involvement in decision-making within their schools" (Flutter, 2007, p. 344). Moreover, providing appropriate opportunities for the students to participate genuinely in decision-making processes at school is one of the key tasks of a democratic health promoting school (Simovska, 2004; McLellan *et al.*, 1999; Samdal *et al.*, 1998). The health promoting school approach is unique in that it draws attention to this aspect of the psychosocial environment of the school and its effect on health. Although not particularly emphasised in early conceptualisations of health promoting schools, the European Network of Health Promoting Schools recognised the relevance

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of the democratic, equity-based approach to promoting school change (ENHPS, 1997). Inherent in that democratic approach is that all educational stakeholders have a legitimate and valuable role to play, including students. This increased democracy in school and demonstrated in genuine participation, benefits both the teachers and the students through better relationships and improved learning experiences (MacBeath *et al.*, 2001; Fielding, 2001; Gray *et al.*, 2006). The level of democratic participation among students and staff is a key factor in producing high levels of both performance and satisfaction in both teachers and pupils (Gray *et al.*, 2006).

There has been discussion about the conceptualisation of school participation, or more specifically student participation, within the context of a health promoting school. Both Inchley *et al.* (2006), Wilson (2009) and Lee *et al.* (2010) include examples of student participation in positive school health promoting change processes. Jensen and Simovska (2005), drawing on Rifkin *et al.* (1988) argue that genuine, non-tokenistic, participation must be active, involve choice and that the choice must be potentially effective. Students can exercise participation in a variety of contexts within schools, most notably by influencing both the content and the process of their learning and through involvement in formal school governance processes (Jensen and Simovska, 2005). Nevertheless evidence that such participation, or any participation, is related to student outcomes is still a requirement for an evidence-based approach.

The interplay between student's health and school perceptions is multifaceted, with no single theory or holistic approach guiding research in this area. The framework used in the health behaviour in school-aged children (HBSC) study incorporates a number of theories and concepts that together address the complexity of the interplay between the different social systems and student's health and wellbeing. The theory of organised participation and the theory of empowerment, both address student participation as a concept for investigating the school's impact on student's health and wellbeing (Griebler *et al.*, 2010). While these theories were tested in some countries, such work is undocumented in Ireland to date. Our paper aims to address this gap in knowledge in Ireland.

Perceptions of the level of student involvement when regulations are being developed have been found to be strongly related to reported school satisfaction. Satisfaction with school can be considered as a construct that contributes to life satisfaction and is indicated by happiness, enjoyment of school, a sense of wellbeing at school, and quality of life among young people (Argyle and Martin, 1991; Millstein *et al.*, 1993). In addition it has been argued that lack of student influence may result in a negative perception of, and reduced satisfaction with school, which increases the likelihood of withdrawing from school (Samdal *et al.*, 1998). Basstistich and Hom (1997) studied the relationship between students' perceptions of various aspects of the psychosocial school environment and their perceptions of their own academic achievement. The findings suggest that satisfaction with school may be an important predictor of the students' academic achievement. Good academic achievement is associated with high satisfaction with school, which sequentially contributes to the students' motivation and continued good performance (Samdal *et al.*, 1999). Similarly, Voelkl (1995) has argued that a warm and supportive climate in school should encourage students to participate and become academically involved, leading to higher academic achievement; this demonstrates the importance of participation as a precursor influence on academic achievement.

While there is some evidence that participation in school is associated with improved school engagement, it is less clear that such participation is linked to health and wellbeing. Evidence of such a link could provide important support for the concept of health promoting schools (e.g. Jensen and Simovska, 2002). In addition, it would provide further impetus for both educators and health promoters to address and support the participation agenda. Some research evidence links participation and risk behaviour. Using data from the HBSC study in Finland and Norway, Samdal *et al.* (2000) found low-level autonomy to be the most important school environment predictors of students' smoking and alcohol use. Basstistich and Hom (1997) found that student autonomy and decision making, when included in the concept of the students' perception of the school as a community, was associated with fewer problem behaviours like drug use and delinquency. Murphey *et al.* (2004) included representation in school decision-making in their scale of youth assets and demonstrated reduced odds of engaging in a range of risk behaviours, and increased odds of exercise and safety behaviours associated with such decision making among high school students in Vermont. Somewhat on the contrary, Konu *et al.* (2002) reported that being encouraged to express views in school was related to general subjective wellbeing for girls but not boys. The extent to which participation is associated with positive health and wellbeing outcomes remains of interest.

The need for participation is not necessarily similar across different ages and grades. As students grow older, their needs for independence and autonomy may become more important. Lack of influence on school affairs may, therefore, lead to an increased chance of school misbehaviour and a decrease in basic motivation (Midgley and Feldlaufer, 1987). Research in the US education setting showed how environmental changes, often associated with the transition from elementary to junior high school, can seem to be especially harmful; decision making and choice decreases at a time when the desire for autonomy and self determination is increasing (Eccles *et al.*, 1993; Midgley and Feldlaufer, 1987).

While it is noteworthy that an inverse relationship has been documented between school size and participation both in urban and rural areas and in particular, among lower socio-economic class students (Lindsay, 1982), research has yet to address a number of key issues about student participation in schools. Such gaps include gender and age differences in the outcomes associated with school participation and potential variations related to other aspects of school context.

The aims of this study are to document and explore the reported level of school participation among children in schools in Ireland, and the relationships between school participation and perceived academic performance, other school perceptions and health related outcomes. Some schools in Ireland adhere to the health promoting school concept, whereas others do not but still recognise the need and importance of actively including their pupils in school life. All schools teach social, personal and health education, as part of the curriculum to junior cycle level. Social, personal and health education, supports the personal development, health and wellbeing of young people and helps them create and maintain supportive relationships. While Ireland is part of the Schools for Health in Europe network ([www.schoolsforhealth.eu](http://www.schoolsforhealth.eu)), information relating to the implementation of the health promoting school approach is not available for schools involved in HBSC 2006 in Ireland. Nevertheless, the Irish HBSC survey provides an opportunity to explore school participation among a large

representative sample of children from primary and post-primary schools, enabling investigation of gender and age patterns in participation that would not be possible in smaller, more in-depth studies. This data can inform the work of the Irish National Children's Strategy (Department of Health and Children, 2000) relating to participation of children in the education system.

Participation is a complex term and models or frameworks have been proposed for discussion among stakeholders in planning, implementation, evaluation and managing projects involving student participation (Jensen and Simovska, 2005). The HBSC survey can only capture some of the dimensions of school participation in use in Ireland and this snapshot of school participation may provide the impetus to explore school participation in Ireland in more depth, and where applicable, in conjunction with the health promoting school approach. The measures of health and wellbeing used in this paper include self-rated happiness, a national indicator of child wellbeing in Ireland (Brooks *et al.*, 2010); self-rated health, a well-established proxy for objectively measured health status (Torsheim *et al.*, 2004) that relates to the young persons' perspective or evaluation of their own health; and life satisfaction, a global assessment of life that captures more than the "health oriented" satisfaction with life (Cantril, 1965).

## Methods

### *Sample*

This study utilised data from the 2006 Irish HBSC study, a part of the World Health Organisation international collaborative study. The aim of the HBSC study is to improve the understanding of predictors of young people's health behaviours, lifestyle and perceptions of health. The survey was carried out in Ireland between April and June 2006.

In Ireland, for all children aged between 6 and 16, attendance at full-time education is mandatory. Children from aged 4 to 12 attend primary school and those aged from 12 to 18 attend post-primary school. Schools are largely State funded and follow the same state prescribed curriculum and in post-primary schools, the same state public examinations ([www.education.ie](http://www.education.ie)). In Ireland, unlike many other European countries, a large proportion of post-primary schools are single sex schools (Department of Education and Science, 2005). In the HBSC 2006 sample, 15 per cent of primary and 32 per cent of post-primary schools were single sex schools.

A nationally representative sample of schools (stratified by geographical region) was randomly selected, and individual classrooms within these schools were subsequently randomly selected for inclusion. The data were collected from 10,334 10-17 years old students in 215 schools, by using a self-completion questionnaire and a procedure that ensured anonymity and confidentiality. The response rate in this study was 83 per cent of schoolchildren; of the 13 per cent non-response rate, the majority was children who were not in attendance on the day the survey was carried out. Ethical approval for this study was granted by the National University of Ireland, Galway Research Ethics Committee.

### *Measurement*

*School participation.* The Irish HBSC questionnaire consisted of questions primarily about health, social relationships, and experiences in school. Students were asked how much they agree or disagree with the following statements: "in our school students

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take part in making the rules”, “I am encouraged to express my own views in my class(es)”, and “students get involved in organising school events”. Response categories were dichotomised at “strongly agree” and “agree” vs “neither/nor”, “disagree” and “strongly disagree”. These three items were taken to represent three different components of school participation and were treated independently.

*School perception.* Liking school was measured by the item “how do you feel about school at present?” The possible responses were dichotomised at “I like it a lot” and “I like it a bit” vs “I don’t like it very much” and “I don’t like it at all”.

*Perceived academic performance.* Perceived academic performance was measured by: “in your opinion, what does your teacher(s) think about your school performance compared to your classmates? The possible responses were dichotomised at “very good” and “good” vs “average” and “below average”.

*Health and wellbeing.* Students’ self-rated health was measured by the question: “Would you say your health is [ . . . ]?” The variable had four response options that were dichotomised at “excellent” and “good” vs “fair” and “poor”. Students’ life satisfaction was measured by ticking the number that best describes where on the ladder they stand at that point in time (the top of the ladder “10” is described as the best possible life and the bottom “0” as the worst). High life satisfaction was defined as a score greater than 6. Students’ happiness level was measured by the question: “In general how do you feel about your life at present?” The response options were dichotomised at “I feel very happy” and “I feel quite happy” vs “I don’t feel very happy” and “I’m not happy at all”.

*Statistical analysis.* Associations between school participation and the various outcome measures were expressed in odds ratios from logistic regression models in SPSS, version 15.0. All analyses were conducted independently for girls and boys. Each row in the tables below represents a separate logistic regression model.

## Results

A large proportion of the students reported some level of school participation, with some gender and age variations (see Table I). Levels of reported participation were lower among older children, and girls were more likely than boys to report that they took part in organising school events and were encouraged to express their views in class.

### *Participation in making school rules*

Less than a quarter of Irish students reported that they participate in making the rules in their school (23 per cent). The percentage of children who reported participating in making school rules was lower among older children of both genders. Participating in rule making was positively associated with reporting positive school perceptions, positive academic achievement, positive self-reported health and happiness across both genders and all age groups. High life satisfaction was associated with participating in making rules among girls only (Table II). However participation in making the school rules was more strongly related to outcomes for girls and younger children than for boys and older children.

### *Participation in organising school events*

Participation in organising school events was reported by 58 per cent of the students, and was more commonly reported by younger students. Girls were more likely to

	Age group	All		Boys		Girls	
		%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Participating in making school rules	All	22.5	2,300	21.9	1,141	23.1	1,154
	10-11 years	38.7	522	33.2	184	42.5	337
	12-14 years	24.1	1,156	24.6	614	23.6	542
	15-17 years **	15.0	585	15.9	327	14.0	257
Encouraged to express own views	All	62.8	6,364	60.5	3,134	65.1	3,222*
	10-11 years	75.8	1,000	73.5	400	77.3	599
	12-14 years	63.0	2,996	61.0	1,511	65.2	1,484
	15-17 years **	58.3	2,271	56.9	1,173	60.0	1,096
Involved in organising school events	All	57.6	5,842	54.0	2,794	61.3	3,039*
	10-11 years	69.4	923	68.4	377	70.1	545
	12-14 years	57.9	2,746	55.9	1,380	60.0	1,365
	15-17 years **	53.6	2,087	48.3	996	59.5	1,089
Positive self rated health	All	87.2	8,953	88.7	4,649	85.3	4,293*
	10-11 years	94.6	1,293	95.2	532	94.2	760
	12-14 years	88.8	4,277	89.5	2,250	88.1	2,026
	15-17 years **	82.8	3,232	86.2	1,782	78.9	1,447
Feeling happy	All	90.8	9,295	92.4	4,831	89.1	4,453*
	10-11 years	95.4	1,296	95.0	528	95.6	767
	12-14 years	91.5	4,396	92.6	2,324	90.4	2,071
	15-17 years **	88.5	3,455	91.7	1,893	85.0	1,559
High life satisfaction	All	76.6	7,805	78.7	4,092	74.4	3,704*
	10-11 years	87.0	1,169	86.9	478	87.0	690
	12-14 years	79.6	3,813	81.1	2,026	78.0	1,786
	15-17 years **	69.8	2,708	74.2	1,525	64.8	1,181
Perceived academic achievement	All	71.3	7,280	66.3	3,463	76.5	3,808*
	10-11 years	81.4	1,097	77.3	435	83.7	661
	12-14 years	73.4	3,515	68.5	1,713	78.7	1,801
	15-17 years **	65.5	2,554	60.3	1,259	70.6	1,293
Positive school perception	All	67.8	6,979	62.4	3,281	73.5	3,690*
	10-11 years	76.2	1,040	66.9	374	82.6	665
	12-14 years	70.8	3,417	65.7	1,665	76.1	1,751
	15-17 years **	61.6	2,415	56.6	1,183	66.7	1,229

**Table I.**  
Frequency distribution of school participation, school perceptions and wellbeing, by age and gender

**Notes:** \*Statistically significant differences in participation between boys and girls (all  $p < 0.001$ ); \*\*statistically significant differences in participation across age groups (all  $p < 0.001$ )

report being involved in organising events than boys (61 and 54 per cent respectively). Participation in organising school events was associated with positive school perceptions, health and wellbeing across all age groups and in both genders (Table III).

#### *Participation in expressing views in class*

Just over 60 percent of the total sample of students reported being encouraged to express views in class (63 per cent). The percentage of children reporting that there are being encouraged to express their views was higher among younger children of both genders. Girls were more likely to report being encouraged to express views in class compared to boys (65 and 61 per cent respectively). Being encouraged to express views

	Boys					Girls				
	All	10-11 years	12-14 years	15-17 years	All	10-11 years	12-14 years	15-17 years	12-14 years	15-17 years
Self-rated health	1.34 *** (1.16-1.54)	1.41 (0.97-2.04)	1.42 *** (1.17-1.72)	1.16 (0.89-1.5)	1.48 *** (1.28-1.72)	1.56 ** (1.15-2.10)	1.32 ** (1.07-1.63)	1.04 (0.74-1.46)	1.32 ** (1.07-1.63)	1.04 (0.74-1.46)
Happiness	1.59 *** (1.30-1.72)	1.70 * (1.13-2.55)	1.39 *** (1.15-1.69)	1.30 * (1.01-1.67)	1.52 *** (1.32-1.75)	1.26 (0.92-1.72)	1.36 *** (1.27-1.91)	0.88 (0.66-1.18)	1.36 *** (1.27-1.91)	0.88 (0.66-1.18)
Life satisfaction	1.13 (0.95-1.36)	1.21 (0.69-2.13)	1.05 (0.81-1.35)	0.97 (0.72-1.30)	1.69 *** (1.42-2.01)	1.68 * (1.05-2.68)	1.35 *** (1.19-2.02)	1.25 (0.92-1.68)	1.35 *** (1.19-2.02)	1.25 (0.92-1.68)
Liking school	1.53 *** (1.30-1.80)	1.29 (0.83-2.02)	1.60 *** (1.29-1.99)	1.44 * (1.05-1.98)	1.55 *** (1.34-1.80)	1.94 *** (1.41-2.66)	1.35 ** (1.10-1.66)	1.33 (0.98-1.81)	1.35 ** (1.10-1.66)	1.33 (0.98-1.81)
Perceived academic performance	1.37 *** (1.17-1.60)	1.23 (0.83-1.83)	1.20 (0.97-1.50)	1.47 * (1.09-1.98)	1.67 *** (1.45-1.95)	1.61 ** (1.20-2.17)	1.65 *** (1.35-2.03)	1.15 (0.85-1.56)	1.65 *** (1.35-2.03)	1.15 (0.85-1.56)

Notes: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

**Table II.**  
Relative odds of self-rated health and wellbeing and school outcomes associated with participation in making school rules

**Table III.**  
Relative odds of self-rated health and wellbeing and school outcomes associated with organising school events

	Boys			Girls				
	All	10-11 years	12-14 years	15-17 years	All	10-11 years	12-14 years	15-17 years
Self-rated health	1.39*** (1.230-1.57)	1.26 (0.85-1.86)	1.45*** (1.22-1.73)	1.32** (1.09-1.59)	1.63*** (1.42-1.86)	1.29 (0.93-1.86)	1.63*** (1.34-1.97)	1.70*** (1.32-2.19)
Happiness	1.63*** (1.45-1.83)	1.65* (1.11-2.45)	1.57*** (1.32-1.85)	1.47*** (1.21-1.75)	1.59*** (1.41-1.79)	1.36 (0.97-1.9)	1.86*** (1.56-2.22)	1.26* (1.02-1.54)
Life satisfaction	1.34*** (1.16-1.55)	1.87* (1.1-3.18)	1.2 (0.96-1.49)	1.26* (1.02-1.56)	1.44*** (1.26-1.64)	1.17 (0.72-1.88)	1.6*** (1.30-1.97)	1.28* (1.04-1.56)
Liking school	1.68*** (1.44-1.96)	1.31 (0.81-2.13)	1.52*** (1.23-1.87)	1.96*** (1.5-2.56)	1.66*** (1.45-1.91)	1.53* (1.08-2.17)	1.54*** (1.23-1.86)	1.96*** (1.53-2.5)
Perceived academic performance	1.18* (1.03-1.36)	1.46 (0.96-2.24)	1.06 (0.87-1.29)	1.12 (0.89-1.42)	1.38*** (1.22-1.57)	1.63 (1.17-2.25)	1.33 (1.11-1.60)	1.21 (0.97-1.51)

Notes: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

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in class was positively associated with positive school perceptions and positive health and wellbeing across age groups and in both genders (Table IV).

Is participation  
good for  
children?

## Discussion

While the importance of participation in schools is now becoming more recognised as a key element of the psychosocial environment of the school, there is a relative dearth of literature on the impact of participation in school on the health and wellbeing of the students involved. Findings from this study indicate that the levels of school participation among school children in Ireland range from substantial to inadequate. Our findings also show that school participation is associated with reporting positive general school perceptions, positive health and positive wellbeing.

Chassin *et al.* (1989) noted that the need for involvement in decision-making increases as children get older. Yet, our data suggest that young children are more likely to report participation compared to older students. We found that older students are less likely to report participation in school, irrespective of gender or type of participation. This result suggests that both educators and health professionals need to better address the issue of participation in post-primary schools, among older students. We have also identified important gender differences, particularly in relation to class participation and organisation of school events, some of which may be related to the residual practice of single sex education in post-primary schools, in the Republic of Ireland.

Participation in making school rules was reported by just one-fifth of the Irish students and was lower among the older students. It appears that opportunities to input on matters related to discipline and school rules are limited for Irish students, even though their buy-in is essential if schools are to succeed in creating an environment that is conducive to learning (Noguera, 2007). The findings in this study have shown that the relationship between participating in rule making and liking school is strong; if students can participate in influencing or opposing school rules, they are more likely to accept them and consequentially develop a positive attitude towards school (Samdal *et al.*, 1999; Samdal *et al.*, 1998; Coleman and Collinge, 1991; Finn, 1989). Liking school has also been found to be a powerful correlate of health behaviours and health perceptions (Samdal *et al.*, 1998) and contributes to global life satisfaction and quality of life of young people. Studies have suggested that improving students' school perception may consequently prevent orientation away from school (Voelkl, 1995; Schultz *et al.*, 1987; Rudd and Walsh, 1993; Epstein, 1981) and improve their health related lifestyle choices and opportunities (Samdal *et al.*, 1998; Resnick *et al.*, 1997). Although Konu *et al.* (2002) failed to find that school participation was consistently associated with pupils' general wellbeing, other studies, including this one, do provide an argument to the contrary.

Improved academic achievement can be achieved through the provision of healthy and democratic schools (Flutter, 2006), ultimately leading to a more effective education (Lansdown, 2001, p. 21). This study shows strong associations between participating in making school rules and perceived academic achievement. Perception of under-achievement in school has been associated with adolescent drug use (Robins, 1980), and has an immediate effect on self-esteem and general wellbeing (Hodge *et al.*, 1990). Being encouraged to express views in class is strongly associated with positive perception of academic achievement. Encouraging students to express their views may

**Table IV.**  
Relative odds of self-rated health and wellbeing and school outcomes associated with encouragement to express views in class

	Boys			Girls				
	All	10-11 years	12-14 years	15-17 years	All	10-11 years	12-14 years	15-17 years
Self-rated health	1.68*** (1.48-1.9)	2.28*** (1.49-3.4)	1.80*** (1.51-2.16)	1.44*** (1.19-1.75)	1.92*** (1.66-2.21)	2.44*** (1.66-3.58)	1.73*** (1.42-2.11)	1.63*** (1.30-2.16)
Happiness	2.04*** (1.81-2.30)	2.72*** (1.82-4.07)	2.29*** (1.92-2.72)	1.52*** (1.27-1.84)	2.27*** (2.00-2.57)	1.87*** (1.32-2.66)	2.44*** (2.03-2.93)	1.92*** (1.55-2.38)
Life satisfaction	1.75*** (1.52-2.01)	2.48*** (1.45-4.23)	1.83*** (1.48-2.27)	1.47*** (1.20-1.81)	1.45*** (1.70-2.23)	3.85*** (2.48-5.99)	1.69*** (1.37-2.09)	1.68*** (1.37-2.06)
Liking school	2.55*** (2.15-3.02)	5.70*** (2.7-12.06)	2.40*** (1.91-3.02)	2.30*** (1.73-3.06)	2.43*** (2.10-2.84)	2.99*** (1.94-4.60)	2.18*** (1.77-2.68)	2.53*** (1.95-2.27)
Perceived academic performance	1.87*** (1.61-2.16)	1.92*** (1.21-3.05)	1.80*** (1.46-2.21)	1.81*** (1.42-2.31)	2.37*** (2.06-2.73)	1.84*** (1.29-2.63)	2.74*** (2.23-3.37)	1.90*** (1.5-2.41)

Notes: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

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not be a measure of participation on its own, but could indicate a class environment that facilitates participation.

There is a dearth of research that looks at involvement of students in organising school events and the resulting impact. It has been suggested that extracurricular and social engagement may be the main source of attachment to school for students whose academic achievement is low, or among high-risk students (Mahoney, 2000; Finn, 1989). Institutional encouragement may act as an important factor in maintaining this type of participation, and participating in organising school events could be seen as a type of social engagement. Well over half of the students reported that they were involved in organising school events; our results show that involvement in organising school events was associated with positive health outcomes and positive school perceptions. Those in the 10-11 year old age group were more likely to report being involved in organising events compared to the older children in the study, although for them, the associations with the outcome variables were not as strong as among the older children. It could be deduced that the desire or need to be involved is not as strong among the younger children, as was previously suggested (see Eccles *et al.*, 1993). Conversely, the need is stronger among the older age group; yet they appear to have fewest opportunities.

Interpersonal relationships, particularly with teachers and other adults, are extremely important in facilitating student participation in school learning (Simovska, 2004). Teachers that encourage students to have a voice in class facilitate an environment that is conducive to learning and enhances students' competencies (Ruddock and Flutter, 2000; Roche, 1999). The findings in this study show that the majority of students report that they are encouraged to express their views, although again there are age differences. The findings suggest that as students move from primary to post-primary schools, they have fewer opportunities to express themselves. Being encouraged to voice opinions in class has a strong relationship with liking school, which in turn has been identified as a protective factor against risky behaviours such as sexual risk taking and substance use (Rasmussen *et al.*, 2005; Maes and Lievens, 2003; Samdal *et al.*, 2000; Dias *et al.*, 2005).

The results of this study contribute to the discourse on student participation in schools, especially as schools face escalating pressure to focus on academic success (e.g. Boorah *et al.*, 2010). This study is an important addition to understanding the rate of students' participation in schools, recognising that the findings may be specific to an Irish context. Indeed this work could be useful for stakeholders in Ireland who are keen to progress to a more democratic, participatory model in Irish schools. Students are seen as the "expert witnesses" in the process of school improvement and their views of the school environment include elements that teachers and policy makers have some power to change (Ruddock and Flutter, 2000, p. 81). Further work in Ireland in this regard is necessary.

Increasing the bond with schools by providing students with opportunities to actively participate in their school promotes positive health outcomes and positive school perceptions. These outcomes are important in enhancing academic success as they act as aids, supports or assets for learning. Further research is needed to determine whether school participation is also related to positive, health promoting behaviour and also to explore more the characteristics of the students who report that they do not participate. Those not participating could be students who are not given the opportunities, or students who have opportunities but have not exploited them. It is quite possible that the health outcomes in these groups would differ.

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### *Limitations*

It is important to note that this study is cross-sectional in design and thus causal interpretations are not appropriate. All data reported here are based on single-item self-reports from children. Nevertheless it is important to recognise that students' perceptions are valid in their own right and indeed, as been previously highlighted they are an imperative; "head teachers and their governors may labour under the delusion that they have in place cultures and processes conducive to listening to students" but the actual "student experience may, in effect be radically different" (Leitch and Mitchell, 2007, p. 68).

The measures of school participation included here are those collected via the HBSC survey and it is recognised that school participation encompasses more than what can be measured through HBSC Ireland. Other questions and different methodologies could be used in schools in Ireland to capture school participation more holistically and indeed to explore the contribution of school participation to Irish Health Promoting Schools. The large and representative sample included in this survey and the design employed give credence to using these three items to capture a picture of school participation among children in Ireland.

### **Conclusions**

This study illustrates that school participation among children in Ireland range from substantial to inadequate. In general, positive relationships between school participation and health and wellbeing were demonstrated among Irish children. The need for developing and implementing strategies to provide more opportunities to participate in school is implied. These strategies need to ensure genuine participation (see Alderson, 2000) and in Ireland, a focus on post-primary schools with particular attention given to differences identified across gender.

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**Further reading**

Currie, C., Griebler, R., Inchley, J., Theunissen, A., Molcho, M., Samdal, O. and Dür, W. (Eds) (2010), *Health Behaviour in School-aged Children (HBSC) Study Protocol: Background, Methodology and Mandatory Items for the 2009/10 Survey*, CAHRU, Edinburgh/LBIHPR, Vienna.

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