# Children's voices – Differentiating a child perspective from a child's perspective

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## ABSTRACT

Objective: The aim of this paper was to discuss differences between having a child perspective and taking the child´s perspective based on the problem being investigated
Methods: Conceptual paper based on narrative review.
Results: The child´s perspective in research concerning children that need additional support are important. The difference between having a child perspective and taking the child's perspective in conjunction with the need to know children's opinions has been discussed in the literature. From an ideological perspective the difference between the two perspectives seems self-evident, but the perspectives might be better seen as different ends on a continuum solely from an adult's view of children to solely the perspective of children themselves. Depending on the research question, the design of the study may benefit from taking either perspective. In this article, we discuss the difference between the perspectives based on the problem being investigated, children's capacity to express opinions, environmental adaptations and the degree of interpretation needed to understand children's opinions.

Conclusion: The examples provided indicate that children´s opinions can be regarded in most research, although to different degrees.

Keywords: child perspective, child´s perspective, methodology

## INTRODUCTION

Research focusing on children in which adults have opinions about or use an instrument to rate children's behaviour and feelings, i.e. having a child perspective, has been contrasted with taking the child's perspective, when children are given the opportunity to speak for themselves [1, 2]. From an ideological perspective, the difference between the two perspectives seems self-evident but whether they are really qualitatively and theoretically different or better seen as different ends on a continuum solely from an adult's view of children to solely the perspective of children themselves needs to be discussed. A qualitative difference will imply that children can´t have their opinions heard unless they are verbal. Thus, from an ideological standpoint, seeing it as a qualitative difference may not enhance all children's participation in the research process. The United Nations Convention on the Right of the Child has in article 12 specially stressed children´s right to make themselves heard in conjunction with decision-making. Children´s possibility to participate in decision-making can differ from time to time. In relation to children's rights Roger Hart [3] has divided children´s degree of participation in eight steps. These eight steps are:

1. manipulation
2. decoration
3. tokenism
4. assigned but informed
5. consulted and informed
6. adult-initiated, shared decisions with children
7. child-initiated and directed
8. child-initiated shared decisions with adults

Children have in the first to third steps no influence on the decision-making. The researcher could even in the first step manipulate children to think in a specific way. Children have their own thoughts in the third step but these opinions make no sense. From the fourth step children can to some degree participate in decision-making. The researcher in the fourth and fifth steps listen to children's thoughts but the researcher decides if these make any sense. It is only

gradually from the sixth step and primarily in the eighth step that children fully participate in the decision-making [3]. Our discussion is based on these last four steps.

We propose that the role of children in research is dependent on the type of problem to be investigated (including the context of research) the cognitive and experiential capacity of the children, and the level of interpretation needed to understand the children's opinions. We will begin by first outlining the meaning of the key terms. We will then present evidence that there exists a continuum between having a child perspective and taking the child´s perspective. Finally, we will argue that both perspectives are necessary in the process of interpreting research findings concerning children.

## METHODS

This is a conceptual paper based on narrative review.

## OBJECTIVE

The aim of this paper was to discuss differences between having a child perspective and taking the child´s perspective based on the problem being investigated.

## RESULTS

### Type of problem to be investigated and the context in which research is performed.

The foci of the research questions can vary from foci concerned with body functions primarily assessed with the help of "objective measures" such as blood samples, salivary samples [4] or hearing test. Except from decisions on how the procedure should be managed, the need for a child´s perspective is not that necessary. This is an example of having a child perspective where the results can help the researcher to understand children´s body function. The opposite is foci concerned with involvement in life situations or experiences of control over events. Foci more closely related to involvement in life situations is primarily conducted in a child's natural environment and tend to focus on experiences and perceptions, something that requires input from the children themselves, and, at least in theory [5], with more opportunities to have their voices heard. This means that the researcher needs to take the child´s perspective. However, also studies with a focus on body functions, such as a hearing test, require that children cooperate with the testing requirements and provide responses. It is important to take the child´s perspective to evaluate if a failed test depends on a hearing

deficit or a lack of understanding the procedure. Thus, it may be better to visualize the type of problem to be investigated as a factor that defines the type of task that the child is expected to fulfill and therefore also the child's degree of influence over what the outcome can be.

**Children's capacity to express opinions and adaptation of tasks and contexts**

How children express opinions and make choices in research is partly dependent on their cognitive and communicative capacity to process information and explicitly express an opinion [6]. Children´s ability to understand a test is essential for the possibility to taking the child´s perspective. Researchers could facilitate a child´s ability to participate in decision making by using alternative to speech in representing concepts. However, such adaptations are not always good enough to ensure taking the child´s perspective [7]. It is also dependent on how the abstraction level of the information provided to the child is adapted, what responses that are required from the child and how the context for data collection is adapted to the capacities of the child [8]. As children develop, they become more capable of relating their present experiences to a broader time frame and to the long-term consequences of their choices. They also become more competent at reasoning about abstract concepts [9]. Thus, with development, children are less dependent on environmental adaptations in order to express opinions and choices in conjunction with decision-making [10]. When interacting with children however, it is always necessary to acquire competence regarding child cognitive functioning as a basis of understanding the child´s participation in the research process [11].

**Degree of interpretation needed to understand children's opinions**

The changes required to adapt study designs and data collection to children, e.g. using photos to depict abstract concepts or asking children to take photos illustrating involvement in specific activities, will subsequently affect how the data can be interpreted. A greater degree of interpretation is likely to be needed as more adaptations are made to the research process [5]. Valid interpretations require clearly defined constructs onto which data are mapped. The interpretation process is often supported when using mixed methods, such as different interview techniques and providing additional perspective on the same issues [12]. In the following we will provide some examples illustrating how a number of methods are used in various contexts, always with the same goal – to give children a voice in research by involving them in a way adapted to their cognitive development.

**Involving children in research in health care**

Health care procedures are unique in that the outcomes many times are decided based on what is considered physical health rather than on personal preferences. Thus, overall children may have little influence over what is considered good physical outcomes of treatment but the procedures used require child input to be performed optimally.

*Interviews*

Qualitative interviews using open-ended questions can provide better access to research problems related to children's views, interpretations of events, understandings and experiences of processes [13]. However, open-ended questions require adaptations of the methods used to the children's capacity and thus also further interpretation of the answers. Child development involves cognitive challenges and adults often fail to interpret what children communicate in relation to the child's world view. When doing research with children in health care, researchers need knowledge in how children's way of experiencing the world tend to vary with developmental level [9], as well as the context in which the data collection is being undertaken.

For example, in a study investigating children's experience of going through a radiographic examination, an open-ended question adapted to pre-school children (3-6 years) could be: "If you were to tell a friend about your visit to the Radiology Department, how would you describe it?" [14]. During that particular developmental stage, children are influenced by their immediate perception of the situation [13]. Thus, viewing a video-recorded examination would help children recall and speak of their experiences in the situation. Children in the school-age (7-11 years) usually have a more developed ability to perform logical operations in their mind [15], and an open-ended question could therefore be asked: "If one of your friends was injured and about to be examined in a Radiology Department, how would you explain to him or her what was going to happen?" Children reaching the teen-ages (from 12 years of age and beyond) can be expected to have a more developed ability of abstract thinking and a capacity to distance themselves from the immediate context or situation [15]. An open-ended question to these children could be asked: "What was your experience like of coming to the Radiology Department and going through a radiographic examination?" [12]. As can be seen from the example, less interpretation is needed to understand the views of the older children than of the younger children. However, it is important to ask whether the questions convey the same meaning.

Within health care, quantitative methods e.g. self-reports or observations of children's behavior or body language are widely used in attempts to capture a picture of children's well-being and can therefore to some extent be seen as children's opinions of a situation. The way quantitative data on children's expressions are collected is likely to vary depending on the research questions asked and the child's capacity [16]. The format used can be adapted to the target group and questions asked, as with different response methods for self-rating scales. The level of interpretation needed to understand data may also shift, as with the change from self-reports to observations. Behaviour can be assigned meaning, and it cannot be taken for granted that observations always take a child´s perspective. Self-reports tend to take the child´s perspective and observations tend to let researchers have a child perspective. It is therefore particularly important to investigate the discriminative validity of conceptually different measures when using the same data collection method. Here, pain and anxiety will be used as examples.

*Self-reports*

The Coloured Analogue Scale (CAS) scores children's pain intensity from zero to ten and has been used with children aged five and above. The scale is designed to generate valid and reliable responses by providing gradations in colour and width along its length, reflecting different values of pain intensity [17]. The Facial Affective Scale (FAS) rates the level of distress by marking one of nine faces presented in an ordered sequence from least (0.04) to most distressed (0.97) [17]. A discrepancy between distress (FAS) and pain intensity (CAS) has been demonstrated in procedural pain. Procedural pain occurs when children undergo examinations or treatments. In general, staff can be a source of causing procedural pain in children when they administrate immunizations, blood samples and lumbar punctures or various types of examinations [18, 19]. The State-Trait Anxiety Inventory for children (STAIC) has frequently been used for evaluating children's anxiety. Children with limited linguistic competency and/or reading ability need help from their parents to fill in the STAIC, risking its reliability and validity. A modified STAI was developed, with two of the faces demonstrating negative feelings, i.e. tenseness and fear, and the other two positive feelings, i.e. calmness and happiness. The child places each of the four faces on a mat using a modified Talking Mats$^{TM}$ (TM $^{TM}$) method. Three circles of different sizes signify "not at all", "moderately" and "very much". The child is given the facial expression cards one at a time and is then instructed to place each one according to his or her preference (Figure 1) [20]. In summary, to use self-reports with children may vary on the continuum from taking more or

less the child's perspective depending on the child's capacity to participate and to communicate.

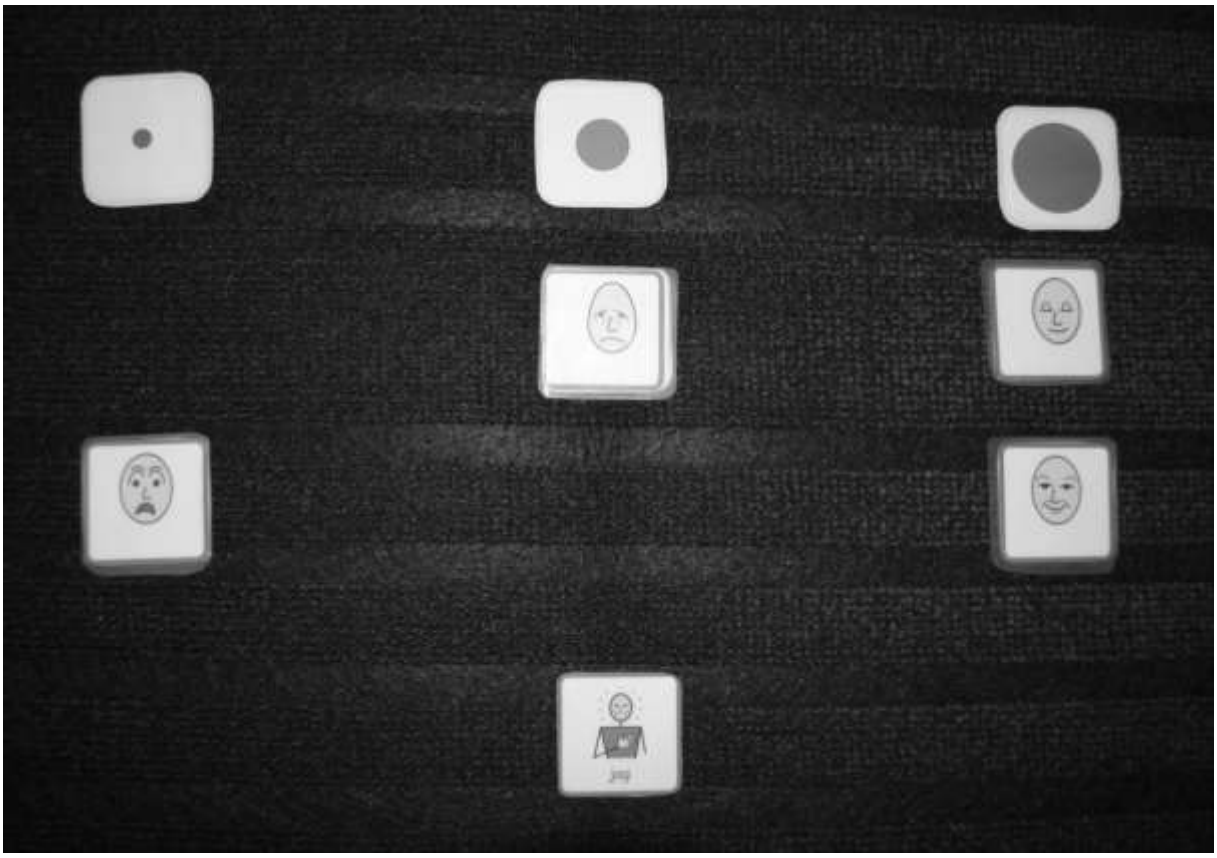

*Figure 1. The modified short State-Trait Anxiety Inventory (STAI) using a modified Talking Mats method*

*Observations*

Nonverbal expressions are an important part of communication, add context and meaning to self-reporting and can even replace self-reporting in young children and children with cognitive disabilities [16]. However, it is difficult to interpret observations, especially if the child cannot verbally confirm the meaning of its behavior [21]. Some behaviors seem to be more sensitive than others in observation of pain intensity. For example, facial expressions are often sensitive to detect pain [22].

It is important that the instrument for observations is easy to use because complex and time-consuming instruments seldom reach clinical praxis. An example of an instrument that is easy to use is the observation scale Face, Legs, Activity, Cry and Consolability (FLACC). The FLACC scale contains five categories, each of which is scored from zero to two, providing a total score ranging from zero to ten [23]. The FLACC scale evidences adequate validity and

reliability of measuring pain intensity in children suffering from acute pain and procedural pain [18] as well as in children with cognitive impairments. The FLACC scores in children with cognitive impairments correlated with parents' proxy scores on a visual analogue scale and the scores decreased when children were observed with the FLACC scale after they received analgesics [24].

Regardless of the research methods used to capture a child perspective and/or a child's perspective within health care, it is important to be aware that in some cases procedures can be frightening and the child's earlier experiences of health care situations may influence the extent to which the child's voice is actually being heard [14].

**Involving children in research in preschool environments**

Research with foci on children's natural living contexts often concern outcomes that are multidimensional and include perceptions and feelings. Such outcomes can many times allow children to influence not only processes within the environment but also the definition or operationalization of outcomes.

***Children's participation and agency in video-based research***

It has become increasingly common to use video-based data to study children's social interaction in preschool. The aim of such studies is often to gain a child perspective on children's everyday life. The use of video-based data has practical consequences, as social interaction is complex to capture and, even with several cameras, much of the information can be left behind [25]. A higher level of interpretation is therefore needed. Issues of informed consent also become more explicit.

Video-recording has ethical dilemmas. In audio recorded interviews participants' names may be changed in written accounts and erased. However, visual images make children easily recognizable in the preschool environment. Additionally, video recording gives a lot of data for analysis, and decisions about when to stop observing children, or about when not to transcribe data require researcher's personal understandings of children´s privacy and respect [26]. Two short narratives will be provided from a study investigating preschool as a language environment for children [27]. These narratives explain difficulties when using video-recording as a research method.

*Video-recording toddlers*

"If I ever thought of the researcher as being objective, I left that thought behind when I began my video study. Before I started my recordings in a toddler group, I walked around and said hello to the children one by one. I told them my name and asked for permission to do the recordings. Although I felt like a bit of a nag, the children were welcoming and not shy. The children talked to me, looked into the camera, fetched things for me and asked for assistance. I was constantly a part of the ongoing interaction, even though I only took part on the children's initiatives. Most of the children couldn't tell me verbally if they felt uncomfortable being video-recorded. It happened just once: a young boy displayed discomfort, which he expressed by lying down and gazing at the camera stand. When I stopped using the stand, everything worked out fine"[28].

*Participation is voluntary*

"It is often difficult for a child to imagine how he or she would feel having a person running after him or her with a camera until he or she has experienced it. When the children assembled in the morning, I informed them about my research and they were interested and excited. After the assembly, I began to record the children. I had to stop recording several times because a child would tell me that he or she did not want to take part"[29].

*Conducting interviews using puppets and photos*

In a study of preschool children's perceptions of empowerment [30], mixed methods were used [31]. First the Berkeley Puppet Interview, which is a technique originally developed by Ablow and Measelle [32] was used. The technique has been used in several studies in an attempt to gain self-reports on, for example, children's perceptions of their academic, social and emotional lives [33] and temperament [34]. The scenario, in our example involves one of the puppets acting as the preschool teacher and the other as a child. The scenario includes a dilemma: the children want something different from the teacher.

When the acting child presents his or her wish, the acting teacher become hoarse and cannot continue the discussion. One of the children in the group then takes over the role of playing the preschool teacher. This child helps the preschool teacher to respond to the acting child's wish. In this way, the researcher leaves the essence of the discussion to the child and gains the child's perspective in the data collection. However, the collected data require a high level of interpretation in how child responses should be related to empowerment.

Second, a photo walk was used during which the children took photos of their indoor and outdoor environments. The photos were used to stimulate recall in individual interviews with the children to let them express experiences of empowerment in their everyday life at preschool [35], i.e. a means to elicit the child's perspective in the research.

**Involving children with disabilities in research**

Children with disabilities may have difficulties engaging actively in research due to cognitive difficulties, understanding questions and tasks or difficulties performing the required responses [36]. They are often also excluded in research because of difficulties to involve them in expressing their views with traditional research methods [37]. Such difficulties can require the methods for data collection to be changed. If data collection is seen as an ongoing process throughout a study, adaptations for individual children need to be documented to allow comparisons of data between individuals.

*Talking Mats™ Methodology*

One means for obtaining the perspective of children with intellectual disabilities and/or communication difficulties is through the use of TM™ (TM™, University of Stirling, Stirling, UK). TM™ is a visual framework of picture symbols to facilitate receptive and expressive communication for people with communication difficulties [38] as a way of taking the child's perspective.

Adhesive is attached to the back of the picture symbols, which are then placed on a textured mat in the area (or column) of choice in order to indicate the participant's response to the question at hand. Each picture remains on the mat until the questionnaire or discussion is completed. The respondents are then provided with a "full picture" of their responses to the questionnaire. Even though this methodology has been shown to be functional [39], additional adaptations are sometimes needed.

In a study currently under way [40] about children's rights and children with intellectual disabilities, the standard TM™ procedure was used. In the procedure, the picture symbols that represent participants' responses to the items on the questionnaire remain on the mat throughout the interview in order to provide the participants with a "full picture" at the end of the session. After evaluating the ways participants were responding, however, it was found

that some participants made patterns on the TM™ rather than focusing on answering the questions. For instance, some participants would verbally provide the researcher with *always* in response to the question that was asked. They would then take the picture symbol and begin to place it in the *always* column but then instead place the symbol in the *seldom* column, seemingly because this column was empty. In other words, it appeared that some children changed focus from responding to the question to making patterns. The procedure was subsequently altered, so that after each response the picture symbol for the item was removed from the mat in order to provide participants with a blank mat for their responses to each item on the questionnaire. This minor alteration appears to have eliminated the participants' response bias without excluding the children from being involved in research.

## DISCUSSION

Research designs and methods used when involving children in research seem to exist on a continuum from research in which adults have opinions about or rate children's behavior and feelings (i.e. having a child perspective) to research in which children are given the opportunity to speak for themselves (i.e. taking the child's perspective). In this article we have discussed scenarios in which children are assigned some kind of active role in the research process. We argue that children can be actively involved to a larger extent than what is currently seen if methods used are analyzed and adapted to facilitate taking a child's perspective. For example, by asking children themselves to report pain. However, we also think that studies that explicitly take the child´s perspective, for example when conducting qualitative interviews, partly is having a child perspective. The researcher mostly is an adult who have a purpose for involving the child in the research and to interpret the communication with the child. The child tells his or her story but the researcher always interprets this communication using his or her own point of view [41].

The examples we have provided indicate that children can have their voices heard in most research. A first basic question, however, is to have children's consent to participate in research. Researchers need to put effort into designing both the verbal and written information that is given to the participating children, concerning their involvement in a language, for the child's developmental level [42]. Considering children's tendency to focus on here and now information about consent need to be repeated to the participating children, at each data collection occasion, in order for them to gain a greater understanding of their involvement in the research. Consent and a child's role in research are also related to the type of problem to be investigated.

In health care, one issue concerns whether taking a child's perspective will have the same meaning as the child's rights to the best available care and nursing. In some circumstances the best outcomes in the short run differ from the best outcomes in the long run. For example, in childhood cancer, chemotherapy leads to nausea and illness in the short run but mostly to health and wellbeing in the long run. This means that when selecting problem to investigate and the methods to use, researchers have to discuss in what way a research result will lead to the best practice for children. Research results can be linked to outcomes of treatment as well as to processes/procedures. The more the question concerns a long-term outcome, the more difficult it will be to take the child's perspective. However, if good experiences of participating in procedures are a desired outcome, the child's perspective becomes crucial. The use of mixed method design facilitates taking several perspectives on the same issue, e.g. the focus can be on both procedures and outcomes [12].

In preschool/school, some outcomes, e.g. grades and achievements, may be decided by adults, but other outcomes, that may also be seen as processes leading to the outcome may require a child's perspective, e.g. degree of perceived involvement in decision-making. Children can express opinions more easily if asked questions related to their everyday lives. The closer it is in time to the present situation, the easier it is for children to have an opinion on a phenomenon [15]. In research based on abstract constructs, the central constructs need to be translated for the present context. The use of elicited recall is suggested when conducting research with young children who may shift the focus of their attention rather quickly [43]. Pictures can also be used as support to focus attention. However, the researcher needs to be flexible – at all times – in terms of context and time frame, i.e. the methods used need to be adapted not only to the problem investigated but also the capacity of the child.
When performing research with children as active participants, the individual child's earlier experiences and cognitive understanding of information must form the basis for methodological adaptations. Some studies have suggested that children as young as three years of age are sufficiently capable of organizing information regarding themselves and their close environment, as long as they can relate to the phenomenon during the study [34]. This has not been shown in studies of pain assessment, however, where children need to be in school-age before they can assess their pain intensity [44]. Examples of ways to help children accomplish this include asking questions in an age appropriate language when interviewing children and using puppets when interviewing the youngest children. The use of methods like photo walk or TM$^{TM}$ can also inspire children to become involved in research and gain an

understanding of their involvement. These adaptations require abstract concepts to be translated into more concrete operationalizations, something that demands careful translations and back translation to ensure strong relationships between the concepts and their operationalizations. The link between operationalizations and concepts is important for the level of interpretation needed to interpret data.

In all empirical research, data have to be evaluated in relation to the research questions posed. In quantitative research there are questions of reliability and validity, and in qualitative research the question of trustworthiness, often described in terms such as credibility, dependability, confirmability and transferability [12]. In child focused research, the adaptations required to take the child's perspective will affect the level of interpretation needed to interpret data and thus also challenge the possibilities to fulfill the research quality criteria. A key issue is how well the adaptations that are made are described and analyzed in relation to the results and interpretations.

Quantitative approaches to collect information through children's self-ratings should generate results that can be generalized for other contexts and children. Quantitative approaches are not always able to generate generalizable information. This is only the case if the other contexts and children are sufficiently similar in all relevant respects. This requirement may be difficult to fulfill if the data collection becomes too unique to the individual child or if the context of the data collection is too concrete. The methods used to individualize data collection and the way items are framed and illustrated need to be described in detail in studies that collect self-ratings from children. It is also important to validate children's experiences by investigating the discriminative validity of measures by comparing the results of measures using the same data collection methods for related but conceptually distinct measures such as pain and anxiety.

In qualitative research, the data analysis process by which children's statements or observed actions are translated or used to infer abstract phenomena need to be carefully described. Triangulation between data sources or data collection methods, e.g. observations and interviews, are also important in order to secure that a trustworthy interpretation is obtained. For example using content analysis in that process, focusing on the subject and the context

[45], can be a way of visualizing children's views and involvement in research in a reliable way.

## CONCLUSIONS

Which perspective is taken in research involving children is not a question of qualitative differences but of positions on a continuum. The questions asked as well as the cognitive development of the individual child in combination with the context determines if a child perspective or a child's perspective is more beneficial for the outcome when involving children in research. It is a challenge not to use the power of being an adult and instead to listen to and respect the children's views even if the position as a researcher is defied. Flexibility when conducting research with children is vital when designing a study taking either perspective.

## DECLARATION OF INTERESTS

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

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