



Newsletter from the research profile CHILD, based at Jönköping University

#4 2011

December

CHILD Agenda

December 15th, 3-5 pm

Final seminar for Ylva Ståhl in Gc509 at School of Health Sciences

January 26th, 1-3 pm

CHILD-seminar on 'Participation and Family Involvement' in Ha208 at School of Education and Communication

February 2nd, 1-3 pm

CHILD-seminar with visits from Germany in Gc509 at School of Health Sciences

February 3rd, 1-3 pm

Seminar on Gregor Maxwell's 'kappa draft' in Ha208 at School of Education and Communication

CHILD's Research Leader



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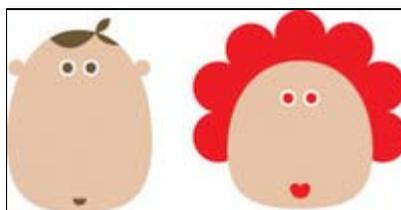
How to Involve Children in Research



To understand the view of the children themselves the children need to be active participants in the research process and have their voices heard. This newsletter from the research environment CHILD aims to highlight children's involvement and thirteen CHILD-researchers give their input on the subject. *Press 'Läs' to read professor Mats Granlund's and professor Karin Enskär's continued introduction.*

Läs

Empowering Children in Research – two Methods Involving Children as Subjects



A child's perspective is vital to reach a significant understanding of how children perceive their everyday life. Involving children in research has a twofold objective. Firstly, to give children a possibility to express their opinions in issues

that concern themselves, and secondly, to receive knowledge of children's everyday life through their own voices. The researchers Lena Almqvist and Anna-Lena Almqvist realized that in research involving children you never know exactly where you are ending...

Läs

Involving Children with Disabilities in Research

It is frequently necessary to use assistive devices for communication. 'Talking Mats' is one commonly used option. It is a low-tech communication tool. Karina Huus, Inger Nilsson and Dana Donohue write about

CHILD's Research
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Get in touch!

Would you like to get hold
of one of the researchers?

Läs →



their research methods where they
involve children with disabilities in
the research process.

Läs →

Children's Participation and Agency in Video Based Research



It has been more and more common to use video
based data when studying children's everyday life
at preschool. The advantage is that the researcher,
for the analysis, can watch the data over and over
again and also catch sight of embodied actions, as
well as obtaining visual information that is of
importance for the analysis. However, this is not
without practical consequences. Take part of the
researchers Polly Björk-Willén's and Sara
Hvit's experience.

Läs →

Are Focus Group Interviews a Way to Explore Children's views of Health Care ?



The crucial factor when using
focus group interviews instead
of one on one interviews is that
the interaction between the
participants can put the
discussion in new directions
based on the participants'
perspectives. Marie
Golsäter's experience tells
that the perspectives that arise
by the interaction between the
participants might not have been

grasped in one on one interviews.

Läs →

Involving Children as Active Participants in Research within the Health Care

It is essential to have
children's perspective while
doing research with
children and accordingly it
is of vital importance as
well as very interesting to
listen to the children's own



voice and have them express their experience concerning health care procedures. Take part of Berit Björkman's and

Stefan Nilsson's experiences.

[Läs](#) ➔

Different Ages and Different Experiences can Collaborate in Data Collecting



Ann-Katrin Swärd discovered among other things that the youngest seemed to be free to express themselves in many different ways, and had no problem with video recording.

Most of the younger children loved to be video recorded and also talking to the researcher.

[Läs](#) ➔

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Involving children in research

by Mats Granlund & Karin Enskär

In recent years the importance of involving children in research have been stressed. To understand the view of the children themselves they need to be active participants in the research process and have their voices heard. In conjunction with the need for knowing children's own opinions the difference between having a children's perspective and taking a child's perspective have been discussed.

Research focused on children in which adults have opinions about or rate children's behavior and feelings, i.e having a child perspective, has been contrasted with taking the child's perspective in which children themselves are given the opportunity to speak for themselves. From an ideological perspective the difference between the two perspectives seems to be self-evident but are the perspectives really qualitatively different theoretically and in practice or are they better seen as different ends on a continuum from solely adult's views of children to solely the perspective of children themselves? The differences between the perspectives may be explained by what problem that is researched, children's capacity to express opinions and environmental adaptations as well as degree of interpretation needed to understand children's opinions.

Different research problems require different methodologies to be solved and thus also different degrees of child input into the research process. The World Health Organization (WHO) in 2007 published the International Classification of Functioning, Disability and Health – Child and Youth version (ICF-CY). In ICF-CY children's health and factors related to children's health are described with the help of different components that are mutually dependent of each other. The components are on individual level body function and body structure, activities and participation, and on contextual level environmental factors and person factors. The ICF-CY illustrates different types of research foci, from research about body functions requiring standardized and norm-referenced empirical data, to research about perceived involvement and environmental barriers requiring reports of children's subjective experiences of their involvement in everyday life situations. Probably research foci closer to body function provide few opportunities for children to have their voices heard because of the extensive use of "objective" standardized measures while foci close to involvement in life situations and perceived environmental facilitators and barriers provide children with multiple opportunities to have their voices heard. However, as illustrated by the ICF-CY model, the different components of functioning (body, activity and participation) are mutually dependent and are affected by contextual influences. Research with a body focus can involve observations of children's behavior to infer subjective experiences or children themselves reporting subjective experiences that coincide with medical treatments, e.g pain (see example via the front page of this Newsletter).

How children can express opinions and make choices in research is dependent on their cognitive and communicative capacity to process information and explicitly express an opinion. It is also dependent on how adapted the information provided to the child is, what responses that are required from the child and how adapted the context is to the capacities of the child. With development children become less dependent on environmental adaptations to have opinions and to express choices in conjunction with decision-making.

Adaptations of the environment aimed at facilitating child involvement in research evoke questions about whether these adaptations also will change the meaning of the collected information and thus also how the information should be interpreted. All research processes contain some degree of interpretation of results in relation to the questions asked, the data collection methods used and the information collected. Involving children in research often requires adaptations of the setting for data collection, instructions to participating children, tasks for children to perform and methods for child responses used. These adaptations will of course also affect how data can be interpreted. Probably the more adaptations that are needed the more interpretations have to be made by the researchers to understand the results.



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 [Tillbaka](#)

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Empowering Children in Research – two Methods Involving Children as Subjects



Lena Almqvist works as a senior lecturer in psychology at Mälardalen University. Her research is about children's health and participation. Currently she is doing a project about children's rights and empowerment in pre-school and a project about children's language environment in pre-school.



Anna-Lena Almqvist works as a senior lecturer at Mälardalen University. She is currently involved in two research projects. The first is an interview-study concerning national variation in men's parental leave take-up. The second is about children's experiences of empowerment and participation in the preschool environment.

Empowering Children in Research – two Methods Involving Children as Subjects by Lena Almqvist & Anna-Lena Almqvist

A child's perspective is vital to reach a significant understanding of how children perceive their everyday life. Involving children in research has a twofold objective. Firstly, to give children a possibility to express their opinions in issues that concern themselves, and secondly, to receive knowledge of children's everyday life through their own voices. Recently, there has been a developing interest concerning children's involvement in for example decision-making and planning within different educational contexts, such as the preschool. Although children's rights are emphasized it is not clear how these rights are expressed in children's everyday life. Further, children from a minority ethnic group risk marginalization in relation to other children as well as to significant adults and the society as a whole.

This study's aim was to analyze children's perceptions of empowerment in a preschool context using a gender and ethnicity perspective. Empowerment could be defined as self-control or self-power to influence your own life situation (Nutbeam, 1998). People with a high sense of empowerment tend to take advantage of their opportunities in everyday life situations (Feste & Andersson, 1995).

Then, what are the challenges of including young children in research? In this study, data was collected in 2010 and comprised of 25 children at 4 different preschools (aged 4-6, 13 girls, 7 children with other ethnicity than Swedish). Compared to adults, children are not as predictable in interview situations and easily get tired and bored. Further, children at the age of 4-6 are in the preoperational stage of reasoning (Piaget, 1952), which means that they often need concrete stimuli to be able to express their thoughts. It demands careful planning of the design and data collection procedure. Therefore we decided to use one method including a concrete situation: a group interview with 5-8 children at a time using a puppet interview technique, playing different scenarios involving the children as co-actors. The second method was visual: a photo walk in where children took photos of their indoor- and outdoor environment. The photos were used as stimulated recall in individual interviews with the children to let them express their empowerment in their everyday life at preschool.

The puppet interview consisted of a play involving four different scenarios. We played these scenarios with the help of hand puppets. One of the puppets acted as a preschool teacher and one acted as a child. The scenarios included at least one dilemma, in where the children wanted something else than the teacher (see example below):

There is circle time in preschool in the beginning of December and the PRESCHOOL TEACHER says that it's time to repeat Christmas carols since it is Lucia performance in preschool shortly and the parents will come to watch. One child raises a hand and asks if they can sing a summer song at the parents' visit, it

would be fun to sing Pippi Longstocking's summer song in the middle of the winter... The PRESCHOOL TEACHER says...

When the child presented his or her wish, the teacher became hoarse and could not continue the discussion. Then one child in the group took over the role of playing the preschool teacher. This role was circled around the children in the group. In acting as a preschool teacher the children could express their thoughts of how the teacher could have responded or should respond to the dilemma. After playing each scenario we talked to the children about their reasoning and why they acted the way they did. The whole session was videotaped and recorded so as to be able to recognize individual children's expressions, specifically concerning the aim to distinguish boys and girls and children with another ethnicity than Swedish. A preschool teacher was sometimes present during the sessions for the children to feel more comfortable. Each group session started by a brief introduction of the study and sometimes the children wrote an informed consent if they hadn't written this in advance. Problems that arose during these sessions were many and also varied between different preschools. The most frequent problem were that the children often wanted to talk all at the same time, play with the puppets and the microphone although they did not act at the time, and some had difficulty to just sit still. This problem could be partly solved by asking the children to calm down, and the presence of the preschool teacher helped in this case. But clearly, this kind of interviewing demands a great deal of patience. In some cases we reduced the number of scenarios, since the children easily got bored and tired during the sessions.

The individual interviews started with a photo walk in where each child took photos of their environment in preschool. The children were instructed to take photos of things and situations they enjoyed or disliked and where they felt they had an influence, according to how empowerment could be expressed in everyday life (see examples below). This procedure demands a lot of ethical considerations. An example of such an ethical dilemma was how to handle the children who were not included in the study and who were envious of the children that were allowed to take photos. After discussing this dilemma with the preschool teachers they decided to make this kind of photo activity including all children later on. Another example was how to deal with the photos of peers not included in the study. All the preschools involved had previously received permission from the parents to take photos of the children and show them in the preschool setting. Both the preschool teachers and the children asked us to receive copies of the photos, but this was denied since the photos could be distributed, for example on the Internet or other media, without control and against the parents' permission.

After the photo walk the children were instructed to choose maximum five photos for the individual interview session. One of us interviewed the children and used prepared questions a guide:

Tell about this photo: What do we see?
What are your feelings about this?
Who's in charge here?
What are your thoughts about that?
Have you been part of or made any decisions about this?
What are your thoughts about that?
If you were able to participate more or to be involved making decisions, what would you like to decide?
What happens if you question the rules or don't follow rules?
What are your thoughts about that?
Are there certain things you cannot do in preschool?
What are your thoughts about that?
To conclude: Do you want to tell anything more about this?

Since the photos were chosen freely by the children, the interview procedure became quite unforeseen and questions often arose spontaneously in the dialogue. Also, sometimes the children wanted to talk about other things not related to the study topic and we then tried to relate the child's thoughts back to the interview questions. Thus, interviews with children demands openness and flexibility.



"It's fun to climb.... it's OK to climb whenever you want... but you mustn't break the branches."



"The teachers decide when we can go outside.... I

would like to decide myself when to be outdoors."

We realized after using these two methods that in research involving children you never know exactly where you are ending...

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Involving Children with Disabilities in Research

by Karina Huus, Inger Nilsson and Dana Donohue

Involving persons with disabilities as participants in all areas of social, civic and political life has been shown to be important for reducing social exclusion and to help break down negative attitudes and stereotypes of disability. People with disabilities have rightly said that policymakers should do 'nothing about us without us'. Thus, opportunities can be better provided for people with disabilities when they are involved in the decision-making processes that affect their lives (Sin & Fong, 2010).

There is a growing interest in emancipatory and participatory approaches in research, including those specific to children with and without disabilities since their voices are seldom heard. Often, children with disabilities who are verbally articulate are the most likely to be included in research (Kelly, 2007) since they can more easily express their feelings and experiences. Yet, many researchers now argue that it is no longer acceptable to exclude some children with disabilities simply because they challenge traditional research methods.



One of the primary challenges in research with children with disabilities is that it is difficult to obtain participants who come from a broad range of socioeconomic backgrounds. If participants are found via listserv, for example, then participants with caregivers who cannot afford a computer or do not have the technological skills to use a computer are likely not included in the sample. Additionally, in developing countries such as South Africa, children with disabilities who live in poverty often are not sent to school. Thus, if a study targets children with disabilities in the school

context, then many children from low-income families will not be included. For these reasons, when drawing conclusions from research it often is as important to consider who is not represented in the sample as who is.

Another challenge in meaningfully involving children and young people with disabilities in research includes getting the child's consent to participate in the study (Kelly, 2007). Obtaining informed consent can be complicated, as individuals with developmental disabilities often are not able to make informed decisions about what it means to participate in research (Yan & Munir, 2004) and consent has to be negotiated through care givers.

Another issue in conducting research with children with disabilities is choosing appropriate methods (Whiting, 2009). The methodology chosen should vary according to the research question (Kelly, 2007). Interviews and participant observations are some frequently used methods. According to Kelly (2007), "When researchers sensitively build rapport with children, individual interviews are an appropriate method as they create opportunities for children to openly discuss personal experiences and feelings. This is especially relevant to children who do not use conventional methods of communication and who prefer one-to-one interaction" (p.23). In addition, visual methods such as photography, drawing and toys may facilitate the child's expression of him or herself.

There are some general considerations when interviewing children regardless of methodology or the use of assistive devices. Language and the types of questions posed should be considered. For example, questions should be worded in a manner that is consistent to the child's particular developmental level rather than their chronological age. If the wording is too complex, participants may become confused and provide inappropriate answers, therefore invalidating their responses. Moreover, Kelly (2007) recommends employing a range of question types to maximize the response rates and validity of the responses, as well as commenting on the child's verbal and non-verbal responses. This is to confirm that the researcher's understanding of what the child was saying is correct and to demonstrate that the researcher is listening actively.

It is frequently necessary to use assistive devices for communication. Talking Mats is one commonly used option. It is a low-tech communication tool originally developed by the AAC (Alternative and Augmentative



Communication). Research Unit at Stirling university in Scotland. It uses a mat with graphic picture symbols as the basis for communication for persons with communication challenges. It has been found to be a useful tool in determining what people with learning disabilities think and feel about their lives. A rectangular textured mat is used as a communication board and the symbols have Velcro fastened at the back to provide a stable display for the conversation.

Talking Mats has been shown to be an effective tool for

persons with intellectual disabilities. One study determined that "...scores on all indicators of communication effectiveness were higher when using Talking Mats compared to main communication methods. This research identified that Talking Mats can be an effective communication resource for many people with intellectual difficulty and can help them express their views by increasing both the quantity and quality of information communicated" (Murphy & Cameron, 2008, p. 232).

Ongoing research at the Centre for AAC at the University of Pretoria in South Africa is using the Talking Mats procedure with children with intellectual disabilities from 9 to 13 years of age. The aim of the project is to have the participants provide information on their home environments in order to determine whether children's rights (as set out by the United Nations Convention on the Rights of a Child) are being met. Children provide their answers to the questions presented to them on a 4-point Likert scale on the Talking Mat, represented in columns and illustrating the concepts always, sometimes, seldom, and never (see picture).

While the Talking Mats procedure has been found to be an effective instrument for gathering data in this research, some issues have arisen that indicate that certain modifications to the standard Talking Mats procedure should be considered for children with intellectual disabilities. For example, in the typical procedure, participants leave their responses to the questions on the Talking Mat so at the end of the questionnaire, participants can be provided with a "full picture" of how they responded to all of the items. However, during this research it was found that some participants liked to make designs on the Talking Mat rather than focusing on answering the questions. That is, some participants would verbally answer the question with "always," but then see that the seldom column was empty, so they would place their response in the seldom column rather than in the always column. For this reason, the procedure was altered, where after each response the symbol for the question was removed from the Talking Mat. In so doing, participants propensity to make designs on the Mat was eliminated. Thus, it appears that Talking Mats is an effective instrument for gathering data for children with intellectual disabilities, but the original procedure may need to be slightly changed.

Although including children with disabilities in research can be challenging, especially for those living in poor conditions, it is possible when research is set up in a flexible and sensitive way. Various methodologies have been shown to be useful and research continues to find new and meaningful ways of gaining valid information from children with intellectual disabilities. We must remember that in addition to gaining information for research, it is important to include children with disabilities for their own sake and emphasize the importance children place upon being listened to. Remember, 'nothing about us without us'.



Karina Huus, PhD, Pediatric nurse is right now writing a review article on the rights for children with disabilities in LAMI countries based on their basic needs. She also works in a parent support project where they look at; How can we support parents and children with less severe intellectual disability.



Dana Donohue earned her PhD in developmental psychology in December 2010 and is a postdoctoral fellow at the Centre for AAC at the University of Pretoria in South Africa. Her research interests involve children with disabilities, poverty, and education.



Inger Nilsson is a junior lecturer in special education at Gothenburg university.

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Children's Participation and Agency in Video Based Research

by Polly Björk-Willén & Sara Hvit

At the present time it has been more and more common to use video based data when studying children's everyday life at preschool. The advantage is that the researcher, for the analysis, can watch the data over and over again and also catch sight of embodied actions (Goodwin 2000), as well as obtaining visual information that is of importance for the analysis (Heath, 1997). However, this is not without practical consequences, because social interaction is complex to catch, and even with several cameras there can be much information left behind (Sparrman, 2005). Another challenge is to pay attention to ethical considerations when recording young children (Danby & Farell, 2005). Even if the adults have given their permission for the children to take part in a video based study, the study and the recordings must, of course, be anchored with the children themselves. This necessitates for the researcher to meet the children face to face to make the coming research concrete and understandable, by way of demonstrating the camera and for example informing the children that their participation is voluntary (Björk-Willén, 2006). As we know, reality does not always run as smoothly as we wish and this sometimes challenges the researcher. To illustrate the everyday life of research of (and with) children we will give two short narratives from our research experiences with children at preschool. The research experiences derive from a partial study that deals with a larger project which investigates Preschool as children's language environment funded by the Swedish research council.

Video recording toddlers (Sara)

Before I started my recordings in a toddler group, I walked around and said hello to the children one by one. I told my name and asked for permission to make the recordings. I felt a bit nagging, repeating my message over and over again, and I got a feeling that the children thought my repetitions were kind of strange. Still, the children were welcoming and not shy at all, because they were used to meet new adults at the preschool. If I ever had a thought of the researcher to be objective, I left that when I began my video study. The children talked to me, looked into the camera, they fetched things for me and asked for assistance. All the time I was a part of the ongoing interaction, even if I only took part on the children's initiative. Most of the children couldn't verbally tell me if they felt uncomfortable when I was recording. Therefore, I had to be very sensitive to their reactions. However, during a period of 20 hours of recordings it just happened once that a small boy displayed un-comfort. He showed that by lying down on his face, gazing at the camera stand. After that I stopped using the stand and everything worked out good.

The participation is voluntary (Polly)

Nowadays most children are familiar with video cameras and recordings. When I made my first small video study in 1998, there were some children that went really scared of the camera and began to cry. Another example of children's reaction on being studied was when I recently made recordings in a group of four to five years old children. As mentioned above it is important to inform the children about the study, and that includes telling them that their participation is voluntary, in other words the children are asked to tell the researcher if they do not want to participate anymore. Often it is difficult for a child (or even for an adult) to imagine how it will feel to have a person running after you with a camera before it is experienced. This time I informed the children about my research during the gathering in the morning. When the gathering was finished I began to record their play, and what happened! Several times I had to quit the recording because a child told me that he/she had decided not to participate....

In sum, to record preschool children is a business of sensitivity, which means to be sensible for various kinds of reactions and display of un-comfort among the children, especially if they do not communicate verbally. It is also a challenge not to use the power as an adult, but listen and respect the children's view even when your position is defied.



Polly Björk-Willén is a senior lecturer in pedagogic work at Linköpings universitet



Sara Hvit is a doctoral student at Jönköping University and she is involved in the language project "Pre-school as children's language arena".

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Focus Group Interviews, A Way to Exploring Children's Views of Health Care ?

by Marie Golsäter

Interventions to promote children and adolescents health have to a large amount lacked research from the perspectives of the users, the children and adolescents. Instead interventions have been worked out based on adults'; professional's and parent's assumption of what is best for children and adolescents which could be described as having a child perspective. A child perspective is described as adults attention towards an understanding of children's experiences and perceptions in contrast to a children's perspective described as representing children's expressions perceptions, experiences and understanding in their world ((Sommer, Pramling Samuelsson, & Hundeide, 2010).



As knowledge and insight of children's own perspectives is crucial to enable further improvement of health care to better fit children's own needs and wishes there is a need to explore how different methods can be used during research with children and adolescents.

Focus group interviews is one method of data collection which has been used when studying children's and adolescents experiences and opinions. In an focus group interview a group of participants are interviewed together in a discussion of a specific topic

guided by a moderator (Polit & Beck, 2008). The crucial factor when using focus group interviews instead of one on one interviews is that the interaction between the participants can put the discussion in new directions based on the participants' perspectives. The perspectives that arise by the interaction between the participants might not have been grasped in one – on –one interviews. (Krueger & Casey, 2000; Polit & Beck, 2008)

Children are familiar with group activities in different ways, they are in groups during school days, during leisure time most children enjoy hanging around with friends and also a lot of activities during leisure time is organised in groups for example sport activities. Based on these earlier group experiences focus group interviews can be a familiar activity for children and adolescents. To be interview together with others in the same age can also be a useful method to get children and adolescents to feel confident during an interview. Sharing perspectives in a group reduces the burden and responsibility of each child to respond; instead the responsibility is shared among the group members. In a one on one interview with a researcher children and adolescents can feel pressured to produce the "right answers" to pleased the researcher instead of viewing their own opinions which also can be reduced when talking part in a focus group interview instead (Heary & Hennessy, 2002; Horner, 2000).

To be able to perform a focus group interview with children it is essential to be familiar with children's development stage, children's and adolescents language and social activities as well as knowledge about

children's and adolescents acting in group discussions to be able to carry out the interviews .

We used focus group interviews in a project about a tool for health dialogues in school health services. The interviews gave a good picture about the children's perspectives' of the tool and how the tool could be further developed and improved to better fit the children's own needs and wishes. We found that the children were mostly talkative and interested in explaining their experiences and taking an active role in the interviews. Both taciturn and more talkative children participated in the groups. By using probing questions during the focus group the moderator tried to capture individual responses from more quiet children while still getting the information from the group that unfolded from interaction and discussion in the group. The children who did not talk as much as others maybe did not add as much information about children's experiences but by their presence they have the opportunity to give some opinions which the more talkative children used to develop the discussion further. These more silent children could perhaps have abandoned to participating in individual interviews and by that their experiences could have remained undetected.

Our conclusion is that focus group interviews are a useful way to gain insight into children's and adolescents views and can be one way to improve different areas within health care based on children's own experiences. Especially within areas where earlier research is scant focus group interviews can be a useful way to start with. However children who are not comfortable talking in groups may not had a chance to fully express their opinions or not have wanted to take part in a group interview and instead would have preferred a one –on –one interview instead. To be able to capture as many views as possible perhaps a mix of group and individual interviews should be offered to children when exploring children's views of health care



Marie Golsäter is a PhD-student in Nursing Science.

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Involving Children as Active Participants in Research within the Health Care

by Stefan Nilsson and Berit Björkman

Professionals working within various areas of the Health Care meet with children on a daily basis and often in situations associated with pain and distress. High quality care demands the health care professionals possess an ability to understand the child's experience of the situation in order to provide and develop a meaningful interaction during the health care procedure.

It is essential to have children's perspective while doing research with children and accordingly it is of vital importance as well as very interesting to listen to the children's own voice and have them express their experience concerning health care procedures.



In various situations and time in life, children can be in need of special support. An example is children who are referred to a Radiology Department for an acute examination after being exposed to a physical injury. A study by Björkman et al. (2011) was conducted with this category of patients in which the children were active participants in the research process, expressing their experience of the examination procedure taking place.

with children on a daily basis.

Health care professionals meet

The study was conducted in a Radiology Department with examination rooms not specially designed to meet the needs of children and the radiographers not specialized in pediatrics. The children who participated in the study, were videotaped while undergoing a radiographic examination, and afterward each child was interviewed in a nearby and quiet room. The interview was conducted by the researcher while watching the video recorded examination together with the child and the escorting parent or relative.

Qualitative interviewing has been found to be particularly useful as a research method while assessing individual's experiences and perceptions, which could be difficult to capture in a formal questionnaire. Open-ended questions are likely to benefit to the research with a more considered response than closed questions and by building the interview on open-ended questions, better access can be provided to the children's views, interpretation of events, understanding and experiences (Silverman 2006).

The interviews contained a few open-ended questions adjusted to the children's level of understanding (Piaget 2007), and the children were encouraged to talk straight from the heart expressing their experience of the examination situation.

An open-ended question to the children in the pre-operational stage could be asked: "If you were to tell a friend about your visit in the radiology department, how would you put it?" For the children in the concrete operational stage it could be asked: "If one of your friends was injured and about to be examined in a Radiology Department, how would you explain to them what would happen?" The children in the formal operational stage were addressed more in a way we use to address adults, and an open-ended question to these adolescences could be asked: "How do you experience coming to the radiology department and going through a radiographic examination?"

Especially for the youngest children, watching the video was helpful when they tried to recall the examination and expressed their perception of the procedure. Also the video was used as a tool by the researcher when relating to various situations during the examination. However it was important not to direct the interview but have the children talk freely about anything related to the health care procedure that was investigated.

It is important for the researcher to be aware that using video observations while doing research with children and having the children watch themselves in an examination situation might be experienced as an encroachment of integrity. During the interviews we conducted in this study, the children were asked if they were comfortable with watching the video, or if they preferred it to be turned off. For most of the children though, they would start talking while watching the video, but then soon go on, expressing their experiences not even looking at the screen.

When analyzing the collected interview data, qualitative content analysis was used, which to a great extent is characterized by focusing on the subject and context, as well as emphasizing differences and similarities within categories (Krippendorff 2004). Two main categories emerged in this study – "feeling uncomfortable" and "feeling confident" both of which contained various subcategories. The result showed that a main concern for the children was the experience of pain in conjunction with the examination situation.

Children's voices:

It hurt right there... (3 year old boy).

I have so much pain... (7 year old girl).

It did hurt a lot and it still does... (11 year old girl).

I felt worried and then it was rough with my finger (13 year old boy).

Using video observations as a tool while interviewing children in combination with asking open-ended question on the children's own level of understanding, can be a way of involving children as active participants in various research processes in order to obtain the children's perspective.

Health care professionals need to support children to minimize pain, distress and anxiety. To reach this goal it is important to assess children's experience in conjunction with health care, and assessing pain, anxiety and distress is the best way to putting children's perspective in focus and listen to their needs. Otherwise, health care professionals interpret a health care situation from their own pre-understanding and children's needs will be misunderstood, which leads to a lack of best possible care. Assessments of children's feelings can be conducted by observations or self-reports, and it is probably a great advantage to use both of these methods to provide a fair interpretation of children's conditions.

Despite the methodological challenges of administering self-reports, it is still considered to be the golden standard. Parents' and health staffs' perceptions of children's emotions should only be considered an estimate of the emotions experienced by children. To reach a children's perspective, children themselves have to assess their experiences and emotions. Most children develop the ability to understand self-reports between the ages of three and seven years. Age as a marker of the usefulness of a self-report instrument is a statistically significant predictor (von Baeyer et al., 2011).

The Coloured Analogue Scale has been validated to score children's pain intensity from zero to ten in children aged five and above. The scale is designed to provide gradations in colour and width along its length, reflecting different values of pain intensity (McGrath et al., 1996).

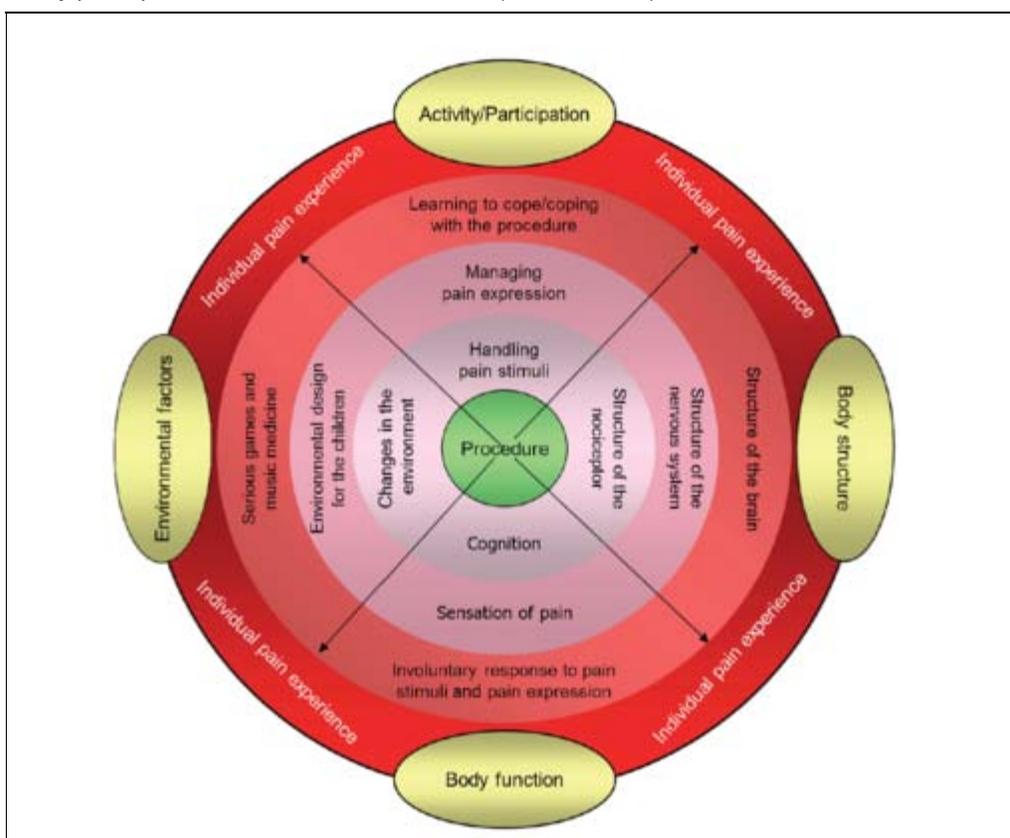
The Facial Affective Scale (FAS) rates the level of distress by marking one of nine faces presented in an ordered sequence from least (0.04) to most distressed (0.97) (McGrath et al., 1996). The FAS scores correlate more closely with children's unpleasantness than with pain intensity (Nilsson et al., 2008; Björkman

et al., 2011).

The State-Trait Anxiety Inventory for Children (STAIC) is a frequently used self-report instrument for evaluating children's anxiety, but children with limited linguistic competency and/or reading ability need help from their parents to fill in the STAIC (Apell et al., 2011). A short form of the STAI was also validated in children but seven out of 16 children (43 %) needed help from their parents to fill in the instrument (Apell et al., 2011).

In clinical practice an observation tool should be easy to use and also become valid and reliable in the context of use. An instrument that probably fulfils these requirements 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 (Merkel, Voepel-Lewis, Shayevitz, & Malviya, 1997). A high score indicates a high level of pain intensity, and the instrument has validity and reliability to measure pain intensity in children aged 0-18 (Nilsson et al., 2008; Björkman et al., 2011).

The scores of observations and self-reports in research have given children's perspective on the use of coping strategies. For example, distraction is mostly beneficial when children undergoing procedural pain. This was shown when the evaluation was based on scores of pain (CAS, FLACC), distress (FAS) and anxiety (short STAI) (Nilsson, 2010). These scores reflect children's psychological and physiological response on procedural pain. Children's individual pain experience depends on their function, and a nursing model (based on ICF-CY) explains this ability to be functional in the context as body structure, body function, activity/participation and environmental factors (Nilsson, 2010).



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Berit Björkman is a radiographer and Ph.D. student currently working on a thesis investigating children's experiences of going through an examination after being exposed to an injury. The starting point is in the children's own experiences focusing on pain, distress and the interaction within the examinationsituation.

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Newsletter from the research profile CHILD, based at Jönköping University

Students at Different Ages and with Different Experiences Collaborate in Data Collecting

by Ann-Katrin Swärd

This short paper aims to describe and discuss how children were involved in data collection in a qualitative study focusing on learning to read and write. A special focus concerns ethical considerations and adapting to earlier negative experiences of the participants. Ensuring literacy through didactic arranging (Swärd, 2008) is a Grounded Theory study in which four teachers and their students in different contexts participated. These contexts were:

- 1) grade 1-6, compulsory school, students in classroom education
- 2) grade 4-6, compulsory school, students in need of extra support, in small groups or individual.
- 3) grade 7-9, compulsory school, one student in need of individual extra support.
- 4) grade 1-3, individual program at high school, all in need of extra support.

The teachers (women 45-60 years old) in the sample were skilled and experienced teachers in general and special education. The students in context one and two were between 7 and 12 years old, in context three, 13-16 year old and in context four, 16-19. Some of the students in context four had been forced to repeat one grade two times and were 20 years old. In context one girls and boys were almost equal in numbers but in contexts two, three and four the boys were a majority. The aim was to investigate the teacher's way of teaching reading and writing and how they apply a special method, the Witting method, in their teaching. Different methods for data collection were used: observations, field-notes, interviews, "small- chat", questionnaires and video recording.

Among the youngest students, grade 1-6 most of the data collection was easy to do except my first trial with the questionnaires. The children said that there were too many questions and that some of them were difficult to understand. After discussion with the students and their teacher the questions were changed. The new questions, only four, connected to the four goals in the curriculum; speaking, listening, reading and writing. The students were asked to reflect over what they had learned within these areas, what they know now that they didn't know before. The aim was to catch the metacognitive reflections of the students and also to give every student the opportunity to answer in the way that fit him/her. By doing this I followed what Good (2001) have pointed out to be a sustainable ethical way of working when students might have learning difficulties. In this way collaboration, consultation, respect and empowerment were accounted for.

In contexts two, three and four students were in need of special education. They were on their way of failing or had already failed with their reading and writing development. Only a few questionnaires were used in these contexts and not much video recording. Interviews, field-notes and observations were the choice. This choice was made because the students were vulnerable due to earlier experiences. Some of them had failed, or as some of the older students said: we got "kind credits". The most problematic with the data collection was to ask question about the reading and writing development of the participants. Therefore I asked them to bring some material to talk about, which showed to be easier for them. The oldest ones, who had left compulsory school, were aware of their problem and also what has happened in the compulsory school. The last year of data collection they could also clearly explain why they managed or still had problems with their reading and writing. Students in grade 4-6 and 7-9 had more difficulties to respond to such questions. Perhaps because they had started to realize that their own reading and writing development was different to their classmates. The youngest ones seemed to be free to express themselves in many different ways, and had no problem with video recording. It was rather the opposite among the younger since most of the children loved to be video recorded and also talking to me. Therefore, in context one you need to keep distance and not become their teacher.

To interview children could be difficult and the researcher must be very careful and not force the child to respond or prompt certain responses. It is also important to listen to children's opinion of the questions we

ask them. Can they understand, is the language in the questions possible for the children to understand? What about the child's vocabulary, do we know anything about this? Can the questions be changed so they fit better with the children's opinion without losing the focus? Also to be patience, wait for an answer especially among students that have failed and lost some self-confidence or self-esteem. According to Brodin and Renblad (2000) an ethical way of working implies that the researcher has to be sensitive, because questions can bring up memories from earlier school time and failures. If the student has difficulties with reading and writing it is also problematic to give them questionnaires because of that. To ask them to bring their own material to facilitate discussions was a good choice because the student then felt more comfortable. At first my feeling was that I would lose something if I didn't video record or gave them questionnaires. However, to observe, to discuss based on their own material gave me other perspectives.

The different ages of the students and the different perception about reading difficulties developing with age also makes it necessary to be sensitive. When you already have failed and are placed at an individual program you are more aware about the difficulties you have. When you ask children in the age between 12-16 they are more aware of their reading and writing difficulties. It put new demands on the researcher, perhaps you will not have much answers to your questions the first time and need to come back with curiosity and a humble way of meeting the student for several times.



Ann-Katrin Swärd, PhD in Special Education. Ann-Katrin Swärd is working in different courses within the field of special education in the teacher training program and master program, mostly within the field of literacy. She is also involved in a research project about Swedish as a second language and learning studies, a platform about research in literacy and also in a project with the regional libraries.

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