
Using a range of methods to access children's voices

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Abstract

The purpose of this paper is to describe, and reflect upon, a number of methods deployed to facilitate sick children to have a voice within an acute health care setting. Using an ethnographic approach to investigate the nature of communication between children and health professionals, multiple modes of data collection were employed to engage children's interest, motivation and facilitate child empowerment in the process. The simultaneous use of semi-participant observations, informal interviews and participatory activities ensured that the diverse abilities, interests and preferences of children were acknowledged. Multiple data sources permitted the portrayal of a comprehensive picture which we believe enhanced the trustworthiness of the data. However, as with all data collection methods, researchers need to be critically aware of strengths and weaknesses and these will be reflected upon. Ultimately, it was crucial to use participatory activities in context and have continuous dialogue with the participating children. The goal was to achieve a balance between creative instruments and commonplace conversation. We believe the unstructured and flexible approach, and variety of data collection methods, utilised in our study enhanced its accuracy, truthfulness and reduced the subjectivity of children's responses. In sharing our experiences, we endeavour to assist other researchers in conducting research with children.

Keywords

activities, children, data collection methods, interviews, observations, participatory stakeholder, research

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Introduction

It is currently believed that understanding children and childhood requires listening attentively to children's agendas and participating with them in the research process. The last twenty years has seen a paradigm shift in childhood research with children's positions evolving from unknowing objects to aware subjects and active participants (Alderson, 2004). While it is acknowledged that undertaking research with children presents unique ethical and methodological challenges, the trend has been to focus on ethics to the detriment of methods. To take account of children's vulnerability, immaturity and developmental stages it is vital to employ methods that maximise children's ability to express their views. To empower children and obtain child led data, it is recommended to combine *traditional adult methods* with *innovative child friendly methods* (Balen et al., 2000/2001; Punch 2002a). The idea is to deploy data collection methods that children perceive as fun and interesting so they are motivated to participate in research.

The purpose of this paper is to present, and reflect upon, a number of methods deployed to facilitate sick children (aged 6–16 years) to have a voice within the acute health care research setting. The design and outcomes of our ethnographic study have been published elsewhere (Lambert et al., 2008, 2011); however, to set the context for this paper a brief synopsis is provided. This study explored the nature of communication between children and health professionals in a specialist children's hospital in Ireland, from the child's perspective (Lambert, 2009). The findings of the study were reported by 4 months of fieldwork in a 35-bed children's ward. In total, 49 children in the age range 6–16 years, and with various medical and surgical conditions, participated. In keeping with an ethnographic approach and acknowledging the comprehension of children, multiple modes of data collection were employed to generate meaningful data. Although shared authorship, this paper is written from the first author's perspective, as the field researcher who used semi-participant observations; informal interviews and participatory activities (i.e. stick-a-star quiz, drawing and write) to engage with the children. The aim was to integrate some participatory activities with informal interviews and observations to engage the children's interest, motivation and facilitate their empowerment as research participants. In doing this, we believed that the diverse abilities and preferences of children would be recognised and trustworthiness enhanced. The strengths and challenges using the methods are reflected upon for the reader and should serve as a useful guide for future researchers. For clarity, we describe the multi-methods employed individually in a linear fashion as if they were distinct and took place sequentially. However, in reality, they overlapped and interlinked to form a matrix of data collection methods. The sequence in which the methods were employed was not prescriptive and often occurred simultaneously.

Semi-participant observations

Observations allow access to events as they occur naturally. They are a valuable method for discovering behaviours, routines and interactions within specific contexts of everyday life (Darling and Scott, 2002). Within ethnography, observations are a fundamental mode of data collection with the researcher being the prime instrument of data collection (Baillie, 1995; Hammersley and Atkinson, 2007). Spradley (1980: 39) stated that 'wherever the ethnographer may go and whatever the size of the social unit (e.g. a street corner, a village, a town, a city), all participant observation takes place in *social situations*'. In turn, each social situation comprises three key elements: actors (particular kinds of

people), activities and place (any place as long as it has people present and they are engaged in activities). In this study, I (VL) located myself in one 35-bed children's ward to observe and participate with child patients in different activities, interact with them, and question them about interactions and activities with health professionals.

Deciding on a participant observation role

At the outset of the study, it was vital for me to decide on the type of observational role I would assume. For example, Gold's (1958) frequently cited typology outlines four different observer roles (Table 1). Others view observation and participation along a continuum contending that the observer is always in some way a participant (i.e. their presence will always have some influence on the setting) and that his/her role will range from complete observer to complete participant and may change throughout the course of the fieldwork (Darling and Scott, 2002; Hammersley and Atkinson, 2007). In this study, I also needed to consider my epistemological assumptions about children as social members because this would ultimately influence the observational role I adopted (Mandell, 1988; Robinson and Kellert, 2004; Scott et al., 2000). In relation to adults undertaking research with children, the type of role adopted by the adult plays an important element in the dynamics of the power relationship (Kellert and Ding, 2004). Mandell (1988) outlined three membership positions often adopted by researchers when studying preschool children (Table 2).

Table 1. Gold's (1958) participant observation roles.

Role	Explanation
Complete participant	Researcher is a member of the group being studied but conceals his/her observer role.
Complete observer	Researcher has no contact with the people he/she is observing; he/she observes through a one-way mirror.
Participant as observer	Researcher is known as an observer to participants; he/she establishes a relationship and participates in activities with participants asking them to explain what is going on.
Observer as participant	Researcher takes no part in activities but participants know of his/her research role.

Table 2. Mandell's (1988) membership roles.

Role	How do you view children and what does this role encompass?
Complete involvement	If you consider <i>children to be the same as adults</i> then assume this role. Here adult superiority (apart from physical size) is cast aside and the adult enters the child's world as a participating member.
Detached observer	If you view <i>children as completely different to adults</i> then you would assume this role and research children from an impersonal objectivist stance.
Semi-participatory role	If you believe <i>children are similar to adults but with different competencies</i> assume this role. Here a friendly non-authoritative marginal role of 'non-interfering companion' is assumed.

In this study, I found Mandell's *detached observer* and *complete involvement* positions hard to conceptualise because, as an adult, I did not see myself as completely superior to children, but I did not see myself as equal to them either. Some adults would argue that having once being a child themselves would enable them to know the child's perspective. I did not uphold this view. This was important because as Robinson and Kellert (2004) contended if adults believe they hold superior knowledge to children the unequal adult-child power divide is sustained. This would provide an obstacle for engaging in participatory techniques and research with children. Indeed, others also disagree with the complete involvement role and contend that it is never possible for adults (size, age, authority) to remain unnoticed in the presence of children (Christensen, 2004; Fine and Sandstorm, 1988). Emond (2005) contended that it may be problematic to undertake ethnographic research with children from either extreme; that of a complete observer or complete participant. A complete participant role with children would be open to suspicion and a wholly observation role could be upsetting to the children. Thus, I adopted a semi-participatory observer role (Emond, 2005; James, 2001). The goal of this semi-participant role was not to adopt an equal peer status with children but rather to recognise and minimise differences (such as age, cognitive development and physical maturity) (Mandell, 1988). This semi-participant role acknowledges that there are limitations to the extent to which the researcher can participate in children's activities. In support, Punch (2002a: 338) highlighted the need for flexibility in the role adopted:

It is too simplistic to consider research with children as one of two extremes: either the same or different from adults. Instead it should be seen as on a continuum where the way that research with children is perceived moves back and forth along the continuum according to a variety of factors: individual children, the questions asked, the research context, whether they are younger or older children and the researcher's own attitudes and behaviour. Researchers need to be flexible throughout the research process.

Semi-participant role in practice

I was not part of the ward team and did not perform any 'hands on nursing duties'. I felt that if I worked alongside staff, children might see me as a staff member, or in allegiance with staff, and be less likely to fully disclose to me. Thus, to avoid identification by children as a nurse I dressed in ordinary-street clothes. Staff did not approach me to ask for assistance but sometimes I felt uncomfortable when they appeared to be busy rushing around and I was sitting, chatting and playing with the children. The times when I did intervene were on occasions when I felt compelled to help, for example, when a child was vomiting; when a student nurse looked nervous and in need of some assistance or when a parent needed assistance with their sick child. Essentially, it was about balancing the fact that by intervening I might in some way disrupt the natural setting, but on the other hand, as a Registered Children's nurse, it would have been unethical not to intervene should a child, parent or nurse require assistance. Intervening could in some way be interpreted as a form of reciprocity (i.e. helping the staff and parents out for allowing me to spend time in the ward environment with their child patients/children).

Despite wondering what it was I was observing and doing with the children, throughout my time on the children's ward, staff members were friendly and chatted to me occasionally mostly inquiring how the research was progressing and asking me *was I getting what*

I wanted. It was not surprising that my work provoked curiosity. I was conscious of not 'wanting to get in the teams way' when they attended to children. I found it interesting that some nurses felt the same towards me when I was with children they were attending to. For example, a comment passed to me by a nurse, who arrived to attend to a child's vital signs, was *I don't want to get in your way*. One main concern often raised in relation to observational research is the effect of the observer on the observed. Through his or her very presence, the observer can disturb the natural environment and trigger a change in typical human behaviour. It is possible that at times children and health professionals could have altered their behaviour in my presence. However, in agreement with Carnevale et al. (2008), I believe that my ad hoc coming and going, the busy noisy real life environment and the prolonged time spent on the children's ward in some way combated any sustainability in behaviour changes.

Reflection on description of role adopted

On reflection, I described my researcher role on the children's ward as not merely a passive observer but a *moderate-active, reactive and interactive participant*. I use the term *moderate-active* because I am mindful of Spradley's (1980) types of participation (complete, active, moderate, passive and non-participation), all of which indicate different degrees of researcher involvement, both with people and in activities observed. While I saw myself as an *active participant*, Spradley (1980: 60) defines an active participant as seeking 'to do what other people are doing'. I did not believe that it was possible for me to 'fully do' what child participants were doing (i.e. being a child patient). This never would be possible in my adult state. Thus, I use the term *moderate-active*. Spradley (1980: 60) describes *moderate participation* as maintaining a 'balance between being an insider and an outsider, between participation and observation'. I felt this illustrated where I attempted to be, however, neglected to portray my 'active' participation and 'active' observation role, thus, I decided to combine the term active with moderate. I go a step further here also to include the terms 'reactive' and 'interactive' because not only did I interact with the child participants; I interacted with and was reactive to the setting and child participants.

Informal interviews

Interviews are an extremely important method of data collection within ethnography to capture the *emic* or *native* perspective (Malinowski, 1922). Interviewing children allows them the opportunity to express their subjective views and experiences (Kortessluoma et al., 2003). Interviews can range from spontaneous informal unstructured conversations to structured formally arranged (Rich, 1968). I did not consider the conventional formal interview style commonly used with adults appropriate for conversing with children because it is well established that the interview context can have a profound impact on the child's ability to communicate (Hill et al., 1996; Ireland and Holloway, 1996; Kortessluoma et al., 2003; Steward et al. 1993). Many authors discourage adherence to a standard question answer format when engaging with children for research purposes (e.g. Darlington and Scott, 2002; Docherty and Sandelowski, 1999; McCrum and Bernal, 1994). This is because children may perceive questions posed by an adult as a test and answer what they perceive to be *correct* rather than their own personal thoughts (Hill et al., 1996; Mahon et al., 1996; McCrum and Bernal, 1994). Instead, Docherty and Sandelowski (1999) recommend to

start with asking *what happens when* type questions and then proceed to more direct questions. This will help with the transformation of a general story into a more personal perspective. Structure questions around the child's daily concrete experiences (Darlington and Scott, 2002; Hill et al., 1996) and formulate questions according to each child's cognitive and linguistic stage of development (e.g. match sentence length and complexity to the child's) (Hill et al., 1996; Ireland and Holloway, 1996; Kortessluoma et al., 2003; Mahon et al., 1996; Steward et al., 1993).

Conversational style interviews in practice

In this study I opted for an informal conversational style interview. Indeed, during some pilot work it became evident to me that avoiding a rigid question/answer framework was more suited to permitting free and natural discussion of children's unique perspectives. In addition, the children's ward setting did not lend itself to conducting formally structured interviews. Consequently, my informal conversational styled interviews took place whenever and wherever (bedside, corridor, play area) the context facilitated. This enabled me to capture a holistic picture of what was going on around the children on the ward and it facilitated children's recall and allowed discussion of *here and now* experiences. Conversations generally explored the topic of communication but did not adhere to a rigid question answer format. They began with a general open question asking the children to tell about why they had come into hospital (or if it was a follow-up encounter with children then I opened the conversation by asking them about what had happened during their hospital stay since I had last met them). The remainder of the conversation was mainly directed by what the children talked about. Some structured questions were interspersed to explore specific issues in relation to communication (e.g. tell me about when the doctor/nurse came to see you, what kind of things does the doctor/nurse talk to you about/tell you). Some children responded better to more direct questions. Hill et al. (1996) recommended achieving a balance between structure and flexibility. This is pertinent to allow children a degree of control to set their own agenda but also to enable the researcher to cover topics relevant to the research. Some children, generally older (e.g. >11/12 years) spoke confidently, articulately and more freely than other, mainly younger aged (e.g. 6–8/9 years), children who were shy, less articulate and tended to respond with shorter and less in-depth answers. This is similar to Mahon and colleagues (1996) who found interviews with younger age groups less successful in terms of depth of responses and suggested that gathering data from younger children may require a different approach than older children. Younger children were encouraged to tell me more about what happened while in hospital and innovative methods such as drawings and activity sheets were used (see below).

Nurses and doctors attending to children's care often interrupted my conversations with children. While this affected the flow of the conversation, these interruptions provided invaluable contextual information and topics for discussion with the children. As semi-participant observer, I was able to clarify with children what I had observed happening between them and health professionals. Conversations were on a one-to-one basis with children; however, on occasions two or more children took part and interacted together to provide fruitful data. Conversations lasted anything from a few minutes up to 1 hour and I engaged with some children on more than one occasion. Sometimes, parents were present. Two different viewpoints could be taken on parental presence during data collection.

One side of the coin is the risk that parents will take over and constrain children's participation and the opposite side is that parents may assist with trust building and communication between the researcher and child.

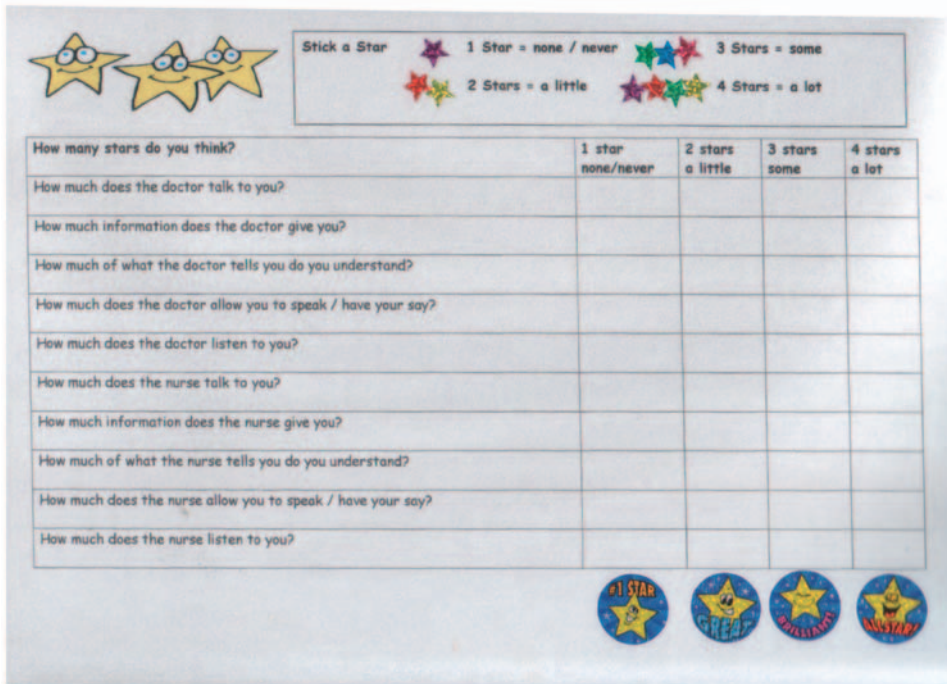
Some children in our study appeared reluctant to talk, answered monosyllabically or with I don't know answers. McCrum and Bernal (1994) suggest in such cases children may not understand what is expected of them or they may not want to take part. Alternatively, children might be exercising their power by not responding and deciding what they do or do not want to talk about (Greene and Hill, 2005; Robinson and Kellert, 2004). On reflection of the cases that this occurred with it was more prevalent with children whom I had less time to build rapport with. It is clearly documented that children's participation efficacy is enhanced by preparation and familiarity (Hill et al., 1996; Kortessluoma et al., 2003; McCrum and Bernal, 1994; Steward et al., 1993). Children are naturally cautious with strangers and may take a while to develop trust (McCrum and Bernal, 1994). A variety of rapport building methods and ice-breakers have been used by researchers such as introductions, name labels, about myself, and drawings (Balén et al., 2000/2001; Hill et al., 1996; Kortessluoma et al., 2003). My role as semi-participant observer greatly enhanced building rapport with children because it enabled me to spend time playing and interacting with children, prior to and alongside data collection. It was an inherent part of fieldwork and not a separate or a one-off endeavour. This allowed time for me to get to know the children and allowed time for them to get to know me. In an attempt to enhance less prolific conversations (and focus more specifically on the elusive concept of communication), I incorporated some innovative participatory methods such as the *draw and write technique* and a *stick-a-star quiz* (referred to below); as often children become bored with mere verbal interaction.

Participatory activities

Informal interviews allow free and natural discussion of children's unique perspectives. A rigid question answer framework is avoided. However, if used in isolation, children may become bored with verbal interaction, reluctant to talk and give limited in-depth responses. Incorporating a range of specific activities into an interview appears to be a workable alternative to a rigid question and answer format, making the interview more stimulating, varied, fun and interesting (Coad, 2007; Mauthner, 1997; Punch, 2002a, 2002b). Such innovative methods not only assist with rapport building but also help to enhance children's attention span and cooperation, increase children's control and choice, act as a springboard for discussion, recognise each individual child's abilities and preferences, aid communication and expression of views through an alternative medium, divert focus away from the adult researcher and assist in reducing the unequal adult researcher-child participant relationship (Aldiss et al., 2009; Balén et al., 2000/2001; Coad, 2007; Hill et al., 1996; Mahon et al., 1996; Punch, 2002a, 2002b; Steward et al., 1993). The specific participatory activities employed within this study were the well-established *draw and write technique* and a *stick-a-star quiz* devised specifically for the study.

Stick-a-star quiz

In the *stick-a-star quiz* (Figure 1), children were presented with a series of open-ended questions about communicating with health professionals. For example, how much



Stick a Star

1 Star = none / never 3 Stars = some

2 Stars = a little 4 Stars = a lot

How many stars do you think?	1 star none/never	2 stars a little	3 stars some	4 stars a lot
How much does the doctor talk to you?				
How much information does the doctor give you?				
How much of what the doctor tells you do you understand?				
How much does the doctor allow you to speak / have your say?				
How much does the doctor listen to you?				
How much does the nurse talk to you?				
How much information does the nurse give you?				
How much of what the nurse tells you do you understand?				
How much does the nurse allow you to speak / have your say?				
How much does the nurse listen to you?				

1 STAR 2 STARS 3 STARS 4 STARS

Figure 1. Stick-a-star quiz.

information does the nurse give you? To answer, children allocated one (none/never), two (a little), three (some) or four stars (a lot) to health professionals. Once children had allocated their stars I explored further with children why they allocated the number of stars they did and how health professionals could obtain more stars. For example, if a child stated that he/she was given *some* information by the nurse (i.e. the child allocated three stars to the nurse) the child would then be asked what specific information the nurse had given him/her to be awarded three stars and what other information the nurse could relay to ensure he/she received more stars. The idea for this activity stemmed from a pots and beans activity described and used by O’Kane (2000). The *stick-a-star quiz* provided children with a legitimate activity to engage in, in addition to, providing structural guidance to help focus the informal conversations more specifically on aspects of communication.

Draw and write technique

The draw and write technique involves, as its name suggests, the child drawing a picture in response to a theme, topic or research question, and writing down any associated ideas (Bradding and Horstman, 1999; Pridmore and Bendelow, 1995). Alternatively the researcher can write for the child (Bradding and Horstman, 1999). A variety of disciplines, such as, developmental psychology, anthropology, health education, mental health and geography, have employed drawing, as a stand-alone method, part of a wider interview schedule, a discussion starter, an icebreaker, a method to empower children to

express their views and/or incentive at the end of interviews (Backett-Milburn et al., 1999; Hill et al., 1996; Kortessluoma et al., 2003; Pridmore and Bendelow, 1995; Stefanaton and Bowler, 1997). In this study, I employed the draw-and-write technique as an adjunct to other data collection methods to stimulate discussion. If children wished to draw, they were given some A4 sheets of white paper, pencils and colours. I reiterated to children that this was not an art test, their drawings did not have to be good and they could draw whatever they wanted (Coad, 2007). Some suggestions such as inviting children to draw scenes and write stories about when nurses and doctors came to talk to them were offered. Once children finished drawing, I invited them to write something (for e.g. what the child and other people in the picture were doing, thinking and feeling) or to tell a story about their drawing. This provided me with a point of conversation to open further discussions with children.

Age-appropriateness of participatory activities

Taking cognisance of children's maturity, individual interests and preferences, participatory activities such as the *draw and write technique* and the *stick-a-star quiz* described above, may not be suitable for all children. I found the *draw and write technique* particularly valuable for younger aged children (i.e. 6–8 years), although some younger children did not want to draw and some slightly older children did want to draw. The *stick-a-star quiz* worked well for children in the middle age range of 8–12 years. Children over 12 years tended to be happy to just sit and chat; this was sometimes alongside playing the game-boy or play-station. Children chose themselves if they would like to draw, write, complete the *stick-a-star quiz* or just chat alongside playing. I found these participatory activities valuable for giving younger children something concrete and active to focus on, rather than just sitting passively talking. These activities proved to be a good stimulus for interactive dialogue when used in conjunction with the informal interviews and semi-participant observations.

Addressing researcher–child participant power imbalance

One specific reason why I chose to employ these participatory techniques (draw and write and stick-a-star) was to help minimise the *adult researcher–child participant power imbalance*. It is widely argued that the use of task-based activities distract children's attention away from the researcher, places the interaction between the child and activity and allows for children's greater participation and control (Aldiss et al., 2009; Coad, 2007; Mahon et al., 1996; Mauthner, 1997; Punch, 2002a). Now I re-consider this contention and raise the question; can this power divide be minimised, and if so, to what extent? Indeed, one key issue missing from this debate is the power of children themselves. Despite this, I believe the employment of a variety of innovative participatory child-friendly activities contributed some way to enhancing trustworthiness, ethical and methodological issues.

Assessing quality in qualitative research

A multi-factorial debate exists about whether, and what, criteria to use to assess the *validity, reliability, rigour, robustness, goodness, quality, trustworthiness* of qualitative research (Emden and Sandelowski, 1998; Rolfe, 2006). Some reject the application of quality criteria altogether (Smith, 1990). Others apply quantitative criteria for assessing qualitative goodness (LeCompte and Goetz, 1982). Others advocate for the reformulation,

or development of alternative criteria for assessing qualitative rigour (Appleton, 1995; Cutcliffe and McKenna, 1999; Leininger, 1994; Lincoln and Guba, 1985; Porter, 2007). The most frequently cited reformulated criteria for assessing quality in naturalistic research are those offered by Lincoln and Guba (1985), which are, credibility, applicability, consistency and neutrality. Often the dominant tendency is to search for overarching criteria to judge the quality of all types of qualitative inquiry regardless of epistemological assumptions inherent within them. This neglects the uniqueness and divergence of different perspectives and often results in the inaccurate application of criteria to judge particular studies (Leininger, 1994). What is important then is that each individual must become clear about the different types of criteria that can be used to judge the quality of their research (Koch, 1994) and how these criteria fit with their underpinning philosophical assumptions (Emden and Sandelowski, 1998). For instance, there is no methodological orthodoxy in qualitative research, including ethnography (Muecke, 1994), yet quality criteria are essentially 'procedural' (Schwandt, 1996). This leads to a dilemma because:

If rigour is understood only in terms of a structured, measurable, systemized, ordered, uniform and neutral approach, then other research methods, that allow flexibility, contradictions, incompleteness, or values will always appear 'sloppy', epitomizing everything that is 'nonrigour' and therefore lacking credibility (Davies and Dodd, 2002: 280).

Although, there is now an acceptance of the researchers subjective presence and active involvement in data construction and interpretation (Finlay, 2003), there is still the inclination to objectify the approach employed (Schwandt, 1996). Perhaps this relates to an obsession with *justification* as highlighted by Sandelowski (2008).

Trustworthiness of children's data

The philosophical assumptions underpinning this study recognise that we can never know the extent to which an account is true with certainty because it accepts that there are multiple constructions of social reality. There is no single meaning, interpretation or universal application (Graneheim and Lundman, 2004). Therefore, there can be no correct or incorrect procedure because it is simply a case of one interpretation of reality *versus* another. The aim is to provide a re-presentation, not reproduction, of reality (Hammersley, 1992) and the multiple perspectives that exist (Appleton and King, 2002). In terms of data collection in this study, three processes, *prolonged engagement*, *persistent observations* and *multiple data sources*, assisted me in re-presenting the reality of communication on the children's ward from multiple child perspectives (alongside my perspective and interpretations). I visited the children's ward intensively over a period of 4 months and engaged in persistent observation during this time. This ensured that I spent sufficient time (representative of various days of the week and hours of the day) within the children's ward to appreciate and understand the context within which communication took place between children and health professionals. This also guaranteed that I had adequate time to take account of any reactivity distortions and to enable me to build rapport and trust with child participants. Diligence in recording field notes as soon as possible after ward visits helped me with recall and reporting observations as faithfully as possible. Selecting a diverse sample of child participants who had a range of different experiences enabled the representation of different child perspectives (Mackenzie, 1994). The purpose of

employing multiple data sources, namely observations, interviews and participatory techniques, was not an attempt to illustrate consensus or convergence of perspectives, which carries positivist connotations (Cutliffe and McKenna, 1999). Instead, it was to gain a richer and more comprehensive picture, adding to the credibility of findings (Madill et al., 2000). The multiple data sources assisted with consideration of socially desirable responses (Mackenzie, 1994). While I did not have doubt about the truthfulness of children's responses, very often concerns about the accuracy, suggestibility, consistency and truthfulness of children's responses are raised (Docherty and Sandelowski, 1999). Punch (1998) highlighted that there is the assumption that children lie and have difficulty distinguishing between reality and fantasy. However, children's imagination does not distract from *accuracy* but confirms it (Ireland and Holloway, 1996). McCrum and Bernal (1994) acknowledged that sometimes children might contradict what they said earlier, tell lies and make up stories, but so do adults. Thus, while children may not possess the same competence to communicate as adults, this does not mean that data received from children is in anyway invalid (Rich, 1968). I believe the unstructured, flexible approach and variety of data collection methods utilised in this study enhanced the accuracy, truthfulness and reduced the suggestibility of children's responses. For as Waterman et al. (2000, 2001, 2004) reported the question format and interviewer knowledge (social context) affects the accuracy of children's responses. Rich (1968) believed adult controlled and structured interviews and questions barely scrape the surface of what children are able to

Table 3. Strengths and weaknesses of methods employed.

Method	Strengths	Weaknesses
Informal interviews	Free and natural discussion Child's unique perspective Avoids rigid question answer Spontaneously in natural setting	Bored with verbal conversation Reluctant to chat Limited in-depth responses Confidentiality issues
Observations	Examine actual behaviour in its particular context Assist rapport building	Risk losing the voice of the child Observer effect
Stick-a-star quiz	Motivation and attention Communication Choice and control Recognise individual interests Provide structural guidance to help focus on the research topic Unequal relationships Removes focus on researcher Focus verbal interaction	Limited in-depth data Need to explore issues raised Context difficulties – interruptions and time Confidentiality Ownership issues Interpretation concerns
Draw and write technique	Enhances participation Expression of child's views Not dependent on language Enjoyable, fun, relaxing Reduces anxiety Assists rapport building	Requires knowledge and skill Draw what is easy to depict Abstract concepts taxing Confidentiality and ownership Emotionally draining Interpretation concerns

Box 1. Key points to consider when deciding on data collection methods to use in research with children.

Flexibility

- Be adaptable and flexible in the types of methods selected, developed, implemented, and how these are used with children
- Offer choice as distinct methods suit different children (e.g. age, developmental abilities, interests, and preferences)
- Ensure methods are fit for purpose (i.e. data gathered will contribute to answering the research question posed) and consider how rigorous data analysis will be applied
- Maintain a decision-making trail and reflexive diary to contemplate strengths and weaknesses of methods selected/developed
- Demonstrate creativity in representing the variety of methods employed in final research reports, publications and stakeholder feedback

Context

- Consider the positivity of context and work with it and not against it (i.e. tailor methods to the environmental context of where the study will take place)
- When choosing methods consider how they collectively facilitate the creation of a holistic picture of the real and concrete environment
- Use visual participatory methods in tandem with children's verbal voice
- Consider competing demands within children's daily lives such as environmental distractions, physical activities and their social world
- Be innovative in selecting methods that are in tune with the child's and/or young person's world (e.g. digital media)

Rapport

- Allow adequate time to actively engage with children through play, games and activities and show an interest in them and their lives other than merely collecting data for a study
- Consider ways to build rapport with children at the outset of and during the study, and ways to terminate established relationships at the end of the study
- Think about the skills and knowledge required by children to engage with selected methods and how emotionally taxing such engagement might be for children
- Reflect on how ownership of methods will be addressed, especially in cases where child participants construct products (e.g. art work, photographs, digital stories)
- Deliberate any ethical issues inherent in the use of the methods selected (e.g. privacy)

Inclusivity

- Advocate for an active child participant role rather than a passive bystander role throughout the entire study (i.e. from conception of an idea to study design, implementation, analysis, report writing, feedback and dissemination)
- Include children as first-hand designers in the development of any novel 'child friendly' data collection methods
- Use appropriate mediums to feedback in a timely manner study outcomes to child participants, advisors and co-researchers
- Use evaluation tool-kits to gather children's perspective of their involvement in the research study, as either participant, advisor or co-researcher, in addition to evaluating the use of novel participatory research methods
- Provide justification for, and be able to defend the methods implemented in the study (i.e. what, why, when, where, how), including underlying philosophical assumptions and quality assessment procedures

tell us. If children simply answer adult construed questions without expanding responses to explain what adults did not think to ask, then truth may never be known.

Final thoughts

It was crucial to use participatory activities in context and continuous dialogue with children. The goal was to achieve a balance between creative instruments and commonplace conversation. As with all methods, researchers need to be critically aware of individual methods strengths and weaknesses (Table 3). While the employment of drawings and other participatory activities are not without their challenges, two key issues help to overcome difficulties. Firstly, integrating the use of participatory activities alongside interviews and secondly, spending time with children once they have completed their drawings to enable them to interpret their own drawings through their verbal and written accounts (Coad, 2007; Smith and Callery, 2005), both of which I did. Children's involvement in research has evolved from being objects of study to sharing their own insights as active participants and even undertaking research themselves as co-researchers (Alderson, 2004). There are various ways, stages and levels at which children can be involved (Fajerman and Treseder, 2000; Hart, 1992; Kirby, 1999). Punch (2002a) affirmed that it may not be possible for children to participate fully in all stages of research in every situation with the level of participation dependent on a number of factors (e.g. research context, research questions, researcher attitude/behavior, children and age). In this study, children were involved at an early stage in a multidisciplinary advisory group and in the production and piloting of information sheets and assent forms (see Lambert and Glacken, 2011) and the participatory tools (i.e. stick-a-star quiz) outlined in this paper. In Box 1, I offer some key points, around the core issues of *flexibility*, *context*, *rapport* and *inclusivity*, for others to consider when deciding on methods of data collection to use in research with children.

Key points for policy, practice and/or research

- Participatory methods need to be used in context and continuous dialogue with children to achieve a balance between commonplace conversation and creative instruments.
- Researchers need to be critically aware of, reflect upon and report on the strengths and limitations of employing novel data collection methods.
- The appropriateness of applying diverse quality assessment procedures to judge the trustworthiness of qualitative research needs to be considered to ensure selected criteria fit with the underlying philosophical assumptions of the research.

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