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Harnessing the ‘Unique Voice’ of the Child for Programme Evaluation and Development in Education Research in the United Kingdom: Methodological and Ethical Challenges

Schools exist in almost all communities and are uniquely placed to support health outcomes due to their wide reach and the extended time children spend there. They can provide an “enabling environment” where individuals experience a sense of belonging and collectively contribute to the growth and wellbeing of others (Royal College of Psychiatrists, 2013, p.3). The notion of the “nurturing school” (Lucas, 1999, p.14) suggests that within the school setting children learn social and emotional skills which are protective factors for good mental health. Extensive evidence (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011) associates higher socio-emotional wellbeing with improved educational outcomes including school readiness, academic achievement and increased life chances.

The ideal of the nurturing school has influenced United Kingdom (UK) government policy (Department of Health (DH) & Department for Education (DfE), 2017) aimed at tackling the growing burden of children’s psychological distress. A national survey (NHS Digital, 2018) identified 11.2% of five to fifteen-year-olds with a diagnosable mental health disorder; the most common being emotional difficulties (e.g. anxiety and depression). Yet this presents only part of the picture as statistics for children below diagnostic thresholds are not recorded, and research (The Children’s Society, 2019) suggests that children’s happiness is in decline: academic and sexual pressures, social media, bullying and negative body image are some of the contributing factors.

Mental wellbeing is clearly of fundamental concern to educationalists; poor mental health affects multiple, inter-connected domains. Adverse effects include absenteeism, poor motivation and concentration, and elevated risk of self-harm and suicide (Patel, Flisher, Hetrick, & McGorry, 2007). UK schools have been designated with responsibility for early detection, intervention and crisis management in respect of pupils with mental health difficulties and while, undoubtedly, mental wellbeing should be at the heart of children’s school experience, education staff feel ill-equipped to manage increasing demands and competing priorities. Research suggests this is becoming deleterious to their own wellbeing (Education Support Partnership, 2019).

Government-led calls for greater evidence-based practice in education has seen a rise in randomised control trials (RCTs) aimed at examining a range of interventions: over one-

quarter of English, state-funded schools participated in an Education Endowment Foundation (EEF) trial between 2011 and 2017 (EEF, 2018). In a climate of diminishing funding and onerous teacher workloads, this was heralded as a positive step forward for the education system. RCTs are considered the “gold standard” for evaluating health interventions (Akobeng, 2005, p.840), and a meta-analysis (Taylor, Oberle, Durlak, & Weissberg, 2017) of 82 school-based socio-emotional programmes (mainly RCTs) demonstrated positive, long-term effects on pupil wellbeing and academic growth. However, according to Morrison (2001), RCTs promote a simplistic, decontextualised and atheoretical picture of the social world. For Cheney, Schlösser, Nash, & Glover (2014, p.414), “School-based mental health promotion programmes do not lend themselves easily to the ‘gold-standard’ randomised controlled, double-blind, objectively assessed approach to evaluation.” Richer methods which move beyond effectiveness studies to consider what interventions work for whom, under what conditions, and in what circumstances are needed (Pawson & Tilley, 2004).

A systematic review of RCTs in education (Connolly, Keenan, & Urbanska, 2018) comprised 40% of studies on health and wellbeing programmes and were categorised as with or without a process evaluation (defined in terms of using qualitative methods to provide a deeper understanding of trial findings). Nearly two thirds either did not include, or failed to report, some form of process evaluation. Similarly, Mackenzie & Williams’s review (2018) of school-based mental wellbeing interventions in the UK, found only four (of 12) collected qualitative and quantitative data, and only one explored mechanisms of change. Moreover, it was unclear to what extent (if any) children had been consulted in the process, design and delivery of interventions targeted at them; suggesting that children’s contribution to intervention evaluation has been similarly marginalised.

School-based approaches are key to the UK’s settings-based strategy for ameliorating mental health for children. The implementation of successful initiatives in schools depends greatly on the quality and strength of the evidence yet much work in this area is not sufficiently evidence-based (Vostanis, Humphrey, Fitzgerald-Yau, Deighton, & Wolpert, 2013). Furthermore, 40% of large-scale RCTs in the UK and the United States (US) were found to have failed to produce any evidence as to whether specific educational interventions had been successful or not (Lortie-Forgues & Inglis, 2019). Methodologies that reject over-reliance on standardised measures and pre-held notions from researchers about what is important are required for more robust evaluations. This chapter makes the case for broader brush research methods that recognise the heterogeneity of pupil populations, school systems, and cultural

contexts and above all, respect the unique contribution of children in evaluating and developing interventions and services that affect them. The author's commitment to harnessing the 'unique voice' of the child afforded her the position of researching within the educational margins.

This chapter discusses the methodological approach and key findings from an evaluation study (Jayman, Ohl, Fox, & Hughes, 2017) of Pyramid Club, a socio-emotional intervention delivered in UK schools. Pyramid Club is aimed at shy, anxious, and socially withdrawn children who have difficulty finding their voice in mainstream school and are at risk of disengagement with learning and failing to reach their potential. In this respect, they fulfil Hooks's (2000, p.ix) criteria for marginalisation previously defined, "To be in the margins is to be part of the whole but outside the main body." Furthermore, in the context of dominant research methodologies for investigating interventions in education, children who participate in programmes like Pyramid can potentially find themselves doubly marginalised, doubly 'voiceless'. The current research was underpinned by the author's determination to utilise child-centred methods which respect children's rights and channel their voice. As primary stakeholders, children's views should be sufficiently represented in programme evaluations.

Philosophical approach and methods and strategies to empower children's voice

To engage in research requires considering one's philosophical worldview. In essence, a research paradigm is, "The net that contains the researcher's epistemological, ontological and methodological premises" (Denzin & Lincoln, 2011, p.22). The Pyramid Club research was approached from a critical realist perspective (Bhaskar, 1975). This recognises the validity of different views on reality and enables a more flexible orientation for the researcher. Multiple domains of reality exist, distinguishing critical realism from other ontologies which focus on the realms of the actual and the empirical. 'Objectivity' and the pursuit of scientific 'truth' (characteristic of RCTs) exist within the parameters of particular values. A critical realist position refutes 'certain' knowledge, accepting the possibility of alternative valid accounts. This contributes to a better understanding of social reality as reality exists on multiple levels.

An understanding of context is crucial to critical realist explanations as this can help elucidate the conditions that promote or hinder underlying mechanisms; therefore, a critical realist approach is particularly appropriate in evaluation studies when the focus is not only if an intervention works, but how and why it works (Pawson & Tilley, 2004). Attention should be

on the actions of individuals and groups as programmes only become effective if participants, “...choose to make them work and are in the right conditions to enable them to do so” (Pawson & Tilley, 2004, p.294).

Whilst both ‘emic’ approaches (which focus on the insider perspective, e.g. the child) and ‘etic’ (which rely on the ‘objective’ view of the researcher, typically adult) have value, Barriage (2018, p.2) insisted, “Investigations of matters related to children...will obviously be incomplete if their perspectives are not elicited.” While Shenton (2010) questioned the moral legitimacy of allowing one (more powerful) group in society to speak for another and the associated risks of bias and marginalisation this brings. Children’s voices should be at the heart of programme design, delivery and evaluation. The reality of their world cannot be fully understood through inference and assumption on the part of adult researchers, thus children’s insights (what is meaningful to them) result in better quality research outcomes (Lundy, McEvoy, & Byrne, 2011). A priority for the Pyramid Club research was to authentically capture children’s voice; acknowledging, like Dewey, “...the child is the starting point, the centre, and the end” (Hickman & Alexander, 1998, p.238).

Two key issues central to children’s status in emerging research paradigms are power and emancipation, “Power refers to whose interests the research serves, who owns the research and who the research is for. The emancipatory element challenges the legitimacy of research which does not empower groups [children]...who are either invisible or oppressed” (Kellet, 2005, p.3). Enshrined within Article 12 of the Convention on the Rights of the Child (United Nations, 1989), is for children to have their opinions considered and views respected with regard to decisions affecting them. This seminal legislation challenged traditional thinking and children have increasingly been viewed as active participants within the research process. Simply put, there has been a shift from research ‘on’ to research ‘with’ children (James, 2007). Although children’s voice is articulated as a key principle in education policy and practice contexts, as well as in research, ensuring their voice is meaningfully included and responded to remains a challenge.

A genuinely child-focussed approach requires the researcher to continually reflect on their role and assumptions throughout the research, confronting conventional notions of the ‘expert’ in researcher/participant encounters. As children are typically marginalised and lack power in adult-centred societies they expect an unbalanced power relationship; they are not

accustomed to having equal voice (Punch, 2002). Researchers must therefore consider how best to enhance children's willingness to communicate and confidence to express their views.

Critical reflexivity is integral to the researcher's choice of methods and subsequent application as these decisions are influenced by notions of competence (Punch, 2002).

Alderson (2007) noted, while adult participants are deemed to have competence (unless they show otherwise), researchers often assume children are lacking. Misconceptions emanate from developmental psychology models which undermine children's capability to be involved in research. For Barriage (2018), a more helpful approach comes from a childhood studies paradigm which views childhood as a social construction and children as competent social actors marginalised in society. Children are experts in their own experience and evidence suggests (Gray & Winter, 2011) even very young children can engage in research. Children's competence should be regarded as different, not inferior, and child-centred methods adopted accordingly to authentically and genuinely capture their voices.

Task-focussed activities (e.g. drawing, drama and games) offer data collection techniques that align with children's natural way of communicating (i.e. actively doing) (Barriage, 2018). Arguably, these methods address power differentials by affording children more autonomy and have been used effectively in conjunction with traditional methods, for example, focus groups (Jayman, 2019). Despite their appeal, Punch (2002) pointed out that some children, particularly older ones, are more inhibited by task-based methods; they may feel lacking in artistic/performing competence (made more salient in group situations) and not consider such activities fun or enjoyable. Moreover, adult-initiated arts-based tasks may be perceived by children as more akin to schoolwork.

To give 'voice' to children evaluating Pyramid Club, a focus group method was selected. Focus groups generate rich, emic data, emerging in an indigenous form as participants direct the flow and interaction (Barbour, 2007). Although some children (like adults) feel more confident in a group, others may suppress or modify their feelings. Some may dominate the discussion while others 'follow the norm' rather than offer their own opinions (Heary & Hennessy, 2006). Despite their limitations, focus groups can provide a less intimidating and more supportive research encounter than one-to-one interviews. In group situations participants are more likely to 'own' the research space, adjusting power imbalances and typically affording "...richer, deeper understanding of whatever is being studied"

(Kamberelis & Dimitriadis, 2013, p.40). Furthermore, focus groups are free from limitations associated with written methods (e.g. literacy levels).

Consent for children's involvement in research must be gained from adult 'gatekeepers'. Kellet (2005) observed that in the UK, the age of criminal responsibility is ten, but at this age children do not hold commensurate power or control over any aspect of their lives. Nonetheless, ethical guidelines for research (British Psychological Society, 2014) stipulate that the overriding consideration should be consent from the child. That said, children may acquiesce when they are reluctant and researchers must consider carefully identity perceptions, crucial for bridging the gap between researcher and participant, and creating a more reciprocal and democratic research environment.

Punch (2002) warned against researchers being overly language conscious in framing questions. This may stem from pre-held notions of children's incompetence. Similarly, it is assumed children are less reliable respondents. Children (like adults) may lie for several reasons or say what they think the researcher desires; however, if the researcher has gained their trust this outcome is less likely. In the Pyramid Club research, children were informed there were no 'right' or 'wrong' answers and 'member checking' was used to help ensure the data remained true to the children's perspectives: the process of asking each participant to confirm or disconfirm individual voices and the interplay of voices (Creswell & Miller, 2000). This allows participants to contribute to the data analysis and the construction of knowledge (Freeman & Mathison, 2009), and is particularly pertinent for research with marginalised groups such as children.

Selection of findings from the Pyramid Club evaluation

Thematic analysis (Braun & Clarke, 2013) was chosen as a contextualist method to analyse the data. Selected, anonymised extracts have been reproduced in Table 1 and the supporting narrative. These reflect children's voices on the impact of attending Pyramid Club and why, for them, the programme was successful.

Table 1. Voices of Pyramid Club children

Theme	Subthemes	Illustrative quotation
Perceived outcomes	Socio-emotional gains;	“It helped me with my confidence for making new friends” (Jessica)
	School performance effects	“I put my hand up more in class and contribute more in lessons” (Gabrielle)
Identity	Sense of personal change;	“I used to be really shy ... I’ve got more confidence now to talk to people” (Freddy)
	Group identity	“You don’t have to feel shy ‘cos everyone is the same” (Becky)
Behaviour Change Procedures	Setting criteria;	“We had our own personally decorated mug” (Lucy)
	Delivery criteria;	“You get a chance to pick what you’d like to do” (Becky)
	Content criteria	“We could do more things and be creative” (Gollum)
Behaviour Change Techniques	Demonstration and practice;	“The Club leaders used to show us everything” (Princeton)
	Social reward;	“I enjoyed circle time...[Club leaders] were positive and made it fun” (John Paul)
	Social support (emotional);	“The best part was when we talked and shared things” (Jackie)
	Goal setting (behaviour)	“We played mini games just to get to know each other” ⁴ (Ariana)

Pyramid Club provided a nurturing environment and was seen as a sanctuary from outside stresses including school worries (e.g. academic demands), “Say if you’re having a bad week at school, you know that you’ve got these people there” (Ainsley). ‘Perceived outcomes’ and ‘Identity’ encapsulate children’s Pyramid Club experience with respect to wellbeing and school performance. Socio-emotional gains and a sense of personal change emerged; improvements in targeted areas including social skills, peer relationships and emotional regulation were voiced. Furthermore, these new competencies were transferable; pupils

reported increased confidence and social skills in wider school interactions, supporting classroom learning, “Pyramid Club helps you work together with someone, not just alone” (Charlotte).

Behaviour change drivers refer to underpinning processes. ‘Behaviour Change Procedures’ encompass contextual elements; these include characteristics of the Pyramid Club environment (e.g. creating a sense of belonging and connectedness), aspects of the delivery (e.g. a flexible programme and high adult to child ratio) and the suitability of the content (e.g. range of activities). ‘Behaviour Change Techniques’ describe specific mechanisms of behaviour change, for example, Club leaders were popular and respected by the children (social learning), “She was like an older sister...like a role model for us” (Kawai). Children were encouraged to find their voice and everyone’s contribution was valued (social reward), “I liked how we all got to say things out loud...everyone got to be themselves...usually you don’t get to talk” (Becky). Children shared experiences and felt ‘safe’ (emotional support), “We were all caring about each other...you can share and not be embarrassed” (Hermione). Children’s accounts revealed they were not passive recipients of the intervention, but actively making choices in conditions favourable to behaviour change outcomes (Pawson & Tilley, 2004).

A sense of belonging and group identity were elicited, suggesting a link between connectedness to the group and children’s response to the intervention (i.e. engagement in the therapeutic process). Connectedness can be affected by several criteria (Whitlock, 2006), for example, involving children in decisions, treating everyone equally, rewarding effort rather than achievement and building strong relationships; all features typical of Pyramid Club. Arguably, interventions which establish connectedness in one area of a child’s life may have implications for others, including connectedness to school (broadly considered a protective factor which can support learning). Children reported increased participation and engagement in lessons and extra curriculum activities (e.g. after-school clubs), indicating greater connectedness to the wider school. In this respect, Pyramid Club ‘graduates’ experienced a shift from their pre-intervention position of alterity; that is, from being socially inhibited and existing on the margins of the school community, to becoming active members of that community, thus transferring their status from ‘other’ to successful ‘border crosser’.

Towards a research paradigm in education with children as active researchers

The research discussed in this chapter was conducted against the backdrop of the UK Government's pledge to transform children's mental health provision and the increasingly significant role of schools within that commitment. Alongside these developments have been calls for evidence-based research to enable schools to make informed implementation decisions. To achieve this, the author has argued that researchers must move beyond effectiveness studies and apply appropriate qualitative methods to investigate process issues. Moreover, imperative to a richer understanding is children's voice.

Greater recognition of children's rights, alongside a re-conceptualisation of childhood with children viewed as competent social actors, has prompted researchers to engage children more actively in research. Furthermore, children's missing voice has been interpreted in relation to their marginalised position in society (Christensen & Prout, 2005). Whilst a democratic education system purportedly listens to the voices of all children, irrespective of age or ability (Noble-Carr, 2006), the challenge remains for researchers to involve children in ways that are effective and ethical. Those who "speak the rhetoric" of children's voice must back up their claims with demonstrable actions (McLaughlin, 2015, p.10).

For Punch (2002, p.337), it is impossible to define ideal methods for research with children and it is more useful to consider "research participant-centred" methods. This requires continuous critical reflection from the researcher in their selection and subsequent application. Whilst it is argued that innovative and creative techniques ameliorate children's participation and enhance self-esteem and confidence, Waller and Bitou (2011) have insisted that children's empowerment cannot be mobilised by data collection methods alone. Additional consideration must be given to data analysis and interpretation, and the co-construction of knowledge throughout the research process. One strategy is to give prominence to children's words and, as reported, member checking helped ensure Pyramid Club children's voices had been authentically and genuinely captured. Moreover, children's words were 'privileged' throughout the analysis and dissemination phases. For example, pupil-to-pupil, 'word-of-mouth', was recommended by the children to communicate their experiences to the school community; they took part in information sharing sessions at their school thus reaching potential future beneficiaries. Peer-delivery has been acknowledged as an effective conduit for public mental health messages (Eisenstein et al., 2019).

Arguably, the trajectory from research *on* through research *with* to research *by* children is a natural progression. Following this rationale, the accompanying shifts in adult-child power and participation agendas pave the way for children in research to become successful ‘border crossers’. However, Kellet (2005) warned of the need to avoid an empowering experience becoming exploitative. Furthermore, it is not just power dynamics between adult and child researchers that warrant attention, but also differential power relations among children; engaging children as co-researchers may upset power balances, it does not necessarily remove them.

Ensuring critically reflexive research practice is a constant mantra; researchers must be flexible, open and willing to try new ideas. Moreover, actions regarding interventions and services affecting children should have their rights and contribution at the heart. In the context of children’s mental health and wellbeing, studies including children’s lived experiences are lacking and an expanded research agenda is urgently required (Wolpert et al., 2018). As this chapter demonstrates, there is a compelling case for involving children in diverse ways across the research process and thus supporting children’s contribution to knowledge. Well-planned, co-led approaches require commitment and resources but have a transformative capacity to empower children so they can influence decisions and policies affecting them (Dunn, O’Keefe, Stapley, & Midgley, 2018). Children as researchers are a powerful channel for other children’s voices; however, if adult researchers continue to monopolise the research agenda our knowledge will be impoverished. Moreover, practices and policies will remain adult-centric, marginalising children and ultimately failing to effectively meet their needs.

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