

Ethical dilemmas in research with children and young people about their social environments

Virginia Morrow

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Abstract

There has been a very welcome recent growth in research directly with and by children and young people, with a wide range of reporting children's own views and experiences. Research ethics has also recently been receiving a great deal of attention, and there are debates about the extent to which research with children differs from research with other groups. This paper draws on the author's experiences of empirical sociological research with 12-15 year olds conducted in a deprived town in SE England in the late 1990s that explored children and young people's social networks and neighbourhoods, and the implications for their health and well-being (social capital). The paper focuses on some ethical dilemmas raised during the research, and concludes with a discussion of broader issues related to dissemination and the policy implications of research

Ethics of research with children, research methods, neighbourhoods, social capital

Background

Over the past 15 years, there has been a welcome growth in social research directly with children and young people, with many examples of research reporting children's views and experiences. The range of methods has expanded and there has been a strong reliance on qualitative and/or participatory methods, and sociologists owe a debt to children's geographers for many of these methods and approaches - in my own case, I was greatly influenced by Samantha Punch's use of visual methods and photography in her PhD research with children in rural Bolivia (Punch, 2001). These methods have been useful for shedding light on children's experiences in ways that would not have been possible using adult-centred 'mainstream' social research techniques, such as formal questionnaires or in-depth interviews. Research ethics have also recently been receiving a great deal of attention, and there are debates about the extent to which research with children differs from research with other groups in the population. This paper explores some of the tensions around the ethics of research with children, and in implementing research findings in practice, and attempts to raise some broader questions about the political implications of social research with children and young people.

The paper begins by describing some recent theories within the ‘new social studies of childhood’ and the implications of this theorising for research methods, then discusses the ethics of social research with children, and finally describes some ethical considerations that were raised in an empirical example from my research.

Theories of childhood

The ‘new’ sociology of childhood is now well established as a field of study, and draws upon various disciplines, including mainstream sociology (Mayall, 2002) social history (Cunningham, 1995; Hendrick, 2003), human geography (Holloway and Valentine, 2000), social anthropology (James & Prout, 1990, 1997) social work (Hill, 2006), and critical developmental psychology (Burman, 1994; Morss, 1996). From social anthropology, Prout & James (1990, 1997) set out a new paradigm for the study of childhood, arguing for the need to move beyond psychologically-based models that construct childhood as a period of development towards seeing children as active social agents who shape the structures and processes around them (at least at the micro-level), and whose social relationships are worthy of study in their own right. They have further refined their theorising in subsequent publications (James, Jenks & Prout, 1998). In a paper she gave at a conference in 1995, Allison James identified four ways of theorising childhood and understanding children, and linked these to the ways in which children are conceptualised in research. Each of these models ‘combines notions of social competence with those of status to give rise to four ‘ideal types’ of ‘the child’ (p.4): the developing child, the tribal child, the adult child, and the social child. The ‘developing child’ perspective (in other words, children as understood by developmental psychologists) is conceptually separate from what James, Jenks & Prout (1998) term ‘the sociological child’, in other words, children and childhood as understood by sociologists. Developmental psychology has tended to undervalue children's competencies, and when children's views and opinions are elicited, their words may not be taken seriously or even trusted. Methods range from experimentation to observation, and the power of the researcher lies in the interpretation of data collected. The ‘tribal child’ view sees children as inhabiting an autonomous world, separate from adults, in which children are competent actors, existing in a conceptually different world from that of adults, with its own rules and agendas. This view understands children’s social action as structured, but unfamiliar, and thus open to study using social anthropological and ethnographic approaches. The ‘adult child’ view sees children as

'competent participants in a shared, but adult centred world' (p.11); attention is focused on 'children's perspectives on and comprehension of an adult world in which they are required to participate' (p.12). The method here is usually to assume that children are essentially the same as adults and the same tools of research can be used, from qualitative interviews to questionnaire surveys, but the problem with this approach is that the differences between adult researchers and child subjects in terms of social status are not always adequately addressed. Asking children about things they have not experienced only makes it easier for adults to conclude that they are not only ignorant but incapable of understanding (Alderson, personal communication).

James' fourth model, the 'social child', offers a solution. This model envisages 'children as research subjects comparable with adults, but understands children to possess different competencies, a conceptual modification which ... permits researchers to engage more effectively with the diversity of childhood' (James, 1995, p.14). James suggests that this has implications for the methods used in studying children: children have differing capabilities, and are encouraged to be skilled in differing mediums of communication (drawings, stories, written work, and so on) but are nonetheless competent and confident in them, so as researchers, we need to draw on these:

Having been taught these skills, they use them daily and, unlike most adults, are accomplished practitioners. It behoves us then to make use of these different abilities rather than asking children to participate unpractised in interviews or unasked submit them to our observational and surveilling gaze. Talking with children about the meanings they themselves attribute to their paintings or asking them to write a story... allows children to engage more productively with our research questions using the talents which they, as children, possess (p.15).

James, Jenks & Prout (1998) further refined this model to separate 'the developing child' from what they term 'the sociological child' - that is, children and childhood as understood by sociologists – further sub-divided into the following four categories:

- “The socially constructed child” - a view that emphasises the variable content of childhoods
- “The tribal child” - emphasising children’s difference from adults and their relative autonomy, with an emphasis on understanding children’s social action as structured, but unfamiliar, and thus open to study using social anthropological and ethnographic approaches

- “The minority group child” - ascribing children the status of a minority group, and challenging existing power relations between adults and children – “a sociology for children rather than of children” - (p.31)
- “The social structural child” – “children form a group, a body of social actors, and as citizens they have needs and rights” (James, Jenks & Prout, 1998, p.32)
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My own work falls within the sociology of childhood insofar as it attempts to understand children as social actors, as competent research participants with particular communication skills that researchers can draw upon in social research, and as forming a social group who are constrained by adult structures and practices in which they are located. This combines elements of all of the four of the categories listed above, but perhaps fits most closely with James’ (1995) fourth model, ‘the social child’, in the previous section.

Linking theories of childhood and ethics of research

'Ethics' can be defined as a 'set of moral principles and rules of conduct': ethics in research relates to 'the application of a system of moral principles to prevent harming or wronging others, to promote the good, to be respectful, and to be fair' (Sieber, 1993, p.14). Research with children from each of the four models identified by James (1995) raises ethical questions (Morrow & Richards, 1996). In general, research with children from a sociological perspective raises the same methodological and ethical questions that all researchers face, at least implicitly, when collecting people’s accounts and experiences: issues of appropriate and honest ways of collecting, analysing and interpreting data and of disseminating findings, as well as issues of protection of research participants. However, research with children does raise questions that require specific consideration, largely because of the way childhood is constructed and understood within specific cultural contexts.

In the early stages of the new social studies of childhood, one of the dilemmas for thinking about ethics in research with children was that in everyday social life, we (as adults, practitioners, or researchers) had tended not to be respectful of children's views and opinions, and the challenge has been to develop research strategies that are fair and respectful to our research participants. In the mid 1990s, I carried out a review of

research ethics guidelines from a range of professional research organisations that revealed an absence of useful frameworks for research with children (Morrow & Richards, 1996), with the exception of Alderson's (1995) guide. This included a set of ten topics for consideration in research with children, recently revised and expanded in Alderson & Morrow (2004) to explore in some depth the following questions: the purpose of the research; the costs and hoped-for benefits; privacy and confidentiality; selection of research participants; research funding and compensation of research participants; review and revision of the research aims and methods; information about the research and consent; dissemination and the impact on larger groups of children in general (See Alderson P & Morrow V (2008) Ten topics for consideration in carrying out social research with children and young people, reprinted in *Children's Geographies* Vol 6, 1, pp98-101.)

In the past five years or so, many organisations, including university departments, have reviewed their ethics guidelines and research governance procedures, partly but not entirely as a result of the Department of Health Research Governance Framework (DoH, 2001) but also globally, as a result of awareness of potential liability issues for researchers, and a growing awareness of research participants' rights (ESRC, 2005). There has been an increasing amount of attention on the ethics of social research in general (see eg Birch, Mauthner & Jessop, 2002); and with children in particular. Social geography is well-advanced in this respect and has much reflection and good practice that could be shared more widely (see for example, Ansell & Van Blerk, 2005; and series of short communications in the journal *Ethics, Place and Environment*, Vol. 4 (2), 2001, with introduction by Matthews, 2001).

Arguments about the ethics of social research with children relate to questions about differences between children and adults in research (see also Punch, 2002). While ethical considerations that apply to adult research participants can and must also apply to children, there are some added provisos, four of which are as follows. Firstly, children's competencies, perceptions and frameworks of reference may differ according to a range of social differences, including culture, age, gender, ethnic background, personal characteristics and so on. Secondly, children are potentially vulnerable to exploitation in interaction with adults (Lansdown, 1994), and adults have specific responsibilities towards children. Thirdly, the differential power relationships between adult research

and child participant may become problematic at the point of interpretation and presentation of research findings. However much a researcher may intend research to be participatory (for example) ‘the presentation ... is likely to require analyses and interpretations, at least for some purposes, which do demand differing knowledge than that generally available [to children] in order to explicate children’s social status and structural positioning’ (Mayall, 1994, p.11) (though the same may of course be true of research carried out with adults). Finally, school-based research with children, often the dominant form in the minority world, requires that access to children has to be mediated via adult gatekeepers, and this has ethical implications in relation to informed consent.

The ‘power’ to choose which theoretical standpoint, or way of understanding children, lies with the researcher. The research populations studied, the methods used, and crucially the interpretation of the data collected, are all influenced by the view of children taken, and there are obvious ethical implications to this (see Mayall, 2002, who has been developing a ‘child standpoint’; see also Punch, 2002).

In practical terms, an over-reliance on one type of data-collection method in any research can lead to biases, and many qualitative researchers draw on a range of creative methods, and use multiple research strategies in research with children. Innovative and participatory research methods have been useful (see Beazley *et al.*, 2006; Christensen & James, 2000; Clark & Moss, 2001; Johnson *et al.*, 1995; Morrow 2001a, 2001b; Pain & Francis, 2004). Much of the impetus for participatory methods has come from majority world countries, where children are much more visible *participants* in society (at least at the level of production) than in the minority world. Some researchers are now suggesting that a rights-based approach to research with children is useful - based on research experiences in the South East Asia Pacific region, Judith Ennew and colleagues suggest that children have ‘the right to be properly researched’, based on the UN Convention on the Rights of the Child, and that the following articles are relevant:

“Article 12: children have the right to express their opinions in matters concerning them;

Article 13: children have the right to express themselves in any way they wish – not limited to the verbal expressions used by adults

Article 3.3: children have the right to expect the highest quality services – which includes the best possible research

Article 36: children must be protected from all forms of exploitation, including being exploited through the research processes and through dissemination of information". (Beazley *et al.*, 2006, p.22)

In summary, theories, methods and research ethics are interconnected, and ethics questions weave their way throughout research, and are not separate questions that need additional consideration.

Research with children about their neighbourhoods and networks

This paper now turns to a discussion of the ethics of research carried out in the late 1990s for the Health Education Authority (formerly the health promotion arm of the UK Government Department of Health) as part of a research programme on the relationship between 'social capital' and health (Gillies,1999). The research was an attempt to integrate ideas from the new sociology of childhood, described above, with more 'traditional', mainstream public health approaches to children and young people's health risk behaviours in ways that had not been attempted before (much health risk behaviour research relies on school-based questionnaire surveys asking children what kinds of unhealthy behaviours they engage in). During the mid-1990s, there was a shift in health promotion research to attempt to explore the importance of place and lay understandings of health and a growing acknowledgement that health practices take place in a range of social arenas, which for children, are constrained by everyday contexts, which will vary from school or institution (for previous research see Mayall, 1996), family (see Backett, 1992; Brannen *et al.*, 1994; Prout, 1986), and peer group (see for example Michell, 1997; Pavis *et al.*, 1996, 1997). At the time of conducting the research, neighbourhood health effects were less well-documented in the UK, where health promotion research with children and young people has tended to focus on individual topics or risk behaviours (such as smoking, drug-taking, and alcohol consumption), and little at the time was known about children's social networks, their views of their neighbourhoods, their levels of trust and community identity, and the implications of these for quality of life or well-being.

As noted above, there had been a great deal survey research carried out by public health researchers into children's risk behaviours, and there is substantial research by social geographers into children's views of their neighbourhoods (Matthews, 2003; Matthews & Limb, 2000; Tucker and Matthews, 2001; O'Brien, 2003; Percy-Smith,

2002) but few explicit attempts to link the two (exceptions being Davis & Jones, 1996, 1997; see also Backett-Milburn *et al.*, 2003, for a more recent example).

The social capital research explored 12-15 year olds' experiences of their neighbourhoods, their quality of life, the nature of their social networks, and their participation in their communities, and drew out the *implications* of these experiences for their general well-being and health. The research was carried out in two schools in relatively deprived wards in a town in SE England. The sample comprised 102 boys and girls in two age bands: 12-13 year olds and 14-15 year olds, with a significant proportion from minority ethnic groups. A variety of qualitative methods were used (a) written accounts of out-of-school activities, who is important, definitions of 'friend', future aspirations and social networks; descriptions of where they 'feel they belong' (b) visual methods including map drawing and photography by the participants of 'places that are important' (this generated 17 maps or drawings and over 100 photos) and (c) group discussions exploring use of and perceptions of neighbourhoods, how they would improve their neighbourhoods, and their community and institutional participation (Morrow, 2001b).

Ethical considerations

The following section describes attempts to approach the research project within an ethical framework and discusses the following issues:

- the process of obtaining consent,
- children's perspectives on the research, including being realistic about the expectations of the research and reporting back to research participants,
- breaching confidentiality and privacy,
- choosing pseudonyms
- attempts to draw out policy implications from the study.

Obtaining consent

As noted above, research with children requires negotiation with adult gatekeepers before children can be approached to ask for their consent. Permission was obtained from the Head and Deputy Head teacher and the class teachers in each school to approach whole class groups of children. The Directors of the Local Education Authority and the local Health Authority were informed about the research. The town in which the research was carried out was, at the time, a Health Action Zone (HAZs

were set up in the late 1990s across England to attempt to tackle social exclusion and health inequalities in deprived areas through ‘partnerships’ between public, private and voluntary organisations and, importantly, community members – though ‘community members’ rarely includes children and young people). Meetings were held regularly with a group that consisted of local health promotion specialists, public health professionals, and representatives of the Planning Department and Youth and Community Development team in the town council.

At the time of conducting the research, there was no research ethics committee available at my university, so I was guided by previous experience and Alderson’s (1995) suggestions. In School 1, I requested that parents give initial consent to approach children to invite them to participate, but the deputy head teacher insisted that his consent was adequate. This was discomfiting, but researchers may not be in a position to insist when they are relying on the goodwill of the school. In School 1, the Year 10 sample consisted of a sociology class, and the deputy head teacher said he felt the students could ‘learn something’ from taking part in the research. In School 2, parents/carers were informed that the research was being carried out and were invited to withdraw their child if they wanted to (none were withdrawn). Ethics guidelines now insist that parents should opt-in on behalf of their children - and in some cases, university research ethics committees insist that parental consent is obtained for all those under the age of 18 years (Skelton, personal communication), but in practice this is not straightforward (see Hopkins this issue, and Morrow, 1998) and often researchers have to be guided by the school staff they are working with. This places researchers in an awkward position – with the benefit of hindsight, I was breaching my own advice and the requirements of research ethics guidelines, but I tried to take a ‘common-sense’ viewpoint, and in any case would argue that it is the consent of the children that is crucial for participatory research.

Consent in research involves much more than agreeing to participate in research (Alderson & Morrow, 2004). It involves taking time to decide, being able to ask questions about the research, and then being able to say yes or no. Consent should be also seen as ongoing, rather than as a one-off event. Consent was sought from children in the following way. In the first session, children were given an introductory talk based on a leaflet explaining that the research was exploring how young people

feel about their friends, family and where they live, because (for adults) this affects their health and well-being. The leaflet also described the tasks they would be asked to undertake, and explained that by participating in the research, they would be giving their views and opinions, and that there were no right or wrong answers to the questions. The text of the leaflet is shown in Table 1 below (the actual leaflet was a sheet of A4 folded into three, with text on both sides).

**A research project to listen to the views of young people
Friendships, neighbourhoods and communities:**

What do you think?

How adults feel about their friends, family and where they live affects their health and well-being. However, no-one has really asked young people about this kind of thing.

- What kinds of things do you do outside school? Who with, when, and where?
- Who is important to you and why?
- How do you feel about your neighbourhood?
- Where do you feel you belong?

This research will:

explore young people's views about their friends, neighbourhoods and communities.

Questions you might want to ask me:

Who are you?

I am Ginny Morrow, and I work at the London School of Economics, which is part of the University of London, as a researcher. The research is funded by the Health Education Authority, the health promotion part of the Government Department of Health.

How will you do this?

1. By asking you to write about yourself (this will be private)
2. By asking you to draw maps OR take photos using a disposable cameras of places that are important to you
3. By having a group discussion about what it is like being your age, living where you do.

What will the group discussion be like?

It'll be 5 or 6 people from your class sitting around a table in a room in your school with me. We will discuss newspaper cuttings. We'll also discuss how much you feel you have a say in your communities and school. It'll be during school time, and will last about 30 minutes. If you agree, I will tape record it, so I can remember the discussion afterwards.

What will you do with the tape?

I'll listen to the tape from your group and those from other schools, and then I'll write a book or report about the views of young people. No-one else will listen to the tapes.

Will my name be used?

No, we'll give you a different name, so we can describe what you think without anyone knowing it's you.

What do you want to know about me?

I will ask you to write about some personal things, like what you do outside school, who is important to you, and how you feel about the part of Springtown you live in.

Will this go into the report too?

Yes, but we will change your name, the name of the school, and anyone else you talk about, so that no-one reading the report knows who you really are.

Is it confidential?

Yes. You can tell anyone you like about the research, but I will treat what you write or say as confidential. Only if you say something that makes me very worried for your safety would I talk to anyone else. I would not do this without talking to you about it first.

Will I see the report you write?

I will come back to the school at the beginning of next term and talk to you, and give you a 'bulletin' about the project so you have an idea of what we have produced. It takes me a long time to write a final report and I may lose track of you, but I will send a copy of the report to the school when it is finished.

Can you ask me more, or change your mind about taking part?

Yes, of course. Call me on xxx (leave a message if I'm not there) or email me on v.morrow@xxx.xx.xx Or you can talk to me when I am in school. **This leaflet gives you information about the research to help you think about whether you'd like to take part.**

Small numbers of children did not want to participate in some of the tasks, and one boy, who did not want to write, or to draw a map, engineered a one-to-one interview and we discussed the same set of questions that were used in the group discussions. Children volunteered to take photographs individually, or in small groups.

In relation to confidentiality, as noted in the leaflet, participants were told that what they wrote/said/drew would be confidential to the researcher, though the researcher had a responsibility to help if they described/disclosed that they were at risk of harm or other problems, and I would discuss this with them first. It was explained that they were doing the tasks for the research, and the researcher would be the only person who would see all the data they produced, though if they agreed, excerpts of what they say/wrote/drew/photographed would be used in research reports and papers.

In the following sessions, children were divided into discussion groups. These were conducted in adjacent or spare classrooms and were taped and transcribed; permission was asked of the children to use a tape recorder. One girl declined to speak because of the tape machine, and she wrote her responses instead.

Other researchers have noted that if children in a whole class situation are asked for their consent they all tend to say yes, but a minority of them will simply not participate at all, will write minimally, and say virtually nothing in discussion (Morrow, 1998; Edwards & Alldred, 1999). However, they nearly all wrote or drew *something*, even if they did not necessarily speak; and in the groups it was noticeable that some children did not say anything at all. This led to a dilemma. One girl wrote at some length, and took photographs, but it was clear that she did not want to speak in the group discussions. She described (in writing) how she wasn't happy with where she lived, because since they moved there about a year ago, 'I feel very upset because since we've been there, me and my mum have been having lots of angry rows. And also there are too many stairs for my disabled brother'. She had photographed a number of cars including her mum's car: 'I sit there if I'm upset'; and her nan's house 'I chose this because I go there if I am upset. And I talk to her a lot'. In this case, because she did not appear to want to talk to me, I mentioned my concern to her form tutor (who said she was familiar with her problems and was providing support). Here

again I breached my own advice – I had told my research participants that if I had concerns about their well-being, I would discuss these with them first, but in this case, I felt it would have been rather threatening and challenging for me to approach her and say ‘I’m concerned about you’.

This experience raises a number of issues. Firstly, it is difficult for researchers to anticipate what ethics dilemmas will arise during the course of the research, so that seeing ethics as situational and responsive is important (Morrow & Richards, 1996). Secondly, the dominant preoccupation in discussions of the ethics of research with children, certainly in the UK, is that they will disclose some kind of abuse, probably sexual abuse, which in my experience has not yet happened, but many other (unpredictable) dilemmas arise. And thirdly, had my research methods relied solely on ‘talk’, verbal dialogue or discussions, this young woman would have effectively been excluded from the study, so that using a range of methods appears to enable young people to participate if they want to, because they can choose how to express themselves.

Children’s perspectives on the research

In both schools, a question asked by both the deputy head teachers, and the children themselves, was “what will change as a result of the research?” The answers I gave were as honest as I felt they could be: I explained that the research was unlikely to produce change in their environments, and that the research was exploratory in that it was attempting to establish links between social networks, neighbourhoods and well-being. However, I also made it clear that the research findings would be reported to partners involved in the local Health Action Zone, in other words, representatives of the Town Council, the Public Health Department of the local health authority, and members of the County Health Promotion Agency responsible for delivering health promotion message to the schools, and that the research provided an opportunity to channel children’s views to audiences that had not in the past attempted to elicit children’s views.

As noted above, involving children in the interpretation and analysis of data may be perceived to be difficult (Mayall, 1994). I attempted to involve my research participants in analysis of the data by reporting some preliminary findings in an oral

presentation at the end of the term in which I had conducted the research, and I gave children a leaflet outlining the main themes that I had identified, and that I planned to analyse in more depth. The text of the leaflet for one school is reproduced in Table 2:

HOW DO YOU FEEL ABOUT WHERE YOU LIVE?

This depended very much on exactly where you live, and how close you lived to your friends. On the whole, [town] is not a bad place to live, but it's not great, either, and there were lots of suggestions for improvements in your areas.

In general, the things that Year 8 students talked about were

- traffic, joy riders, noisy areas which mean you can't get to sleep
- 'moany' neighbours who complained if you try to play in the street or your garden
- lack of facilities and decent parks
- dog mess in the parks where you play football
- dirty looks from adults who don't trust you
- aeroplane noise
- racial harassment, and racist attacks on your homes

The things that the Year 10s talked about were

- not having enough to do in terms of facilities, which leads to boredom
- some of you felt the Youth clubs around were ok but others felt they were not suitable
- the area needs more facilities for teenagers, but they must be cheap enough
- feeling reasonably safe in places you know BUT not feeling safe in the local parks or on the streets, particularly at night
- aeroplane noise/motorway pollution

WHO IS IMPORTANT TO YOU?

Friends: a lot of you described how important your friends are to you. From your descriptions of things you do outside school, many of you do things with your friends. Family members, especially mums, and other relatives, are also very important.

WHAT KINDS OF THINGS DO YOU DO OUTSIDE SCHOOL?

You described a range of activities which I divided up into

- things you do at home
- things you do with your family outside home (like family holidays)
- active sport-type activities (like football and swimming) and
- leisure activities (like going to the cinema, hanging about)
- religious activities
- part-time jobs

There were differences in what girls and boys said they do.

DO YOU FEEL YOU HAVE A SAY IN DECISIONS THAT AFFECT YOU AT SCHOOL OR IN THE COMMUNITY?

The school had consulted with you about changing the times of the school day. You appreciated this, but talked about other aspects of school life that you felt that had no say in. The state of the toilets and lockers were a problem for Year 8s. Both year groups felt they should have more say in things that happen at school.

No-one really felt that they had a say in decisions in the wider community. You felt you should be included in discussions about changes in your town and neighbourhoods. What happens affects you as well as adults, but you felt that your needs aren't considered when decisions are made.

The photographs and maps that some of you did for me have helped to highlight some aspects of your lives in a visual way. Thank you

WHAT HAPPENS NEXT?

I meet regularly with people in the Town Hall and give them a report on what I have found. I will be writing a report for the Health Education Authority, comparing what students in the two different schools say about their neighbourhoods and communities, and the kinds of things they do outside school.

Hopefully, this will help people who work in health promotion and health education to see that where you live and the resources that are available to young people has an influence on the kinds of things you do and how you feel.

Thank you for helping me with this research.

If you would like any more information, please call me on xxx (leave a message if I'm not there) or email me on v.morrow@xxx.xx.xx

Children were asked whether they felt their views were being represented fairly and accurately. In one group in School 1, I was challenged - quite rightly - by one student, who pointed out that I had utterly failed to include an adequate analysis of what had been discussed about (the poor quality of) relationships between teachers and school students, so my subsequent analysis focused on this theme.

How pseudonyms were agreed

Ethics guidelines recommend that the names of individuals and place names are disguised in research to protect anonymity and confidentiality of research respondents. I asked children to choose their own pseudonyms, and explained why. In previous research I had found this to be a useful and often fun way of ending the last data collection session. I was aware that some children were using their nicknames as pseudonyms, but decided to leave these as they were. I also asked one group of children to choose the pseudonym for the town, and here I altered their choice slightly – they chose Springfield (from *The Simpsons*) and I changed it to Springtown. The question of pseudonyms is not straightforward, and needs careful thought. Sometimes children want to be recognised for the data they produce – their views or experiences – but I explained that reluctantly, and to protect their identity, I would use pseudonyms. Allowing the use of nicknames seemed a kind of middle path but, of course, it could be argued that children could have identified each other.

Ethics of dissemination and wider reporting

In general, discussions about research ethics tend to focus on the immediate relationship between the research participants and the researcher (Alderson & Morrow, 2006). However, there are broader issues related to dissemination and reporting research that raise ethics questions that are often not considered. This may seem a conceptual leap, but relates to the ethics of research with children, and the ethics of how society regards children and young people (that links to theories of childhood, outlined earlier in the paper). Children, as a powerless group in society, are not in a position to challenge the ways in which research findings about them are presented. Further, in many discussions about ethical and social research in general the focus on qualitative methods as having the potential for most intrusion and hence being the most ethically precarious, but survey methods also carry the potential for harm, particularly at the level of dissemination, where children may be misrepresented in

sensationalised accounts. This is particular the case for survey research related to children's health risk behaviours, which often hit news media headlines in extremely negative tones, and which I was attempting to challenge.

The final report suggested that young people faced a series of contradictions in their everyday lives that have implications for their well-being (Morrow, 2001a). For example, some described a long walk to school (4 miles a day) yet this was along a busy main road, lined with slow-moving traffic. Others described stopping at McDonalds for breakfast, which is cheap but unhealthy; they also go to McDonalds with their friends at weekends and in the evenings. Further, there were health paradoxes in young people's neighbourhoods: when they do go outside to play football, their experience was encapsulated by the name they called one of the places they used to play football, 'Motorway Field' (the park was located by the Motorway). The most obvious contradiction lay in health promotion exhortations to young people to take more exercise, yet 'No Ball Games' signs (depicted on maps, and photographed) prevent them from doing so. These findings will not surprise social geographers, but the research was addressing a public health and local authority audience, and I used the research findings to argue that a broader approach to children's health and well-being is needed than one that is centred upon individual behaviour, or on 'social capital' (Morrow, 2001a). For the children in the study, a clear dynamic existed between social life and environmental factors, and a range of practical, environmental and economic constraints were felt by this age group, for example, not having safe spaces to play, not being able to cross the road because of the traffic, having no place to go except the shopping centre, but being regarded with suspicion because of lack of money. Issues such as the geography of the built environment, community safety, fear of crime and traffic, as well as access to financial resources to participate in leisure activities, are often neglected in studies of young people's health behaviours, and within public health debates in general (see also Davis & Jones 1996, 1997).

I suggest that this is also an ethics issue, related to a broader concern for children's welfare that transcends the experiences of the individual children involved in the research, in a societal sense. Social and health promotion policies tend not to pay

attention to children's quality of life (Casas, 1997) - in the broadest sense, in the here and now - but are driven by a perspective that prioritises children as future citizens, in terms of human capital (Qvortrup, 1987). The needs and wishes of 12 year olds (for example, for places to make dens described by some children) are likely to differ from the needs of 15 year olds (for example, for places to meet away from the often hostile gaze of adults), let alone the needs of older people. A focus on the 'here-and-now' of children's lives showed how they are excluded from the social life of the community by virtue of their age. However, activities they undertake now for whatever reason may have implications for their future well-being. These suggestions may be familiar to social geographers but had not been well-articulated in public health research more generally.

I also suggested that a framework for policy action already exists in the form of the UN Convention on the Rights of the Child (UN CRC), ratified by the UK government in 1991. However, it has not yet been taken seriously as an instrument of social change by successive English Governments (Freeman, 1996) and it has been suggested 'the UK does not monitor the well-being of its children adequately' (Bradshaw, 2000, p.1). Asking questions about 'social capital' focused on one specific element of individuals' or neighbourhood quality of life. The wider responsibilities of local authorities and central government to ensure a good quality of life for children in environmental terms - whether in their institutions or neighbourhoods - also need to be addressed.

Conclusions

This paper has described some ethics dilemmas that arose during a research project about children's views of their social environments. Caution needs to be exercised about whether or not the findings from this small-scale qualitative project can be generalised. However I have suggested that the implications of this research are that that social policies that are aimed at addressing health inequalities would do well to pay attention to children's and young people's quality of life, in the broadest sense, in other words, to shift the focus away from outcomes to processes and practices of everyday life and how these are experienced by children and young people.

The 'new' social studies of children and childhood are still in the early stages and a good deal of work remains to be done at a number of levels (see Mayall, 2002). In relation to research methods, social researchers have begun to expand ways of carrying out research with children, and this has undoubtedly meant a reliance upon qualitative methods – while small-scale studies can be combined with or compared with other small-scale studies, thus generating a kind of jigsaw of information, more research is needed, not only to find ways of generating meaningful large scale data sets, but also to consolidate the findings of such research into mainstream social and political theory. This is where social geography could usefully combine forces with other social science disciplines working within the new social studies of childhood to make stronger claims for acting upon the findings from research with children. In relation to research ethics, much attention has been focussed on consent issues and contact with research participants at the point of data collection, but I have suggested that it may be helpful to understand research ethics as transcending these topics, to include dissemination and the impact of research on wider groups of children, and the broader political implications of social research. There is a balancing act to be done and it seems that the policy implications of the new social studies of childhood are relatively unexplored. Neo-liberal social policies in the UK (and elsewhere) continue to construct children as 'outcomes', as future beings, and the emphasis remains individualised, rather exploring collective responsibilities towards children and young people. The role of social research in this, I would suggest, is to try to illuminate the interconnectedness of micro-social with the broader social political contexts in which the everyday lives of children are played out, and how the construction of 'appropriate' childhoods fits with, or conflicts with, how childhoods are experienced.

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