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Introduction to research and children and young people: a special relationship

The aims of this chapter are:

- to introduce the nature of research with children and why research with child participants is different from research with adults;
- to explore the training and education issues in the acquisition of research skills;
- to identify major research themes involving children.

Take two biologically similar children and raise them in different environments and they will most certainly differ in terms of their behaviour, their physique, their motivation and their achievements. Take two biologically different children and raise them together, giving them similar opportunities and experiences, and they too will differ. It is these puzzling phenomena that have prompted scholars from the fields of biology, education, health, psychology and sociology to undertake research with children to understand what makes them behave as they do. The body of knowledge built up over the past hundred years or so has meant that we now have an amazing amount of insight into the minds and behaviours of the children that many of us work with every day. Those of us who work with children today owe a great debt of gratitude to the painstaking work of those scholars who spent their lives helping us to understand children better so that we may be more effective in our work.

When we wrote the first edition of this book our clear intention was to ensure that the 1990s and beyond was not seen as a stagnant time in terms of research with children. Our intention in writing the second edition and now this third edition remains the same. The body of research that we have shows us that this is not an ill-founded intention. There were many periods throughout the last century where the acquisition of new knowledge seemed to be limited, while at other times knowledge acquisition gained an impetus that was staggering. A brief

summary of some of the major research themes will be discussed later in this chapter. While it is important that we are grateful for the knowledge we have, we must, however, ensure that we are always moving forward, always searching and always pursuing greater understanding.

There are many, many ways of achieving new knowledge, but the key to this achievement, regardless of the field we work in, is training. We acknowledge that few of our readers will go on to make pure research their living, but we also recognize that professional people, both during initial training and after qualifying, need a sound knowledge of how to apply research and how to undertake research. This book is about applying research practically and undertaking research practically. It is essentially a practical book, which is specifically designed for professionals who work, or intend to work, with children and who have to undertake research as part of their education or who need to undertake research, even on a very small scale, as part of their professional lives.

This book is also practical in that it recognizes the reality of studying children in the further pursuit of knowledge. Children do not exist in vacuums and their lives are naturally complex; they have to be if children are to enter adulthood with the repertoire of skills and behaviours that are essential for modern living. We have therefore taken a holistic perspective of the child and the child's environment, recognizing that research training must be cognizant of the many variables that influence development and behaviour. We have drawn from the fields of biology, education, health, psychology and sociology in our discussions about research and in our considerations of child participants. We are explicit in our acknowledgement that children are special and that research, and research training, involving children must also be special.

Not only are children special, but they also hold a very special place in society. While some of the research undertaken in pursuit of gaining understanding of children has been appalling in terms of what children have been expected to do and suffer, the majority of work has been undertaken sensitively and has followed correct ethical principles. We will focus on this theme in Chapter 10 but should give recognition in this opening section to the distinctive position children hold in contemporary society. This has not always been the case, however, or at least that is the impression one is left with when studying historical perspectives of child care. As we will discuss later in the chapter, the child of today has rights which are universally held, widely adhered to and, in most Western societies, monitored by legislation.

Children are special

As we have briefly mentioned above, children are very special people. Defining what we mean by special is, however, a complex and difficult task. Perhaps what



we mean is that children are different from the adults who control and describe the world as we know it. Perhaps it is because children are necessary for the survival of our species. Perhaps it is because children are an enigma – we do not understand so many things about them and they therefore puzzle us. Perhaps it is none or all of these things. What is evident is that children have, from biblical times to the present day, been singled out to varying extents as being exceptional beings who have been afforded special consideration. Children are seen as an outward celebration of life, as the next generation and as the future of mankind. They also eventually grow and develop into adults, which perhaps gives us further insight into why they are considered special. The famous and infamous names from our history lessons at school were all once children themselves, which leads us to wonder why they developed in the way they did. We can sometimes look back at the childhood experiences of some adults (including ourselves) and pinpoint events or experiences that we think might account for why an adult turned out as they did, but often there are no such clues and we are left wondering.

Special and very special

It is not the intention of this book to give a detailed history of the place of children in society – there are many texts that adequately fulfil that aim. However, because we wish to focus on doing research with children, we must spend a few moments looking at the child within our society so that we can explore the wider contexts of this research.

People have children for a number of reasons. They are seen, by some, as desirable assets (Agiobu-Kemmer, 1992), as insurance to provide for adults in their old age or as a sign of one's fertility. Some religions dictate that the purpose of marriage is for the procreation of children, and indeed in 17th-century England childlessness was even considered to be a judgement against sin (Fraser, 1985). On a macro level, any society must ensure that it reproduces itself if it is to survive. On an individual level, many cultures hold the expectation that adults will eventually marry and produce children. There are also those who have children because they do not believe in the use of, or do not have access to, reliable contraception.

Whether people have children by accident or by design, once born children have certain rights, which are upheld by law. Children have the fundamental right to life, and child murderers can expect and receive the severest of punishment. Children also have the right to protection from harm and from neglect, they have the right to go to school and receive an education, among other things. In the UK, the Children Acts 1989 and 2004 in England and Wales and the parallel legislation in Scotland and Northern Ireland, together with several charters, including the *Convention on the Rights of the Child* (United Nations Children's Fund, 1989), detail explicitly the rights of children, as we will discuss in following





chapters. Rights, however, only lay down the minimum expectations society holds for its children. For the majority of parents and people within society, children are their future and they strive to ensure that the mistakes of one generation do not extend to the next. People generally want for children those things they did not have themselves: they want children to have more opportunities, less hardship, more success and so on.

To ensure that children attain what society wishes for them, each generation must be analysed and evaluated, and steps taken to rectify past mistakes. We must have an understanding of children and how they develop, what factors adversely affect their progress and what factors will best promote their optimum development. Gaining this understanding is the driving force behind past, present and future research with children and crosses all professional boundaries. Biologists, educationists, geneticists, psychologists and sociologists have all striven for this greater understanding of children, albeit with differing philosophies, research traditions and methodologies.

If we accept the special status of all children within society we must also recognize that there are many children who, for a variety of reasons, must be considered to be very special. These children differ from their peers because, for example, they are exceptionally gifted or because of a physical or psychological dysfunction or because they are particularly vulnerable. These children have been, and are, the focus of a great deal of research activity that aims to discover why they are different, and the effects of their difference in terms of their present and future development. What we should emphasize here is that their rights and our responsibilities as researchers and professionals remain at least the same as for all children. In many cases, undertaking research with these very special children requires even greater training, as we will discuss in the following section. A particular challenge for the researcher is that of balancing the need for children's participation and inclusion in research activity with the need to protect very vulnerable children. We discuss this more fully in Chapters 9 and 10.

Special but not new

It is very easy for a new generation to fall into the trap of making assumptions about the past. Professionals generally, as part of their training, study aspects of the history of their profession and will gasp in horror at how children were treated. Take, for example, the past practice of separating sick children from their parents during hospitalization because it was felt that parents upset children, or the punishment meted out to children in schools for the good of their 'moral' development. The important point to recognize here is that these things happened not because those professionals did not view children as special, but because they did. It is only when common practices are questioned that change





occurs, otherwise the status quo will persist endlessly. We should not think ourselves superior in any way, for without doubt our own professional practices will be questioned in years to come. We can only ensure that we do our best to question all our practices and strive, as far as possible, to base our practice on sound research and evidence. This involves two different, but related notions. First, all professionals have a responsibility to ensure that they are aware of current research, can intelligently interpret it and incorporate sound research into practice. This will be discussed fully in Chapter 4. Second, we should all constantly ask questions, and where there is a lack of research we should encourage investigation (see Chapter 2 for further discussion). This may mean undertaking research ourselves or enabling and facilitating others to do so. However, such activity requires training, particularly when the research involves children (as we shall discover during the rest of this book), because, as we have already said many times, children are special. We are fortunate to be living in an age where great value is placed on meeting the needs of children and young people. A recent publication by the Department of Health (2010: 4) makes this clear – ‘nothing can be more important than getting it right for children and young people.’

Training for research

As all the professions move towards *all graduate* status, in the future all professionals should have undertaken some research training by the time they qualify. This is seen by many as a positive benefit of raising the academic expectations of initial training programmes.

A significant proportion of child-care professions, the notable exceptions being teaching and nursing, require that those who enter the profession undergo generic training before specializing with children. Generic training aims to ensure a broad base of knowledge and in many instances gives the professional a ‘taster’ of work with a variety of groups, including different age groups. Research training has also tended to be generic, with little consideration given to the differences between undertaking research with children or adults. There are, however, very important differences. Children are not miniature adults nor, as we have already stated, do they exist in isolation. The social and emotional relationships of the child are more fluid than at any other time of the human lifespan and cannot be ignored. For example, studying the child in a laboratory situation without also studying the child in the naturalistic setting will limit the understanding gained (Dunn, 1996; Greene and Hill, 2005). We will explore this throughout the rest of the book.

It is also important to differentiate between the study of children in general and the study of those children whom we have defined as very special. All children, for all sorts of reasons, are vulnerable, and this vulnerability is heightened



in some children. These children are already in many ways often singled out because they are different, which is frequently what makes them attractive and interesting research participants. Researchers who study these children do, however, require special skills so as not to accentuate differences overtly and to the detriment of the particular child. The avoidance of harm necessitates particular skills in terms of understanding the nature of childhood, possessing knowledge about issues such as informed consent and, not least, being sensitive to differences. Schaffer (1998) discusses this point and questions past practices of focusing on the negative aspects of differences. The current trend of moving away from investigating the negative effects of difference exhibited by some children and towards a focus on the resilience of similar children is a welcome development (see also Lewis and Kellett, 2004).

Research awareness versus research skills

Research training is a far broader concept than undertaking a small survey or experiment. We mentioned in our introduction that research training also involves applying research to our practice, and this is probably the more important skill. There is little point in belonging to a profession that has a sound research base if current research is not integrated into our practice. If the research is ignored and not acted on, not only will a great deal of research time and money be wasted, but children and their families will continue to receive care that is less than they deserve.

In many instances, a profession's research base relies on experienced researchers, often located within university departments, undertaking research that produces recommendations that should then be put into place by practitioners. This is explored further in Chapter 4. The point is that both research skills and research awareness are needed, but for most practitioners it is the skill of being able to incorporate research into their practice that becomes paramount. Practice should be evidence based, but the evidence does not need to be derived from personal research but from a wider knowledge of research being undertaken within, and outwith, a profession and how it can inform practice.

Small-scale research – how valuable?

As part of initial training some students have the opportunity to undertake a small piece of research, although this is not as commonplace as it once was. The purpose of undertaking small-scale research as part of training is to give an opportunity to experience first hand what the process of doing research is about while being supervised by a more experienced researcher. It is less focused on outcomes and more about learning the 'doing'.

Getting hands-on experience of doing research does help to increase understanding of the rigour and organizing abilities that are required by the good researcher. It is an opportunity to see the end-to-end process and to try out different approaches, data collection tools, sampling techniques, analysis, report writing and so on.

Although small-scale research cannot replace studies conducted on a larger scale, which lead to generalization of knowledge, learning the discipline of doing research thoroughly can help professionals throughout their careers when faced with problems or questions that do not have easily identified solutions. Applying the systematic process learned through doing research to investigate a problem thoroughly to come up with an evidence-based solution is a competency that will be of enduring value. Actually doing research – no matter how small scale – does provide great opportunity to learn a range of skills, which will be useful throughout professional life.

Inter-professional research skills

We have mentioned that training for research with children should be different from training for research with adults. A further complication is that the care of children is rarely a uni-professional activity and yet there is a wide diversity of what professionals are taught and consequently a diversity of opinion about research. Research traditions tend to exist in most professions, ranging from the positivistic, deductive approaches favoured, for example, by doctors and pharmacologists, to the more qualitative, inductive approaches favoured by social scientists, many nurses and some teachers (see Chapter 3). If we are to take a truly holistic approach to caring for children and consequently researching with children, it is important that a more inter-professional approach is adopted. Not only do professionals in contemporary practice need to be aware of their own research traditions, they should also be skilled in recognizing and valuing the research traditions of colleagues outside their profession (Repko et al., 2012).

One of the greatest hurdles to overcome here is the rigid and hierarchical perspective that some professions hold in relation to methodologies. Yin (2008) discusses this issue and suggests that a more appropriate view of research methodologies is a pluralistic one. Different research strategies can be employed in different ways and rigidity only serves to hamper innovation. For example, case studies, according to Yin, can use exploratory, descriptive and explanatory strategies, just as experiments (traditionally seen as the only way of finding causal relationships) can have an exploratory motive. The important issue here is that where problems arise in practice relating to a child or a group of children, and research is undertaken, the process is, of course, important but so too is the outcome. At a 'grass-roots' level it does not matter very much if one method or



another is used, as long as the process is rigorous and systematic and the recommendations for changing practice (or not) are based on sound, reliable and valid data (see Chapter 5 for further discussion).

There is also an issue about respecting the research traditions of particular professional groups, which links back to Yin's (2008) pluralistic view. This is of extreme importance in terms of moving research forward. Collaboration is something of a 'buzzword', both in contemporary practice and in research, and is seen as desirable in that collaboration facilitates the holistic perspective for which we strive when working with children. Respect is about understanding and accepting that, while differences exist, this does not mean that one view is of a lesser value than another. It is very easy to take an egocentric view of the world and to use our own professional background as a reason for being critical of others.

There is, however, light at the end of the tunnel. More and more educational programmes are incorporating shared learning into the curricula, particularly during initial training programmes but also at master's level and beyond. There is a major drive to make this even better. A recent review by Professor Sir Ian Kennedy (2010) of services for children and young people discusses the need for the development of joint curricula and joint training. He writes:

The purpose is obvious. Working in a team is a central feature of modern healthcare. Training together breaks down cultural tendencies towards professional isolationism. It also fosters an understanding of each other's role and contribution. And it sets the basis for a more holistic approach to the care of children and young people. Indeed, the ultimate goal must be to shift the focus away from single professional units and identities with their particular goals, to a single-minded concern only for the outcomes which are needed for children and young people: that is, work backwards and start with the child or young person, 'I exist to provide for you', rather than forwards from 'This is what I, as a professional, do.' (Kennedy, 2010: 102)

Major research themes

As we have already discussed, it is important for members of a profession to undertake research to keep a profession moving forward and to advance practice that is based on evidence. In some ways the barriers and rivalry that traditionally existed between some professions might well have aided progression, albeit in a covert way. Each profession has its pride and none would wish to be viewed as being backward or accused of halting progress. There has been evidence of where this type of scenario has occurred in the past, and the effects have been notable (Taylor and Woods, 2005), as we will discuss in the next section.



What is evident, however, is that because of the complex nature of childhood it is inevitable that research undertaken by one profession relating to an aspect of childhood will impact on the practice of another profession, or indeed several other professions. Resistance and closing ranks (a response that has been observed in the past) does not help the child, the family or wider society, and ultimately does not help the professionals themselves. It can lead to stagnation within a profession and may be one reason why there have been times in the past when professions have appeared not to increase, or build on, existing knowledge bases. We hope that with a greater emphasis on shared learning and training, and greater collaboration in research and practice, we will not in the future observe instances of professional resistance to change, which is detrimental to the child.

At the very beginning of this chapter we referred to perceived peaks and troughs of advancing knowledge in relation to children, and we can only really guess at why this occurred. The professional resistance mentioned above might be one answer. When a profession becomes insular it seldom advances. Inward conflict leads to energies being used to resolve inner conflict and research becomes less of a priority. It is also probably true that when a society becomes insular or experiences conflict the same thing happens. The 20th century witnessed periods of war, economic depression and recession, large-scale epidemics and political changes, all of which have certainly influenced the forward momentum of research activity. Without doubt, conflict within a society impacts on the activities of professions and it becomes difficult to decipher responsibility for stagnation in research, or indeed progression. Suffice to say that research activity appears to mirror the concerns of professions and society, and rightly so. Research is about solving real problems and the major research themes of the last century and the first decade of this century can be seen to relate to changes that have occurred within society. We explore some of these themes in the next section. Clearly we could not begin to cover all such themes and can only offer a few examples to illustrate the preceding discussion. These examples focus on two areas: first, how research is generated by the concerns of a society; and second, how research undertaken by one profession impacts on others.

Learning

One of the major areas of research that spanned the last century is learning. Researchers have sought to discover, from a variety of perspectives, how children learn, and the knowledge gained from such research has influenced virtually all, if not all, professionals who work with children. Much of the early work on learning was restricted to animal studies: for example, Pavlov's (1927) work with dogs, which was instrumental in defining the learning process referred to as classical conditioning, Thorndike's work with cats (Carlson et al., 2010),

during which he discovered the 'law of effect' and Skinner's (1938) work with pigeons and rats, which defined the learning process referred to as operant conditioning. The application of these theories to human learning, and to learning in children in particular, was notable, and the work of these early researchers formed the basis of further research into human learning and human personality. Albert Bandura (1977), for example, used Skinner's theories about behavioural consequences and blended them with his own ideas producing the theory (along with others) of social learning (a detailed account of this and other cognitive theories can be found in Chapter 2).

The work undertaken on the psychology of learning has had much wider application and has led to the advancement of practice in other professions concerned with the care of children. Sociologists have borrowed these theories: for example, Eppel and Eppel (1966) looked at the influence of early learning on later moral behaviour. Educationists have also used learning theories (as one would expect) to inform classroom activities (Bruce, 2004; Child, 1997; Greenhow et al., 2009; Panton, 1945; Raban et al., 2003), and health care professionals, particularly those involved with health promotion activities with children (Davis et al., 2011; Klebanoff and Muramatsu, 2002; Taylor and Thurtle, 2005), have borrowed such theories to underpin their work.

Clearly, then, the impact of one profession's work has had a major impact on the practice of others. What is also interesting is to note that the impetus for much of this work came before, between and just after the two world wars. It is also interesting to speculate as to why learning became, and remains, so high on the research agenda. The lack of evidence in this area leads us to speculation and we do not pretend to have any or all of the answers. Perhaps the pioneering work in Germany by Froebel (see Woods, 2005) led to some action by educationists, perhaps academic comparisons with other developed countries prompted the need to ensure that children did not fall behind, or perhaps concern about the moral behaviour of adolescents was the prompt. The list of possibilities is endless.

Adolescent deviance, delinquency and morality

The moral values and standards of adolescents has long been a subject that has fascinated researchers, and it is the second major theme on which we focus. Concern was evident for a very long time before the 1950s and 1960s, but it was during these two decades that it became an explosive subject and the focus of a great deal of research. There was much speculation as to whether deviance and delinquency were attributable to genetic or environmental influences, or a combination of both, and particular emphasis was placed on increasing the understanding of the effect of early environmental variables on later delinquent behaviour. This is a fine example of what Schaffer (1998) described as focusing

on those who showed abnormal behaviour rather than focusing on those who showed normal behaviour.

Again, because of a lack of evidence, we are left to speculate as to why there was such a burst of activity in this field during these decades. The origins of activity probably lay in the interest in a group of young people who had been born during, or just after, the Second World War and who lived their adolescence during the 'flower power' era with its perceived association with sexual freedom, illicit drug taking and a greater questioning by young people of traditional and cultural practices. What we saw here was perhaps a society trying and needing to find a cause for adolescent behaviour in the 1960s because the behaviour was so alien to them. Or perhaps society needed to find some answers because it wished to be absolved of any guilt on its own part in what was seen as declining adolescent morals. How much more comfortable it feels to be able to blame the birth control pill, television, drugs or alcohol, or the 'pop' music scene, than to attribute blame to oneself.

Whatever the reasons, as we have already stated, research into this area acquired an incredible impetus that influenced educationists, psychologists and sociologists, and that had a major influence on professional practice at the time. The publication of many studies in paperback form and adaption for a general readership, also influenced the media and public opinion. Notable studies included a study of the moral values and dilemmas of adolescents (Eppel and Eppel, 1966); a study by Morse (1965) titled *The Unattached*, involving three social workers working for three years with young people who had experienced varying degrees of family breakdown; Eysenck's (1964) study of *Crime and Personality*; and Storr's (1964) exploration of the effects of childhood on later perverse or deviant sexual behaviour. There are many, many more.

The interest in adolescent deviance, delinquency and morality is still one that fascinates us today although the focus of this work has tended to move away from issues such as family breakdown, which is now a part of everyday life for millions of children. The focus over the last decade has been much more interested in cultural differences, the influence of religion on young people's morality and the impact of widespread migration (Duriez and Soenens, 2006; Rutland et al., 2010; Svensson et al., 2010; Wikström and Svensson, 2010; Woods and Jagers, 2003).

Children's relationships

The third major research theme that deserves our attention relates to the relationships children have with their parents, in particular, and the effects of 'unusual' relationships on child development. This theme had been apparent in literature earlier in the 20th century but became high on the agenda after Bowlby (1951) made bold claims about how important early caring relationships are to the ability



to love in later life (an account of this and other theories of emotion and relationships can be found in Chapter 2). Bowlby's (1951) work was extremely influential and, as a result, a World Health Organization Expert Committee (1951) declared that if day nurseries and crèches were allowed to proliferate, then permanent damage would be caused to the emotional development of the future generation.

We have, in the previous two sections, hypothesized as to the impetus for research and would like to do so in this section. It is not very difficult. The economic climate following the Second World War was such that, politically, it was desirable to encourage women back into the home so that men returning from the war could find employment in jobs, which had, during the war years, been undertaken by women.

In the years that followed Bowlby's publication, a great deal of research was undertaken that sought either to confirm or dispute Bowlby's claims. Such research includes: studies by Ainsworth et al. (1978) into secure and insecure attachment; Newson and Newson's work (1963) into patterns of infant care; Stern's (1977) work on the infant and mother relationship; and the Robertsons' work (Robertson and Robertson, 1989) on separation.

The work in this field did not, however, end there. The nursing profession at first ignored the work undertaken by psychologists which was critical of the practice of separating sick children from their parents. The publication of studies by Douglas (1975) and Hawthorn (1974) highlighted the immediate and potential long-term effects of separation, and the inception of the National Association for the Welfare of Children in Hospital (NAWCH), which later became Action for Sick Children, led eventually to a structured campaign to change practices within hospitals. It was, however, several years after the publications of these studies that practices changed on a large scale.

Work in this field was also transmuted in the past three decades to focus on the effects of divorce on children and the effects of living in one-parent families and reconstituted families. According to the 2001 census in the UK, 22% of children lived in a one-parent household (Office for National Statistics, 2003) and we expect this to have risen when the 2011 census data are published (expected July 2012). Such studies, including those by Dunn (2004), Dunn and Deater-Deckard (2001), Guidubaldi et al. (1986), Hetherington and Stanley-Hagan (1999), Hetherington et al. (1979, 1985) and Kulka and Weingarten (1979) highlighted important variables that influence how children are affected by different situations, though it is difficult to draw generalizable conclusions. Clearly, however, this is another example of how research has mirrored the issues of contemporary society – the divorce rate increase correlates positively with the amount of research activity in the field.

The emphasis of research has again seen a shift over the last decade as practices change. For example, children experiencing child care because their mothers work and divorce are so commonplace and certainly not unusual enough to warrant



singling out children to study the effects on child development. The focus of research activity has again shifted to mirror what is happening in society. For example, there has been much emphasis on issues such as living in multiracial families (Crawford and Alaggia, 2008; Song, 2010; Wright et al., 2003) and migration (Madianou and Miller, 2011; Wong et al., 2010).

Child health and illness

The last major theme we will focus on relates to child health and the research that has been undertaken in this field. There has always been concern about the health and well-being of children, and assumptions are wrongly made that in the past people had large families, expecting some of their children to die, and therefore the death of a child did not, somehow, matter. Death and illness did matter very much and the fact that well over 100 children in every 1000 still died before their first birthday in the first decade of the 20th century means that there are still elderly people alive who can attest to the pain caused by the death of a sibling. Infectious diseases, such as tuberculosis, cholera, typhoid and diphtheria were rife at the time and spread through communities, often killing several members of a family within days or weeks of one another.

Over the 20th century a great deal of progress was made. The discovery of antibiotics and the introduction of wide-scale immunization, as well as the inception of the National Health Service (NHS) in 1948 in the UK, had a huge impact on mortality and morbidity in childhood. Yet, research in this field is again typical of the concerns of society. While children were dying of infectious diseases the focus of research was on cure and prevention. In the late 1980s and early 1990s, the major cause of infant mortality was sudden infant death (SID), and researchers turned the focus of their attention to this field. As a result of research (see, for example, the Foundation for the Study of Infant Deaths website) practices of childcare have changed, including laying babies on their backs to sleep, placing their feet near the foot of the cot to prevent them sliding down the bed, recommendations about optimum room temperatures and recommendations about not smoking near babies.

A further area of research, which can be seen to be a direct response to societal issues in child care, relates to children and families with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)-related conditions. When it first became apparent that children were being infected and affected by HIV, particularly those who had been infected by receiving contaminated blood and blood products, research tended to focus on the rates of infection (Husson et al., 1990; Prose, 1990). More recent research has focused much more on the prevention of infection and on therapeutic approaches to infected and affected children (Miller et al., 2006; Stine, 1997). Research has not

only been confined to doctors undertaking medical research but has widened its focus to include researchers from education, psychology and sociology who have added further to the body of knowledge within their own professions, and to the professions of others, by studying the effects of HIV and AIDS from a wide variety of perspectives (Bauman et al., 2002; Goodwin et al., 2004; Richter et al., 2009; Scanlan, 2010).

Child health is our last brief example of an area of research activity and, as we stated at the beginning of this section, it is impossible to do justice to all areas of research with children, nor do we attempt to do so. The intention of these examples is to look at how research is steered and to highlight how research is, and should be, reactive to society's problems. In our examples we have looked particularly at how issues such as culture and migration have influenced the research agenda. We have also set out to give examples of how research in one area will impact on other areas, leading to a cascade of research focusing on a similar topic but which has its own peculiar approach and perspective.

Conclusion

Research is vital to the health of a profession and likewise reflects the health of a profession. Professions can stagnate and fail to increase or build on existing knowledge bases, as we have seen throughout the past few decades. At other times, however, a particular research theme has emerged from society and has captured its imagination. At these times researchers from many professions will, individually or in collaboration, focus on different aspects of the same topic. When this happens real progress is made.

Research is not only vital for the health of a profession but is also essential for the client group the profession serves – in this case, children and their families. The rest of this book is about the importance of research for the good of our chosen client group, who are special people and who deserve special consideration.

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