ethics of caring in the child-friendly projects: new challenges

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abstract
This paper aims to consider the implications of Noddings’ ethics of care theory for child-friendly projects and their underlying philosophical assumptions. It is explained that this theory with its emphasis on the children’s needs and rights and, more importantly, the emphasis on the care relation and care encounter indicates how Noddings’ main concepts and ideas could be taken into consideration in exploring the challenges of implementing child-friendly projects. Therefore, the main concepts of ethics of care theory including need and right, empathy and sympathy, receptive and projective, care about and cared-for, expressed and inferred needs were investigated by considering their connection with the origin and the destination of child-friendly projects. Accordingly, a series of questions was set out to illustrate the theoretical challenges that are posed in implementing any child-friendly project. These questions were also categorized in light of three core characteristics of Noddings’ theory of caring: 1) relational ontology; which refers to the relational nature of children life, 2) attention with concern; which refers to the moral sentiment/non-rational life of children and 3) particularism; which refers to the singularity of children’s lives. As individuals/researchers and as members of the child-friendly community we can focus on these questions to understand the challenges of the project and provide a potential instrument for its qualitative evaluation.

keywords: child-friendly projects; ethics of care theory; children rights; children needs.

ética de la atención en los proyectos amigos de la infancia: nuevos desafíos

resumen
este texto tiene como objetivo considerar las implicaciones y los supuestos filosóficos subyacentes de la teoría de la ética del cuidado de Noddings para proyectos amigos de niñas y niños. Se explica que esta teoría, con su énfasis en las necesidades y derechos de las niñas/niños y, más importante aún, el énfasis en la relación de cuidado y el encuentro cuidadoso, indica cómo los principales conceptos e ideas de Noddings podrían ser tomados en consideración al explorar los desafíos de la implementación de proyectos amigos de niñas y niños. Por lo tanto, aquí se investigan los principales conceptos de la teoría de la ética del cuidado, incluidos la necesidad y el derecho, la empatía y la simpatía, la receptividad y la proyección, la atención y el cuidado, las necesidades expresadas e inferidas, considerando su adaptación al origen y destino de los proyectos orientados a los niños y niñas. En consecuencia, se formuló una serie de preguntas para ilustrar los retos teóricos que pueden haber surgido en la ejecución del proyecto amigo de niñas y niños. Estas preguntas también se clasificaron a la luz de tres características fundamentales de la teoría del cuidado de Noddings: 1) ontología relacional; que se refiere a la naturaleza relacional de la vida de niñas y niños, 2) atención con preocupación; que se refiere al sentimiento moral/vida no racional de niñas y niños y 3) particularismo; que se refiere a la particularidad de la vida de niñas y niños. Como individuos/investigadores y como miembros de la comunidad de amigos de niñas y niños

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podemos centrarnos en estas cuestiones para comprender los desafíos del proyecto y ofrecer un potencial para su evaluación cualitativa.

palabras clave: proyectos amigos de niñas y niños; teoría de la ética de la atención; derechos de la niñez; necesidades de niñas y niños.

ética da atenção nos projetos de ajuda a infância: novos desafios

resumo
Este artigo tem como objetivo considerar as implicações da teoria da ética do cuidado de Noddings para projetos amigo da criança e seus pressupostos filosóficos subjacentes. Explica-se que esta teoria com sua ênfase nas necessidades e direitos das crianças e, mais importante, a ênfase na relação de cuidado e no encontro de cuidado indica como os principais conceitos e ideias de Noddings podem ser levados em consideração na exploração dos desafios da implementação de projetos amigáveis às crianças. Portanto, os principais conceitos da teoria da ética do cuidado incluindo necessidade e direito, empatia e simpatia, receptivo e projetivo, cuidado e cuidado, necessidades expressas e inferidas foram investigadas considerando sua conexão com a origem e o destino do amigo da criança projetos. Consequentemente, uma série de questões foram formuladas para ilustrar os desafios teóricos que são colocados na implementação de qualquer projeto amigo da criança. Essas perguntas também foram categorizadas à luz de três características centrais da teoria do cuidado de Noddings: 1) ontologia relacional; que se refere à natureza relacional da vida das crianças, 2) atenção com preocupação; que se refere ao sentimento moral/vida não racional das crianças e 3) particularismo; que se refere à singularidade da vida das crianças. Como indivíduos/pesquisadores e como membros da comunidade amiga da criança, podemos nos concentrar nessas questões para entender os desafios do projeto e fornecer um instrumento potencial para sua avaliação qualitativa.

palavras-chave: projetos amigos da criança; teoria da ética da atenção; direitos da criança; necessidades das crianças.
introduction

Since 1989, national and international institutions have paid great attention to recognition, identification, and realization of children's rights and consequently, some conventions were ratified. For example, International Children's Emergency Fund approved by UNICEF and 90 countries committed to implementing the Convention on the rights of the child. The number of committed countries increased to 193 in 1992 and 197 today. So it is one of the most influential international conventions (UNICEF 2020). Besides, according to the Convention on the Rights of the Child, welfare and life quality of child is defined as an index of a healthy environment, good government, and sustainability (Malone, 2013a). Based on UNICEF report (2004), the principles of sustainability are the simultaneous attainment of environmental, social, and economic goals and realizing the today's children's rights without ignoring and endangering the rights of future children.

Furthermore, in 2004, UNICEF approved the official document of the framework for building child-friendly cities. Although the child-friendly city can rarely be defined in a way that attracts universal agreement, and it is also challenging to think about its meaning without addressing questions about the very localized character (Van Vliet & Karsten, 2015), however, for UNICEF (2004), a child-friendly city is a local system of good governance that is committed to the realization of children's rights. The primary purpose of this document is to improve children's current lives by recognizing and realizing their rights. According to the document, building a child-friendly city is an efficient process that should be actively involved with children and their real life. State and local governments should manage this process by the cooperation of children, families, and all those who influence the lives of children. Hence, in this official document, strengthening the participation of children in issues affecting their lives, listening to their opinions and paying attention to these opinions in decision-making processes has been considered as an essential element of building a child-friendly city.

Following such conventions and documents, several projects including the child-friendly environment (CFE), a child-friendly city (CFC), a child-friendly
hospital, a child-friendly school and the like have emerged to allow children’s rights, child participation, child well-being, child hygiene, child healthiness, child safety, child security, child happiness, and child satisfaction around the globe to flourish. The common goal of all these projects is the cultivation of caring in society by creating a favorable environment through adult-child collaboration. They are committed to support, realize, and preserve children's rights and to give priority to their benefits (UNICEF 2004, 1, Ergler et al., 2015, Chan et al., 2016). Accordingly, arguably the focal point of all of these projects is a kind of "caring encounter" to the children.

Nel Noddings, the founder of the ethics of care theory, believes that "care" forms the foundation of human life and is a kind of need-based ethical function. Accordingly, she argues that the ethics of caring for children occurs when teachers and any other carers are fully aware of the needs and desires of children. For her, the person who wants to take care of children should know genuinely what kind of care the child needs at a particular moment of care (Noddings, 2005).

Furthermore, Noddings (2015a) believed relation is at the heart of caring. In the relational approach, she emphasizes that the care of the children requires their approval. Therefore, care is a three-dimensional process, including cared-for, carer, and caring encounter. Noddings believes that since this relation triangle is not realized in care performance of adults to children, children do not recognize a caring encounter with their parents, and they feel loneliness. Hence, the primary purpose of this paper is to explain Noddings' ethics of care theory as an underpinning to reflect on critical issues regarding the implementation of child-friendly projects in creating a healthy and friendly environment for children.

Reflection on child-friendly projects inspired by the ethics of care theory

Historically, the starting and ending point of the child-friendly project is the idea of meeting children's rights. This idea was recognized through the ratification of the Convention on the Rights of the Child in 1989 (UNICEF, 2020). Given that children are a vulnerable group of any society, UNICEF has mandated countries to meet the rights of the children in the local community and even in government by adopting effective strategies to improve their lives globally. Accordingly, the national project of creating the child-friendly cities was officially ratified in 2004 by UNICEF. The
document states that realizing children’s rights requires to create child-friendly environments. Based on this document, the child-friendly city is a local system of good governance that is committed to the full realization of children’s rights. Also, in the child-friendly environment; sounds, needs, priorities, and rights of the child are integrated with policies, plans, and public decisions. The project of child-friendly cities supports local societies and governments to implement the Convention on the Rights of the Child and establish communities to meet children’s needs (UNICEF, 2017). Thus, meeting children's rights is the origin and destination of child-friendly societies.

Equally important, realizing the rights of children is strongly depended on the active and informed participation of children in decision making that relates to their lives (UNICEF, 2004). Article twelve of the Convention on the Rights of the Child recognizes the children’s right to express their views freely in all matters affecting them. Therefore, the designers and administrators of the child-friendly project should take measures to ensure that children actively participate in the process of the planning, implementation, monitoring, and evaluation.

Nowadays, there is a consensus that children are the best authentic informants of their world. The experiences of Wilks and Rudner have highlighted two crucial points for a rationalist planning setting: the competency of children to participate in urban planning and design and legitimizing children’s participation in the project cycle (Wilks and Rudner, 2013). Thus, UNICEF (2017) recommended the several ways including social media, surveys, petitions, focus groups, youth groups or local meetings, school councils, youth councils or local children’s parliaments, to involve children in promoting a child-friendly project. Even, to ensure the participation of children is ethical, safe, and meaningful, it is necessary to increase the quality of child participation in compliance with some of the following basic requirements.

1. **Transparent and informative:** Children should become aware of their rights and express their idea freely. Their point of views should be considered, as well. This information should make it clear to the children where their participation will take place and what its scope, purpose, and impact are.

2. **Voluntary:** Children should be free to express their point of view. Also, they should be informed that they can stop their participation at any stage.
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3. **Respectful**: Children deserve to be treated with respect and having opportunities to generate their ideas and to create a creative action.

4. **Relevant**: Children deserve to be provided with the opportunities to express their opinion regarding issues about their lives.

5. **Facilitated with the child-friendly environment**: Working with children requires consideration of their age and cognitive development and also providing them with a wide range of variety of levels of support and participation. Children should have enough time, resources, and self-confidence to share their ideas.

6. **Inclusive**: Child-friendly projects require that all groups of children, including marginalized children, have a chance to give voice to their life. It should avoid any discrimination and be culturally sensitive to the children of all communities.

7. **Supported by training**: Adults need preparation, skills, and support to facilitate the active participation of children.

8. **Safe and sensitive to risk**: Expressing children's views, in some specific situations, may be risky for them. The adults are responsible for minimizing the risk of violence of children and the exploitation of children or any other negative consequences. Children should be informed about their rights to protection.

9. **Accountable**: Children should be aware of how their ideas are interpreted or used. Besides, they have a right to receive a clear feedback on the consequences of their participation. It is also essential to provide opportunities for children to be involved in the monitoring and evaluation of the quality of the child-friendly project.

According to the requirements mentioned above, the starting point, and the ending point of child-friendly projects is also to fulfil the children's rights. Despite the extensive prelude and the global agreement, several decades of progress, and establishment of the firm target, Ergler, Smith, Kotsanas & Hutchinson, (2015) assert that the primary objectives of the child-friendly projects have not been realized in practice yet. The primary reason for this deficiency is that the majority of the projects are performing under adults' perceptions and control.

Indeed, I am concerned with the supposed child-friendly project today. I reconsider such projects with reference to the Nodding's theory of caring. This theory
with its emphasis on the children’s needs and rights and, more importantly, the emphasis on the care relation and care encounter indicates how Noddings’ main concepts and ideas could be taken into consideration in exploring the challenges of implementing child-friendly programs. The theoretical underpinning of the planning, implementing and evaluating such a project could provide us with a potential to make an appraisal of the quality of the project.

According to Noddings, most people believe that if we all are more careful about each other, the world would be a better place to live (Noddings, 2002, 11). Despite the consensus, there is still a philosophical question which focuses on the meaning of caring. Therefore, we need for a careful philosophical reflection on the meaning to show that different meanings of caring affect what we mean by a child-friendly school, child-friendly city and child-friendly hospital and the like. In this paper inspired by Noddings’ theory of caring, I will give close attention to the meaning of caring and the key contestable concepts in the theory of caring to explain some new challenges in the child-friendly project.

As a starting point, Noddings point out that there are two crucial initial questions regarding care: “how can we avoid harming ourselves and one another?” and “how can we care better for one another?” (Noddings, 2002, 11). These questions have an interrogative aspect; therefore, a person who wants to care for someone should think about the behaviours that can be harmful to her/himself or others and avoid doing them. Moreover, the carer or any person who takes care of others should ask the opinion of a person, who is under care, about her/his needs and desires in a given context and then he/she tries to find an approach to perform better care.

Therefore, talking to cared-for and carefully listening to his/her is central in the caring process. In this conversation, the caregiver should suspend his/her pre-given thoughts about “cared-for’ needs” and listen to their point of views to explore their actual needs and desires. Pure dialogue requires asking children to think aloud. In this process, the caregiver pays close attention to the cared-for and asks for permission to hear his/her thoughts. The caregiver carefully and receptively listens to the cared-for and tries to understand her/his actual needs, by asking some questions such as “what are you going through?”, to identify and fulfil proper actions to realizing the needs. As Dewey clarified, it makes children happy: “To find out what one is fitted to do and
to secure an opportunity to do it is the key to happiness” (Dewey, apud Noddings 2012a, 778).

Noddings reflected on the starting point of the caring encounter (carer with cared-for) and employed some binary opposition/key concepts including “projective and receptive, empathy and sympathy, caring about and caring for, and inferred needs and expressed needs” to describe this condition. All these are inspired under the three core characteristics of Noddings’ theory of caring: relational ontology, attention with concern and particularism. Relational ontology is directed toward “relational being and caring relation that are central to ethical human living (20). This ontological principle brings with it an ethical principle of relational responsibility” (30). “Attention with concern is directed toward the cared-for” (32), her/his needs that is a framework for personal caring encounters. The personal encounter is essentially non-rational rather than the sense of such duties in a Kantian account. Particularism, directed toward “the carer responds to the cared-for relative to the particularities of the given situation in the personal encounter” (35) (Falkenberg, 2006, 20-35).

**empathy/sympathy**

Douglas Chismar (1988) believes that extensive overlap of empathy and sympathy can result in mistakenly tossing them into one terminological basket. If the difference between the two words is neglected, it may affect the quality of the emotional interaction of individuals with one another, and lead people to not having good behavior with each other (Chismar, 1988).

Noddings believes empathy is a new word emerging from the beginning of the twentieth century in the English language; it means the intellectual identification of the feelings, thoughts, and attitudes of others, which occur to understand another’s mind. In other words, in the process of empathy, the individual understands and responds to the feelings of others through similar experiences (Noddings, 2010a). Therefore, empathy is self-oriented. It means that one understands the feelings, perceptions, and beliefs of others by referring to their own feelings and perceptions, beliefs, and values. Hence, empathy does not of itself inspire interactive and sympathetic feelings. In the process of empathy, the person shares the feelings with
others but does not necessarily accompany the feeling of affection, positive attitude, or desire to help others (Noddings, 2012a).

For example, consider a child who has beaten his friend, and parents or teachers ask him/her to be aware that his/her friend has been hurt. If they ask the child, "How would you feel if your friend did the same thing with you?", the guilty child may say he/she hurt me. Noddings argues that the experience of those who worked with children shows that this strategy often fails (Noddings, 2010b).

The important point is that because in empathy the individuals use their feeling to communicate with others and they do not spend enough time to understand them, so a pathetic fallacy occurs, and others’ feelings are considered based on own ones (Noddings, 2012a, 2010b). Noddings believes the word; “sympathy” has a long history and it means feeling with another that, unlike empathy, can be contagious to other people. It means that we feel happy in the presence of those who are happy and feel sad by those who are upset. In other words, with sympathy, others’ happiness genuinely makes us feel pleasure, and sadness of others genuinely makes us feel unpleasant (Noddings, 2010a). In sympathy, there is an eagerness to pay attention to the other, a passion for listening to another and for perceiving his/her emotions, needs and interests and any attempt to help him/her, but in the empathy, the main focus of perception of another and helping him/her will be based on our experiences the feelings of another.

Therefore, Noddings (2012b) states that in sympathy that occurs in the caring relation, the carer tries to bracket his/her feelings, values, and perceptions and only focuses on the cared-for’s needs and desires to find the best approach for meeting them. Hence, sympathy is other-oriented. Unlike empathy, the start point of sympathy is from others and has two cognitive and affective aspects. It means that in sympathy, the individual tries to understand and identify other’s feeling to meet his/her needs and desire for making him/her happy (Noddings, 2012a).

To stimulate sympathy in children, regarding empathy, instead of asking this question “How would you feel if your friend did this work with you”, we can ask such a question “How would your friend feel if he/she was beaten by his/her close friend?” By asking this question, we can help the child to evaluate the situation from the
perspective of his/her friends, and thus sympathy sense will be enhanced in him/her (Noddings, 2010a).

Therefore, Noddings stated that relational caring could not be reduced to empathy. In empathy when we say "I know how you feel," because it comes from our point of view and not the other, may lead to false perception and further pain and disgust of other (Noddings, 2012a and b). Chismar (1988) believes that the starting point of sympathy is from another (cared-for), while the starting point of empathy is from a caregiver. Sympathy is a constant concern for the other, and it leads to more support and care than empathy for the feelings of others. The sympathy is linked to a benevolent act toward another. Also, sympathy is a more altruistic form of empathy and its use in caring relation is more effective because it involves a deliberate and conscious desire for doing good for others and making others happy.

**projective/receptive**

Projective/receptive models are features of the cognitive and emotional domain of human life that appear in the process of human interactions and describe how an understanding of the words, perceptions, and feelings of others takes place. However, these two are different and therefore have different effects on how people interact and its sustainability.

The projective model relates to “caring-about”, and it shows a kind of empathy toward another. In projective, in order to understand the situation of others, the question is usually asked, how would we feel if we were in her/his shoes? Accordingly, we answer these questions by referring to our own same experiences, and we try to understand the position of another person by recalling the feelings that we have been obtained under the similar experiences before (Noddings, 2015b and Ergler, Smith, Kotsanas, and Hutchinson, 2015).

As mentioned before, in the projective model, one tries to understand the needs, desires, feelings, and perceptions of others based on his/her own experiences. Due to individual differences and the diversity of culture and environment, people become different persons. Therefore, a person who projects his/her needs instead of another’s needs may fall into a “pathetic fallacy”. In empathy, usually caring relation is done based on such an action, and so, real listening does not occur (Noddings, 2002).
Noddings (2002, 2012a) described the receptive model as a fundamental characteristic of caring relations using the term "engrossment." Engrossment is a state in which the caregiver tries to understand the cared-for’s real feelings through a "receptive attention" and "feeling with." In the receptive model, the mind and heart of the caregiver are genuinely open to understanding the cared-for, and he/she is susceptible to the cared-for’s feelings. In this situation, the caregiver becomes sad or happy with the cared-for’s happiness or sadness (Noddings, 2012a).

Receptive listening is a powerful intellectual and emotional tool in caring relation. Therefore, the receptive model can contribute to the sustainability of caring relation (Noddings, 2010c). In the receptive model, the carer avoid imposing his/her perceptions, feelings, and needs to another. It is an aspect of sympathy in which the caregiver tries his/her best, using his/her creative art of listening, during dialogue to understand the emotions and thoughts of the cared-for. Therefore, it is possible to provide a favorable situation to think and to assess what the caregiver can do to meet the cared-for’s needs and desires (Noddings, 2010b).

“caring about” and “caring for”

Noddings (1984) contends that there is a qualitative difference between "caring about" and "caring for." She argued that "caring about" is used for objects and ideas, while "caring for" is used for persons. However, people ignore the difference between these two terms and use both terms in everyday life. For example, it is usually stated that Mr Smith cares about the lawn of his backyard, or Mrs Brown cares for her kitchen more than her children. Noddings pointed out that such statements could not be considered meaningful for persons. So caring for a lawn or taking care of a kitchen is not the same as care of a person. Here, people care more about their interests than other's interests and desires. In such a situation, humanity is not taken into consideration, and the caregiver focuses on "caring about" her/his surrounding objects and belongings more than "caring for" others (Noddings, 1984).

Besides, "caring about" is the lower level of "caring for," and it is more often used when face-to-face communication with the cared-for is not possible. The cared-for may be too far away from the caregiver, and they never have a chance to meet each other throughout their life. In such situations, caregivers care about people who, for
whatever reason, such as war, hurricanes, earthquakes, floods, and the like, are suffering, feeling cared for, and building them to help solve problems or provide services. For example, they deposit an amount of money into a bank account set up for this purpose. Nevertheless, they do not worry about whether this help has reached the real needy or not, and they do not search, but go about their daily lives. Thus, such care may create a sense of "self-satisfaction", "self-righteousness" or even "benign negligence" in the caregiver and, which may lead to some kind of objective evaluation towards another. In "caring for" the caregiver tries his/her best to understand the actual needs of the cared-for through pure and face-to-face dialogue and tries to meet the needs in such a way as to make him/her happy (Noddings, 2000 and, 2002).

Despite what was mentioned above, when helping others become a desire, "caring about" turns to a concept of justice. This situation is significant because it can often be an instrument that can be used to create the conditions under which "care for" flourishes. Hence, every "caring about" does not turn to "caring for”, but it can provide a suitable environment for understanding, realizing and developing "care for" in society.

**“expressed needs" and "Inferred needs"**

Noddings believes that there is a significant distinction between expressed and inferred needs in light of the appropriate meeting of the real needs of children. Most of the needs that educators have identified for learners are categorized under the inferred needs. Although such needs are introduced as children's' needs, they are not needs expressed by the children themselves. Indeed, inferred needs have not been consciously recognized by learners. They may conflict with the real needs of children, and even due to the excessive insistence of the essential needs we have already identified, the real needs and desires of children may be denied or suppressed (Noddings, 2003 and 2005).

In the context of ethics of care theory, expressed needs arise from the cared-for and inferred needs derive from a caregiver (Noddings, 2005). The expressed needs are hidden, and they can be found through face to face dialogue with children. These needs are influenced by the cultural context in which the children live. It is not easy to generalize the results of studying and discovering the expressed needs of children of
a particular country or region to other nations or other areas. Considering the expressed cultural and region oriented needs of children, indigenous and cultural barriers can be prevented while providing children with happiness (Noddings, 2008). Therefore, it is essential to discover the children’s real needs through face to face dialogue and suitable ways to make children happy and satisfied (Noddings, 2005). However, it should be emphasized that all expressed needs and desires do not always indicate the real needs of the children, so it is necessary to consider the following criteria to determine a real need:

- the desire that is relatively stable and critical for a person over a while
- the desire that results in some favorable outcomes or at least it is not harmful to them
- the desire that a child is able and willing to contribute to meeting it
- Of course, all of these criteria should be evaluated through face-to-face dialogue.

In contrast, "inferred needs" arise from the intellectual and work context of caregivers. Caregivers may have carefully considered the cared-for’s circumstances, available resources, and cultural demands, but, it is still necessary to evaluate them in dialogue with children. In this dialogue, either the child should convince the caregiver that those needs are not in line with their real needs and must change or if needs are essential, the caregiver should persuade the child, that the fulfilment of those needs affects his/her development and excellence (Noddings, 2002 and 2006).

Creating a balance between the expressed and inferred needs is of crucial importance. A caregiver can show their interest in rethinking the inferred needs of children by dialogue. Also, the cared-for are encouraged to have a reflective appraisal of their desires, needs, and goals again. Accordingly, the cared-for will hope that the caregiver will listen to his/her needs. So if those needs are not met, he/she can deal with it logically. In this case, the cared-for feels that his/her expressed needs are considered positively and sensitively. Therefore, he/she receives or confirms a caring encounter (Noddings, 2005).
conclusion

What are the challenges in child-friendly projects? Perhaps one of the best ways to answer the question is taking into account a theoretical analysis of the project which could be considered to justify its underlying principles. This paper aims to renewal and strengthening of the tie between philosophy and child-friendly projects. Accordingly, I am demonstrating the utility the ethic of care theory to cultivate the domain of child-friendly project and to deepen our understanding of its theoretical underpinnings. As mentioned before, the active and informed participation of children in caring activities and the meeting of children’s needs and the realization of their rights are prerequisite for the implementation of child-friendly projects. Both, the ethic of care theory and child-friendly project emphasize actual care implementation, requires to engage children to have meaningful participation in the whole process including design, implementation, monitoring, and evaluation of any child care program. A central concern in both the care theory and child-friendly projects is to prevent potential discomfort, inconvenience and harassment that can affect the well-being and health of children. Accordingly, based on the main concepts of the theory of caring, the following questions are posed to illustrate the theoretical challenges facing the child-friendly project. I have categorized issues in child-friendly projects into three dimensions of the theory of caring: relational ontology, attention with concern and particularism. By categorization, we as individual/researchers and as members of the child-friendly community can see that the focus of several questions facilitate understanding the challenges of the project and provide a potential for the evaluation of the quality of the project.

- Questions on the relational nature of children life:
  1. In child-friendly projects, is there an authentic dialogue with specific techniques to listen carefully to children’s opinions and discover their actual needs and desires?
  2. How are empathy and sympathy used in the caring conversation to develop the implementation of the child-friendly project?

- Questions on the moral sentiment/non-rational life of children:
1. Do researchers evaluate and identify the child-friendly projects in terms of potential injuries to children? What kind of solutions do they offer to the possible problems?

2. What is the starting point of the child-friendly project? Have the researchers' perceptions of children’s needs been gained from dialogue with children or just through considering the teachers', scholars', and policymakers' perceptions?

3. What is the place of “motivational displacement” (the caregiver should temporarily put aside her/his norms and values and flow her/his motivational force towards cared-for needs and plans.) in child-friendly projects? To what extent do they use motivational displacement in face-to-face communication with children?

4. Which strategies are used by child-friendly policymakers, designers, teachers and other practitioners to supply children's needs? Do they pay concern to children’s perception of these strategies? Are children interested in these strategies? How satisfied are the children with the strategies used?

5. To what extent are the emotional and cognitive dimensions of the child-friendly project considered in a practical sense? Are the children’s ideas respected and taken into account in a receptive approach? Is the content of the children’s perspective taken into account through the caring relation?

6. What is the place of caring about and caring for in the child-friendly projects?

- Questions on particularity of children’s lives:

  1. To what extent do the designers and practitioners of child-friendly projects receive their feedback on the actions taken? Are these feedbacks used as an essential source of improvement and changing the next steps in these projects?

  2. How do child-friendly projects consider the cultural, technological, and historical contexts of children to discover their needs and allocate the necessary resources to meet the children needs?

  3. To what extent are the rights raised in the child-friendly projects inspired by the real needs of the children, developed during face-to-face conversations with children? In these projects, what is the place of adults' perceptions and their presupposition about children's needs in determining the children’s rights? Is it
necessary to reflect on and reexamine the prescribed children's rights in child-friendly projects? Are the rights of marginalized children also taken into consideration?

4. How do we encounter the needs of children in child-friendly projects? How do children-friendly projects balance between inferred needs and expressed needs of children?

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