Canada is among the world’s most prosperous nations, yet its standing in the health of children is remarkably poor. To improve the health and quality of life for children (and youth), we must improve the quality of care they receive.

Improvement means fully engaging children and their families in research. The stories shared by children and their families illuminate the problems that current healthcare practices and interventions either do not address or can actually create. To amplify their voices, Dr. Woodgate uses a variety of research methods including arts-based qualitative methods such as drawing, photovoice, theatre and body mapping.

Dr. Woodgate engages children in the process of developing research projects as well as the policy and service recommendations that result from the research. Her approach to research brings the lived experiences of patients together with the experiences of healthcare providers and policy makers to develop solutions that are more effective for those receiving and delivering care.

Dr. Woodgate is developing a pioneering model that will promote our understanding of how best to engage children in health research and healthcare.

The following studies have been informed by key gaps in literature and policy, unmet clinical needs and gaps identified by participants in Woodgate’s work. The findings will improve healthcare outcomes and quality of life and further the development of the child and youth engagement model.
KEY ISSUES IN CHILD HEALTH

Understanding Meaningful Child Engagement in the CHILD Study
Using an existing national study that has recruited more than 3,500 children and their families, this project will work to understand what facilitates and what hinders child engagement in health research.

Respite Care
A child with a chronic illness or disability requires complex care at home, which is time-consuming, costly and stressful for the entire family. The respite care they currently receive often does not meet their actual needs. This project will build a theoretical framework on which a new respite model will be developed and evaluated.

Promoting the Health of Youth Aging Out of Care
Youth under the protection of Child and Family Services face uncertainties when turning 18 because of the abrupt end in the receipt of services and supports. Evidence is required to understand the various needs, barriers, opportunities and outcomes faced by youth aging out of care that will help them transition successfully into adulthood.

Self-Harm Among Youth
Self-harm among youth in Canada is increasing, with 1 in 4 youth injury hospitalizations due to intentional injuries. There remains a significant gap in our knowledge of the needs of youth who self-harm and their families. This project will lay the groundwork for health promotion materials and new interventions to improve their lives.

Blending Indigenous and Western Models of Well-Being
Mental disorders are common childhood illnesses, yet receive little attention. These issues are significantly complicated for Indigenous children and yet culturally-appropriate services are often lacking. This project aims to develop and evaluate a hybrid model of mental health that includes a western approach alongside Indigenous teachings to improve their well-being.

Through Dr. Woodgate’s research and development of this new child engagement model, we can improve the health and quality of life for children and their families.