WORKING PAPER 3

TOWARDS ETHICAL GOOD PRACTICE IN CASH TRANSFER TRIALS AND THEIR EVALUATION

Neil Howard
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ABOUT THIS WORKING PAPER

Although cash transfers are now widely used within development and social policy, there is still limited discussion over how (and indeed whether) cash transfer trials and research on them can respect ethical standards. This Working Paper assesses the latest ethics-relevant literature and advances a series of proposals for attempting to ensure that cash transfer trials can take place ethically and with respect for the best interests of participants. The paper thus strives to lay foundations for the CLARISSA programme's cash transfer trial in Bangladesh and the research that forms part of it.

Author
Neil Howard, University of Bath

Reviewers
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The Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA) is a consortium of organisations committed to building a participatory evidence base and generating innovative solutions to the worst forms of child labour in Bangladesh, Myanmar, and Nepal.

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ABBREVIATIONS AND ACRONYMS

CA contribution analysis

CLARISSA Child Labour: Action-Research-Innovation in South and South-Eastern Asia [programme]

IDS Institute of Development Studies

PAR participatory action research

RCT randomised controlled trial

WFCL worst forms of child labour

Section 1:

INTRODUCTION

1 INTRODUCTION

Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA) is a four-year programme led by the Institute of Development Studies (IDS). It aims to build a strong evidence base around, and generate innovative solutions to, the difficult, dangerous and exploitative work that children in the global South often find themselves in and which is labelled with terms like 'the worst forms of child labour' (WFCL). It is divided into four complementary workstreams focusing on social protection, social norms, supply chains, and child-led initiatives, and takes place in Bangladesh, Myanmar, and Nepal.

The objective of the social protection workstream is to design and evaluate a 'cash plus' trial, which will take place in Dhaka, Bangladesh, that seeks to enhance children's and families' freedom to resist and refuse children's involvement in hazardous work. This builds on political theoretical work that understands freedom as 'the power to say no', including to exploitative work (Widerquist 2013), and on the latest social protection research which suggests that cash transfers have the potential to reduce WFCL and thus need to be explored more fully as a potential policy response in the lead-up to achieving the Sustainable Development Goals (e.g. Roelen, Karki Chettri and Delap 2015; Bastagli *et al.* 2016; Roelen *et al.* 2017; Dammert *et al*. 2017).

This Working Paper aims to lay the ethical groundwork for the design of this trial and the research around it. To do so, it draws on literature addressing the ethical challenges involved in cash transfer programmes and the literature assessing the ethical pitfalls of experimental (or trial-based) research.[1] This literature combines insights from anthropology, development studies, economics, medical research, and applied philosophy.

1 This can be understood as research which seeks 'to actively experiment, in real-life situations, theoretical hypotheses in order to test their validity and produce more useful knowledge (than that provided by non-experimental research) for policy-makers of all sorts (governments, NGOs, philanthropists, international organisations, etc.)' (Baele 2013: 3).

Section 2:

CASH TRANSFERS AND THEIR EVALUATION

2 CASH TRANSFERS AND THEIR EVALUATION

Since they were first introduced in the 1990s, cash transfer interventions have spread exponentially throughout the fields of social and development policy, forming a key part of social protection strategies worldwide. Defined as 'direct, regular and predictable non-contributory payments that raise and smooth incomes with the objective of reducing poverty and vulnerability' (DFID 2011: 2), the success of the cash transfer 'travelling model' (Olivier de Sardan and Piccoli 2018b) has been so great that cash transfers have become 'the main form of intervention channelled in the direction of the most vulnerable families in low- and middle-income countries (LMICs)' (*ibid*.: 1). One recent study estimated that, pre-Covid-19, as many as 130 countries had cash transfer programmes in operation, with another calculating their share of total worldwide humanitarian aid to exceed 10 per cent (CALP 2018; also see Davis *et al.* 2016: iv and Bruers 2019). In the context of Covid-19, each of these figures has increased significantly (Gentilini *et al.* 2020).

The spread of the cash transfer model is in large part attributable to how efficient and effective cash transfers have been at achieving policy goals. Pioneering programmes in Mexico and Brazil, for example, aimed at increasing school enrolment amongst poor communities succeeded unambiguously (Akresh, de Walque and Kazianga 2013). Following this, newer programmes began targeting transfers at different constituencies and to different ends: to the extreme poor to reduce their poverty; to the elderly to reduce their dependency; or to expectant mothers to improve their calorie intake. Research on programmes across all of these domains suggests that transfers have consistently been successful and that their potential for expansion to other domains is high (DFID 2011: ii; Bastagli *et al.* 2016).

In their development phase, many cash transfer programmes begin as trials which are evaluated and, if successful, scaled. Typically, randomised controlled trials (RCT) are seen as the 'gold standard' in trialling and evaluation (Bédécarrats, Guérin and Roubaud 2020), since the discourse surrounding RCTs suggests that they can attribute causality in ways that no other method can (e.g. Banerjee and Duflo 2011).[2] RCTs function by selecting individuals who are putatively identical according to specific criteria and then randomly assigning them to treatment and control groups. The treatment – in this case, cash transfers – is administered before statistical tools are used to measure what changed and to what extent this was caused by the treatment.

Although the literature on cash transfers and on experimental methods (in particular RCTs) is by now ubiquitous, literature which focuses specifically on the *ethics* of either is still relatively limited. The Cash Learning Partnership (CALP), for example, is a global collaboration between humanitarian actors who collectively deliver the vast majority of cash and voucher assistance in emergency contexts worldwide. It brings together government, UN, and civil society actors, and its website is the largest documentary repository anywhere related to cash assistance and cash transfers.[3] Tellingly, of the more than 1,200 grey literature documents it hosts, only three specifically address ethics. This is paralleled in both the development evaluation literature (Groves Williams 2016; Barnett and Camfield 2016) and in the wider academic literature on experimental social science (Barrett and Carter 2010: 519), although this latter has begun to take ethics more seriously, with ethics-related contributions (particularly in relation to RCTs) growing at a rapid rate (for recent contributions see Hoffman 2020; Kaplan, Kuhnt and Steinert 2020; Deaton 2020; Abramowicz and Szarfarz 2020). It is within this emerging body of work that the present discussion situates itself.

2 Even if that claim is widely disputed and has arguably been discredited (e.g. Deaton 2020).
3 See: www.cashlearning.org/.

Section 3:

ETHICAL CHALLENGES

3 ETHICAL CHALLENGES

Thinking through the ethical challenges involved in trialling and evaluating a cash transfer intervention requires two key steps: first, assessing the ethical issues relating to cash transfers (and social protection/development) more broadly; and second, examining the issues related specifically to experimental research endeavours such as trials. This section addresses both.

3.1 Ethical challenges related to cash transfers

The literature on the ethical questions raised by cash transfer programming identifies three primary issues: (i) conditionality, (ii) targeting and associated practices of exclusion/inclusion, and (iii) sustainability and exit. Each of these issues is important because under certain circumstances they may lead to harm.

We begin with *conditionality*. For most of cash transfers' short history, the preferred design of interventions has been conditional, since a common assumption among policymakers has been that without strict conditionality, programmes will fail to achieve their stated goals (see Dammert *et al*. 2017 for a good overview). Guy Standing is perhaps the most celebrated opponent of this position, arguing that conditions are both unnecessary and unethical:

> By definition, conditions are paternalistic, patronising and contrary to human rights and freedom. They are costly to apply, inefficient and inequitable, and may be counterproductive and create barriers of suspicion and resentment among recipients. They turn policy implementers into interferers, benevolent or otherwise. They also raise moral dilemmas. Suppose an impoverished mother is told that she can receive the payment only if her children go to school every day. If she cannot force her 12-year-old son to go, will the policy-maker take away the money, leaving the woman and son in dire poverty? (2014: 122).

A wide variety of commentators concur, arguing that conditions (a) represent a top-down exercise of power by the privileged over the vulnerable; (b) fail to respect individual autonomy; (c) undervalue contextual knowledge; and (d) often cause harm through humiliation and increased stigmatisation (Davala *et al.* 2015; Aste, Roopnaraine and Margolies 2018; Balen 2018; Piccoli and Gillespie 2018; Nagels 2018). On this latter point, there is abundant empirical evidence. The collection of papers in Olivier de Sardan and Piccoli's (2018a) recent anthropological study of cash transfer programmes, for instance, shows clearly how often those who police conditionality do so abusively and with many negative psychological effects on recipient populations (e.g. Nagels 2018; Piccoli and Gillespie 2018).[4]

The second key issue here is the use of *targeting* and associated practices of *exclusion/inclusion* in cash transfer programming. Every existent cash transfer programme targets in some way, since resources (and, more importantly, political will) are lacking for universal programming. This necessarily means drawing a line between who receives and who does not, who is *deserving* and who is not (Krubiner and Merritt 2017). Such line-drawing inevitably creates winners and losers, with important impacts on recipient and non-recipient wellbeing. For example, in their study of a long-term cash transfer trial in Kenya, Haushofer, Reisinger and Shapiro (2015: 3) found that, as a result of exclusion, the wellbeing of non-recipients declined by four times as much as the corresponding increase in wellbeing among recipients. Similarly, in their South African study, MacPhail *et al.* (2013: 2305–6) found both dissatisfaction among those excluded from the programme and an increase in bad feeling between the included and excluded. Anthropological researchers have begun to delve into these findings in greater depth, finding – unsurprisingly – that people perceive targeting to be 'unfair' and unreflective of local realities and inequalities. This is especially the case when targeting takes place *within* communities and without full buy-in as to the lines dividing the included and excluded (Olivier de Sardan and Hamani 2018). In the words of Olivier de Sardan and Piccoli:

> In communities that are characterised as being generally poor, targeting creates an externally imposed threshold effect between beneficiaries and nonbeneficiaries, and, in many cases, this division does not make sense to the populations and appears arbitrary or illegitimate from their perspective (2018b: 8).

4 There is, however, a commonly recycled argument in favour of conditionality that goes beyond the need to allocate limited resources effectively, which can accurately be described as paternalistic. This is the argument that, without appropriate 'guidance', transfer recipients will waste their newly acquired money on damaging temptation goods such as cigarettes and alcohol, causing harm to themselves and to others. Following this, conditionalities are defended as an ethical, protective necessity. Yet despite the wide reach of this argument, it has in fact been comprehensively disproved by empirical research on all continents. It should thus be discounted (see Evans and Popova (2017) for a meta-study on the question; see also Davala *et al.* (2015) for a detailed case study).

The third ethical concern here relates to *sustainability* and *exit*. Development agencies have long been criticised for short-termism and carelessness when it comes to managing the end of their interventions. The same applies to cash transfer programmes, since some agencies (though by no means all) fail to prepare recipients for the end of their support, in turn jeopardising the sustainability of any gains made. Recipients may, for example, adjust their behaviour in the expectation that support will be ongoing and then struggle to adapt when they learn that it is not (Levinger and McLeod 2002; Hayman *et al.* 2016). Evidently this may cause harm.

3.2 Ethical challenges related to experimental research

We now turn to the ethical challenges relating to experimental research. One of the first major contributions to thinking around this issue was Stéphane Baele's seminal 2013 paper, 'The Ethics of New Development Economics: Is the Experimental Approach to Development Economics Morally Wrong?', in which he surveyed the literature on what he calls 'the Experimental Approach in Development Economics' (by which he primarily means RCTs) and identified six major, un-addressed ethical problems that appear to plague the field. These are:

1. The 'hazardous calculus problem', or the problem of negative unintended (or even worse, intended) consequences.
2. The 'randomisation problem', which involves treating equal people unequally as a result of randomising across treatment and control groups.
3. The 'consent problem', which relates to the fact that many trials fail to respect individual autonomy by failing to seek informed consent from participants.
4. The 'instrumentalisation problem', which follows Kant's interdiction against treating people as means not ends and follows on from the absence of informed consent.
5. The 'accountability problem', which relates to the responsibility that researchers have towards participants when their experiments have damaging consequences – which often they have been shown to have had.
6. The 'foreign intervention problem', which concerns foreign actors intervening in the affairs of countries of the global South, at times with a political agenda and at others simply as (neocolonial) researchers.

Similarly, in their paper, 'The Power and Pitfalls of Experiments in Development Economics: Some Non-Random Reflections', Barrett and Carter (2010) identify the following four ethical dilemmas as widespread and often un-addressed within the field of experimental social science research:

1. The violation of the 'do no harm' principle, which they view as 'perhaps the most fundamental ethical obligation of all researchers' (*ibid*.: 519).
2. The suspension of informed consent.
3. The blindness problem, which relates to randomisation and the fact that people in a control group often experience distress as a result of knowingly missing out on a potentially beneficial treatment.
4. The targeting problem, which relates to 'the unfairness and wastefulness implied by strict randomisation' in a context of scarce resources (*ibid*.: 521), meaning that people who do not need the treatment nevertheless receive it while those in need do not.

Other commentators echo these concerns and have begun to expand upon them. World Bank researchers Martin Ravallion (2014) and Berk Özler (2014) argue that experimental trials sometimes violate the 'do no harm' principle, including through inciting problematic behaviour among participants;[5] while scholars such as McKenzie (2013), MacPhail *et al.* (2013), and Haushofer *et al.* (2015) all caution against the manifold moral challenges inherent to the process of randomisation.

From this literature, the following list of overarching, interrelated issues can be distilled as of relevance to the ethics of trial-based research such as that comprised by CLARISSA's 'cash plus' pilot. Each will be discussed in turn:

- **Negative consequences that do harm to participants (intended or unintended);**
- **The side effects of randomisation;**
- **The instrumentalisation of participants;**

5 There are numerous infamous examples of experimental RCT projects giving financial inducement for behaviour that is either illegal or socially damaging, some of which are cited in Ravallion (2014) and Özler (2014). Humphreys (2015) also covers a handful.

- **Informed consent;**
- **Researcher accountability; and**
- **The potential coloniality of foreign intervention.**

3.2.1 Negative consequences that do harm

The 'do no harm' principle is seen as foundational by research handbooks of all stripes and by all Ethical Review Boards. In his summary for the European Commission, for example, ethicist Ron Iphofen describes 'not doing harm' as one of 'the basic ethical principles to be maintained in all research' (2011: 1). Doing harm may be *intentional* or *unintentional*. Intentional harm refers to harm that is an intrinsic part of the experiment itself and most critics argue that this can only be permissible under strict conditions, namely 'negligible consequences [for participants], unambiguous scientific need for the study and its experimental design, and particular importance of the results' (Baele 2013: 24). In Barrett and Carter's words, 'Standard human subjects rules require: (1) that any predictable harm be decisively outweighed by social gains; (2) that subjects be fully informed of the risks; and (3) that compensation be paid to cover any damages incurred' (2010: 520). The example of an injection may be instructive. Injections can be painful and are often undesirable, but trials using injections can be acceptable if participants are informed and compensated and if the injection and the research of which it is part are *truly* scientifically necessary (Iphofen 2011: 14).

Unintentional harm is more complicated and the risks of it can be mitigated, even if never fully. Concretely, what mitigation means will vary in any given context and according to the nature of the research in question, but it always involves reflection and action to protect participants, researchers, institutions, and other stakeholders. The kinds of questions that may be asked when seeking to avoid harm include:

- **Who does this research benefit and how?**
- **What are the potential risks of the research and to whom?**
- **Could harm arise, of a personal, psychological, interpersonal, spiritual or economic nature?**
- **Are we, as researchers, acting in integrity and with care, including for ourselves and our colleagues (Iphofen 2011: 24–30; Kaplan *et al*. 2020)?**

What other ways can we think of to achieve our scientific and social objectives without increasing the risk of harm? Sadly, the literature on experimental social science and particularly RCTs is replete with examples of scholars *not* asking these questions and consequently causing harm. MacPhail *et al*., for instance, discuss the chilling example of an RCT generating conflict among South African youth (2013: 2306), while Baele (2013) and Sarin (2019) include a variety of similarly concerning stories.

3.2.2 The side effects of randomisation

The overwhelming majority of the emerging literature on the ethics of experimental social science concerns randomisation and its negative, harmful side effects. To recap, randomisation is the practice of randomly assigning individuals to treatment and control groups in order to facilitate the use of statistical methods for evaluating the effect of the treatment under investigation. Developed and widely deployed in the medical sciences over the past 15–20 years, RCTs have become increasingly important for economists in the social sciences. But randomisation has several problematic side effects and many argue that it is inherently indefensible in certain circumstances.

As Baele (2013) says, the core issue with randomisation is that it treats equal people unequally. From a deontological perspective, this is unacceptable – if two households are equally poor then it is hard to justify giving money only to one of them. Moreover, in practice, we have ample evidence that treating equal people unequally as a requirement of randomisation generates resentment, reductions in wellbeing, and even outright conflict – unacceptable therefore also from a consequentialist perspective. The examples above from Kenya and South Africa attest to this (MacPhail *et al.* 2013; Haushofer *et al.* 2015). Both were RCTs and in each case recipients were included or excluded randomly. This division was felt to be unfair from the perspective of the excluded and it reduced the reported wellbeing of many of them. As a further consequence, it generated conflict among some. Worse still, it went against local norms of community reciprocity. Under such circumstances, RCTs (and other forms of randomisation) can be argued by their very nature to violate the 'do no harm' principle.

3.2.3 The instrumentalisation of participants

Related to randomisation is the issue of instrumentalisation of research participants. According to Baele (2013: 25–6), 'All [RCT] case-studies manipulate people in order to reveal a scientific result which might be useful to policy-makers willing to reduce poverty; in this, one could argue that the method indeed instrumentalises individuals.' Following Kant's famous

argument, Baele (2013) considers it wrong to treat people as means rather than ends; this implies that if the subject matter of a study has nothing to do with its participants' lives and the study offers them no benefit then it will be morally unacceptable because their inclusion is wholly instrumental. Naturally, many experimental researchers push back against this by claiming that even participants in control groups derive benefit and are concerned by their study because the study seeks 'to fight against a clearly identified social problem experienced by the participants themselves' (e.g. Miguel and Kremer 2001 in Baele 2013: 26).

This discussion points towards the critical ethics question of *reciprocity* or *benefit sharing*. It is a widely accepted tenet of ethics protocols that people must derive some benefit from participating in a research project – in the words of Seymour-Smith in Sluka and Robben (2007: 9), researchers must try to 'perform some useful or valued service in return for the collaboration require[d]' from participants. Yet too often this fails to happen. Participants enrolled in control groups often receive nothing in return for their participation, even when they learn that the target group did (Baele 2013; Humphreys 2015).

3.2.4 Informed consent

Many of the above problems come back to the absence of informed consent in many experimental projects. Remarkably, despite its centrality to ethical guidelines, the requirement to obtain informed consent is very often ignored in even high-profile experimental social science research (Hoffman 2020). As Barrett and Carter explain:

> To avoid the various endogenous behavioural responses that call into question even the internal validity of experimental results (due to Hawthorne effects and the like), many prominent studies randomise treatments in group cluster designs such that individuals are unaware that they are (or are not) part of an experiment. The randomised roll-out of Progresa in Mexico is a well-known example…. Even when the randomisation is public and transparent, cluster randomisation maintains the exogeneity of the intervention, but at the ethically-questionable cost of sacrificing the well-accepted right of each individual participant to informed consent, as well as the corresponding obligation of the researcher to secure such consent (2010: 520).

The basic methodological issue is that it becomes more difficult to attribute causality to the treatment under investigation when participants know that they are part of an experiment and either receiving the treatment or not. Their ignorance is thus 'meant to prevent changes in the participants' behaviours that could threaten the scientific outcome' (Baele 2013: 23).

Yet of course this poses ethical problems from both deontological and consequentialist perspectives. Deontologists argue *a priori* that lying is wrong, not least because doing so involves breaking the categorical imperative by treating people as means and not ends. For consequentialists, the issue is more about what is gained from the deception (and, implicitly, coercion, since the abrogation of consent can be read as a form of coercion). Following Bonetti, they view deception as permissible only 'when (a) its consequences are negligible, (b) the scientific enquiry unambiguously requires it, and (c) the probable discovery is particularly important' (1998: 390). Yet, as researchers from Ravallion (2014) to Hoffman (2020) observe, these criteria are far from always observed in experimental social science research. Plenty of it fails to offer anything like a meaningful scientific discovery (Baele 2013: 13), while, as Hoffman observes, abrogating consent de-humanises participants and increases the risks of unintentional harms (2020: 2).

3.2.5 Researcher accountability

The above all point to the question of accountability. In one of the earliest papers to reflect on the question, Humphreys and Weinstein (2009: 375) asked 'to what extent are researchers responsible for outcomes that result from manipulations implemented by third parties?' as part of their research. Put more broadly, Baele (2013: 27) asks: '[A]re researchers accountable for the harmful effects of their RCTs?'. In the ethical guidelines he produced for the European Commission, Iphofen (2011: 12) notes that 'clarifying lines of accountability' is an essential part of ethical review, making clear 'who takes decisions, on what grounds and who is responsible for errors and misjudgements'. This is indeed well established in the medical sciences where, as Angell (1997: 847) has observed, 'investigators are responsible for all subjects enrolled in a trial, not just some of them, and the goals of the research are always secondary to the well-being of the participants'. Here legal liability accompanies and enforces moral responsibility, with the consequence that gross malpractice is unlikely to go unpunished.

However, within the experimental social sciences this is less often the case. There are myriad examples within the

literature of researchers designing experiments that harm participants. These will presumably have escaped ethical review by lead researchers' home institutions, possibly because ethical guidelines on experimental methods in the social sciences are still not as widespread as needed. What is required is rigorous risk assessment, critical evaluation, meaningful local partnership, clear lines of responsibility, and plans for compensation in cases of harm (Baele 2013: 27–8).

3.2.6 The potential coloniality of foreign intervention

The final issue raised by this review of the literature is that of coloniality. In her seminal work, *Decolonizing Methodologies: Research and Indigenous Peoples,* Linda Tuhiwai Smith argues that 'the word itself, "research", is probably one of the dirtiest words in the indigenous world's vocabulary' (1999: 1). This is both because it underpinned 'the worst excesses of colonialism' and because still today it is often used to subordinate and exploit subaltern populations (*ibid*.: 1; see also Zavala 2013). This raises the fundamental questions of who research is designed to benefit, who it may harm in the process, and how these things map onto existing global inequalities.

In her recent contribution to thinking in this vein, Nina Hoffman goes as far as to call for a 'moratorium on experimentation' in former colonies (2020: 3). Drawing on a systematic review of all RCTs published between 2009 and 2014 in 'top economics journals', she found that only 46 per cent discuss whether participants were aware that a study was being conducted. Shockingly, 'participant awareness is discussed in 65% of experiments conducted in Europe and the United States, compared with 34% of experiments conducted in Africa, Asia and Latin America… [which] suggests a troubling difference in ethical standards' (*ibid*.: 1). Indeed, Hoffman suggests, that difference is significant both because it implies a racialised coding of standard application and an absence of informed consent. In turn, this suggests that many studies, especially in the global South, run the risk of both dehumanising participants and increasing the likelihood of negative unintended consequences (*ibid*.: 2).

Beyond this, there is ample literature suggesting that international research collaborations between the global North and global South, of which RCTs and other experimental studies are prime examples, may (i) cause significant harm, and (ii) entrench existing power relations. On the latter point, it is worth noting with Hoffman that 'of the [reviewed] experiments conducted in former colonies, 84% of lead authors were at institutions in the United States or Western Europe', while 'no first authors were located in Africa or Latin America'. This strongly suggests that experimental research has the tendency to reproduce hierarchies of power in systems of knowledge-production, which themselves echo the troubling and often painful hierarchies so associated with research in the colonial past (Hoffman 2020: 2). On the former point – the causing of harm – there are myriad ways in which this may take place. Most significant for this discussion, however, is the fact that it matters *who* interprets *what* and *how*, since inaccurate interpretations and subsequent representations can lead to negative consequences for participants, including in the form of disciplinary policy interventions (O'Connell Davidson 2015). Research and 'knowledge' production are never neutral, since they take place in conditions of extreme inequality,[6] and unless this is actively mitigated for there is a risk that ill-informed outsiders may unintentionally cement or even exacerbate it.

6 Scholars within the social sciences and humanities have for some time now problematised the notion of *knowledge* as an abstract form of *truth* that some abstract form of *research* can uncover. Rejecting the positivism of much canonical scholarship, those influenced by the linguistic turn have come to understand knowledge discursively – as both artefact and ongoing construction of socio-cultural practice and thus embodying and reproducing relations of power. Although Foucault (1980) is the most frequently cited proponent of this position, it is common to researchers within feminist (Aradau 2004, 2008), anthropological (Howard 2016), post-structural (Howarth 2013), critical race (Mills 1998), and indigenous (Tuhiwai Smith 1999) traditions.

Section 4:

RESPONDING TO ETHICAL CHALLENGES: CASH TRANSFER TRIALLING WITHIN THE CLARISSA PROGRAMME

4 RESPONDING TO ETHICAL CHALLENGES: CASH TRANSFER TRIALLING WITHIN THE CLARISSA PROGRAMME

Having discussed the ethical challenges identified by the literature in the previous section, this section presents thinking around how these should be managed. It is organised following the same structure as in Section 3 and will discuss both the literature's general recommendations and how these will apply to the CLARISSA programme.

4.1 Responses related to cash transfer intervention design

As discussed above, the central ethical issues raised by cash transfer programming include (i) conditionality, (ii) targeting and associated practices of exclusion/inclusion, and (iii) sustainability and exit. We begin with conditionality.

Much of the literature on conditionality suggests that conditions should be done away with entirely, with programmes instead respecting recipients' autonomy to make free choices over how to use their resources. Guy Standing (2014) argues that conditions fail the following two key principles that he believes should be used to evaluate whether a policy is socially just: (1) the 'paternalism test' principle and (2) the 'rights-not-charity' principle. Standing explains the former as holding that 'it is socially unjust to impose controls or directives on some groups that are not imposed on the "most-free" groups'. With the latter, 'A policy that extends the discretionary power of bureaucrats or other intermediaries while limiting the rights of recipients is socially unjust' (*ibid*.: 113). Beyond injustice, many also argue that conditions are simply ineffective, both because people often ignore them and because recipients typically have greater situated knowledge as to their real needs than programme designers. For thinking in this vein, conditionality of any kind is unjust and undesirable, to be rejected in favour of an unconditional approach that respects recipient autonomy and thus also dignity (Davala *et al.* 2015).

Similar anti-restriction arguments surround targeting and exclusion/inclusion. Although well intentioned – in that it typically aims to maximise beneficial use of limited resources by reaching those most in need – targeting has many critics because it involves creating artificial divisions between similar people and often fosters resentment and conflict. It also typically fails, generating many Type 1 and Type 2 Errors (i.e. excluding those who should be included and including those who should be excluded [Standing 2014: 121]) and is frequently subject to abuse (Olivier de Sardan and Hamani 2018). Moreover, by definition, targeting involves the imposition of external benchmarks of *deservingness* on beneficiaries, which in turn reinforces hierarchical, neocolonial relations of power between them and their donors (*ibid*.). To mitigate these issues, one strand of literature argues that we should develop better, more accurate and more benevolent targeting tools, such as participatory wealth mapping (e.g. Wood and Marsden 2018) or action research approaches that are guided by the intention to include the full range of perspectives.[7] Another suggests that targeting should be done away with altogether. This is the position of those who call for unconditional basic income (UBI).

What of *sustainability* and *exit*? The literature on both is clear. Although an obvious case can be made that desirable social policies should be permanent rather than temporary, the positive effects of even time-bound interventions is well established. With cash transfer interventions in particular, we know that these can be long-lasting and sustainable, especially if accompanied by appropriate non-financial support such as coaching or connection to state services (Raza, Das and Misha 2012; Handa *et al.* 2016; Davala *et al.* 2017). Crucially, that support must also prepare people for the end of the intervention by (1) ensuring that they fully understand and consent to a programme that is time-bound and by reminding them of the time-bound nature of the programme as it is ongoing, lest there be any surprises; and (2) making sure that all participants have solid practicable individual or household exit plans which can smooth the transition.

How will the CLARISSA cash transfer trial that is to take place in Bangladesh apply these varied insights? The first thing to note is that it will adopt an *unconditional* approach to the delivery of its cash transfers and aims to sidestep the targeting problem by distributing transfers *universally* within participant communities. CLARISSA's participant communities have been selected because they are discrete, clearly delineated entities of a particular size and socioeconomic level. They are majority poor or ultra-poor slum settlements with a high concentration of

7 There is much to recommend this approach, although it too is subject to considerable academic critique (e.g. Olivier de Sardan and Hamani 2018).

children working in challenging circumstances that either border on open land or on neighbouring communities which are wealthier and for whom not being included in a social protection intervention is to be expected. As such, although this approach still involves targeting in the sense that not all communities will receive transfers, it should enable the project to avoid many of the issues documented above in relation to *within-community* targeting. In addition, in the event that full community coverage is impossible (for example, due to changed community composition as a result of Covid-19), CLARISSA will follow participatory best practice that aims to include the full range of community perspectives so as to arrive at a grounded, socially acceptable metric for who receives and who does not.

With regard to *sustainability* and *exit*, the CLARISSA consortium includes established local actors familiar with participant communities. These partners follow good practice guidelines around delivery and exit and have years of experience in the field (e.g. Gardner *et al.* 2005; Skovdal *et al.* 2012). Their guidelines include commitments to full transparency with participants at every stage of the project, informed consent, the building of individualised exit and sustainability plans, and putting in place appropriate counselling if needed. In addition, the 'plus' element of CLARISSA's cash transfer trial involves the use of a large team of community and case workers whose task is to collaborate over the entire life of the trial with community members in (a) making the most of the cash received, (b) developing non-cash-related change plans and resilience, and (c) planning for the end of the intervention.

Deciding who the recipients should be

There is one further element to discuss here in terms of intervention design – should cash transfers be given individually or at household level and why? There is debate over this within the cash transfer literature and the debate turns in part around notions of cultural appropriateness. The basic division can be understood as between those who view household units as collectives for whom resource-sharing is the norm, and those who accept that this may be the case but acknowledge that households are nevertheless sites of power, hierarchy, and inequality. The former argue that cultural harm should be avoided and local norms respected by giving cash to household units (e.g. Olivier de Sardan and Hamani 2018), with the added benefit that such a collective approach avoids the pitfalls of neoliberal individualising. The latter argue that in patriarchal societies this will typically mean cash going to the male head of household, which is counter to a commitment to equality (e.g. SEWA Bharat 2014; Standing 2014). What is more, those who favour individual grants draw on the literature which shows the emancipatory benefits of giving grants individually, including to women (Duff Morton 2018).

This line of thinking can be extended further by asking, 'What about children and particularly older adolescents?'. If we believe it worthwhile to mitigate power imbalances by giving adult women cash transfers as well as adult men, should we not extend that logic fully by applying it also to non-adults? Some scholars believe that we should (e.g. Davala *et al*. 2015), and there is evidence that cash transfer schemes, including across South Asia, are beginning to target schoolgoing teenagers directly.[8] However, other scholars note that, in practice, it is uncommon for children to keep their own money as distinct from the wider household, including in South Asia (Morrow and Boyden 2018).

Ultimately, although this scholarly literature has been important in thinking through CLARISSA's cash transfer trial design, we have decided to take our lead primarily from the participant communities themselves. Scoping research in each has indicated a community preference (including among adolescents) for transfers to be given at a household level and to mothers. In light of this, CLARISSA has chosen to respect local norms and to target transfers at household level, with mothers being the primary recipient. Messaging will make it clear that transfers are intended to serve *all* family members, and measures will be taken to ensure that 'non-traditional' household structures will also be included if they are present in the target communities.

4.2 Responses related to experimental research design

The rest of the present section will delve into the design of the research around the CLARISSA cash transfer trial, following the list of points outlined in Section 3.2.

4.2.1 Negative consequences that do harm

The literature is clear that the obvious way to avoid intentionally harming research participants is to design

8 BRAC's recent DFID-funded programmes in Bangladesh are notable in this regard. Other scholars suggest that cash can be given to parents *in the name of children* to ensure that it also benefits children (e.g. Streuli 2012).

Table 1: Steps in contribution analysis

Step 1	Set out the specific cause–effect questions to be addressed.
Step 2	Develop robust theories of change for the intervention and its pathways.
Step 3	Gather the existing evidence on the components of the theory of change model of causality.
Step 4	Assemble and assess the resulting contribution claim, and the challenges to it, including alternative theories.
Step 5	Seek out additional evidence to strengthen or challenge the contribution claim.
Step 6	Revise and strengthen the contribution claim.
Step 7	Return to Step 4 if necessary.

Source: Author's own, adapted from Ton (2017: Figure 1).

a project that does not do so. Simply put, if a project *knowingly* harms people or incites damaging behaviour among participants then there is a strong argument that it should not be given ethical clearance to proceed. Following the standard human subjects rules outlined in Section 3.2.1, for it to proceed it would need to do so on the understanding that (1) any predictable harm be decisively outweighed by social gains; (2) subjects be fully informed of the risks; and (3) compensation be paid to cover any damages incurred. Necessarily, this all requires careful consideration, strong oversight from review boards (including in the country where the research will take place), and deep participant engagement to ensure that the project really will be beneficial and is able to minimise risk.

With unintended consequences, it is of course the case that we can never have full knowledge about what may harm or cause distress to others, not least because unexpected circumstances may arise (Iphofen 2011: 23). However, a researcher can familiarise themselves with the context in which their research will take place and conduct a full, informed and participatory risk assessment, asking all the questions outlined in Section 3.2.1 and many more. They can also put in place mitigation strategies and a risk management plan that are continually updated and which serve as clear guides for project implementation (*ibid*.). This should include analysis of the potential misuse of research results and assurances that such a risk is low. Likewise, researchers can develop 'unexpected findings' policies and put in place ethical governance structures that support and oversee project implementation.

In CLARISSA's case, a variety of design decisions have been taken specifically to avoid harm to participants. Everything discussed above about avoiding the pitfalls associated with cash transfer programming falls into this category – as indeed does much that follows, particularly in relation to the pitfalls of RCTs and how they may be avoided, including by CLARISSA. Likewise, CLARISSA's cash transfer trial has gone through ethical review at IDS and will do so in Bangladesh with the BRAC Institute of Governance and Development, a consortium partner. In addition, protocols are being put in place to anticipate and mitigate project risks and prepare for unexpected findings, including how different kinds of data (e.g. case work data vs research empirics) are managed. Beyond this, as Section 4.2.3 will go on to discuss, CLARISSA's trial is designed with genuine benefit-sharing intentions, meaning that participants stand to gain from their engagement in ways that so many participants in experimental research sadly do not.

4.2.2 Side effects of randomisation

What does the literature say about how to deal with the effects of randomisation? And how will CLARISSA build on the literature's recommendations? On the first question, the literature is reasonably clear – avoid RCTs if you can, for scientific as well as ethical reasons. Deaton (2009: 1) is not alone in attributing 'no special ability [to RCTs] to produce more credible knowledge than other methods', while Barrett and Carter (2010: 524) speak for many when they question the internal validity of RCTs on the grounds that human agency makes the measurement of treatment against effect significantly more challenging than in the biomedical sciences. Many alternative approaches are recommended, of which one of the more promising is contribution analysis (CA).

CA differs from RCTs in that it does not seek a counterfactual explanation of causality (establishing what would have happened had the intervention not taken place), but rather builds a 'contribution story' about how an intervention contributes (or not) to change – in other words, whether and how it works, for whom, and under what circumstances (Ton 2017: 121). CA was developed by John Mayne in response to the limitations with and frequent inappropriateness of experimental design (Mayne 2011, 2012, 2015). It follows the seven steps outlined in Table 1 and is best understood as an overarching framework to guide the use of any preferred combination of individual methods.

If one is committed to using an RCT, however, the literature is explicit that doing so must, as mentioned above, involve 'negligible consequences [for participants], unambiguous scientific need for the study and its experimental design, and particular importance of the results' (Baele 2013: 24). Following established practice in medical research, some also argue that assessment of the second of these criteria should revolve around equipoise, which means that researchers are genuinely uncertain as to the expected impact and benefit deriving from the intervention(s) (Abramowicz and Szarfarz 2020) and must arrive at this conclusion 'after having reviewed the available research in the field' (McKenzie 2013: para 5). Alternatively, they must offer control groups compensation that equals what was gained by the treatment.[9]

In any case, CLARISSA builds on the findings from this literature review by choosing *not* to use an RCT design and instead use contribution analysis (including detailed qualitative research) to tease out the specific, relative impacts of its 'cash plus' intervention.

4.2.3 The instrumentalisation of participants

According to Baele (2013: 25–6), instrumentalisation is 'a fundamental ethical issue… a moral wrong' that involves 'using people as means towards an end'. As discussed above, a participant can be conceived of as being instrumentalised in a study when the study has nothing to do with their lives and offers them no benefit. By contrast, if the study benefits participants 'such that they are not mere pawns in a trial that will have no bearing on their own realities' (*ibid*.: 27), and if they have offered their fully informed consent for participation, then one may consider the study legitimate in that it treats participants with respect and as partners in the research.

Numerous scholarly traditions have reflected on how researchers can go about doing this, ensuring fairness, benefit sharing, reciprocity or justice in what they do, including feminism (e.g. Adkins 2004), anthropology (Scheper-Hughes 1995), education (e.g. Hale 2008), action research (e.g. Burns 2012), and post-coloniality (e.g. Tuhiwai Smith 1999). A key point of reference that draws on each of these traditions is the Global Code for Research in Resource-Poor Settings (Schroeder *et al.* 2019). Aiming to end the practice of ethics dumping, the Global Code provides guidelines for conducting research with fairness, respect, honesty, and care. For the present discussion, the following extracts from Articles 1–7 (Schroeder *et al.* 2019: 6–7) are key:

- **Local relevance of research is essential and should be determined in collaboration with local partners.**
- **Local communities and research participants should be included throughout the research process… This approach represents Good Participatory Practice.**
- **Feedback about the findings of the research must be given to local communities and research participants. It should be provided in a way that is meaningful, appropriate and readily comprehended.**
- **Local researchers should be included, wherever possible, throughout the research process, including in study design, study implementation, data ownership, intellectual property and authorship of publications.**
- **Formal agreements should govern the transfer of any material or knowledge to researchers, on terms that are co-developed with resource custodians or knowledge holders.**
- **A culturally appropriate plan to share benefits should be agreed by all relevant stakeholders, and reviewed regularly as the research evolves. Researchers from high-income settings need to be aware of the power and resource differentials in benefit-sharing discussions, with sustained efforts to bring lower-capacity parties into the dialogue.**

9 However, there is dissent within the literature over this – Fries and Krishnan (2004), for example, reject equipoise and argue that genuine informed consent is what makes experimental research unproblematic, while Miller and Brody (2003) suggest that ethical determination should depend primarily on an assessment of risks.

- **It is essential to compensate local research support systems, for instance translators, interpreters or local coordinators, fairly for their contribution to research projects.**

CLARISSA is committed to following these guidelines. In the case of its cash transfer trial, consultations with local stakeholders have accompanied the development of the trial; Bangladeshi researchers are integral to the research team, which relies on a UK–Bangladeshi partnership; participatory action research (PAR) is a key methodology and this aims to ensure relevance, ongoing feedback, and the collaborative development of 'benefits' and benefit-sharing arrangements; benefits include the possible contribution of PAR and cash transfers; while community-relevant policy messaging will be developed which aims to support the communities in question and others in similar circumstances.

4.2.4 Informed consent

Although informed consent is widely considered the *sine qua non* of ethical research, plenty of projects fail to obtain it. This is clearly problematic. Hewlett (1996: 232) defines consent as the 'autonomous authorisation by one person to permit another person to carry out an agreed procedure which affects the subject'. Following this, she considers consent to be 'genuine and therefore ethically acceptable' only when four conditions pertain. These are:

1. The subject has to be mentally, intellectually and emotionally competent to understand the full scope of the experiment.
2. Sufficient and unbiased information has to be provided to the subject; consent has to be fully informed.
3. The subject's understanding of this information has to be perfect, which means that the researcher has to formally assess this understanding in some way or another.
4. Participation has to be unambiguously voluntary; this is stressed because participants are sometimes so vulnerable that consent is not genuine (*ibid*.).

Humphreys agrees with this position, citing formal US research rules which view consent as rooted in 'information, comprehension and voluntariness' and an integral component of 'respect for persons' (2015: 100). In his guidelines for the European Research Council, Iphofen concurs, also noting the importance of subjects choosing 'freely', based on 'sufficient mental capacity to make such a judgement', adequate 'information about the research' and 'that they can understand what that information implies for their involvement' (2011: 29).

However, although there is agreement over what consent involves and the fact that it is important,[10] there is less agreement over how it should be obtained. Formal ethical guidelines typically expect written consent and consider written agreements as a kind of gold standard. But, as Iphofen observes, there are myriad real-world scenarios where written consent is neither possible nor appropriate:

> Formality could alienate some potential participants who might fear the researcher is a representative of 'officialdom' and who might be wary of such engagements. Indeed, some anthropologists complain that they are aware that asking for a signature would be seen as offensive in the communities they study (2011: 29).

This is undoubtedly accurate and the researcher has to manage the obligation to demonstrate to review boards that consent has been sought and obtained with care for participants who may find traditional consent-gathering mechanisms threatening. One way of doing this is to ensure that the process of seeking and gathering informed consent is witnessed by a third person, and for testimony of this witnessing to be an acceptable verification for review boards. Another is to use a voice recorder. With this, the researcher explains the research, its risks and potential benefits to all participants in terms that are intelligible to them; s/he then asks participants to state their name, the date, and the consent they have offered into a voice recorder, with the explanation that this recording will be securely stored solely for the purpose of 'proving' that consent was offered.

Whichever method one uses, the anthropological literature is agreed that consent should be seen as a process, not an event (Iphofen 2011: 29). This is especially important, as Boyden and Ennew (1997: 41) argue, with children and others in socially subordinate positions, since they are often less able to exercise or

10 It is also accepted that, under certain special and very well-justified circumstances, the requirement for consent can legitimately be relaxed; for example, research on illicit activities which would be impossible if the researcher were open about his or her aims. These exceptions do not concern the present project and so are omitted from this discussion (see Iphofen (2011) for a fuller reflection on these matters).

indeed recognise their right to refuse to participate. This entails checking with participants repeatedly during the research encounter to make sure that they feel comfortable continuing and offering them the chance to stop at any point if so desired (McCormick 2012). All researchers engaged with CLARISSA's cash transfer trial will approach seeking, obtaining, and re-obtaining consent in this way.

More generally, the proposed consent process for the CLARISSA trial will follow two steps. First, in collaboration with social partners, we will hold a series of deliberative meetings prior to consent being sought in each of the communities where research will be conducted. During these, the research team and partners will spend as much time as is required fully explaining to potential participants the nature and purpose of the research. This will take place in Bengali and in terms that are intelligible to community members. It will focus on the project's background, its context, the ways that research findings will be used, how research will be conducted, the possible benefits and harms that the project may entail, and structures of support which will be available should any problems arise as a result of it. Ample time and space will be available throughout these meetings for potential participant questions and every effort will be made to respond effectively to these. We will endeavour to repeat this process with individuals and groups unable to articulate questions and concerns at a community meeting or uncomfortable about doing so. And we will repeat the process at the outset of each individual research encounter. Ultimately, two 'pieces' of informed consent will be sought – one for participation in the social experiment, another for participation in research activities like interviews.

Second, in order to ensure that participants understand the information being shared with them, we will ask every potential participant to articulate what they have understood of what we have said, including the purpose of the research, its nature, its potential risks and benefits, and the support structures available. This is an approach which has been used successfully by CLARISSA researchers in a variety of different contexts, and it allows both to clarify when participants have not understood and to make clear to them that one is genuinely interested in mutually intelligible connection.

These approaches will be used with every participant in the cash transfer trial, including those under the age of 18. Additionally, with minors, the research team will take special care to ensure that information about the study is articulated in child-friendly terms for children to assent. Naturally, the team will also ensure that all relevant guardians provide their consent for any child's participation.

A final point concerns the worry that the promise of cash transfers may constitute unfair inducement to participants, since they are poor and therefore may be vulnerable. CLARISSA aims to minimise this risk by making clear that the decision to participate in the project by accepting cash transfers does *not* equate to a decision also to participate in research activities such as interviews. These data-gathering exercises will each require a separate instance of securing informed consent, each of which will be voice recorded.

4.2.5 Researcher accountability

Another issue for reflection here is that of researcher accountability. As discussed in Section 3.2.6, it is widely acknowledged that foreign researchers may abuse their power and privilege to act in ways that they would not in their home countries (e.g. Mosse 2013). This certainly includes those involved in experimental social science research.

To ensure researcher accountability, the reference point Global Code for Research in Resource-Poor Settings, Article 10 states that 'Local ethics review should be sought wherever possible', irrespective of whether ethics approval has already been gained in the lead researcher's high-income home country (Schroeder *et al.* 2019: 8). Likewise, Articles 12 and 19 remind us that respectful, effective informed consent and risk management procedures are essential. Beyond these basics, Article 13 states:

> A clear procedure for feedback, complaints or allegations of misconduct must be offered that gives genuine and appropriate access to all research participants and local partners to express any concerns they may have with the research process. This procedure must be agreed with local partners at the outset of the research (*ibid*.: 8).

This entails establishing clear understanding between partners of their roles and responsibilities, the clear articulation to participants of their right to report concerns, and the mechanisms by which they can do so, and monitoring to ensure that such mechanisms function. Finally, given that unexpected harms may occur, it is also essential for projects to have in place clear and effective pathways of redress, including insurance policies that compensate in such cases (Baele 2013: 27–8).

The CLARISSA cash transfer trial will endeavour to adhere to these guidelines in the following ways: first, by undergoing ethical review in Bangladesh and establishing an ethics committee with contextual expertise; second, by seeking informed consent along the lines outlined above; and third, by conducting a risk assessment and putting in place a risk management plan, along with an unexpected findings policy. With regard to partners, formal agreements have been reached following IDS due diligence procedures and these have clarified roles and responsibilities for each actor.

Additionally, participants will be in regular contact with the team of community and case workers who are part of the trial and whose central task is to ensure that the trial is proceeding as intended, without harm to participants, and to respond where issues arise. All participants will know that they can avail themselves of these staff members should feedback, complaints or allegations of misconduct need to be shared and addressed.

4.2.6 Decolonising methodologies to inform project design and implementation

The final issue for discussion here regards coloniality and attempts to mitigate for and move beyond it, as per contemporary efforts towards 'decolonisation' (Connell 2017). 'Decolonisation', Hammond notes, 'itself refers to the undoing of colonial rule over subordinate countries' (2018: para 1). However, decolonisation also has a wider meaning beyond 'the "freeing of minds from colonial ideology" ', such that it has become 'a powerful metaphor for those wanting to critique positions of power and dominant culture' (*ibid*.). This translates into the reflexive questioning of received ideas, an interrogation of the standpoint from which contemporary and historical discourses are constructed, the search for alternative epistemologies and ontologies, and the striving for more democratic, inclusive, participatory forms of knowledge generation in the service of emancipation (Tuhiwai Smith 1999). This includes approaching the research endeavour in an energy of true partnership, with respect for all participants, and an intention to benefit and include the voices of particularly the most vulnerable or marginalised.

The CLARISSA programme and its 'cash plus' trial aim to conduct themselves in this energy. The programme begins from an awareness that Southern workers who make livelihoods in sectors that global political actors term 'indecent' frequently suffer from the damaging disciplinary interventions that these actors pioneer in an attempt to *save* them. It also recognises that such workers rarely ever have the chance to theorise about their circumstances in ways which may impact upon those actors. One of CLARISSA's signature goals, therefore, is to support such communities to reverse the standpoint of analysis of their circumstances, co-theorising with them and, in collaboration with them, taking their theory 'upwards' to the political actors drawing global legal lines between decent, indecent, free and unfree work. In this, CLARISSA will employ the very methodology that scholars such as Zavala and Tuhiwai Smith praise as *decolonising* – community-centred PAR.

As Zavala notes, 'PAR is part of the broader legacy of activist scholarship and action-research, and can be traced to anti-colonial movements' (2013: 57). Implicit within it is 'the potential for transforming not just the process of knowledge production and the hierarchical relations that exist between university and community, between researchers and researched, but an expansion of the goals of traditional social research' (*ibid*.: 59). In Tuhiwai Smith's terms, this entails 'a collaborative approach to inquiry or investigation that provides people with the means to take systematic action to resolve specific problems' (1999: 127). In other words, it is an approach to research which is action-oriented, open-ended, co-operative, respectful, and committed to reciprocity (Burns 2012; Keane, Khupe and Seehawer 2017). CLARISSA has adopted this approach and it sits at the heart of the 'plus' element of its 'cash plus' trial. In this, it aims to collaborate with participants in concretely improving their lives, *without* predetermining how they should do so.

Finally, at the risk of repetition, CLARISSA's 'cash plus' trial is committed to genuine benefit sharing, to actively seeking informed consent, to collaboratively identifying risks to participants and potential mitigation strategies, to full ethical review in Bangladesh, and to full co-authorship of publications that arise from the research. Each of these commitments aims to follow Hoffman's urging of experimental researchers to fully respect the dignity of partners and participants (2020: 3).

Section 5:

CONCLUSION: ARE THE RISKS OF THE CLARISSA CASH TRANSFER TRIAL ETHICALLY JUSTIFIABLE?

5 CONCLUSION: ARE THE RISKS OF THE CLARISSA CASH TRANSFER TRIAL ETHICALLY JUSTIFIABLE?

CLARISSA's cash transfer trial in Bangladesh responds to a clear evidence base as to the potential benefits of cash transfers and 'cash plus' programming for children in WFCL and their communities. To this extent, there is a strong motive for taking the trial forward in the hope that it will benefit both participant communities and those who find themselves in similar circumstances. This paper has sought to lay out the ways in which that trial can be conducted with respect for ethical norms, drawing on the emerging literature addressing ethics in experimental social science research and in relation to cash transfer programmes more broadly.

The paper has presented the manifold ethical challenges related to this kind of work and articulated how CLARISSA intends to overcome them. The programme team believes a strong case can be made that the level of risk for participants, vulnerable and not, can be justified and is outweighed by its potential benefits. It also believes that this research meets the standard human subjects rules articulated by Barret and Carter: '(1) that any predictable harm be decisively outweighed by social gains; (2) that subjects be fully informed of the risks; and, (3) that compensation be paid to cover any damages incurred' (2010: 520). This being said, we follow Gokah (2006) and Iphofen in believing that 'the only realistic way for researchers to conduct an assessment of this balance is to adopt a continual reflexive stance in order to conduct an ongoing estimate of harms and benefits and make both research and personal action judgements accordingly' (2011: 26).

Research is a dynamic, living process and a commitment to fairness, respect, care, and honesty requires the researcher to continually reflect on what is happening and how, with an openness either to changing course or to stopping entirely if necessary. This openness remains a central commitment as we go forward towards the implementation of the CLARISSA cash transfer trial.

Section 6:

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CLARISSA
Child Labour Action Research Innovation in South & South Eastern Asia

T +44 (0) 1273 606261
E clarissa@ids.ac.uk
W clarissa.global
T #ChildLabourAction

UKaid
from the British people

institute of development studies

T +44 (0) 1273 606261
E ids@ids.ac.uk
W www.ids.ac.uk
T @IDS_UK
F facebook.com/idsuk

CLARISSA works by co-developing with stakeholders practical options for children to avoid engagement in the worst forms of child labour in Bangladesh, Myanmar, and Nepal.

The participatory processes which underpin the programme are designed to generate innovation from the ground which can sustainably improve the lives of children and their families.

The programme's outputs are similarly co-designed and collaboratively produced to enhance local ownership of the knowledge, and to ensure that our research uptake and engagement strategy is rooted in the direct experience of the people most affected on the ground.