

**THE BERA/SAGE HANDBOOK OF EDUCATIONAL RESEARCH Edited by Dominic
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The ethics of research

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Doing ethical research is a fundamentally important part of educational academic practice. Behaving 'well' in relation to your participants is not a new phenomenon. However, more recently, a more formal culture of ethics review through Institutional Review Boards (IRB's) and Research Ethics Committees (REC's) has emerged which has put the ethics of education research in the spotlight and, at times, questioned conventions of practice. It has been common-place in education research, for example, for teachers/lecturers to give out surveys to their students to assess pedagogical issues. However this raises questions of whether consent of students is full and free if no real option to 'opt-out' is provided. Similarly, university/college education students often go into schools to undertake projects with school children and are assured by those in authority that 'everyone wants to take part'. Again, this raises questions about the power relationship between researchers, gatekeepers and the children involved- shouldn't children, like adults, also be allowed to say 'no' to being researched?

Although the spotlight of attention has fallen on the ethics of educational research, integrating ethics knowledge into research practices has lagged behind. Rees and colleagues have shown that out of 489 studies involving children or young people in school settings, only a third detailed their consent procedures in journal articles, and of this third, just under half (only one in ten) described seeking consent from children themselves rather than through proxy consent by teachers/parents (Rees et al. 2007). This suggests a laxity about reporting consent embedded in education research culture; it also suggests that the practice of asking children directly for consent or 'assent' has yet to find widespread acceptance. Feltzmann suggests that there may be, erroneously, less focus on the ethics of schools-based research as it is perceived as 'practically risk free' (Feltzmann 2009).

It is the case that some aspects of education research are relatively routinized, for example, education students doing observations or whole-class testing of education evaluation materials. This may mean only higher risk projects with vulnerable groups may end up

featuring on the ethical radar. However, there are two good reasons for focusing on ethical issues across the span of educational research. The first is that given the requirements of formal ethical review are now embedded elsewhere in other research domains (e.g. medicine, other social sciences), knowing about and deploying ethical practices is no longer an option. Schools of education often have their own ethics committees; journals are increasingly expecting ethical declarations to be made and Masters and PhD students have to include their ethics approval in their appendices. Secondly, there is considerable value in looking again at those taken-for-granted practices and reviewing whether they meet current ethical expectations. In particular, issues concerning consent and confidentiality have come back for re-examination, and new norms of ethics are emerging in relation to them.

This chapter has four main sections. The first outlines the parameters of ethical thinking in relation to research in education and childhood, focusing on the particular power-relations and vulnerability of the subject group. The second identifies the relevant principles and codes which have developed to enshrine this ethical thinking. In the third, a closer look is taken at core issues in the ethics of education, focusing on two topics a) consent/assent, including what to cover in consent, oral/written, hierarchies of consent, opt-in/out, researching with your own students and; b) anonymity, confidentiality and disclosure, including how to deliver anonymity/confidentiality and if, when and how to disclose confidential information. Concrete suggestions on how to put together ethical protocols in relation to these are made here. Finally, the fourth section provides guidance on how to successfully meet institutional or organizational ethical requirements, such as formal ethical review. If you are new to, or need a refresher on, the parameters of ethical thinking in relation to education, the chapter can be read from start to finish. If you are facing an imminent deadline to submit an ethics application- you may wish to start at the end and work backwards as time allows.

1. What is distinct about the research ethics of education and childhood?

From the perspective of an ethics committee or IRB, children or 'minors' who are under 18 are identified as a 'vulnerable group' which requires special protection within research. This does not mean, however, that all projects involving children will necessarily be designated as 'high risk'. Some schools-based research which is minimally disruptive to students can be considered lower risk, such as reviewing existing teaching methods, unobtrusive observation or carrying out standard educational, psychological or cognitive assessment tests if they are anonymized. This may mean it is exempt from full IRB review in the States (Sieber 2000: 112) or subject to a 'light touch' review in other countries. This does not mean it does not have ethical implications; rather that it is unlikely to pose significant harm to participants as part of their everyday educational experience.

Other types of educational research are considered 'higher risk' for a number of reasons. One is the age of the child, particularly if they are under 8, which would trigger a Level III IRB review or full ethics review in the UK. Another is the intrusiveness of the method or where the research requires pupils or students to engage in additional activities. This could involve individual level participation, for example, children or young people taking part in an experimental test or being interviewed about their experiences, or at a school-level, such as taking part in a country-wide evaluation of different types of reading schemes. This type of research is likely to require full review and careful consideration of the participants' perspectives (e.g. whether the children assent to take part, what the experience of taking part will be like) as well as the permission of their parents/guardians and the school. Whether a particular piece of research might be considered part of normal educational practice and thus not subject to full review, or new research requiring full review, can be debatable; if in doubt, contact the ethics committee or representative and ask for advice.

Finally, some children are more vulnerable than others. Children may be 'multiply vulnerable' for a variety of reasons; such as the context they live in (e.g. war zone, deprivation), their experiences (e.g. having been sexually, physically or mentally abused, seriously ill) or

having learning or developmental difficulties. There has been concern that multiply vulnerable or 'problem' children may be more researched than other groups (Morrow & Richards 1996). On the other hand, research with such groups can be viewed through a social justice lens as a form of inclusion and method of drawing attention to inequalities in educational experience and outcomes. This may be the case whether the research takes place in a school setting or outside.

Morrow and Richards identify three primary features of childhood which are problematic from the ethical perspective (Morrow & Richards 1996). The first of these is the 'vulnerability' of children. This encompasses both their physical/mental vulnerability with the corresponding need for 'care' by adults, and structural vulnerability in comparison with adults who have greater social, economic and political capital. Secondly, children are framed as 'incompetent', in the legal and moral sense, which can lead to others making decisions for them. The most notable example of this is that they are often not directly asked for consent, but proxies (such as their teacher, head-teacher or parent) consent for them. Thirdly, they are relatively powerless across a set of domains; school, home, in their leisure time which can lead not only to a loss of agency but also the loss of children's voices, both within research and wider socio-political contexts.

More recently, there has been an emphasis on children as 'social actors' in their own worlds, raising the possibility that there could be 'ethical symmetry' between researcher and subject (Christensen & Prout 2002). Some researchers have advocated participatory approaches in childhood research in which participants themselves help set agendas, take part in data collection and frame results (Cocks 2006). As such, they advocate creating research 'with' children rather than 'on' them (Flewitt 2005). Recent thinking has emphasized that even very young children have rights to be heard and respected in research. For example, Einarsdottir's study of 2-6 year old children in a pre-school setting used a variety of child-friendly methods (e.g. group and individual interviews, photos) at the right level of

competency for the children, which revealed more than one 'voice' amongst the children and avoided treating them as a homogeneous group (Einarsdóttir 2007). Using different methods with children, both traditional and innovative, can help dissipate some of the ethical issues inherent in childhood and education research (Punch 2002).

However, even within a child-focused project, caution is needed. Research is rarely, if ever, the initiative of the child. It is always initiated by the researcher and on topics of their choosing (Einarsdóttir 2007). Furthermore, such research has the potential to study (or intrude) into the private thoughts and everyday world of the child precisely because of the asymmetry of power. Children, particularly in school-settings, may agree to participate as much because an authority figure has asked them, or they want to please them. For this reason, it has been argued that 'ethical symmetry' between children and adults is largely illusory given the ongoing disparity in the power relationship (Pole et al. 1999). Minimizing the distance between the adult researcher and the child through strategies such as being the 'least adult' and entering into the child's world through play have been suggested (Randall 2012). However, this in turn carries another ethical risk, that children or young people may misunderstand the nature of the research relationship and perceive the researcher as a 'friend' now part of their lives (Thompson 2002). Whatever strategy is chosen, the fact that the adults have more power than children in education research cannot really be escaped.

In conclusion, there is a need, when conducting research in education to 'think through' the ethical parameters of the specific piece of research being conducted and avoid generalization e.g. all school-based research is 'low risk'. Furthermore, educational research is shot through with issues concerning power (of adults over children) and agency (of children's decision-making capabilities), even at the 'lower risk' end of the research spectrum. The power differential is also formalized in school-based educational settings in which teachers are visibly and consistently 'in charge' which presents challenges to principles such as informed consent and confidentiality of data in particular.

2. Ethical Principles and Codes

Much ethical thinking about research is based on principles or values which are theorized to guide decision-making. Many of these principles have been derived from codes such as the Nuremberg Code and the Belmont Code which emerged after the mistreatment and torture of victims in medical research in World War II. The core set includes (taken from Kitchener & Kitchener 2009; Shamoo & Resnick 2009):

1. Respect for persons (autonomy, protection of the vulnerable)
2. Justice (treat people fairly)
3. Beneficence (do good)
4. Nonmalficence (do no harm)
5. Fidelity (do not lie/fabricate, be trustworthy)
6. Academic freedom

The first four of these are derived from the Belmont Code; fidelity has emerged as a key value in relation to preventing scientific misconduct (Shamoo & Resnick 2009). I also add 'academic freedom' as increasingly the independence of research is compromised by competing interests (e.g. vetoing research by a funder) or even by the research ethics system itself at times which can delay or prevent research (Hall 1991). The competing interests of educators themselves are often overlooked or not declared in publications, for example, where the assessor of educational or schools-based programs are also the owners and commercial sellers of the copyright (Gorman & Conde 2007). From a philosophical perspective, these principles are drawn from a variety of approaches, including Kantian 'first principles' or utilitarianism which weighs the benefit vs the risks of research at a social level. As such they represent abstract sets of desirable rules for the operation of morality in research.

The above core principles are the basis for most codes of practice. Relevant examples include the BERA guidelines 'Ethical Guidelines for Educational Research' (BERA 2011) 'The Code of Ethics' of the American Educational Research Association (American Educational Research Association 2011) and the EECERA Ethical Code for Early Childhood Researchers (European Early Childhood Education Research Association 2014). These resources and others are usefully compiled together, for example, in the International Ethical Research Involving Children (ERIC) project (<http://childethics.com/>, accessed 4/4/16).

Such codes are a good starting point for ethical discussion and decision-making. It also has to be remembered that they are essentially norms (i.e. represent the agreement of the group) and may change over time as practice evolves. They are also abstract, to the extent that they describe general principles and practices. More recently, an 'ethics of care' approach has challenged these rule-based approaches, suggesting that the most important aspect of ethics is to respond responsively, sensitively and with compassion to the interpersonal situation which the ethics dilemma represents (Held 2005). However, Goredema-Braid argues that it is not an 'either/or' situation, but pragmatic research with young people often ends up drawing on both abstract rules and situational decision-making (Goredema-Braid 2010). For example, young people involved in crime should not be asked, and are very unlikely to agree, to sign a written consent form with identifying details. However the principle of autonomy to ask for their consent can still be upheld, for example, by using oral consent (Goredema-Braid 2010: 48). In conclusion, rules-based approaches offer the key ethical principles for consideration, and the common practices derived from them. Situational-based ethics seeks to interrogate these practices and apply them to the contexts in which the research is taking place. Both are relevant in educational research.

3. Core issues in education research

a) Consent and assent

The principle of 'informed consent' is a fundamental one in ethical research, stemming from the notion that individuals have personal autonomy and decision-making capacity to decide for themselves whether to participate in a given research project or not. How the principle of informed consent should be operationalized, however, has been the subject of considerable attention both in the clinical and educational research literature, with an increasing emphasis on seeking the consent or 'assent' of children themselves, and not just the consent of their 'proxies' such as teachers or parents (Alderson & Morrow 2003; David et al. 2001; Lindeke et al. 2000). As Rees and colleagues' survey of schools-based research synthesis studies shows, however, the practice of asking children for consent/assent has yet to become the norm (Rees et al. 2007).

Gatekeeper (parental and school) consent

The best way to envisage consent in relation to schools-based research is in terms of 'hierarchies of consent'. Often numerous different levels of permission have to be sought to conduct research. Within the school setting itself, these may include the consent of the wider educational authority or local school district in which the school is located, permission from the individual school which may include the board or governors and the headteacher/principal, often in consultation with the staff, and permission from individual class teachers. In addition to this, parental consent is required from those with parental responsibility or a duty of care. This is usually parents, but may include other adults with responsibilities, such as foster carers and social workers. This is standard with under 16's, and sometimes older students, depending on the topic. As such, school-based research necessitates careful planning for gaining the consent from within these hierarchies, especially if it is time-dependent.

However, this does not mean that all education research requires consent from all levels of the hierarchy. Research which is unobtrusive and does not differ significantly from children's

everyday practice (e.g. being observed by students), research on different teaching methods and anonymous class-based tests/evaluations may be exempt from full ethics review/subject to an IRB waiver in the States (Sieber 2000: 112). This does not mean informed consent is ignored; consent to run and analyze a standard set of evaluations might be sought from a headteacher or individual class teacher, but not necessarily from parents or the children themselves. In general, however, consent to participate is usually sought both from the school and from parents (or one parent, if the other is 'reasonably unavailable') as a necessity; children's consent/assent is then a final step before data collection starts.

Parental or school consent is usually formalized through sending written information forms and asking participants to sign consent sheets so that a record of involvement can be kept. It may also be worth considering additional methods of sharing information about the study, for example, doing a question and answer session at a staff meeting, running a parents' meeting in an appropriate location (e.g. school hall or community centre) or setting up meetings with young people's project leaders. Not everyone will necessarily attend, but openness on the part of the researchers is likely to increase confidence and trust in participants. Within participatory research designs, where participants are involved in designing research questions, being involved with data collection and producing analysis, such meetings are an integral part of the process of research (Khanlou & Peter 2005; Ennew & Beasley 2006). Such meetings give participants and gatekeepers the opportunity to assess the benefits and risks of participation for themselves and discuss their concerns in person rather than simply reading formulaic statements on an information sheet.

Another issue with hierarchies of consent is that they tend to replicate existing inequalities of power, with adults able to veto children's involvement or place restrictions on it. Skelton tells of a student project on older school children's attitudes towards P.E. which was eventually abandoned as the ethics committee insisted that chaperones in the form of teachers should be present even though the children reported they wouldn't be able to be honest in their

presence (Skelton 2008). Given the children involved were 14 plus, it seems contrary to the spirit of autonomy not to allow teenagers to speak freely. Skelton goes on to detail a successful project ESRC funded project 'Living on the edge' working with 16-25 year old gay young people which invoked 'Gillick competency' as a rationale for not involving parents in decisions of 16/17 year olds to take part. 'Gillick competency', or the 'Fraser Guidelines', the legal guidance produced as a result of the Gillick case concerning contraceptive advice without parental consent, refers to the capacity of older children to understand information and make decisions about their medical treatment (Hunter & Pierscionek 2007). A rationale for seeking child only consent might be where parental or school involvement is likely to prevent or inhibit research, such as in this example relating to sexuality, cheating in exams or illegal drug use. Many researchers have argued that it is important for older children (13 upwards/under the age of majority in the States) to be able to take part into such research into their lives without parents or teachers always knowing about it or being able to veto it (for a review see Williams 2006). The use of 'Gillick competency' is somewhat controversial as it was originally established as a principle for medical treatment, although more recently it has been applied within research (Heath et al. 2009). It has also been pointed out that the researchers conducting the study should not assess it themselves as they have a vested interest in children participating (Hunter & Pierscionek 2007). However, it can be a starting point for negotiation with ethics committees where educational researchers want to conduct research with older age children without necessarily seeking parental consent, if the research question justifies this.

Other instances of waiving parental consent might include where it is not possible to contact the parents (e.g. in orphanage) or where children are at risk of abuse/in state or local authority care (where those in 'loco parentis' may give consent). This raises an important point which is that requiring parental consent assumes that all parents are stable, sensible and able to assess risks on behalf of their children which may not be the case (Goredema-Braid 2010). Vargas and Montoya point out that parents may need additional time to 'think

through' whether they want their children to participate in research, which is why parents require both information about participating, the time to consider it and the opportunity to ask questions (Vargas & Montoya 2009). They also point out that cultures vary in terms of the autonomy afforded to children, so some parents will expect deference to authority, whilst others are more open to listening to the child's opinion. Finally, they argue that monetary incentives are particularly problematic with poorer families (Vargas & Montoya 2009). For this reason, non-monetary incentives for the child and parent (e.g. a tailored report, a picture of them engaging in the activity) are often used.

Opt-in/Opt-out?

It seems intuitively obvious that individual consent should be given from the parents of each child involved in a research study. The default practice is to gain '**opt-in**' individual consent, verified through parents sending back a signed consent form. However, in the real-world this can be difficult. Parents may not read information sheets or send them back signed within the short window in which research is to be conducted; children also lose these slips. If this happens, then the result can be a very incomplete data-set which is then unrepresentative of the age group the researchers had targeted. This is not just a design issue, but an ethical one, as it could be argued to be unethical to involve participants in a low-quality study that won't produce valid scientific information. In some instances, for example, in longitudinal studies where data is sought from a school cohort every year, a case for an 'opt-out' model can be made. The Department of Health, for example, uses an 'opt-out' model for the 'National Child Measurement Programme' which measures weight and height in primary age children to assess local and national trends. 'Opt-out' models should only be used sparingly, where there are real concerns about the analytic implications of incomplete data-sets, but can be justified if these criteria are met.

Assent vs consent

In line with the developing capacity of the child over time, it has been suggested that children cannot fully consent to research, at least in a legal capacity, and that what should be sought is **'assent'** which is an affirmative agreement to take part (Broome & Richards 1998). Rather than an emphasis on written consent forms, assent is envisaged as an interpersonal act, such as agreeing to take part by saying 'yes' or by actively participating. Saying 'no' or not actively participating would then become a refusal to give 'assent' and the participant should not be included in the study. Assent is a more appropriate mechanism to assess agreement with younger children. Specific age-appropriate materials have to be developed depending on the group, for example, using the appropriate language (e.g. Makaton, sign language) and level of language (e.g. visual methods such as pictures of sad face and word 'no' and happy face and word 'yes' can be used with the child pointing to their preference). These can be tried out on the group in question, in agreement with parents/teachers, to see whether assent is possible via these routes. Older children may respond better to more formal consent procedures, as they are in a position to assess the risks/benefits of participation and level of confidentiality offered. This might include giving simple written information or both researcher and child signing an agreement.

There are several key steps to assessing 'assent': introducing yourself and who you are (e.g. 'I'm X, a researcher looking at what children think about playtimes), stating what the task will involve ('I would like to watch you playing at playtime and then ask you some questions about it, you could choose which friend comes with you for that part'), asking for participation ('is that ok?'), clarifying how the child can dissent (e.g. 'you can stop at any time by telling me or the teacher you don't want to take part any more') and giving an opportunity to ask questions ('have you got any questions about taking part?').

Directly asking for the assent of children arguably gives children back some agency in the situation of research, making them feel more in control (Lindeke et al. 2000). However, is far from unproblematic. Given the power differential discussed earlier, children in a school-

context may not feel in a position to say 'no' to the adults in charge of them such as researcher or their teacher. Additionally, using language such as 'would you like to help me with this project?' can very much frame their participation towards agreement, feeding their desire to be perceived as 'good', so it is important to use more neutral language such as 'I would like to ask you about what you do at home-time' rather than loaded phrases about 'helping'. Furthermore, much participation in school-based projects is group or class-based, so there may be practical difficulties if a few children opt out of a study: arrangements may have to be made for them. It is also the case that asking the child if they are going to participate is usually the final step after the consent of gatekeepers such as parents and teachers has been sought. To this extent, their consent is conditional on that of those in authority, although this may not be the case with older teens as discussed in the last section.

Researching with your own students

Researching with your own students is a particular ethical challenge for educational researchers, particularly those at undergraduate or postgraduate level who are aiming to complete projects within a short time-frame. Using your own students or those known to you, or doing research within your own school appears to offer an ideal opportunity for research, as you already have rapport and trust both with gatekeepers and the potential population of children/young people, and access to them is easily facilitated. For all these reasons, such research is very commonly conducted; but often the ethical challenges this creates are overlooked. The most obvious problem is that researching your own students invariably compromises their ability to autonomously make a decision of whether to take part. This may be because you have built the activity into their schedule already, giving them no choice not to participate, but also because they feel a subtle social pressure to conform to your expectations about enthusiastic participation, or that they cannot envisage being the one person to say no and remove themselves from the classroom or lecture theatre. Being the class teacher or student researcher (and also the marker of their work or grades) doubles

the power in the already asymmetric relationship. Students may also fear that the promised 'anonymity' may be compromised, as their handwriting/position in the class is recognizable.

So, what should ethically conscious teachers and researchers do? One solution is simply not to research your own groups or students. If you only require one class to participate, you could ask another teacher with a different set of students if they would mind allowing you 10 minutes at the end of their session to complete your questionnaire. This is easier where a culture of researching and testing already exists and where swapping classes to participate is an easy option. Another option is to make the anonymity of responses water-tight, for example, by using online submissions or simply by emphasizing that participants should not include their names/any identifying details in their answers. Another might be to create research opportunities out of the set-class time, for example, in lunch-breaks for those who are interested in participating. Ultimately, there is no easy answer, but increasingly ethics committees are putting the notion of 'informed consent' and the 'right to withdraw' under scrutiny within school-based research that, in some cases, appears not to offer these in the fullest sense.

b) Anonymity, confidentiality and disclosure

The purpose of offering participants anonymity (not using their real name) and confidentiality (not disclosing what they say to others) is to protect their privacy. Although conventions in research have grown up in relation to these, such as using anonymity as a default in studies, ultimately privacy is something that has to be negotiated with participants and gatekeepers, particularly if the research is at the higher end of intrusiveness.

Anonymity

Anonymity means to disguise or remove the identity of participants so that others outside the research setting do not know who they are. This is not just a matter of using a pseudonym or

number instead of the real name, identifying data can include addresses and postcodes or distinctive features such as job titles or having a certain disorder or experience which others might recognize. There are several reasons for anonymizing research data: firstly it offers the participant privacy and confidentiality so that they can speak freely and honestly without others identifying them. As such, their data may be more authentic and insightful. Secondly, it ensures that participants are less likely to harm others, for example, by disclosing personal information or shared experiences about them, such as their opinions on a teacher or type of lesson. At a more serious level, it may protect participants if their disclosures are illegal (e.g. if working on highly sensitive or criminal research). Finally, anonymization also helps researchers meet the data protection requirements in their countries. In the UK, for example, the Data Protection Act (1998) requires that identifying data is held for as short a time as possible and then destroyed, whereas anonymized data used for research purposes can be held indefinitely for future use.

There are several methods for ensuring anonymity. One way is not to collect identifying data in the first place. It may not be necessary, for example, if running an online school survey about students' understandings of a new educational IT system to collect their names at all. Avoiding identifiers is also sometimes used where the data collected is likely to be legally compromising for participants. In the US, waivers for data on criminality or drug use are available; in the UK, not collecting names/addresses may be the only way to engage with hard-to-reach youth on the margins of criminal activity/engaged with illegal drugs. The second way is to separate the identifying information, such as names and emails collected on consent forms, from the non-identifying at the collection stage. Here, each person, on entering the study, is assigned a number or pseudonym to their data. A separate list matching numbers to names is kept securely elsewhere. Often secondary data sets from large surveys or government sources come pre-anonymized with only numbers as identifiers. It can be harder to fully anonymize very personal qualitative interviews or ethnographic research; more than simply names may need to be changed to achieve

anonymization. Furthermore, in schools-based research, the question is not only whether the individuals should be anonymized, but also the school itself; they need to be asked directly as part of the consent procedure.

In general, making data anonymous has become the default practice, and only a strong justification for departing from this is likely to be accepted from ethics committees. Examples might include where the person being interviewed is a public figure or someone speaking in their professional capacity that is happy for their words to be a matter of record. Schools may also be happy to be identified as having participated in an evaluation of a new educational intervention, even if individual children themselves are anonymized. Finally, some participants do not want to be anonymous, for example, Grinyer details the case of interviewing parents who had lost children to cancer who felt their anonymous pseudonyms originally given to them didn't relate to them at all; many were happy to be identified as a form of personal memorial (Grinyer 2002). In summary, participants are protected by anonymity, so it makes sense to continue with it as a default practice in education research unless a strong reason to depart from it can be justified.

Confidentiality and disclosure

Confidentiality is a thorny issue in relation to studying children and educational practice. On the one hand, there is a need to reassure participants of the confidentiality of their data, in other words not sharing it beyond agreed limits. This is usually delivered through making data anonymous, but also through robust data protection and (usually) not discussing private details given by participants with other people outside the study. On the other hand, there may be legal and moral obligations to disclose information if the participant is themselves at risk or is experiencing harm, such as physical, emotional or sexual abuse or neglect.

Sensitive information may also emerge during data collection regarding unsafe behavior, sexual practices, health status (e.g. HIV status) or drug taking which may present a dilemma

about whether others need to know. Researchers who cannot offer confidentiality at all are unlikely to gain full frank and scientifically valid data from children and young people about sensitive issues. So, what should the researcher do to balance the need for confidentiality against disclosure?

In the UK, many professional codes obligate the professional to disclose harm or neglect (e.g. teacher, social worker). Whether there is a legal obligation for researchers is less clear; there may be a duty under the 1989 Children's Act to report instances where it is believed a young person is in danger from others or likely to cause danger (Heath et al. 2009). In the US, legal obligations do exist at state level to report sexual and elder abuse (Folkman 2000). Legal or otherwise, the moral obligation to protect children remains.

There are several concrete steps that researchers can take to make their procedures as robust as possible before they arise:

1. **Decide what is meant by 'confidentiality'**. I suggest that confidentiality is agreed between the participant and the 'research team' rather than one individual (unless a good reason to do so)- which might include the researcher, supervisor if a student, other members of the team if a larger project. This means ethical discussion of tricky issues can be facilitated within the study as a whole (Farrimond 2012). An example statement might include:
'Everything you say will be kept confidential, this means I won't share it with other people, except those in my research team, so that means me and my supervisor, is that ok?'
2. **Be upfront with participants that there are limits to confidentiality.** It is important that children/young people know that what you are discussing is not completely secret between them and yourself, but that in exceptional circumstances, you may

have to tell others what they have told you (Neill 2005). If children are older, breaking confidentiality may be discussed with them first. Sample text includes:

‘Everything you say will be kept confidential, except if you say something which makes us worry that you or someone else may be harmed, in which case we would talk to you first about what to do next’

3. **Have a protocol in place for the disclosure of sensitive information or risk to the child.** This is particularly important for studies with known high-risk or vulnerable populations. For example, if you were researching with children in care, this is a population known to have high rates of abuse and neglect, and so a protocol detailing what would happen at each stage after disclosure should be developed before any data collected. As a starting point, researchers should identify what I term ‘the ethical chain of command’ which is the hierarchy of those involved in ethical decision-making for this study (Farrimond 2012). The first level is the researcher who is present in the situation along with the participant. If an ethical issue was identified that could not be solved by them, then it would go up the chain to the head of the study or principal investigator, and if not within the team itself, then they should involve outside ethical expertise. Good sources would include ethics representatives from the relevant department or the Chair of the ethics committee who can then seek additional advice or involve others as necessary (e.g. legal advice, child protection services).

It is also worth noting that disclosure of sensitive or difficult material by children or young people is not just about the legal responsibility, but acting with compassion on the part of the researcher. From an ‘ethics of care’ perspective, this may involve strategies to help manage any upset or distress as well as practical information on accessing advice/assistance (e.g. to a helpline, to appropriate services). Finally, safeguarding is a two-way street, in that children and young people must also be protected in research environments, which is why researchers working in UK education research usually need to undergo DBS checks

(Disclosure and Barring Service (DBS) checks, formerly Criminal Records Bureau (CRB) checks).

4. Meeting the requirements of ethics review

The final aim of this chapter is to provide guidance on how to meet institutional ethical requirements. Making an ethics application is not the only time at which ethical issues are important in research. Ethical decision-making is present throughout the 'lifecycle' of a project from design through to dissemination (Farrimond 2012). For example, sampling involves choices about who to include, exclude and whether to use proxies for consent. Analyzing results involves producing outputs that are scientifically meaningful and authentic. For example, if an educational evaluation suggests one program is more beneficial than another, then it may be widely adopted. A deliberate or accidental manipulation (e.g. cherry picking) of data may lead to policy changes that change children's educations in non-beneficial ways (Mark & Gamble 2009). Guillemin and Gilliam make a convincing distinction between research ethics at the organizational level, involving submitting ethics applications and committees, and 'ethics in practice' which concerns the myriad of sometimes unexpected ethical dilemmas which present themselves in real life (Guillemin & Gillam 2004). Although ethical issues do indeed arise as projects are running, it is the case that for most students and researchers making an ethics application is the time-point at which ethical issues are brought into focus. Furthermore, it is also the point at which their 'ethical competence' has to be demonstrated to the satisfaction to the committee or IRB and, if they exist, where differences in ethical opinion or practice may occur. The following tips are aimed to help with writing a successful ethics proposal:

1. **Find out what is required.** This sounds incredibly obvious, but students and researchers get caught out by ethics procedures all the time. Not knowing the committee or IRB meeting dates, not having prepared the application thoroughly

enough or a necessary institutional signatory such as supervisor being unavailable can mean a delay in approval. This can knock on into jeopardizing funding or completing a qualification. If you know you need ethics approval, read the relevant webpages and get in touch with the secretary or administrator early on to clarify what you have to do, download the forms and check you will meet the requirements. This has to be done locally (i.e. at your institution) as procedures differ. One institution may require a one-page form to be submitted for undergraduate and Masters projects to an ethics representative, others may require full submission. Online forms are increasingly common, as are committees specific to the discipline. If you are involving vulnerable subjects (otherwise vulnerable not just by virtue of being children, such as in care, living in poverty), sensitive topics (e.g. sexuality, drug use in minors) or a particular issue (e.g. whether to go for proxy consent with under 8's) then approach the Chair or ethics rep to ask for advice in advance, as review decisions are made on local precedents so it makes sense to write your application with them in mind (Stark & Hedgecoe 2010).

2. **Write the application in a concise but detailed way.** Most ethics forms are pretty standard, which can mean that the temptation to cut and paste from a research funding application or other piece of work is high. This can work, as long as the basic principle is upheld- that it should be comprehensible to reasonably intelligent non-experts. There are usually sections on a) the rationale and aims of the project, including some theory b) the methods and c) separate sections on various ethical aspects, which might include (but is not limited to) how you will manage consent, voluntariness, data protection, risks and benefits of the project and any international data collection issues. You may also be required to send documentation such as consent forms and information sheets, survey/instruments/experimental protocols/interview schedules and advertising materials; check in advance what your procedure requires. In particular, make sure the methods section is very clear and detailed; without this, the committee or IRB cannot make a judgement about whether

what you are doing is ethically satisfactory. This should include who constitutes the sample, where the data will be collected, where it will be stored, how participants will be recruited and what will happen to participants throughout the study. Also, don't just identify ethical problems, explain what steps you are going to undertake to solve them. It is best to create a draft first, then perhaps send it to your ethics representative, supervisor or other members of the team for feedback for quality control purposes (if it goes to the ethics representative, they may be able to help you avoid common problems before it goes to the full committee).

- 3. Provide a realistic assessment of risks and benefits.** Ethics forms usually ask for you to detail the possible harm/risks in your project, and solutions to those risks. It is also standard to include a brief section on the consent/information sheet detailing the risk and benefit to participants of taking part. Risks to participants can range from the physical, mental, social, economic, and reputational as well as to the researcher themselves (e.g. safety, distress). In schools-based research, risks might focus on the voluntariness of participation (to what extent can the school, individual teachers and individual children say no to participation?) and disclosure (what strategies are in place if children disclose information about neglect/abuse/sensitive issues?)

Researchers often veer between under-assessing (e.g. 'there are no risks at all in this project') to over-assessment of risk (e.g. suggesting counselling to deal with 'trauma' of interview). 'Minimal' or 'low' risk often has a specific meaning within research ethics: that the effects of participation are within the 'everyday experience' of the participants and won't be temporary or long-lasting. For example, talking about a time playing with friends that made you sad may be temporarily a bit distressing, but it is within the bounds of everyday experience for most children. A strategy for dealing with this may therefore be to offer existing support for children from within the school system if they wanted to talk about participating in a study which may bring up difficult feelings. Benefits of participation may be difficult to quantify and often relate to the perceived value of the study (e.g. to change policy). Any individual benefits to

children or parents should be specifically identified. For example, a study on weight and exercise might offer the opportunity to have individual feedback and advice. The key is to provide a realistic, not exaggerated, assessment of risks and harms, and more importantly, to show how risks will be managed.

Finally, the advice given here is addressed to individuals and research teams facing ethics review in the context of educational research. It is important to note however, that institutions have their own set of responsibilities to avoid creating a solely bureaucratic system of tick-boxes as is often the case (Hall 1991; Hammersley 2006) but to set up a research culture that engages genuinely and deeply with ethics and supports individuals to do so.

Conclusion

Education research, like research in general, has to tread a difficult path between ethical 'engagement' and ethical 'hypersensitivity'. The cause of producing good research is not served by overly bureaucratic systems or by researchers being afraid to engage with difficult or sensitive topics because of the perceived difficulties of ethics review. On the other hand, if many taken-for-granted practices in education research are now being questioned on the grounds of ethics without major detriment to the overall production of knowledge, the right balance will have been struck.

Recommended readings

Christensen, P and Prout, A, (2002) Working with ethical symmetry in social research with children, *Childhood*, 9(4): 477–497.

Thomas, N. and O'Kane, C. (1998) The ethics of participatory research with children. *Children and Society*, 12: 336-348.

Flewitt, R. (2005). Conducting research with young children: some ethical considerations. *Early Child Development and Care*, 175(6), pp. 553–565

References

Alderson, P. & Morrow, V., 2003. *Ethics, social research and consulting with children and young people*, Ilford: Barnados.

American Educational Research Association, 2011. Code of ethics. Available at: http://c.ymcdn.com/sites/www.weraonline.org/resource/resmgr/a_general/aera.pdf (date accessed 4/4/16).

BERA, 2011. Ethical guidelines for educational research. Available at: <https://www.bera.ac.uk/researchers-resources/publications/ethical-guidelines-for-educational-research-2011> (date accessed 4/4/16).

Broome, M. & Richards, D., 1998. Involving Children in Research. *Journal of Child and Family Nursing*, 1(1), pp.3–7.

Christensen, P. & Prout, A., 2002. Working with ethical symmetry in social research with children. *Childhood*, 9(4), pp.477–497.

Cocks, A.J., 2006. The ethical maze: Finding an inclusive path towards gaining children's agreement to research participation. *Childhood*, 13(2), pp.247–266.

David, M., Edwards, R. & Aldred, P., 2001. Children and school-based research: "informed consent" or "educated consent"? *British Educational Research Journal*, 27(3), pp.347–365.

Einarsdóttir, J., 2007. Research with children: Methodological and ethical challenges. *European Early Childhood Education Research*, 15(2), pp.202–211.

Ennew, J. & Beasley, H., 2006. Participatory methods and approaches: The two tyrannies. In V. Desai & R. Potter, eds. *Doing development studies*. London: SAGE publications, pp. 189–199.

European Early Childhood Education Research Association, 2014. EECERA Ethical Code for Early Childhood Researchers. Available at: <http://www.eecera.org/documents/pdf/organisation/EECERA-Ethical-Code.pdf> (date accessed 4/4/16).

Farrimond, H., 2012. *Doing ethical research*, Palgrave Macmillan.

Felzmann, H., 2009. Ethical issues in school-based research. *Research Ethics Review*, 5(3), pp.104–109.

Flewitt, R., 2005. Conducting research with young children: some ethical considerations. *Early Child Development and Care*, 175(6), pp.553–566.

- Folkman, S., 2000. Privacy and confidentiality. In B. D. Sales & S. Folkman, eds. *Ethics in research with human participants*. Washington D.C.: American Psychological Association.
- Goredema-Braid, B., 2010. Ethical research with young people. *Research Ethics Review*, 6(2), pp.48–52.
- Gorman, D.M. & Conde, E., 2007. Conflict of interest in the evaluation and dissemination of “model” school-based drug and violence prevention programs. *Evaluation and program planning*, 30(4), pp.422–9.
- Grinyer, A., 2002. The anonymity of research participants: Assumptions, ethics and practicalities. *Social Research Update*, 36.
- Guillemin, M. & Gillam, L., 2004. Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10(2), pp.261–280.
- Hall, D., 1991. The research imperative and bureaucratic control: The case of clinical research. *Social Science and Medicine*, 32(3), pp.333–342.
- Hammersley, M., 2006. Are ethics committees ethical? *Qualitative Researcher*, 2, pp.4–8.
- Heath, S. et al., 2009. *Researching young people’s lives*, London, Thousand Oaks Ca., New Delhi, Singapore: Sage Publications Ltd.
- Held, V., 2005. *The ethics of care*, Oxford, UK: Oxford University Press.
- Hunter, D. & Pierscionek, B.K., 2007. Children, Gillick competency and consent for involvement in research. *Journal of Medical Ethics*, 33(11), pp.659–62.
- Khanlou, N. & Peter, E., 2005. Participatory action research: Considerations for ethical review. *Social Science and Medicine*, 60, pp.2333–2340.
- Kitchener, K.S. & Kitchener, R.F., 2009. Social science research ethics: Historical and philosophical issues. In D. M. Mertens & P. E. Ginsberg, eds. *The Handbook of Social Research Ethics*. Thousand Oaks, California: New Delhi: London: Singapore, pp. 5–22.
- Lindeke, L.L., Hauck, M.R. & Tanner, M., 2000. Practical issues in obtaining child assent for research. *Journal of Pediatric Nursing*, 15(2), pp.99–104.
- Mark, M.M. & Gamble, C., 2009. Experiments, quasi-experiments, and ethics. In D. M. Mertens & P. E. Ginsberg, eds. *The Handbook of Social Research Ethics*. London, Thousand Oaks Ca., New Delhi, Singapore: SAGE publications, pp. 198–213.
- Morrow, V. & Richards, M., 1996. The ethics of social research with children and young people: An overview. *Children and Society*, 10, pp.90–106.
- Neill, S.J., 2005. Research with children: A critical review of the guidelines. *Journal of Child Health Care*, 9(1), pp.46–58.
- Pole, C., Mizen, P. & Bolton, A., 1999. Realising children’s agency in research: Partners or participants. *International Journal of Social Research Methodology*, 20, pp.39–54.

- Punch, S., 2002. Research with Children: The Same or Different from Research with Adults? *Childhood*, 9(3), pp.321–341.
- Randall, D., 2012. Revisiting Mandell's "least adult" role and engaging with children's voices in research. *Nurse Researcher*, 19(3), pp.39–43.
- Rees, R.W., Garcia, J. & Oakley, A., 2007. Consent in school-based research involving children and young people: a survey of research from systematic reviews. *Research Ethics Review*, 3(2), pp.35–39.
- Shamoo, A. & Resnick, D., 2009. *Responsible conduct of research, 2nd ed.* 2nd. ed., New York: Oxford University Press.
- Sieber, J.E., 2000. Planning research: Basic ethical decision-making. In B. D. Sales & S. Folkman, eds. *Ethics in research with human participants*. Washington DC: American Psychological Association, pp. 13–26.
- Skelton, T., 2008. Research with children and young people: exploring the tensions between ethics, competence and participation, Children's Geographies. *Children's Geographies*, 6(1), pp.21–36.
- Stark, L. & Hedgecoe, A., 2010. A practical guide to research ethics. In I. Bourgeault, R. Dingwall, & R. de Vries, eds. *The SAGE handbook of qualitative methods in health research*. Los Angeles, London, New Delhi, Singapore, Washington DC: SAGE, pp. 589–607.
- Thompson, S., 2002. My research friend? My friend the researcher? My friend, my researcher? Mis/informed consent and people with developmental disabilities. In W. C. van den Hoonaard, ed. *Walking the tightrope: Ethical issue for qualitative researchers*. Toronto, Buffalo, London: University of Toronto Press, pp. 95–106.
- Vargas, L.A. & Montoya, M.E., 2009. Involving minors in research: Ethics and law within multicultural settings. In D. M. Mertens & P. E. Ginsberg, eds. *The Handbook of Social Research Ethics*. London, Thousand Oaks Ca., New Delhi, Singapore: SAGE, p. 489–506.
- Williams, B., 2006. Meaningful consent to participate in social research on the part of people under the age of eighteen. *Research Ethics Review*, 2(1), pp.19–24.