HARMS AND BENEFITS

Developing an ethical and reflexive mindset in emerging childhood researchers

As thinking and practice has grown around ethical research involving children, so too has the need to train and equip new researchers with relevant knowledge and the associated mindsets. However, developing a comprehensive training program on ethical research involving children can be a complex task. When I (Daniella Bendo) took up an Assistant Professor position at King's University College (at Western University) Canada last year, I developed a third-year undergraduate unit entitled, 'Researching Childhood (in Childhood and Social Institutions).' The ERIC materials were invaluable in providing an established, rights-based framework for the course, as well as a wealth of material and resources to draw upon in the lectures and tutorials. In terms of assessment, I sought a way to draw the students' learning together and ask them to demonstrate their theoretical and practical understanding of ethical issues in research involving children, in what was, otherwise, a theoretical unit. Based on the many real-life case studies on the ERIC website, I set students the assignment of developing their own hypothetical case study. Here, one of our students, Paige Sheridan, shares the approach she took with this assignment. The depth of her ethical understanding is evident in the reflexive detail of her case study and, while hypothetical, the five-step process she describes would likely be a useful tool to consider in research practice.

Student Case Study: **"Participation and Protection - Where do we find our footing while researching with children who face particularly challenging circumstances?" By Paige Sheridan**[1]

Background context:

The notion that children are capable beings, who have the right to be involved in decisions about their care when protection provisions are in place, can create many challenges and ethical concerns (Balen et al., 2006; D'Cruz & Stagnitti, 2008). Researchers have to find a balance between the possible harms and benefits of seeking children's insights for research purposes. Researchers who wish to include children in studies around care

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[1] Paige's submitted assignment has been edited slightly for clarity during the publishing process.

(of the State) would undoubtedly hold the goal of improving policies and practice in the best interest of the child. Yet, the possible psychological effects that could be experienced by a child when they disclose sensitive experiences to others for the purpose of research, is one of the reasons for the lack of research around children's experiences in care contexts.

Such dilemmas emerged in a study conducted with children (aged 10-15) who were crown wards living in a specialized treatment program. The following guiding question shaped the focus of the research project, "From the perspective of children in care of the state, how can the child welfare system be improved?" Structured qualitative interviews were undertaken to gather children's experiences and thoughts on having protection provisions in their lives. These interviews aimed to understand findings that have already been explored academically, but this project aimed to understand the project objectives from the perspective of children themselves. The research team partnered with professionals involved with the children's care at the organization to undertake a careful informed consent process, structure appropriate interviews and ensure follow-up procedures.

The ethical challenge: How do we include the voices of children facing difficult circumstances?

The ethical challenge that arose in the research was the question of whether the benefits would outweigh the possible risks and harms to the children when they disclosed sensitive information in the interviews about their experiences in the child welfare system. Ethical considerations maintain the safety and integrity of research practices, and ethical challenges involving research with children are arguably of most importance. In order for research to pass ethical standards, the possible risks and harms must be clearly understood and addressed. This research involved children, specifically children who experience difficult circumstances; their voices could have major long-term impacts to the systems around them but to truly hear their voice would not be easy. The key ethical challenge that arose in the research surrounded the risk of harm, particularly negative psychological effects for the child in sharing sensitive or traumatic experiences.

In part of addressing the possible harms and risks to the children involved in the research, the team maintained transparency and let them know that the possible benefits may not be experienced directly or in a timely manner. Rather, the team discussed how difficult change can be to occur. This notion of ensuring the children were informed of the outcome(s) was essential in order to avoid potential disappointment. Below, we outline the process of maintaining the ethics of this research.

Choices made:

The recruitment and decision process for inviting potential children to participate in the study included a 5-step filter process and was undertaken in collaboration with staff at the care organization. First, the process involved informing all the children of the opportunity. Child-friendly posters were distributed throughout the centre and staff engaged in conversations about the research to inform the children of the project. The second filter was connecting with the children who asked staff to be involved; the child had to voice a desire to take part in the research. The third filter of the process included an examination of the primary worker's thoughts regarding the child's participation, analyzing each child's background, the level of trauma they had experienced and their progress in therapy. The primary worker then engaged in a discussion with the child about their motivation to participate and made an assessment based on the child's case information. If a primary worker felt that participation in the study would be detrimental to the child, further discussion with the child took place. During the discussion, the primary worker and child had to come to a conclusion together on whether the child should or should not take part in the study. The fourth step was then a mini group interview with the prospective participants focused around informed consent. The purpose of this group was to have an open dialogue and for the children to ask any questions they had. This would provide clarity and an informed idea of what to expect. The final step involved obtaining written consent from both the child and their primary worker. Having both parties sign the consent form ensured the child felt respected and empowered. As part of this final step the team developed safety plans with the children to prepare them for the research. These included sharing known triggers, planned items to help with sensory/ fidgeting (blankets, toys) all to create a contract between the child and researchers to respect and understand the child's consent. These plans helped researchers and primary care staff to understand how to properly support the child to avoid risk and harm to the child.

The follow up procedures were also personalized for each child and this was included in their "safety plans" which were created with the children. For instance, staff would identify when a child would signal that they were in a "yellow" phase (a coping and behavioural term used within the centre to explain becoming escalated; the feeling before being in crisis mode). Staff would work with children to get them back to a "green" phase (calm, and able to work through the feeling/problem). At the end of the study process, each child engaged in a one to one debrief with their primary carer. In addition, to thank the children for their efforts they were offered a gift card to a toy store, where they could select something of their choice. This "thank you" was a surprise to the children at the end. This helped to ensure the child felt appreciated for their involvement, while also reducing the risk that it might be seen as an incentive to participate. The research team allocated a small amount of funds for this at the end of the study.

While this five-step process was time consuming it aimed to minimise any risk or harm to children of being involved in the research. The research team was successful in coordinating with the facilities staff to adequately support the children post interview and to provide opportunities for children's voices and viewpoints to be articulated and heard by the research team. It is important to note that through the debriefs children had with their primary care workers directly after the research, and through the research process, there were clear indications of beneficial outcomes for the individual children. The primary care staff reported that all of the children appeared proud of their involvement. After the research team concluded their work, the children involved took the initiative to make changes within the centre. With help from staff the children created a group to provide opportunities to discuss desired changes within the centre.

Reflexive questions / considerations:

- What could the team do to ensure that all children could participate in the project regardless of their case history? How could the team ensure that children did not feel excluded if it was decided between them and their primary care workers that they could not participate based on their circumstances? Was there a way to include these children?
- What could the team do differently to better understand and identify when participants would need support? Would the "safety plans" be adequate?
- What supports would the children require post interview, and would those supports be readily available?
- If children's perspectives are not provided in policies and practices around protection and provision policies, how can the best interest of the child be secured?

- Going forward, how can researchers demonstrate to Ethics boards the success and importance of involving children in research?
- In what ways could the researchers ensure and maintain that the child felt safe and comfortable?

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References

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