

The ethics of social research with children and young people – an overview

Virginia Morrow, Lecturer (Childhood Studies), ECPE, Institute of Education, University of London, WC1A 0AL v.morrow@ioe.ac.uk

INTRODUCTION

'Social research' covers a wide range of social science disciplines, including psychology (experimental, developmental, behavioural and social), sociology, social anthropology, criminology, educational, and social policy research. Many UK research organisations and professional associations issue codes of good practice, some of which set criteria for research, while others are more general and provide guidelines for the basis of ethical research rather than attempt to set absolute standards. The 1996 paper drew together ideas and concepts from these different fields to attempt to make some practical suggestions for what might be very broadly termed a 'sociology of childhood'. 'Children' are taken to include 'all those under 18 years of age' (cf. UN Convention on the Rights of the Child) but the term 'child' covers a wide range of categories of children.

'Ethics' can be defined as 'set of moral principles and rules of conduct': ethics in research, as one author has put it, relates to 'the application of a system of moral principles to prevent harming or wronging others, to promote the good, to be respectful, and to be fair' (Sieber, 1993, p.14). One of the dilemmas was that in everyday social life, we (as adults, parents, or researchers) had tended not to be respectful of children's views and opinions, and the challenge was to develop research strategies that are fair and respectful to the subjects of our research.

In the UK during the 1990s there was an increase in the demand for children's voices to be heard and their opinions to be sought in matters that affect them. The UK Government ratified the UN Convention on the Rights of the Child, which has important clauses on children's right to participation. Article 12 stipulates that

States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely *in all matters* affecting the child, the views of the child being given due weight in

accordance with the age and maturity of the child (emphasis added).

and 'For this purpose, the child shall, in particular, be provided with the opportunity to be heard in any judicial and administrative procedures affecting the child'. This set of principles acknowledges that children have the right to be consulted and taken account of, to have access to information, to freedom of speech and opinion, and to challenge decisions made on their behalf. If this set of principles was respected, it would clearly represent a major shift in the recognition of children as participants in society (Lansdown, 1994). The International Year of the Family Agenda for Action also highlights the issue of strengthening children's rights and incorporating children's views 'when decisions are made about them in their families and at school' (IYF, 1994, p.10). The England & Wales Children Act 1989 represented a move from parental duties to parental responsibilities, and stipulated that courts shall have particular regard to 'the ascertainable wishes and feelings of the child concerned (considered in the light of his [sic] age and understanding)' (Section 1(3)(a)). In law there were shifts in how children's 'competence' to make decisions for themselves is regarded, discussed below. Correspondingly, in some areas of social research there was growing recognition that children's views and perspectives can and should be elicited on a range of issues that affect them. During the late 1990s the ESRC funded a research programme *Children 5-16* that consisted of about 20 projects, completed in 2002, see www.esrc.ac.uk. Much has been written about 'doing research with children' (see papers in the journal *Childhood, Children and Society*, Christensen and James (2000), Lewis & Lindsay (2000) Morrow (1999, 2001)

In mainstream social research methods handbooks, children were (and in many cases still are) rarely mentioned. There is, of course, a good deal of discussion on qualitative research in educational settings (Burgess, 1984; Burgess, 1989) but the sociology of education is not 'about' children (though this is changing, with projects on pupil voice etc). Similarly, sociology of the family is not 'about children', and we knew little about children's experiences of family life, which is all the more surprising given that, to a significant extent, children can be said to constitute families (James, 1995a). Further,

sociology of the family or education often used adults - parents or teachers - as informants about children, so even where children were the central concern of research, they tended not to be directly involved. So it was in this vacuum that I began a project to explore children's conceptualisations of family (Morrow 1998), the first task of which involved thinking about the ethics of the research and producing the paper in *Children & Society*, and about the same time, Priscilla Alderson published her very useful book for Barnardo's (1995).

2. EXISTING ETHICAL GUIDELINES

In the 1996 paper I discussed whether ethical guidelines that apply to social research in general are useful in developing sociological research with children. A considerable amount has been written on the ethics of medical research with children (Nicholson, 1986) and psychological/behavioural research with children in the US (Grodin & Glantz, 1994; Sieber & Stanley, 1992), and various research councils and professional bodies issue ethical guidelines and codes of practice which are intended to help researchers to carry out their research in an ethical manner. Some of these relate specifically to children: the Medical Research Council (MRC) booklet *The ethical conduct of research on children*, relates to medical research on children. 'Children' are defined as anyone under the age of 18 years. Briefly, it recommends that children should only be included in research if, firstly, the relevant knowledge could not be gained by research in [sic] adults, and the results of research will be of benefit to children; secondly, it is approved by the appropriate [clinical] Research Ethics Committee; thirdly, either those included have given consent, or consent has been given on their behalf by a parent or guardian and those included do not object or appear to object in either words or action; fourthly, in the case of therapeutic research, the benefits likely to accrue to a child participating outweigh the possible risk of harm (and risk here appears to mean the risk of physical harm); and finally, in the case of non-therapeutic research, participation places a child at no more than negligible risk of harm. The field of medical ethics has developed fast in this area, however, and the ways in which informed consent and patient confidentiality are dealt with may provide useful models that we can learn from in social research more generally (Alderson & Morrow 2004).

The British Psychological Society (BPS) *Code of Conduct Ethical Principles and Guidelines* (1991) is not specifically about children, (indeed they seem more preoccupied with the ethics of research on animals) but has several passages about children in it. On consent, children are considered alongside 'adults with impairments' (and there is no mention of how to gain consent from children with impairments; but see Minkes et al, 1994). The recommendation on consent is that 'In addition, where research involves all persons under sixteen years of age, consent should be obtained from parents or from those 'in loco parentis'.

The British Sociological Association and Association of Social Anthropologists have general guidelines that apply in social research with any human subjects and the ASA Guidelines make no specific mention of children. The BSA Statement of Ethical practice included the clause 'Special care should be taken where research participants are particularly vulnerable by virtue of factors such as age, social status and powerlessness' (Para 1 (e)). However, special care was not defined, and children are clearly disadvantaged by all three factors, age, social status and powerlessness. Recently the BSA has been updating its guidelines and advises researchers to 'seek expert help' in research with children and young people and other 'vulnerable groups'. The National Children's Bureau (NCB) Guidelines for Research follow the BSA Statement and append their own suggestions, mostly related to child protection and emphasising the duty of researchers to pass on disclosures of potential 'risk of significant harm' to a professional 'who can take the steps necessary to protect the child or other children'. Obviously the NCB are working from within a model of child protection, but their guidelines provide a starting point for thinking about potential ethical dilemmas when research with children. Many organisations including university departments are currently revising their guidelines as a result of the DoH Research Governance Framework, and there is currently a great deal of attention focused on research ethics in general, see eg EU RESPECT project, and the ESRC REF (Research ethics framework) project.

Informed consent

The issue of informed consent often dominates discussions on research with children, In the UK, consent was usually taken to mean consent from parents or those 'in loco parentis', and in this respect children were seen as their parents' property, devoid of the right to say 'no' to research. In practice, researchers usually obtain consent from a wide range of adult gatekeepers (parents, school teachers, head teachers, school governors, Local Educational Authority officers and so on in the case of school-based research) before they are allowed anywhere near the children, and may feel unwilling to jeopardise their research project by asking the children explicitly for their 'informed consent'. Further, there may be some circumstances in which older children may consent to participate in research and it may not be appropriate to seek parental permission (see discussion of 'Gillick-competence' below).

Discussions of children's competence to consent usually focus on the age of the children concerned. Alderson (1995) notes that 'a distinction between adults and very young dependent children is obviously needed' (p.69). There is a further distinction in discussions of ethics between consent and assent. Informed consent is taken to mean the process whereby someone (usually an adult, the assumption being that children are not competent to give informed consent) 'voluntarily agrees to participate in a research project, based on a full disclosure of pertinent information' (Tymchuk, 1992, p.128), while permission and assent 'refer to a parallel process in which the parent or guardian agrees to allow a minor ward to participate in a research project, and the child assents or agrees to be a subject in the research' (ibid, p.128).

The legal distinction of 'Gillick-competence', which stipulates that a competent child is one who 'achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed' and further that the competent child also has 'sufficient discretion to enable him or her to make a wise choice in his or her own interests' is important, because it highlights the fact that it is not simply chronological age which determines competence. US researcher Thompson (1992) suggests that

Perhaps searching for a minimum threshold age for children's consent is

asking the wrong question. Depending on the context and the complexity of the judgement, children at most ages are capable of making decisions concerning what they want to do, so perhaps the child's competency to consent to research participation should not be regarded as an inflexible limitation deriving from the child's age, but rather as an interaction of the child, the context, and the nature of the (decision-making) task. Children from a surprisingly early age can understand basic elements of the research process and their role within it if this information is presented in an age-appropriate manner (p.60).

Children's competence to consent to participate in research depends partly on the context and partly on precisely what they are consenting to undertake. Perhaps it would be more helpful to allow 'informed dissent' (see Boyden & Ennew 1997) enabling children to refuse to participate in research, though again this will be complicated by discussions about age and competence.

The protection of research participants from risk of significant harm, both during the research process and as a consequence of the research, is the other key preoccupation of ethical guidelines. Alderson (1995) suggests that 'an "Impact on Children" statement for each research proposal [should] examine the likely effects of the research questions, methods and conclusions on the child subjects and on all young people affected by the findings' (p.41). Children should be entitled to the same degree of confidentiality and privacy as adult research subjects, with the added proviso that researchers will have to deal with cases of disclosure of potential harm as and when they arise. If researchers feel they must report a child's confidences, Alderson recommends that they should try to discuss it with the child first (see Alderson, 1995, p.3).

Ethics committees and ethics guidelines

Existing ethical guidelines (cited above) appeared unlikely to provide specific, clear applications to the everyday dilemmas researchers may face. Researchers need to be aware that ethical considerations are ongoing, and that ethical dilemmas may arise at any stage of the research, and not just at the point of contact with research subjects. Further, it is dangerous to assume that because a piece of research has been passed by an ethics committee then it is *ipso facto* an ethical piece of research. It should also

be remembered that ethics committees exist as much to protect researchers and institutions where research is carried out as those who may be the subjects of research. Their membership is usually dominated by the relevant profession (i.e. doctors in the case of medical ethics committees) though there may be a leavening of 'lay' members and professional 'ethicists'. Ways of involving children and young people on such committees could usefully be explored, perhaps by having a reference group.

On balance, it seems likely that broad guidelines are useful as a guide and as a way of helping researchers to consider potential ethical dilemmas that may arise, but they should allow room for personal ethical choices by the researcher (see Plummer, 1983).

3. DIFFERENT OR THE SAME? VULNERABILITY AND INCOMPETENCE

Arguments about ethics of social research with children can be reduced to the question of the extent to which children are regarded as similar or different to adults, and these discussions in turn can be reduced to two related descriptive perceptions that adults hold of children, that is, children as vulnerable and children as incompetent. These conceptualisations are reinforced by legal notions of childhood as a period of powerlessness and irresponsibility.

3.1 Vulnerable children

As already mentioned, there are some thorough discussions of the ethical dilemmas raised by medical and psychological research with children, in particular Nicholson (1986), and papers in two US volumes, Grodin & Glantz (1994) and Stanley & Sieber (1992). However, such discussions are dominated by a particular conceptualisation of children as vulnerable and consequently in need of protection from exploitative researchers, and as the objects rather than subjects of research. In other words, the methodological starting points for such discussions, and the epistemological assumptions about what children are, are based on a specific formulation of the category 'child', which we need to move away from if we are to attempt a social analysis of children's experiences, and in doing so are to see children as social actors in their own right.

A further important point to note is that an overly protective stance towards children may have the effect of reducing children's potential to participate in research. As Grodin and Glantz suggest, research with children

presents a powerful tension between two sometimes conflicting social goals: protecting individual children from harm and exploitation, while at the same time increasing our body of knowledge about children in order to develop beneficial medical, psychological, and social interventions (Grodin & Glantz, 1994, p.vi).

A second, and related, consideration is that (not least for funding/social policy reasons) research with children in UK tended to be dominated by concerns about groups of children who are vulnerable in some way: 'problem children and children's problems' (Qvortrup, 1987). Again a specific conceptualisation of children appeared to dominate, as weak, passive, and open to abuse. Research tended to focus on children already damaged by their experiences and this inevitably raises ethical questions. Rightly, these children are seen as in need of protection from further harm by thoughtless researchers who may cause distress by asking children to describe upsetting or damaging experiences. But the consequence of this is that we know something about certain problematic groups of children and young people, and very little at all about 'ordinary' or 'normal' children and young people, and thus we have no baselines with which to compare the experiences of the vulnerable with the unexceptional. (This has changed over the past 10 years).

Lansdown (1994) suggests that children are vulnerable in two respects: they are inherently vulnerable because of their physical weakness, and their lack of knowledge and experience, which renders them dependent upon the adults around them. Secondly, they are structurally vulnerable, 'because of their total lack of political and economic power and their lack of civil rights' (p.35) which derives from historical attitudes and presumptions about the nature of childhood. She emphasises that

there is a tendency to rely too heavily on a presumption of children's biological and psychological vulnerability in developing our law, policy and practice, and insufficient focus on the extent to which their lack of civil status creates that vulnerability (p.35).

As she points out, we simply 'do not have a culture of listening to children' (p.38). The consequence of this presents a dilemma for social researchers: in the UK, we simply were not used to talking to children to try to ascertain their views and opinions. This has changed radically, at least in research terms - the bigger question is whether or not it has changed much at the policy and practice level.

Finally, children's perceived vulnerability means that a further fundamental difference is that the obligations, duties and responsibilities that researchers have towards their subjects are qualitatively different when working with children and relate to adult responsibilities towards children in general. Thus, if a child discloses that he or she is at risk of harm, then the assumption is that the researcher has a duty to pass this information on to a professional who can protect the child/other children at risk (see NCB Guidelines). Researchers need to recognise their moral obligations as adults to protect children at risk even when this may mean losing access to, or the trust of, the children concerned if they do intervene. On the other hand, children expect adults to behave in certain ways and by not intervening in certain situations, adult researchers may lose credibility (Boyden & Ennew, 1996). Depending on the context, nature of the disclosure, age of the child, relationship of child to researcher, perhaps the most helpful solution in such situations is for the researcher to discuss with the child what strategy they would like to pursue (eg Butler & Williamson, 1994); similarly, researchers who come across adults who may be at risk in some way are presumably also likely to find some strategy for supporting a vulnerable adult. However, there must always be a danger of the research drawing attention to problematic situations which the child did not perceive as a problem in the first place.

3.2 Incompetent children?

The other key perceived (and related) difference between children and adults in research is children's assumed lack of competence: competence to make decisions about whether to participate in research, and competence to provide valid sociological data. US researchers Fine and Sandstrom (1988), in a discussion of participant observation with children, seem to perceive children as profoundly different to adults

when they suggest that 'Discovering what children "really" know may be almost as difficult as learning what our pet kitten really knows; we can't trust or quite understand the sounds they make' (p.47). (Of course, the same is true with adults, but to lump children and animals together makes it sound as if it is not worth trying). Mainstream developmental psychology often perceives children to be less competent than adults, and developmental psychologists sometimes impose methods and interpretation on data collected from children which may be quite out of line with what the children meant - rarely do they return to their research subjects to confirm (though see Gilligan et al, 1990). Conceptualising children as less competent in this way is unhelpful, and it is important to see it critically, because it has provided teachers and parents (and sociologists) with powerful normative models for what children are (or should be) like. It reflects a cultural reluctance to take children's ideas seriously, which in itself is not surprising, given that - at the macro-social level at any rate - adults tend to trivialise and devalue children's acts as a matter of course. As Waksler (1991) suggests, 'Adults routinely set themselves up as the understanders, interpreters and translators of children's behaviour' (p.62). Rather, Waksler (and others) have suggested, we would be better advised to see children's competencies as 'different' rather than lesser.

3.3 Powerless children?

Ultimately the biggest ethical challenge for researchers working with children (and implicit in much of the preceding discussion) are the disparities in power and status between adults and children. Mayall (1994) notes that 'discussions about data collection with, and from and for children tend to focus on the following perceived problems: children can't tell truth from fiction; children make things up to please the interviewer; children do not have enough experience or knowledge to comment on their experience, or indeed to report it usefully; children's accounts are themselves socially constructed, and what they say in conversation or tell you if you ask them is what they have been told by adults (Mayall, 1994, p.11). She notes that all of these drawbacks, of course, apply equally when collecting data from adults. For Mayall, the differential power relationship between children and adults in the research process lies at the level of interpretation of data, rather than at the point of data-collection; she suggests that

whatever the data collection method,

However much one may involve children in considering data, the presentation of it is likely to require analysis and interpretations, at least for some purposes, which do demand different knowledge than that generally available to children, in order to explicate children's social status and structural positioning (ibid, p.11).

Allison James has suggested that the ways of 'seeing children' that researchers hold have a profound impact upon the way in which we study children. Here too, of course, the power to choose which standpoint or way of seeing lies with the researcher. The methods we use, the research populations and subjects we study, and crucially the interpretation of the data collected, are all influenced by the view of children we take, and there are obvious ethical implications to this (see Mayall 2002 who has been developing a 'child standpoint').

4. SOME SUGGESTIONS

Some simple suggestions arise from this discussion, and these can be divided into methodological and practical. In terms of methodology, researchers need to think carefully about the standpoint from which they are studying children, and the ethical implications of that standpoint. Essentially, this involves respecting children's competencies. Indeed, respect needs to become a methodological technique in itself, and researchers need to set aside 'natural' adult tendencies 'both to take children for granted and to accord them a provisional status... The belief that children are inherently 'wrong' when they disagree with adults is an obstacle to be overcome' (Fine & Sandstrom, 1988, pp.75-76). At the same time, researchers need to be aware that as adults dealing day-to-day with children, their responsibilities as adults to children must be fulfilled and they must ensure that children do not suffer harm at any stage in the research process.

Further, researchers must be wary of assuming that children are a homogenous group. The accounts that children give of themselves will be affected by a range of variables: firstly, their gender, age, ethnicity, and other personal characteristics of each child, shyness, willingness to talk to adults, or in groups of children plus an adult and so on

(see Scott, 1996); secondly, where the data is collected: in school; at home; in the playground, on the street corner, in a public space, or a private space such as own room, researcher's car. For example, children who are required to participate in research in schools may not feel in a position to dissent, simply because most (if not all) tasks and activities in school are compulsory. Thirdly, how the data are collected: in face to face interviews with an adult interviewer, written accounts, drawings, participant observation, focus group discussions, questionnaires; fourthly, the age, gender, ethnic background and personal style of the researcher will affect the research (and of course this is true of any research involving interaction between researcher and researched). Finally, the questions that researchers often take for granted when undertaking research with adults such as about social class background, occupational classification, family income, ethnicity, marital status, and so on, become potentially unethical as far as children are concerned (they may not know the 'correct' answer and feel their responses to be inadequate) and may have to be inferred by observation and detailed background descriptions of the local context of the children concerned.

In practical terms, an over-reliance on one type of data-collection method in any research can lead to biases, and given children's relative powerless position in society, it might be that drawing on a range creative methods, and using multiple research strategies - (Morrow 1999, 2001, see also Clark & Moss 2001, *The Mosaic Approach*). Using interactive and participatory research methods may also be a useful way of research with children (see Ennew, 1994; Johnson et al, 1995), and it is interesting to note that much of the impetus for participatory methods is coming from developing countries, where children are participants in society (at least at the level of production) to a much greater extent than in the UK. It is also possible to use children and young people as research assistants and data-collectors. Alderson (1995) describes a small-scale research project in which young people (mostly 16 year old girls) interviewed 10-16 year old children about their relationships with professionals caring for them. Using non-invasive, non-confrontational methods might also help to avoid 'undue intrusion' and diminish power imbalances.

In terms of informed consent, researchers can explain the purpose and nature of their research clearly and unambiguously in their attempts to obtain 'informed consent', assent, or at the very least allow 'informed dissent' from the children themselves as well as adult gatekeepers. Further, it is possible and useful to report back to research respondents, if the research respondent wants it, though often the time delay between collecting the data and writing up, plus problems of access to children (home addresses, even names) may discourage researchers from doing so.

Finally, at the stage of dissemination of research findings, researchers should be aware of the potential for sensationalising of issues by journalists and/or politicians eager to link research findings to whatever contemporary moral panic about children they can. Researchers must bear responsibility for how children are represented in reports of research in the media and be aware that the potential for misrepresentation is very great indeed (Boyden & Ennew, 1997). Children, as a powerless group in society, are not in a position to challenge the ways in which research findings about them are presented. Further, it is worth noting that discussions about ethical and social research in general focus on qualitative methods as having the potential for most intrusion and hence being the most ethically precarious, but survey methods also carry the potential for harm, particularly at the level of dissemination where again children may be misrepresented in sensationalised accounts.

In 2002, I conducted a feasibility study for Barnardo's, exploring the need for improved research ethics support for researchers and practitioners working with children. The study involved a survey of 9 representatives of different children's charities and other organisations, and 8 academic researchers working with children and young people. The broad question I was exploring was: should there be a (voluntary sector or wider) REC focusing on children and young people?

Two main points emerged from the study. Firstly, both sets of respondents would welcome more systematic guidance and support on the ethics of 'listening to children'. While formal RECs may not be the best way forward, some more systematic support,

and more development of research ethics in relation to consulting children, would be welcomed.

Secondly, clarity around the different practices that are currently taking place is also needed - whether these are seen as research, evaluations, seeking users' views, consultations, audits and so on. The ethical issues that these processes may be raising need to be considered seriously, and may have a number of implications. Firstly, more researchers and practitioners have been drawn into the study of children's views, including those more accustomed to studies involving adults and who may be less familiar with the ethical issues specific to children. Secondly, much (probably most) consultation work with children is carried out by people who would not classify themselves as researchers and who may be less familiar with research ethics. Thirdly, most consultation with children takes place outside existing ethical frameworks and supports, such as research ethics committees. Fourthly, where researchers or practitioners do tap into existing ethics committees, it is by no means clear how a piece of work is defined as falling within the parameters of the committee, nor whether ethics committees as they currently operate are equipped to support the range of new demands.

CONCLUSION

Over the past 15 years, there has been a rapid, welcome rise in research and consultation with children and young people, in reporting of children's views and experiences, in developments in methods used with and by children in research, and increased respect for children's rights, alongside a general rise in concern about ethics in social research. There are a number of challenges that remain, however, perhaps the most important of which is to find ways of applying the findings of research and consultations with children and young people in policies and practices.

Ten topics in ethical research from Alderson (1995) and Alderson & Morrow (2004).

1. The purpose of the research

- What is the research for?
 - to learn more about children's and young people's views, experiences or

- abilities?
 - to develop or evaluate a service or product?
 - some other positive purpose?
- Whose interests is the research designed to serve?
- If the research findings are meant to benefit certain children, who are they and how might they benefit?
- What questions is the research intended to answer?
- Why are the questions worth investigating?
- Has earlier research answered these questions?
- If so, why are the questions being re-examined?
- How are the chosen methods best suited to the research purpose?

2. Costs and hoped-for benefits

- What contributions are children asked to make to the research? such as activities or responses to be tested, observed or recorded?
- Might there be risks or costs?
 - time, inconvenience, embarrassment, intrusion of privacy, sense of failure or coercion, fear of admitting anxiety?
- Might there be benefits for children who take part in the research?
 - satisfaction, increased confidence or knowledge, time to talk to an attentive listener?
- Are there risks and costs if the research is not carried out?
- How can the researchers promote possible benefits of their work, and prevent or reduce any risks?
- How will they respond to children who wish to refuse or withdraw, or who become distressed?
- Are the research methods being tested with a pilot group?

3. Privacy and confidentiality

- How will the names of children be obtained, and will they be told about the source?
- Will children and parents be able to opt in to the research (such as by returning a card if they wish to volunteer)?
 - Opt out methods (such as asking people to 'phone to cancel a visit) can be intrusive.
- Is it reasonable to send reminders, or can this seem coercive?
- Will research directly with individuals be conducted in a quiet, private place?
- Can parents be present or absent as the child prefers?
- In rare cases, if researchers think that they must report a child's confidences, such as when they think someone is in danger, will they try to discuss this first with the child?
- Do they warn all children that this might happen?
- Will personal names be changed in records and in reports to hide the child's identity?
- What should researchers do if children prefer to be named in reports?
- Will the research records, notes, tapes, films or videos, be kept in lockable

- storage space?
- Who will have access to these records, and be able to identify the children?
 - Using post codes instead of names does not protect anonymity.
- When significant extracts from interviews are quoted in reports, should researchers first check the quotation and commentary with the child or parent concerned?
- What should researchers do if respondents want the reports to be altered?
- Before researchers spend time alone with children, are their police records checked?
- Should research records be destroyed when a project is completed, as market and medical researchers are required to do?
- Is it acceptable to re-contact the same children and ask them to take part in another project?

4. Selection of research participants

- Why have the children concerned been selected to take part in the research?
 - Do any of them belong to disadvantaged groups?
 - If so, has allowance been made for any extra problems or anxieties they may have?
 - Have some children been excluded because, for example, they have speech or learning difficulties?
 - Can the exclusion be justified?
 - If the research is about children, is it acceptable only to include adult subjects?
 - Are the research findings intended to be representative or typical of a certain group of children?
- If so, have the children been sufficiently well selected to support these claims?
- Do the research design and the planned numbers of children allow for refusals and withdrawals?
 - If too many drop out, the research is wasted and unethical.

5. Funding

- Should the research funds be raised only from agencies that avoid activities that can harm children?
- Does the funding allow for time and resources to enable researchers
 - to liaise adequately with the children?
 - to collect, collate and analyze the data efficiently and accurately?
- Are the children's and parent's or carers' expenses repaid?
- Should children be paid or given some reward after helping with research?

6. Review and revision of the research aims and methods

- Have children or their carers helped to plan or comment on the research?
- Has a committee, a small group or an individual reviewed the protocol specifically for its ethical aspects and approach to children?
- Is the design in any way unhelpful or unkind to children?
- Is there scope for taking account of comments and improving the research design?

- Are the researchers accountable to anyone, to justify their work?
- What are the agreed methods of dealing with complaints?

7. Information

- Are the children and adults concerned given details about the purpose and nature of the research, the methods and timing, and the possible benefits, harms and outcomes?
- If the research is about testing two or more services or products are these explained as clearly and fully as possible?
- Are the research concepts, such as 'consent', explained clearly?
- Are children given a clearly-written sheet or leaflet to keep, in their first language?
- Does a researcher also explain the project and encourage them to ask questions, working with an interpreter if necessary?
- Does the leaflet give the names and address of the research team?
- How can children contact a researcher if they wish to comment, question or complain?
- If children are not informed, how is this justified?

8. Consent

- As soon as they are old enough to understand, are children told that they can consent or refuse to take part in the research?
- Do they know that they can ask questions, perhaps talk to other people, and ask for time before they decide whether to consent?
- Do they know that if they refuse or withdraw from the research this will not be held against them in any way?
- How do the researchers help the children to know these things, and not to feel under pressure to give consent?
- How do they respect children who are too shy or upset to express their views freely?
- Are parents or guardians asked to give consent?
- What should researchers do if a child is keen to volunteer but the parents refuse?
- Is the consent written, oral or implied?
- If consent is given informally, how do the researchers ensure that each child's views are expressed and respected?
- If children are not asked for their consent, how is this justified?

9. Dissemination

- Does the research design allow enough time to report and publicise the research?
- Do the reports show the balance and range of evidence?
- Will the children and adults involved be sent short reports of the main findings?
- Will the research be reported in popular as well as academic and practitioner journals, so that the knowledge gained is shared more fairly through society?
- Can conferences or media reports also be arranged to increase public

information, and so to encourage the public to believe that it is worthwhile to support research?

- Will the researchers meet practitioners to talk with them about practical ways of using the research findings?

10. Impact on children

- Besides the effects of the research on the children involved, how might the conclusions affect the larger groups of children?
- What models of childhood are assumed in the research?
 - Children as weak, vulnerable and dependent on adults? As immature, irrational and unreliable? As capable of being mature moral agents? As consumers?
- How do these models affect the methods of collecting and analysing data?
- Is the research reflexive, in that researchers critically discuss their own prejudices?
- Do they try to draw conclusions from the evidence, or use the data to support their views?
- Do they aim to use positive images in reports, and avoid stigmatising, discriminatory terms?
- Do they try to listen to children and to report them on children's own terms though aware that children can only speak in public through channels designed by adults?
- Do they try to balance impartial research with respect for children's worth and dignity?

Source: Alderson (1995), Alderson & Morrow (2004)

Selected references:

Alderson, P. (1995) *Listening to children. Children, ethics and social research*, London: Barnardo's.

Alderson, P. & Morrow, V (2004) *Ethics, social research and consulting with children and young people* Barking: Barnardo's

Boyden, J & Ennew, J (1997) *Children in focus: a training manual on research with children*, Stockholm: Radda Barnen.

Christensen, P. & James, A. (eds) (2000) *Research with children: perspectives and practices*. London, Falmer Press.

Clark, A & Moss, P (2001) *Listening to young children: the Mosaic approach*. London, NCB, JRF.

Edwards, R & Alldred, P (1999) Children and young people's views of social research: the case of research on home school relations. *Childhood*, Vol 6, 1, 261-281.

ESRC REF project working papers: - www.york.ac.uk/res/ref

EU RESPECT project www.respectproject.org

Grodin, M. A. & Glantz, L. H. (1994) (eds) *Children as research subjects: Science, ethics, and law*, Oxford & New York: OUP.

Hill, M., Laybourn, A., & Borland, M. (1996) 'Engaging with primary-aged children about their emotions and well-being: methodological considerations' *Children & Society* 10, 2, 129-144.

Johnson, V., Ivan-Smith, E., Gordon, G., Pridmore, P., & Scott, P. (Eds) (1998) *Stepping forward. Children and young people's participation in the development process*. IT Publications.

Lewis A & Lindsay G (2000) (eds) *Researching children's perspectives* Buckingham, Open University Press

Morrow, V. (2001) Using qualitative methods to elicit young people's perspectives on their environments: some ideas for community health initiatives. *Health Education Research: Theory and Practice*, Vol 16, No 3, 255-268.

Morrow, V. (2001) Networks and neighbourhoods: children and young people's perspectives. London, Health Development Agency. Available online: <http://www.hda-online.org.uk/downloads/pdfs/netneigh.pdf>

Morrow, V. (1999) 'If you were a teacher it would be harder to talk to you: reflections on qualitative research with children in school' in *Int Jnl Social Research Methodology*, vol 1, no 4.

Morrow, V. & Richards, M.P.M. (1996) 'The ethics of social research with children: an overview' in *Children & Society* Vol 10, pp90-105.

Sieber, J. (1993) 'The ethics and politics of sensitive research' in Renzetti C & Lee R M (eds) *Researching sensitive topics*, London: Sage.

Stanley, B. & Sieber, J.E. (1992) (eds) *Social research on children and adolescents: ethical issues*, London: Sage.