

How can a researcher minimise causing harm when conducting interviews with particularly vulnerable children in longitudinal research?

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Abstract

Using original data, this article explores the ethical issues that arose during a school 'life histories' study of 'lower-attaining' of 23 primary school pupils in England, from age seven until they were aged 12 and attending secondary school. These children were viewed as being particularly vulnerable, not only due to their age but also due to being designated as 'lower-attaining' in English and maths by their teachers, alongside the fact they were participating in a longitudinal study. The research involved 230 interviews, class observations and filming. This article seeks to answer the question: 'How can a researcher minimise causing harm whilst conducting interviews with particularly vulnerable children?' Formerly, the fear of causing harm to vulnerable children has at times led ethics review boards to be overly cautious about vulnerable children participating in empirical research. Yet conversely this caution has denied these children their participatory rights and their opportunity to contribute to expanding our knowledge about particularly vulnerable children. The article considers the ethical issues that arose *before* data collection especially in relation to dealing sensitively with the fact the children were designated as being

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'lower-attaining'. It also considers the ethical issues that arose *during* data collection in relation to safeguarding issues and distress occurring during an interview. The significance of this article is in its honest deconstruction of these ethical issues, including the research team's responses to them. Several practical recommendations are made to aid researchers to help to minimise causing harm when conducting research among particularly vulnerable children.

KEYWORDS

ethical issues, harm, longitudinal, lower-attaining children, vulnerable

INTRODUCTION

The Nuremberg Code (1947) has been referred to being 'the most important document in the history of medical ethics', hence its great influence on the setting up of national systems of healthcare ethics committees (Shuster, 1997). By extension, it has also influenced the increasing formalisation of ethics guidance among social scientists and more latterly, student researchers (Alderson & Morrow, 2020). Significantly, this code heralded an era in which it became mandatory to ensure that participants involved in medical research gave *full voluntary consent*, as well as the code setting out other stipulations which undergird the research ethical guidelines used today. This article is interested particularly in principle number four, that 'all unnecessary physical and mental suffering and injury' should be avoided whilst conducting research (Shuster, 1997, p. 1436). Although this principle is essential for all researchers to adhere to, it was most important in the case of the research project on which this article is based. This was because the project called 'Children's life histories in Primary schools' (CLIPS) involved interviewing children, who were therefore regarded as being 'vulnerable' research participants due to their age (British Educational Research Association [BERA], 2018; British Psychological Society [BPS], 2021; British Sociological Association [BSA], 2017). The project was conducted by a research team of three, but as this article has been solo authored, 'I' and 'we' will be used interchangeably.

Despite ethical guidelines concurring that children should be regarded as being vulnerable in a research setting, the word 'vulnerable' is a much contested concept (see Bracken-Roche et al., 2017; Gordon, 2020; Iphofen, 2018 for further discussion). In light of this and for the purposes of this article, I have adopted the definition given by Brule and Eckstein (in Allen, 2017, p. 2), who stated that being vulnerable refers to people: 'considered particularly susceptible to coercion or undue influence in a research setting ... who may be incapable of understanding what it means to participate in research and/or who may not understand what constitutes informed consent'. This was appropriate to use in relation to our participants as in addition to them being vulnerable due to their age, they were also potentially vulnerable because they had been invited to participate in the study, due to their 'lower-attaining' status in their schools and being in the 'bottom' attainment groups in their classes. The reasons for this specificity were because limited previous

research had found that such children experienced a plethora of negative experiences including feelings of shame, stigmatisation, failure, upset and low self-esteem (Francis et al., 2017; McGillicuddy & Devine, 2020; Wilkinson & Penney, 2014). Hence, this project was initiated to respond to this lack of research dealing with pupils who are allocated to lower attainment groups, and its significance for social justice. Previously, although work had been carried out among children with an Education and Health Care Plan (EHCP) (e.g. Webster & Blatchford, 2013), much less had been carried out among children who did not qualify for an EHCP, but struggled in one or both of the core subjects of English and maths. Although one might argue that the potential increased vulnerability of our participants related to their experiences in their lessons, I would argue that they were also potentially vulnerable within our research interviews. This was because the interviews aimed to encourage the children to talk about their school experiences and in so doing, there was the potential that the memoirs elicited may be painful. As alluded to by Brule & Eckstein (in Allen, 2017, p. 2) above, the children may feel under 'undue influence' to speak of painful experiences they had not planned to discuss with anyone, or they may not have fully understood that in giving consent to participate, sensitive issues might be discussed and painful memories triggered. Gordon, (2020, p. 35), suggested that 'Vulnerability occurs along a spectrum: a particular situation or particular characteristic of a person may place a person at greater or lesser risk of harm'. I would ascertain that the circumstances of this project reflected a 'particular situation' that placed our participants at greater risk of harm, not only due to their 'lower-attaining' status (as outlined above), but also due to the longitudinal aspect of the study. This was because our research team would invariably be developing long-term relationships with the children. Although this could bring benefits to the researcher and the child, as our ongoing relationship with them might cause them to speak honestly with us, we were also aware that conversely, it could cause disbenefits for the child. These included the possibility that the longevity of the project might have made it harder for them to withdraw from the research if they so wished or refused to do something they did not wish to do, for fear of disappointing us. As recognised by Thomson (2007, p. 580), being involved in a longitudinal study is an 'intervention' into someone's life and so it needs to be as 'benevolent' as it can be, hence the team's motivation to be as sensitive to these possibilities as we could be. Such potentialities were further compounded by the possible additional vulnerability for half of the cohort, relating to their lower socio-economic status and being from ethnic minority groups (detailed below). Considering this, our research team ensured that at each stage of the research project, we thought carefully and ethically about how we could minimise causing harm to our participants. Such ethical considerations included our decision to use the term 'lower-attaining' in this project. This was to avoid using any terms relating to 'ability', a term which implies a 'fixity' that we would disagree with (Francis et al., 2020, p. 163), especially as the CLIPS children had many other talents which were not reflected in their attainment scores for English and maths.

The vulnerability of children

Historically, viewing children as being vulnerable has led to much caution being exercised by ethics committees when involving children in research, although some of this caution may also be attributed to a former, general lack of recognition that children had anything valuable to say, or the ability to do so (Hargreaves, 2017). Subsequently, this led to certain groups of more vulnerable children being excluded from participating in research, for example those with communication problems or those suffering from a terminal illness (Alderson

& Morrow, 2020). Although the intentions of the ethics committees were understandable in some ways, such a position at times ‘removed participatory rights’ from the children (ibid., p. 5). Van Hoonard (cited in Iphofen, 2018) argued that excluding the freedom of such groups from being allowed to contribute to the body of knowledge arising from empirical research is in itself harmful. Considering this, and as a means by which to counteract this, he suggested that we should ask whether our participants are being ‘made *more vulnerable* than they might ordinarily be in their daily lives, as a result of their participation in this research?’ (ibid., p. 108).

The necessity of minimising harm

Nonetheless, given the vulnerability of children as research participants it is imperative that researchers in this context are alert to avoiding causing harm among their children participants (Morrow, 2008; Skelton, 2008). Yet, although ethical guidelines are explicit in cautioning against causing harm, the detail of how to recognise it and deal with it is less explicit. In this article, we have adopted some of the key elements that the ‘National Society for the Prevention of Cruelty to Children’ (NSPCC, 2020) suggested may cause harm to a child, when taking part in research:

- i. individuals can find participating in research stressful, especially if they have experienced trauma or abuse in the past.
- ii. hidden or suppressed feelings or memories may be uncovered.
- iii. participants may worry about what they have shared.

These elements are insightful given that although the participants will have previously given their fully informed consent, they may still find themselves underestimating the extent to which the topic which they have agreed to discuss, upsets them. One such instance occurred when DiCicco-Bloom and Crabtree (2006) carried out research with adults about bereavement. The participants reported being surprised by how upset they had become during their interviews, despite having knowingly agreed to participate in grief-related research. These reactions reflect the unpredictability of the direction which a research interview may take, as it is ‘not always possible to predict all possible questions and responses’ (O’Reilly & Dogra, 2017, p. 132). It was due to this unpredictability that Buchanan and Warwick (2021, p. 3) proposed that for researchers to respond appropriately when a vulnerable participant becomes upset during an interview, they need to use ‘ethical triage’. This term refers to the mental processes needed by a research interviewer when an ethical dilemma arises during a research interview, to prioritise how best to respond in the moment and so minimise the participant becoming harmed.

In this article, I have described some of the critical thinking that took place in our team *before* data collection and *during* data collection and focussed on two examples of ethical dilemmas that our team encountered and how we resolved them. Although such critical thinking was also essential *after* completing the data collection, such as the possibility of them feeling embarrassed about what they had said during the earlier stages of the project when younger, this will be addressed in a later article, once the book we are currently writing about this project has been completed. Consequently, my hope is that by the ‘conscious and deliberate sharing of skills’ (Stanley & Wise, 1993, p. 33) and by being explicit about our ethical decision-making, researchers’ collective understandings of how best to minimise causing harm when working with vulnerable participants can be furthered.

THE RESEARCH STUDY

As outlined above, this study aimed to fill a research gap concerning the experiences of ‘lower-attaining’ children, who did not qualify for an EHCP. The project interviewed 23 ‘lower-attaining’ children from Year 3 (aged 7/8) until the end of their first year of secondary school, Year 7 (aged 11/12) (Buchanan et al., 2020). Our research questions for the original study were:

1. How do children who have been identified as ‘lower-attaining’ in either English or maths or both, experience school in terms of their personal and social flourishing and their learning across 5 years of their school-life histories?
2. What factors influence these experiences?

However, for the purposes of this article an additional research question was devised: ‘How can a researcher minimise causing harm whilst conducting interviews with particularly vulnerable children?’

Ethical approval

The CLIPS ethics application was approved by our university, and all the children and their parents signed consent forms which complied with data protection laws (GDPR, EU, 2020) and the British Sociological Association ethical guidelines (BSA, 2017). However, as the data collection involved interviews, class observations and filming, this process involved multiple discussions and re-submissions.

Our recruitment took place in four state primary schools in England: two inner-city London schools; one suburban school near London; and one south eastern rural school. All of the schools had relatively disadvantaged demographics in terms of family income, education and housing and had been assessed as being ‘good’ or ‘outstanding’ at their last school inspections, to ensure that the obstacles our participants faced were not due to inadequate teaching. The teachers helped us to recruit children according to their Year 2 teacher assessments for English and/or maths only, as these are the core subjects which dominate the English school’s curriculum, and the subjects in which attainment grouping is most prevalent. There were 11 boys and 12 girls in the project; nine of whom had Pupil Premium status denoting socio-economic disadvantage and 14 of whom identified as being from ethnic minorities. In the initial interviews, each child chose a secret name, which will be used throughout this article.

Adopting an interpretivist approach, we sought to construct their ‘school-life history’ (Goodson & Sikes, 2016), spanning 5-school years. To do so, we observed and filmed the children in class and then interviewed them separately or in pairs, over 13 terms. Consequently, we conducted 230 interviews, and only missed doing some planned interviews when the schools were closed during the COVID-19 pandemic. Thematic analysis (Braun & Clarke, 2006) and NVivo software were used and as a team we devised codes inductively, modifying them following each round of interviews. Some codes included ‘expressions of competence or incompetence’; expressions of inferiority or negative comparisons with others’ and ‘positive experiences at school’ or ‘unfair or difficult experiences at school’.

Steps taken to minimise harm before data collection

Minimising harm during recruitment

Given the potential vulnerability of children as participants, it was essential that we recruited our participants via gatekeepers (BERA, 2018, No. 11), who were the Year 3 teachers in the four schools which had agreed to take part. In three of the schools, this involved going through class list and identifying the lowest attainers, however, in one school children were selected by the senior leadership team. Although their reasons were partly understandable (e.g. a child with a chronic serious medical issue; a child who was currently part of an ongoing child protection investigation), it highlighted the constraints that can be put on the research recruitment process, given the ultimate power the gatekeepers have, especially when recruiting vulnerable participants. Nonetheless, we accepted the judgement of the gatekeepers, even if we were curious as to why they had disallowed certain children to take part.

Minimising harm when establishing consent

The issue of gaining fully informed consent is particularly important when it involves young children up until the age of 13 or 16, as they are not legally considered to be capable of giving consent to participate without their parents' or guardians' consent. In this article, I have used the term 'parents' as for all the CLIPS children, their parents were their primary caregivers. The Economic and Social Research Council (ESRC, 2022) define consent as 'giving sufficient and appropriate information about the research, to allow participants to make a meaningful choice about whether or not to take part...with no explicit or implicit coercion'. In contrast, assent is 'approval by the child of the consent agreed by the parents' (O'Reilly & Dogra, 2017, p. 139) and in our project, we sought both the assent of the children and the consent of the parents, although for simplicity's sake, the word consent will be used throughout this article. Our challenge in ensuring the children were able to give fully informed consent was great as the information sheet and consent form contained a lot more information than we would normally have asked a seven-year-old child to absorb. To aid this process, we met with the parents and children in person and explained the forms to them orally. It was essential at this stage that we did not coerce children to take part, which is unethical (BERA, 2018, p. 31), or that we over-claimed the hoped-for benefits of taking part given that these applied only to the educational experiences of future 'lower-attaining' children. Nonetheless, although no gratitude tokens were given, the prospect of appearing in a film complied for teachers and in a book, turned out to be an attractive prospect to the children and families, which they confirmed when we held an end-of-project graduation for them all.

Another aspect of us gaining consent was that due to the longitudinal aspect of our study, we were aware that although a child had consented to take part in our project when aged seven, this did not guarantee that they would still want to do so as they grew older. In light of this, we viewed consent as being not only a single event but an 'iterative process' (O'Reilly & Dogra, 2017, p. 140) and so we sought to check their understandings and consent to continue to participate, at various points throughout the project. We also needed to ensure that they were fully aware of their 'right to withdraw' (BERA, 2018 no. 31). Obviously, this was mentioned in our consent forms but as we entered our second and third years of data collection, we worried that the power imbalance between a child participant and adult researcher could cause the child to feel reluctant to withdraw, in case it disappointed us as researchers. To mitigate this happening, we regularly

check with our participants that they were still happy to continue in the project. However, no child accepted this offer and indeed no child missed any interview over the 5 years except where COVID-19 happened and so we perceived that they enjoyed being part of the project. Nonetheless in retrospect we think we should have explicitly rehearsed with them ways to state their wish to withdraw from the project, without embarrassment.

Minimising harm in labelling the children as ‘lower-attaining’

Finally, we had the problematic issue relating to explaining our recruitment strategy to the families as we did not want to cause harm to them when explaining why their children had been chosen to take part in the study. This was further compounded by the teachers in one school being adamant that we did not use any term that may convey that the children were ‘lower-attaining’ as their school were scrupulous in avoiding any mention of ranking. Consequently, our modified explanation was as follows:

- i. that we wanted to capture children's views of their experiences of their schooling, as opposed to those of teachers or parents' views.
- ii. that it would be more interesting to talk to children who struggled at times with their maths and/or English lessons, rather than to children who found these lessons easy.

Yet the ethical conundrum arising from this explanation was that by avoiding using the term ‘lower-attaining’ to the children and their parents, we were in some ways deceiving them. Surprisingly, the BSA (2017) and BERA (2018) guidelines do not explicitly refer to this possibility, but the BPS (2021) guidelines do. These guidelines state that such deception is admissible in circumstances, one of which is to protect the dignity of the participants. Furthermore, Denscombe (2010, p. 63) proposed that there are certain circumstances ‘when researchers might find that some level of deception is necessary’ and if so, that it must warrant ‘an explicit justification’. We argue that this was just such a circumstance as our ‘ethical triage’ Buchanan and Warwick (2021, p. 3) suggested that our modified explanation minimised causing any harm that we may otherwise have caused for all the parties involved. This was alongside the realisation that using a modified explanation enabled us to access the experiences of children among whom there had been limited previous work carried out. Thus, we deduced that the benefits of adopting our explanation outweighed the potential accusation that we had been deceptive. In our latter interviews when the children were aged 10–12 years old, we intentionally discussed our recruitment strategy with them, and they all said they were comfortable with this. Nonetheless, this is an ongoing issue as we write up the findings, as we still must consider how we can best represent the school life histories of our participants in a way that minimises causing harm to any of the children or their families.

Steps taken to minimise harm during data collection

Minimising harm during interviewing

Throughout all stages of the process, we treated the participants with respect, which included using age-appropriate information sheets and consent forms. Another strategy we used to

minimise causing harm during our interviews was to devise meaningful and enjoyable activities which we adjusted according to their age and stage. This was particularly important as we did not want the interviews to replicate sedentary school lessons and so we set up numerous play-based tasks, which were used to discreetly access the children's own sometimes painful experiences in school (for specific examples of these, see Hargreaves [2021]). Additionally, as the children began the project aged seven and finished at age 12, we realised that what might have been appropriate to use in the early stages of the project, may not have been appropriate 5 years later. For instance, when we noticed that by age 12, some of the children wanted to converse more during their interviews than when they were younger, we allowed them to do this rather than complete the activity-based tasks. Also, although we observed and filmed them in class in primary school, we did not do so in their new secondary schools to minimise embarrassment during that sensitive age-bracket.

The timing of our interviews was another way of minimising causing harm as we tried to arrange that the interviews took place when it suited the children during the school day. However, marrying the school timetables and the availability of the interview room with the researcher's work schedule, meant that at times they had to miss core lessons (English or maths), or lessons they particularly enjoyed. Although this was not ideal educationally, given that the interviews happened only once a term we did not believe this would jeopardise their education or well-being overall. Similarly, although some children preferred paired interviews, we found it more productive to conduct individual interviews, to aid accurate transcription and decrease the possibility of one child unintentionally inhibiting another child from speaking openly.

Minimising harm in relation to confidentiality

Oliver (2010, pp. 81–82) argued that the privacy afforded by the promise of confidentiality is not a 'fundamental moral right but a feature of our lives which is allowed us by others...anonymity is normally one of these key methods'. In common with all consent forms, we promised our participants that what they said would remain confidential and anonymous. Hence, it was imperative that no one else could overhear what they were saying during their interviews. Consequently, when our interviews were interrupted by school staff (despite our 'Do not disturb' request) we paused the interview, explained to the child why and waited until the staff member had left. This action enabled us to keep our promise of confidentiality, and tangentially demonstrated to the child that we were serious about keeping our ethical promises. Incidentally, the same issue relating to confidentiality was also one of the reasons we were unable to move our research interviews onto an online forum during the Covid-related school closures, as to do so would have required an adult or teacher to be present in the room with the child and so contravene our confidentiality promise. In this case, we decided that the harm of continuing online would have been greater than the harm of not interviewing the child at all.

Minimising harm in relation to safeguarding

Nonetheless, despite the promise of confidentiality, it is important, particularly when working with vulnerable populations, that researchers understand when such promises need to be overridden in relation to safeguarding issues. The BSA (2017, nos 30 and 37) stipulates that 'guarantees of confidentiality and anonymity given to research participants must be honoured,

unless there are clear and overriding reasons to do otherwise'. In light of this, O'Reilly and Dogra, (2017, p. 195) argue that an important balance must be struck between respecting 'children's rights and autonomy' and ensuring that they are kept safe from psychological, emotional or physical harm, should they disclose something within the interview that may intimate that they may be at risk of being harmed. To this end, we compiled a formal disclaimer to read out to each participant at the beginning of their interview, which was printed, mounted onto a coloured sheet, and laminated to ensure our participants understood the boundaries of our research interviews. During data collection, we experienced two such disclosures from the participants, one of which will be detailed below.

During the interview

During my sixth interview with Alvin (aged 10), he told me something unprompted about his homelife, that suggested a potential child neglect issue. Remembering from previous safeguarding training as a teacher, not to ask any leading questions or make comments about what Alvin had just told me, I deliberately steered the conversation away from this topic and asked other interview questions. After the interview, I contacted the school safeguarding officer and relayed the information to him.

After the interview

Reflecting on this incident, I asked myself the following questions:

1. Why had I not told Alvin that I would need to report the incident to the school safeguarding officer, as this is standard practice?
2. Why, on hearing Alvin's disclosure was I initially unclear about how I should proceed?

Contemplating these questions, I came to realise that part of my reluctance to tell Alvin that I would need to report the incident, was due to a fear that I might have misinterpreted the gravity of what he had said. This was alongside my fears that mentioning it directly to him might be construed as interrogating him unnecessarily, or that by telling Alvin that I would need to report what he had said, may jeopardise our relationship and his participation in the project, should his family learn who had reported the incident (which I later learnt would not have happened). Simultaneously, I came to wonder why I had received no safeguarding training since beginning of my university research job. Investigating this further, I discovered that although it is the responsibility of the university for children's researchers to have criminal records clearance and address such issues in ethics applications, it is the responsibility of the researcher to ensure that they have read the individual schools' safeguarding policy. I then realised that I had not paid sufficient attention to the detail of each school's policy, as I usually read them hastily in the school reception area, prior to a research interview. These reflections revealed to me that my responses during this incident were ethically sub-optimal as a child's safety is of paramount importance. They also reinforced how essential it is for a researcher to read the school's safeguarding policy, before the day of the scheduled interviews. Fortunately, no harm was caused as I had reported it appropriately afterwards, but this experience revealed for me the importance of a researcher having safeguarding training before beginning a project involving children. I suggest that this training should become a mandatory pre-requisite for all researchers who intend to work among vulnerable groups, just as is the requirement for researchers who apply for National Health Service ethical approval in England.

Minimising harm in relation to distress

The BSA (2017) guidelines state that researchers need to anticipate and guard against causing harm, including finding ways to ‘minimise or alleviate any distress caused...’ (nos 24 and 25). In our case, we were aware of the potential negative emotions the children may feel about their difficulties with their schoolwork and yet, carrying out the research inevitably raised this as a possibility. O’Reilly and Dogra, (2017, p. 146) suggested that attempting to minimise causing harm to child participants did not mean that sensitive issues should be avoided, in case they may cause ‘temporary distress’. Rather, they suggested that as these occurrences are unpredictable, the ethical stance may be to warn children about the potential negative emotions they might experience, to then ‘normalise them’ and provide the necessary support when such a situation arises (ibid). One example of when this became an issue during our research, happened when one of our team (EH) was interviewing Jeff (aged 11), outlined below.

During the interview

EH: What was the worst part of your primary school experience?

Jeff: My ‘Year 4’ teacher. She was kinda mean... I think she was the worst teacher I ever had.

EH: What did she do that you didn’t like? Can you remember?

Jeff: She was kinda super bossy.

EH: How did that make you feel?

Jeff: I got confused and didn’t know what I was doing. [*Jeff then starts to cry*]

EH: Oh, are you just tired? [*No answer*]. No, you are just remembering how bossy Ms X was? Is that making you sad? [*No answer*]. Why don’t you sit down and have some chocolate? [*long pause*]

EH: [*After some minutes while Jeff recovers*] How did you manage or cope if you were upset?

Jeff: [*long pause*] We kinda ignored her and asked our partners what to do.

EH: Did you feel upset every day? [*he nods his head*] Yes? Did everyone? Yes? [*Jeff goes quiet and plays with the Lego*]. So, that was very bad.

At this stage, Jeff started playing with something else, and EH moved the conversation onto discussing a different issue. After a few moments, Jeff appeared to have sufficiently recovered as he began answering EH’s questions again.

After The interview

Reflecting on this incident, one can see that when Jeff began to cry, although EH initially asked for more details, as she began to realise how upset he was, she pulled back by not probing any further. One can witness the ‘ethical triage’ Buchanan and Warwick (2021, p. 3) EH was using, as she sought to console Jeff by offering him some chocolate to eat, normalising it (‘so that was very bad’) and then by deliberately moving the next question onto more neutral ground. In some ways, Jeff’s reaction was not surprising, as the question EH asked was directly asking him to discuss his painful experiences in school. As EH already knew of his struggles academically and of the associated shame and fear that often accompanies such struggles, this was a bold question to ask. Yet this was a question that we asked all of the children and fortunately, few of them responded in such a distressed way. It was also most revealing that when EH asked him how this teacher made him feel, Jeff explained, ‘I got confused and didn’t know what I was doing’, showing that the question had triggered him to have a clear strong, negative memory from 3 years previously. This

memory may well have tapped into a myriad of negative feelings Jeff experienced as a result of his lower attainment, a vivid reminder of the particular vulnerability of our CLIPS participants. Although a therapist in a comparable situation might argue that EH's reaction closed down a potentially significant emotional reaction that Jeff was having, it is not the role of a researcher to operate at the level of a therapist. O'Reilly & Dogra (2017) argued that although there are undoubtedly similarities between a therapy session and a research interview with a child in terms of how one communicates and engages them, there is dissimilarity in their purpose and thus probing further is not appropriate if a child becomes distressed. Consequently, this example highlights the conflicting demands a researcher may experience during an interview—a wish to gain as much insight into what the child is saying, counterbalanced by the moral and ethical imperative to ensure that they do not cause more harm to the child.

Pertinently, this encounter also raised the issue for our team as to our ethical responsibilities to our participants in terms of reporting to the school how this teacher had treated Jeff. Our discussion led us to surmise that as our ethical consent included only the children and their parents and excluded the teachers (apart from them having to give consent for the classroom observations), we surmised that we had no authority to report back on this. Nonetheless, this raises an important ethical issue as to what the responsibilities are of a researcher when they hear such a disclosure from a child. Could this constitute a safeguarding issue too and if so, should it be fed back to the headteacher? However, given that Jeff's account was retrospective and involving a past employee, we did not feel this was needed.

In a later interview, Jeff (aged 12) became upset again when EH asked him about how he was managing his secondary school homework. He responded by mentioning how, when he had failed to submit some homework on time, the teacher had shouted at him. Again, Jeff began to cry, at which point EH suggested that he went out to the playground to play for 15 minutes, before recommencing the interview when he appeared to have recovered. Interestingly, in this incident when Jeff cried again EH responded differently, as this time she asked no more questions but suggested that Jeff went to play outside for a whilst and this positive distraction appeared to alleviate his temporary upset. Later, Jeff spoke of how he normally 'keeps in' his painful feelings whilst at school and so it was a testimony to EH's rapport with Jeff that he had revealed such painful feelings to her. It was also a testimony to EH's reflexivity, as when handling the latter case shows, it was obvious that she had modified her response to his upset since experiencing the first incident, in relation to how best to handle Jeff's upset.

Minimising harm in relation to power differentials

The excerpt above illustrates the imbalance that exists between a researcher and a child as in reality, it is the adult researcher who holds most of the power in deciding the direction of an interview. Such power imbalances between a researcher and a child participant were also prevalent in our initial interviews when we had two researchers present with one child, to systematise our approach to interviewing. Nonetheless, we felt uncomfortable about this disparity, although it was resolved once we reverted to having one researcher interviewing one child at a time, necessitated by COVID-19 restrictions. However, this then raised another difficulty—the risk of the solo researcher themselves being harmed, either physically, or of being accused of harming the participant, given the lack of witnesses present. Knowing how to resolve such potentialities is difficult to ascertain, although O'Reilly & Dogra, (2017, p. 31ff) give suggestions in relation to how a researcher can keep safe physically as well as emotionally, for example having the door open whilst interviewing a child.

The British Educational Research Association (2018) advises that 'sensitivity and attentiveness towards such structural issues are important aspects of researchers' responsibilities to participants...' (No. 2) and this was another issue our team were conscious of as we were comprised of Caucasian, and highly educated middle-class females. In contrast, over half of our participants came from ethnic minorities and over half were eligible for free school meals, denoting socio-economic disadvantage. So, although we could not change these disparities, we discussed such issues as a team and the ways in which we could mitigate these differences. This included being aware of our assumptions, in relation to the participants' ethnicity, culture, religious beliefs and economic situations, and ensuring that we dealt sensitively when such issues were alluded to.

Another way to minimise causing harm due to these unequal power relationships was to ensure that we did not objectify our participants, as typified in former research protocols in which participants were called 'subjects' and researchers aimed to be detached. Consequently, we sought to establish a 'sense of belonging' to the project (Riley, 2017). This involved sending the children birthday cards and thank-you cards at different stages of the project, in order to keep in touch with them especially during the pandemic, as well as hosting a graduation party for them at the end of the project. I would argue that this level of contact, alongside the face-to-face rapport we managed to establish with the children, contributed greatly to us managing to retain all 23 children over the five-school years. We also gave the participants a certain amount of choice in the interviews in terms of the activities they took part in. Yet it was difficult at times to respect our participants' autonomy, whilst at the same time fulfil the purpose of our research interviews, hence the importance of our regular team discussions about such issues.

The importance of reflexivity

Reflexivity is the 'process by which the researcher comes to understand how they are positioned in relation to the knowledge they are producing' (Scott & Morrison, 2006, pp. 201–202) and the examples above highlight the essentiality of this. Reflexivity permeated our team discussions, especially as we sought to be aware of our own emotional states and unconscious biases during data collection and analysis. Such discussions also provided us with emotional and ethical support, as sometimes hearing the personal narratives of some of our vulnerable children was emotionally taxing. This highlights the need for researchers, particularly when working with vulnerable participants or discussing sensitive topics to practise self-care (see Garrels et al., 2022; Kabir, 2022; Kumar & Cavallaro, 2018).

DISCUSSION

In this article, I have highlighted how our research team sought to minimise causing harm to the vulnerable children in our longitudinal study. I have deconstructed how we did so *before* data collection in terms of our recruitment strategy, collaborating with the gatekeepers, our consent forms, and justifying our recruitment strategy. I have also deconstructed how we did so *during* data collection in terms of our confidentiality promises, safeguarding issues, responding to distress occurring during an interview, minimising unequal power dynamics, and being reflexive, including being honest about an incident when my response was not ethically robust enough. All of these ethical considerations were important considering not only the vulnerable

status of our participants as children, but also because they were particularly vulnerable due to their 'lower-attaining' status and being part of a longitudinal study.

A fine balance?

Consequently, our pressing question is whether we did manage to minimise causing harm throughout the CLIPS research process? The ethical processes which we went through at various stages of our research, involved finding the right balance between honouring the rights and autonomy of each child whilst fulfilling our ethical promises of not causing any unintended harm to them. On the one hand, we had to work out how best we could interview the participants so that we could access their views, accompanied by the realisation that there was a risk of causing them distress at times. On the other hand, we would have been unable to add to the limited body of knowledge that presently exists among this group of children, had we *not* interviewed them. Therefore, we would argue that any potential discomfort we may have imposed on the children was outweighed by our hoped-for-benefits in terms of extending knowledge of the educational experiences of this under-researched group of children. Nonetheless, it was a fine balance to strike, which invariably involved a certain amount of risk for both the participants and the researcher. Yet to avoid taking such a risk would have been denying these children their participatory rights, especially as I would argue that in conducting our research, the children were made no more vulnerable than what they may be exposed to in their everyday lives (Van Hoonard cited in Iphofen, 2018). Rather, I would surmise that our participants felt that involvement in our study had enhanced their lives in several ways and the feedback which they gave us at the end of data collection, confirmed this. Considering this, I would suggest the following recommendations for researchers to follow when involved in a research project relating to particularly vulnerable children.

Recommendations

Practical suggestions in relation to the children

- Work on devising child friendly consent forms to ensure fully informed consent (see Alderson & Morrow, 2020, p. 114 for examples of good practice).
- Practise through role play, how the child can say 'No' to the researcher without embarrassment. For example using the traffic light system to convey if they want to 'stop or withdraw' (Alderson & Morrow, 2020, pps. 31; 49).
- In a longitudinal study check at regular points and in age-appropriate ways, that the participants are still happy to continue in the project.
- Devise a formal confidentiality sheet which is read out at the beginning of every interview.

Practical suggestions in relation to the researcher

- Undergo safeguarding training *before* applying for ethical approval.
- Gain experience of interviewing children who do not have additional vulnerabilities, *before* interviewing vulnerable children.

- Seek to learn skills from other researchers who have experience of dealing with sensitive research topics, such as how to respond to distress; when to probe a child to say more; and when and how to close a sensitive subject down safely (e.g. Dickson-Swift et al., 2007; Santinele Martino & Fudge Schormans, 2018; Shaw et al., 2020).
- Consider ways to minimise unequal power dynamics between the researchers and the participants.
- Practise reflexivity alone and with other researchers.
- Keep records of ethical dilemmas that do arise and develop an environment among researchers to discuss such ethical issues and dilemmas.
- Plan for self-care and supervision (see Kumar & Cavallaro, 2018; Shaw et al., 2020).
- Request the school safeguarding policies before the day of the interviews to read and absorb them thoroughly.

CONCLUSION

Concluding, I argue that there are ways in which researchers can minimise causing harm when interviewing particularly vulnerable children, if they take seriously their ethical commitment to do so. Part of this commitment I argue is that they equip themselves with the necessary tools intellectually and emotionally and behave in an ethical manner throughout all stages of their research study. The hope is that by being honest and explicit about some of the ethical dilemmas that my team faced (Stanley & Wise, 1993), this will increase the chances of research among vulnerable communities being carried out in ethically safe ways, and so significantly extend our knowledge of the experiences of these vulnerable communities.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are not openly available.

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