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Negotiating the practicalities of informed consent in the field with children and young people: learning from social science researchers

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Abstract

The real-world navigation of ethics-in-practice versus the bureaucracy of institutional ethics remains challenging. This is especially true for research with children and young people who may be considered vulnerable by the policies and procedures of ethics committees but agentic by researchers. Greater transparency is needed about how this tension is navigated in practice to provide confidence and effective strategies for social researchers, including those new to the field, for negotiating informed consent. Twenty-three social science researchers with a range of experience were interviewed about their practices for gaining informed consent from children and young people in social research and the development of their 'ethics in practice' over time. Main themes focused on navigating ethics protocols within institutions, practices to prepare for data collection, and a critical evaluation of the resources that can be applied to gaining consent and managing relationships. A range of methods and concrete steps that address ethical challenges are outlined to illustrate what can be done in practice to achieve authentic consent and appropriate participation.

Introduction

The practice of gaining informed consent in research typically, formally begins with the researcher applying to their institution's research ethics committee (REC) for permission to collect data. The decisions made by the committee (usually a group of academic peers) is subject to their interpretation of how the researcher has understood, and plans to manage, potential risks during data collection. Graham and Powell (2015) writing about ethics in the context of children and young people (CYP) argue that although researchers apply their institutional checklists in the procedural ethics of seeking approval, it is the researchers' views, assumptions, attitudes, values and beliefs that are most likely to guide their practice in the field, and these may differ from the formalities of the checklist. Indeed, the dissonance between procedural ethics and what actually happens in the field (ethics-in-practice) is well known to be the source of considerable tension and disagreement between those applying for ethics review and those undertaking it (Macfarlane, 2009, Parsons et al, 2017; Renold et al., 2008). Critics argue that there is often too much of a focus in ethics review on protecting the institution from any reputational damage or legal challenge rather than supporting and enabling researchers to develop effective, responsible and appropriate practices for managing the complexity of ethics practice in the fields of social research (Hammersley and Taianou, 2016).

This tension was also reported by Brown, Spiro and Quinton, 2020) in a survey of 55 researchers in Higher Education Institutions (HEIs), mostly based in the UK. While researchers recognised the importance of the role of the ethics committee in protecting the institution against malpractice, they reported a range of experiences of support for the development of their research practices, broadly characterised as 'friend or foe' (Brown et al., 2020: p747). While many had experienced unhelpful or restrictive responses from their institutional RECs, examples of constructive feedback and engagement from their academic peers serving on the committees were also reported and recognised as important to academic citizenship. Brown et al (2020) highlighted that 'Developing an awareness of the practical and philosophical issues surrounding the implementation of ethical guidelines in research practices is important' (p749), and that 'The area of research perceived to increase ethical complexity the most is that of involving children and families' (p757). Thus, our paper seeks to address these dual concerns by taking the role of constructive 'friend' (cf. Brown et al., 2020) and focusing on the practical implementation by researchers of ethical guidelines that are provided by the institution in the context of research involving CYP.

While the processes and challenges of gaining informed consent from CYP in social research are well rehearsed in the literature, questions about practicalities remain. This issue is especially pertinent for early

career researchers who may be relatively new to formal ethics review, and to experienced researchers who may be including CYP in their work for the first time. According to Loverage and Cornforth (2013: p455) 'ethical conundrums' occur frequently in research practice with CYP. They specifically link these conundrums to the struggle in accommodating 'children's rights to both understand and consent, the responsibilities of the adults in children's lives, and culturally appropriate forms of consent' (p463). However, the practicalities of navigating these remain relatively opaque. For example, in a systematic analysis of the institutional ethics guidance for conducting research with CYP produced by 33 research-leading University Research Ethics Committees in the UK, Parsons, Abbott, McKnight and Davis (2015a) found that there was very little guidance provided beyond standardised templates as to how to enable children's informed consent or assent. Informed consent is a formal agreement to take part in research following a full disclosure of risks, benefits and activities such that a participant understands the purpose of, and their role within, the research (Parsons, 2018a). By contrast, assent is typically considered a less formal agreement to participate in research based on information that is tailored to meet a child's communication needs (Parsons, 2018b), and a judgement by the researcher as to whether the participant is comfortable and agrees with what they are being asked to do. Children's assent to participate in research would usually follow informed consent by a parent / carer (Parsons, 2018b).

Furthermore, very few institutions provided '…guidelines on how they felt researchers should behave in order to act in an ethical manner' (p720), and some explicitly discouraged research with CYP unless circumstances were so 'exceptional' to justify their inclusion. In related research that explored the scope for innovation in research ethics practices, Parsons, Sherwood and Abbott (2015b) argued that research ethics practices have become reified by expectations from ethics committees about how research should be communicated to participants as part of informed consent procedures. They advised that more needs to be done by the research community to challenge these homogeneous expectations and standardised practices such as the routine issue of text-heavy informed consent templates, and expectations that documents should be written and formally signed. Specifically, Parsons et al (2015b) concluded:

It is clear that while much knowledge has been disseminated about creative methods for gaining children's substantive views during a research project, this knowledge has apparently made only limited transfer into the practices of gaining consent to research participation at the beginning of, and during, projects (p139).

Thus, there is scope for taking steps to address this knowledge gap. Indeed, Kara and Pickering (2017) recommended that more research is needed that addresses questions about how tools, training, experience, environment and time, impact on data and ethical practice. Consequently, this paper seeks to provide

details of the practical and creative ways of how our participants applied a variety of effective methods that support CYP in choosing to engage in research. The aim is to support understanding of informed consent, and assent, processes with CYP who are often considered by ethics committees to be vulnerable (Parsons et al., 2015a). The Nuffield Council on Bioethics (2015) recommendations for practice are relevant in addressing this in social science research, highlighting the CYP as agentic through their involvement in the design of information sheets, sharing decisions with their parents and ensuring there is the opportunity to make free and informed choices. However, this information is rarely available elsewhere, not least from institutional guidance (Parsons et al., 2015a), so it is important to be able to detail and highlight what researchers *actually do* to navigate this territory in contexts of increased regulation. The information shared by the twenty-three participants in our study show candid, reflexive accounts of motives, successes and failures which facilitate the opportunity for meaningful debate about how to prepare for the collection of data in an ethical way. Specifically, the research questions we addressed in this project were:

1. How do social science researchers navigate the expectations of procedural ethics and ethics-in-practice in research with CYP?
2. What are the practical approaches that social science researchers recommend to facilitate communication and effective relationships between the researcher, participants and gatekeepers during research with CYP?

Methodology

Participants

Twenty-three social science researchers, 7 males and 16 females, were interviewed about their experiences of gaining informed consent when conducting research involving CYP. Some were personal contacts based on our networks, while others were approached following a bibliographic database search for researchers who had published relevant research in the previous five years. Their length of experience in social research ranged from four to thirty-six years and the sample also included individuals who had served / were currently serving on university RECs. Their research spanned a wide range of social science interests and contexts: sixteen researchers collected data from within schools; three had worked with young children; four with teenagers; and ten had experience of including research participants with additional needs.

Method

We used a semi-structured interview schedule with ten core questions focusing on: how consent or assent with CYP was presented to the institution during ethics review and revisited during projects; and whether

and how methods and experiences of gaining consent in the field, and ethics approval for research, had altered during their career. Interviews were audio-recorded and lasted between twenty and seventy-six minutes. This project was reviewed and approved by the University of Southampton's Faculty of Social Science ethics committee (ref #: 5377). Each participant provided informed consent and interviews took place face-to-face, via Skype or over the telephone.

Analysis

Qualitative analysis followed a set of procedures that provided a logical chain of reasoning and iterative review (Newton Suter, 2012). Audio-files were listened to several times and detailed notes and transcripts made. Key themes and conceptual linkages were made in the second iteration, before reviewing the results of each transcript again to identify consistencies and differences in the responses between participants. NVivo was used for indexing, searching and theorising the results (O'Leary, 2017). This process led to us identifying specific themes related to a variety of creative methods described by participants and included advice and ideas on practice and how to overcome challenges. Participants also described how they met the requirements of their institution and what they had learnt about the process of enacting ethical approval and practice. These key themes are reported below. Participants are referred to as P1-23 throughout the reporting of the data.

Findings

Procedural ethics

All participants discussed how meeting the obligations of the institution raised issues that impacted on the process of gaining consent. When completing the paperwork to gain ethical approval before carrying out research, P17 highlighted that the system can feel overly bureaucratic and "inhibiting" with some details "pernickety" and not linked to children's safety. Although there were concerns raised about the length of the forms (P20) and number of questions (P4, P8), others expressed the opinion that things had improved as they are no longer "driven by the NHS approval process" (P1). Although P18 had reservations about the detail they said that it was an opportunity to "think and get better at research". P19 expressed concerns about the infrequency of ethics committee meetings and said, "it's like dropping a document into a black hole – you have no idea how long it's going to take". It is therefore important to factor the likely delay into the timeframe of the project.

Central to every project is considering the possible impact that the research could have on the CYP; hence plans for how to manage this are essential to gaining ethical approval. P13 adopted a position that "in a way everyone is vulnerable…" as a starting point to support CYP in their research. Communicating the

possible outcomes and plans to manage vulnerabilities is recommended because, as P2 and P4 comment, it is not unusual to encounter members of the ethics committee who have little relevant experience and expertise in your field of research. P8 shared an example of this when they were questioned about the mental capacity of a seventeen-year-old to give informed consent. P14 suggested that involving a wider range of academics could bring better informed "professional perspectives" to the decision. P13 advised that those sitting on the REC need more specialist training.

Working through the ethics application affords plenty of time to consider and discuss the implications of the research and how they will be addressed. This was considered by P1 as one of the strengths of the system because it can improve the study design and has the potential to enhance the research. Reflecting on the researcher's responsibility to the participants is particularly significant because we all have a duty of care to those taking part and "adults are upset by totally different things than children" (P22).

Ethics-in-practice

P2 and P20 suggested that a researcher who is new to gathering data with children needs to think beyond the ethics paperwork. This point was also clearly illustrated by P6 who had created a booklet to share with their autistic participants. The university approved the plan but when they went into the field, they found that the participants did not want to sign the consent form. When asked about how this felt, they said they thought:

> *Crikey! they should be signing this consent form, they should be doing this…to step aside from that and say okay I don't think its achievable in this sense without causing them distress – perhaps I should operate without it – was quite a scary move and quite scary to say out loud.*

Far from abandoning ethical practice this led to them focusing more consistently on agreeing ongoing consent and verbally revisiting their plans on every occasion they met with their research participants. This suggests that it is important to tune into the participants' communication preferences and allow them to guide you.

Several of our participants had experience of gathering data outside of the UK. For example, two carried out research in India (P11) and Eastern Europe (P24) and found that they needed to replace written consent with regular reminders of the CYP's role in the research and explaining their rights to withdraw at any point. P5 explained that in post-communist countries written consent is not appropriate and that this needs to be respected. These are reminders of the importance of placing the participant, their culture, and what they are comfortable with at the centre of informed consent practices.

Resources and methods that facilitate consent and data collection

Explaining research to participants

Participants suggested some helpful starting points when planning research. P8 identified the importance of striking the right balance between formality and informality and not "overwhelming them [the participants]". P12 talked about relating the research to something that is within the child's scope of understanding, saying that they likened the aim of their research to someone being able to mend the child's tricycle when it doesn't work explaining "so you are going to help teachers and therapists do a better job." P7 provided an example of talking to school children and relating their research to the pupils doing projects. Translating ideas about research into language that is understandable for the child is acknowledged as a challenge but seen as a critical part of the process, because enabling them "to grapple with informed consent is about engaging people in the idea that research can be useful" (P9).

It is also important to appreciate the challenges of creating consent materials that clearly communicate the project, such that they are understood by both the gatekeeper and child. A useful way to define the role of parent or any other gatekeeper is that they provide permission before the research begins and it is the child or young person who gives ongoing assent (agreement) during the data collection. An essential aspect of this process is to avoid making assumptions such as: that all the parents have English as their first language (P17); that the gatekeeper is competent and confident to engage with the written information they are provided with (P18); and expecting those giving permission to understand terms such as "confidentiality" (P3). One recommendation was to encourage a dialogue between the child or young person and the parent about the research which, while not fool proof, is one way to clarify understanding (P17).

Communicating effectively with participants

Many of the participants were keen to share the variety of ways they had engaged with CYP and how they managed some of the potential issues. The principle underpinning their suggestions was to clearly communicate details of the process and the child's role within it. The environment in which data are collected, and engagement with the CYP, are important aspects to consider in tandem. To enable greater autonomy and choice about children's engagement, P4 introduced their participants to a "Big Brother" room where thoughts and experiences could be shared. Another (P19) gave the children control over the audio recorder to start and stop recording depending on what they felt comfortable with.

Successfully engaging the CYP in the ethics process can be facilitated by reflecting on experiences and interests that are pertinent to them (P1, P4, P7, P12, P13, P17 P20, P21, P22, P23). For example, using an activity that communicates information about what they are being asked to do and leads to opportunities for children to decide to participate, builds a bridge between gaining their consent and gathering the data,

such as the use of toy telephones for the child to use to talk to the researcher (P7). Another who carried out research with children aged 4-7 gave them shoe boxes with scenarios so that the children could identify examples in advance to prepare them for what they were going to talk to the researcher about (P13).

More traditional methods of communication such as letters and paper forms were discussed and provided an opportunity for critical reflections on practice (P19, P22). P2 recommended making the materials personal to the child by including their name. Where pictures and symbols are used to facilitate engagement and understanding some participants cautioned that they can be interpreted as "patronising" (P11) because as P21 explained, it suggests that we underestimate what the young person understands. P2 piloted their materials with children of the same age and was told "it needs to be more grown up…you're misreading us". Another view was that far from supporting understanding, pictures or symbols can make the consent process more "confusing to them" (P11). In practice this means that there needs to be a focus on the participants' age and specific communication preferences.

Ten of our participants had experience of working with CYP who had additional needs. To support communication and understanding of the research and methods that would be used to collect the data P10 used photographs. During data collection relaxation monitors were also used to gauge continuing agreement to participate. Others recommended Makaton (use of sign language in conjunction with speech) as a communication tool to facilitate dialogue (P4, P14, P15, P20, P22).

Using technology

P19 said they had applied digital media to explain their research and that this led to the CYP having a better understanding of the research aims and their role in providing data. P19 suggested that using Blogs and social media platforms could facilitate longitudinal studies because they enabled the researcher to have regular communication with the participants. P19 also used these applications to record and share contributions from participants. However, in these longer studies participants suggested that consent needs to be revisited in a different way as the CYP is likely to have developed new interests and the materials and the approach needed to reflect this (P1, P2, P8, P21).

The consensus was that using a combination of video and voice when presenting information about a project was likely to be more engaging than using (only) paper copies of information (P1, P4, P5, P7 P8, P9, P10, P13, P14, P15, P17, P18, P19, P21, P22). In order to illustrate what it would be like to take part in the research some of the participants showed the children videos with examples of how data collection

would be managed (P1, P3, P4, P18). P5 and P7 explained that filming in this way acted as a reminder of how CYP could contribute to the research in the future. This has been found to be very beneficial for CYP on the autism spectrum because they were able to revisit the visual records whenever they chose to (P10). P2 suggested that we make greater use of technology as a visual and audio tool combined. However, it is important to think carefully about the purpose of using technology so that it is only used to facilitate the process of consent rather than simply "for the sake of it" (P1).

Building relationships

All participants recognised that consent is more about building a relationship than relying on materials and activities. Whilst relationship building was regarded as essential to good research practice, participants also acknowledged the challenges in developing connections effectively. For example, although it is common for gatekeepers to be involved in consent procedures it cannot be taken for granted that the CYP has been informed or is as willing as parents / carers may be. P2 explained, for example, that while the informed consent process is with the parents formally "the consent I have is actually from the children's wish to participate or not…the process of them enjoying being in the research process as a form of consent" i.e. assent. Although it is essential to communicate with the gatekeeper in the first instance, building a rapport with the child is the next important step. To support participation, it was important to "use a medium that is familiar to them [CYP] such as a computer" (P4). This can help to facilitate a positive connection between the gatekeeper and participant. Such a dialogue also enables researchers to find out more about the participant's interests and preferences, which is information that can be applied during data gathering.

Supporting continued engagement and participation

Participants noted concerns about CYP withdrawing from the project, for example P3 described experiencing some ambivalence due to the "lengths they've gone to get the sample". However, they also acknowledged that ethically they must give the child the right to withdraw and avoid making them feel uncomfortable. P4 described being sensitive to children's body language and responding quickly if they became distressed. The subject of children being able to withdraw was a concern raised by P7 who felt "uncomfortable" and worried that the child (particularly if they were in school) felt "obliged to take part and not feeling able to opt out or to withdraw." Although nine participants specifically talked about abandoning the activity or interview for the good of the CYP there was an interesting mix of responses as they considered the impact of this practice in terms of delivering the project aims. P23 explained that they offered support if the CYP chose to withdraw consent. P21 expressed some frustration about not knowing why participants had decided to change their mind and P13 explained that they stopped when

they felt that the child did not want to continue and then offered them another opportunity the next day. To ensure that they applied consistently ethical behaviour, fourteen of the researchers described taking their cue from the CYP, though acknowledged this can be difficult as P15 illustrates:

> *the researcher was going out on each occasion making a special journey, we just had to lose that data, we couldn't collect it, we were collecting it on two occasions, they didn't want to do it, it wasn't clear why, and we just had to let that go.*

Participants (P13, P15, P21) explained that they worked to establish a positive relationship with the CYP to enable them to accurately interpret children's emotional response, which provided them (the researchers) with a more accurate assessment of children's willingness to participate. Although the intention to put the participant at their ease is often achieved, three interviewees (P1, P7, P11) also recommended that the child should be able to choose to have someone with them. While this sounds positive because it is likely to support the participant to feel comfortable and relaxed, there is a possibility that the additional presence will have an impact on the dynamics of interview and the information that is shared. To plan for this, P1 reminded themself that the participant is "embedded in a web of relationships" and adopted the view that the presence of a sibling, friend or parent is likely to help them especially if they are feeling nervous.

Three participants (P4, P11, P10) explained that co-production of materials and consent protocols had led to forging positive connections with participants. For P4 this involved working with the children to create comic strips to increase their awareness and understanding of what consent processes would involve during data collection. P11 described how the process of involving the CYP had led to them becoming a co-learner and this co-learning aimed to address the power imbalance between the researcher and the CYP. P10 also discussed the value of involving the participant in deciding how the research should be written up, suggesting that where this is addressed as part of the consent process it had the potential to promote a more trusting relationship.

Eleven participants had experiences of undertaking longitudinal research. They returned to the consent procedures more than once because the CYP would be at a different stage in their life as the project progressed, along with changes to consent materials and the use of technology to keep in touch (as noted above). P1 suggested that to manage this effectively it would be a good idea to appoint a panel of CYP to comment and amend materials such as information sheets, consent forms and cards used to keep in touch with participants. However, P2 also highlighted that it is important to recognise that the CYP may no longer be interested in the focus of the study and may withdraw.

Discussion

The purpose of this research was to explore and collate the experiences of social science researchers who had gained consent with CYP through meeting their institutional requirements and then translated this into managing ethics in practice. We wanted to understand what researchers actually do in practice to manage informed consent processes, and research relationships, in ways that are sensitive and respectful of children's agency and participation while also being mindful of the important, administrative aspects of the process of seeking ethics approval. As others have noted, the challenge in managing ethical practice can leave some researchers 'feeling uncertain, threatened or isolated' (Graham and Powell, 2015, p331). Our findings provide practical and (hopefully) reassuring examples and insights into practices that may support researchers to feel a little less uncertain or isolated.

With regard to procedural ethics (i.e. those required by the HEI), our participants commented, in line with others (Parsons et al, 2015), about meeting the requirements of the HEI while also navigating more complex or unanticipated scenarios in practice. Part of the solution could include applying an "open dialogue" between those applying for ethics review and those undertaking it (Brown et al.2020, p762). Examples from our participants included recognising the importance of being able to explain details about research procedures to others who may not have experience within the same or similar research field. Applying for institutional ethics approval can be a lengthy and time-consuming process and so it is important to try to consider this time as an opportunity to share expertise with others about working with CYP in the spirit of constructive friend rather than foe (cf. Brown et al., 2020). We recognise that this may be more challenging for early-career researchers who are perhaps less able to constructively question feedback or decisions, but there is certainly a significant role for established and experienced researchers to lead by example in writing ethics applications that encompass some of the good practices identified here.

In relation to ethics-in-practice, when authors such as Alderson and Morrow (2011) and Gallagher et al (2020) recommend that information provided to participants needs to be tailored to their interests and understanding, it can often be difficult to see what this really means. The details that were shared by our participants help to bridge that gap, embracing the need to reflect on how and to what extent information meets the needs of the intended audience. As Yamada-Rice (2017) explains, these practices and reflections are important to avoid oversimplification that could cause confusion and potentially (though unintentionally) deceive participants (Loyd, 2012).

In place of portraying the consent and ethical practice as smooth and predictable our research candidly identifies some of the challenges, such as the impact of gatekeepers providing permission. Pyer and Campbell (2013, 2012) address the subject of the gatekeeper's presence during data gathering as advantageous (putting the child at ease, facilitating communication where the participant has a disability) and also problematic (trying to influence the response of the child). Our participants added practical strategies for managing this relationship such as changing the order of questions or redirecting them to the participant, using the child's name when asking questions, and avoiding eye contact with the adult gatekeeper during research interviews.

A key feature of the conversations that emerged through our data collection was the understanding that consent is a dynamic and often subtle process rather than a 'one-off event' (Robert-Holmes, 2018, p69). The fact that this is an underlying theme in the advice provided by our participants is pertinent especially because returning to matters of consent could become lost within the, often pressured process of collecting data (Dockett, Einarsdottir & Perry, 2009).

Participants emphasised the need to continue to develop creative methods that facilitate a range of communication needs and preferences of participants including gesture, symbols, sign-language and communication devices (Christenson and Prout, 2017; Clark et al, 2014; Flewitt and Ang, 2020; Lomborg, 2012; Oulton et al, 2016). This approach helps to embed quality dialogue involving the CYP in the evaluation of data and ethics practices (Dockett and Perry, 2011; Tyldum 2012). It is therefore important to recognise that creative methods for enabling the voices of CYP in research should not be located only in substantive data collection but also within the recruitment and consent processes from the start of any project (Parsons et al., 2016).

The examples of working with the CYP shown in this research are congruent with the understanding that planning to share information and gather consent can be most effective when researchers 'think with' children in more participatory ways (Heath, et al 2007). Such an approach is likely to be even more important as social researchers navigate the practical realities of doing research at a time where CYP have experienced significant changes in their lives and hence listening to their voices and preferences is essential (Julian, 2020; Maglio and Pherali, 2020). This confirms the commitment to continue to develop child-centred ethics practices with the intention of empowering CYP so that they can apply their agency and decision-making (Allen, 2016; Mayne, Howitt and Rennie, 2018, Nuffield Council on BioEthics, 2015). However, it is important to remember that this still assumes that it is the researcher who has the power to create such a space and so the onus remains with researchers to ensure that such a space is as

comfortable and meaningful as possible for children (Constand et al, 2015; Ericson and Boyd 2017; Holland et al 2010; Malio and Pherali, 2020; O'Leary 2017).

Conclusion

Our findings invite us all to begin by thinking about 'For whose benefit is the research? What positions are excluded, and what new possibilities might be available?' (Loveridge and Cornforth, 2013: p468). Carrying out research with CYP is often considered, more risky such that there is a danger that important topics such as truancy, sexuality and school failure remain under-researched due to risk management taking precedence over the lived experiences of CYP (Loveridge and Cornforth, 2013). By providing researchers with the tools and techniques to confidently apply to ethics committees and carry out appropriate consent procedures, ethics review practices could become more open to under-researched topics.

Participants emphasised the key features of good ethics practices as: developing a relationship with the participant, having children's rights at the heart of the conversation, and adopting a position of listening to children with care and respect (Halpenny, 2021; Oulton et al, 2016). To facilitate this effectively in practice our participants suggested:

- that consent materials are piloted with CYP so that information is proportional and relevant;
- a range of possibilities or options to facilitate clear communication between researchers and children, including: keeping in touch cards, pictures, symbols and diagrams, the researcher wearing a T-shirt that identifies their role, shoe boxes, comic strips, and a Big Brother room;
- the application of technology, such as videos, Twitter, FaceBook, I-pads, tablets, online games, social networking sites.

However, we would also agree that 'what matters is not so much the methods used, but the ways and the spirit in which they are used…' (Gallacher and Gallagher, 2009, p513).

Although Fletcher (2017: p282) argues that to attain behaviour that is 'entirely ethical' is akin to a 'mythical creature' our findings share some of the practical wisdom accrued by experienced researchers of how to manage the complexity of practical ethics in the field. This information is vital for anyone who may be conducting research with CYP for the first time, or who may wish to continue to critically reflect on and develop their own research practices. It is the kind of information that is usually opaque or non-existent within the ethics guidance provided by HEIs (Parsons et al., 2015a) and so there remains a need for such practices to be made more transparent and shared more openly in order to support the understanding, engagement and participation of CYP in important social research.

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