

COMMON
APPROACHES



SAFE SCHOOLS COMMON APPROACH

Ethics and Child Safeguarding

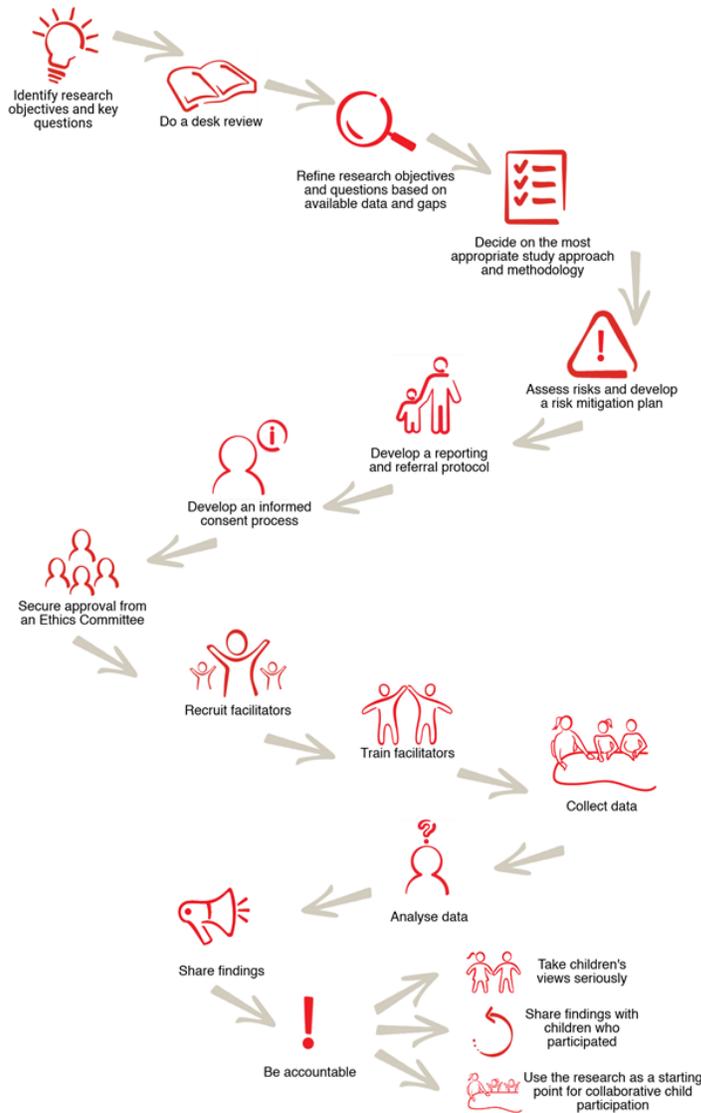


Save the Children

Contents

| | |
|---|-----------|
| 1. INTRODUCTION | 4 |
| 2. ETHICS AND ETHICAL CONSIDERATIONS | 5 |
| “DO NO HARM” IMPERATIVE | 5 |
| ENSURE DATA COLLECTION IS NECESSARY | 5 |
| ENSURE BENEFITS OUTWEIGH RISKS | 6 |
| DO NOT ASK ABOUT VIOLENCE UNLESS REFERRAL AND REPORTING PROTOCOLS ARE IN PLACE | 8 |
| VOLUNTARY PARTICIPATION | 8 |
| INFORMED CONSENT/ASSENT | 9 |
| CONFIDENTIALITY | 10 |
| STAFF/PARTNER SELECTION AND TRAINING | 10 |
| RESPONDING TO PARTICIPANT DISTRESS | 11 |
| 3. REFERRAL AND REPORTING PROTOCOLS AND PATHWAYS | 13 |
| 1. Protocols related to disclosures of violence, abuse, or other child protection risks that emerge during data collection | 13 |
| 2. Cases of violence, abuse, or other child protection risks that are brought to the attention of Save the Children through other means (for example, not as a result of children’s responses during data collection) | 15 |
| 3. General referrals to services for participants even if violence or abuse was not specifically disclosed | 15 |
| 4. RISK ASSESSMENTS FOR PARTICIPATORY PROCESS | 16 |
| 5. ETHICAL REVIEW OF METHODS, TOOLS, AND DATA COLLECTION PROTOCOLS | 18 |
| 6. ADDITIONAL RESOURCES | 20 |
| 7. APPENDICES | 21 |

Pathway to ethical and safe research on violence against children



1

I The visual below is taken from the Save the Children (2018) "Protecting Children in Conflict Centenary: Process Guidance for Studies". It shows a pathway to ethical and safe research on violence against children.

I. INTRODUCTION

This Annex draws on various international documents on the ethical conduct of research, monitoring, and evaluation (RME), the codes of ethics of international agencies, ethical guidelines in social research (Save the Children UK and Save the Children US), and Save the Children's Child Safeguarding policy. It identifies and establishes key principles and minimum requirements for ethical research that involves human-subject data collection (that is, with children and adults) and discusses their implications for the Safe Schools common approach. This document therefore outlines what Save the Children regards as good practice for all RME related to Safe Schools programming.

A key ethical consideration is to ensure that all RME activities reap maximum benefits and minimise the risk of actual potential harm (the DO NO HARM imperative²). Ethical procedures should always endeavour to protect adults and children involved in research, monitoring and evaluation on violence against children. All activities that involve human-subject data collection must obtain prior approval by an Ethics Review Committee (ERC), which is tasked with conducting a thorough ethics assessment of all data collection protocols.

The approach proposed in this Annex is relevant across all research contexts and applies to qualitative and quantitative research.

² Anderson, M. (1999). *Do no harm: How aid can support peace or war*. Boulder, CO: Lynne Rienner Publishers, Inc.

2. ETHICS AND ETHICAL CONSIDERATIONS

The three primary ethical principles that should guide all human-subject data collection are as follows³:

- 1) Respect for persons, which relates to respecting the autonomy and self-determination of participants, and protecting those who lack autonomy, including by providing security from harm or abuse.
- 2) Beneficence, a duty to safeguard the welfare of people/communities involved, which includes minimising risks and assuring that benefits outweigh risks.
- 3) Justice, a duty to distribute benefits and burdens fairly.

“DO NO HARM” IMPERATIVE⁴

All data collection activities associated with the Safe Schools common approach need to be guided by the “Do No Harm” imperative, which is a crucial concept for all humanitarian and development programming. When applied to research, monitoring and evaluation (RME), the “Do No Harm” imperative requires that all decision-making around issues of research design, data collection, analysis, and reporting of results must be conducted in a way that prevents harm and seeks to minimize risks to participants (including children and adults) as well as staff at every step along the way.

ENSURE DATA COLLECTION IS NECESSARY

Before deciding which types of RME activities to engage in, it is important for staff involved in the Safe Schools common approach to determine what data collection is *necessary*. From an ethical standpoint, it is important to avoid exposing participants to unnecessary involvement in research, monitoring or evaluation initiatives considering the potential risks associated with participation, as well as the resources and time required to collect data appropriately.

It is essential to avoid collecting information for its own sake if it is available elsewhere. In some cases, the information needed may be available through existing secondary data (for example, data collected by the government at the national or regional level; studies or reports generated by other organisations, etc.). In these cases, Save the Children should carefully consult existing data sources and only plan to gather new data if it is not already available.

Another consideration in order to determine if data is necessary relates to whether the information *will be used in meaningful ways and will benefit study participants* either directly in terms of the relationship findings will have to program or policy interventions, or within the context of filling knowledge gaps that will indirectly benefit participants as well as broader society. For example, if data on a specific topic would be “nice to know,” but would not contribute to Save the Children’s Safe Schools programming in a particular context, it would not meet this criterion.

In thinking through these issues, the following checklist can be used:

Table 1: Checklist for Determining if Safe Schools Data Collection is Necessary

³ World Health Organization. (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*

⁴ Anderson, M. (1999). *Do no harm: How aid can support peace or war*. Boulder, CO: Lynne Rienner Publishers, Inc.

1. Is the desired information available through other sources? (Yes/No)

If **Yes**, Save the Children should first consult these sources before seeking to gather data on the topic/issue in question.

If **No**, proceed to the next question (#2)

2. Does Save the Children have plans and capacity to analyse data on this issue if it is collected? (Yes/No)

If **No**, data collection should not proceed until plans and capacity for appropriate data analysis are in place.

If **Yes**, proceed to the next question (#3)

3. Does Save the Children have plans to use findings in meaningful ways that will directly benefit Safe Schools programming? (Yes/No)

If **No**, data collection should not proceed until plans and capacity for the meaningful use of findings are in place.

If **Yes**, data collection can be considered necessary within the context of Safe Schools research, monitoring or evaluation.

ENSURE BENEFITS OUTWEIGH RISKS

All research, monitoring and evaluation activities are associated with potential risks and benefits. The potential risks to participants increase when studies seek to examine sensitive issues or collect data directly from children or other marginalised populations (for example, refugees, individuals with disabilities, etc.). In light of the subject matter, and the focus on children, RME activities associated with the Safe Schools common approach by definition carry with them a heightened degree of potential risk and must be carefully mitigated using the guidance described in this section.

As a guiding principle, it is essential to ensure that the *benefits outweigh the risks* of all proposed Safe Schools data collection activities. Keeping this principle in mind is crucial when thinking through all aspects of study design, data collection, training and supervision for staff, and the overall management of RME processes.

For example, asking certain questions, or using specific methods to gather data on the situation and experiences of children may be *beneficial*, but if the *potential risk of harm* associated with this process is

When thinking through which types of questions, methods, and data collection activities to include in Safe Schools research, monitoring, and evaluation plans, a guiding principle is:

Ensure benefits are greater than potential risks

Any activities that do not pass this test should not be conducted.

greater than the benefits that may emerge, the proposed data collection activities should not be conducted.

Within the context of Safe Schools data collection, risks and benefits are defined as follows:

- **Risks:** potential forms of harm to study participants (including children or adults) or staff as a result of their involvement in research, monitoring, or evaluation activities ([see the section below on Risk Assessment for Participatory Process](#))
- **Benefits:** good or helpful results (either to study participants or to broader society) due to research, monitoring, or evaluation activities

Weighing these issues is not easy and requires careful consideration of factors at play locally. Potential risks vary from country to country, and so teams seeking to collect Safe Schools data must carefully weigh these issues before developing a plan for research, monitoring, or evaluation activities.

According to the INSPIRE Framework,⁵ potential risks to children as a result of participation in this type of data collection include:

- **Risk of retaliation:** There is a risk that children may experience various forms of harm or other negative consequences at the hands of perpetrators (i.e. those responsible for carrying out violence, attacks or other forms of harm against children), or those who have helped cover up their behaviour if they find out that children have disclosed what happened to them.
- **Discomfort, stigma or bullying:** If others find out that children have experienced violence or other forms of harm, they may experience stigma (i.e. negative treatment), bullying, or other undesirable behaviours from peers, teachers, family members or others.
- **Distress or anxiety as a result of discussing sensitive issues:** Talking about sensitive topics such as violence, hazards and attacks may cause children to experience emotional distress or anxiety—regardless of whether children have experienced these issues themselves. If children are direct survivors of these circumstances—the risk of distress and anxiety is even higher. Children may experience distress or anxiety immediately during data collection or later, once they have had a chance to reflect upon what they discussed.
- **Negative consequences that may result from mandatory notification:** If violence or abuse against children is disclosed during data collection, and mandatory reporting is required either by law or moral obligation, there is a risk that children may experience negative consequences as a result of their disclosure. As a result, referral and reporting protocols connected to data collection must be carefully developed before data collection and must be based on recognised guidance as well as careful consideration of contextual factors ([see the section below on Referral and Reporting Protocols and Pathways for more information](#)).⁶

Data on issues of violence or abuse against children should not be collected unless appropriate referral and reporting protocols are in place.

⁵ UNICEF (2018). *INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children: How to define and measure change*. New York: UNICEF.

⁶ The bullet points on potential risks to children were adapted from p. 10 of: UNICEF (2018). *INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children: How to define and measure change*. New York: UNICEF.

Depending on the setting, there may also be physical risks to children and staff - particularly in societies impacted by armed conflict, fragility, or humanitarian conditions - and so these issues also need to be weighed carefully as part of the decision making around which types of tools and methods are most appropriate.

In selecting participants for a study, it is also essential to ensure that the potential risks and benefits associated with involvement in data collection are distributed equally and that no group or type of respondent is impacted unfairly.⁷ This principle should inform all aspects of study design as well as participant selection, and requires a careful analysis based on the factors outlined above.

DO NOT ASK ABOUT VIOLENCE UNLESS REFERRAL AND REPORTING PROTOCOLS ARE IN PLACE

A key principle to remember in the case of all research, monitoring and evaluation activities is that no questions should be asked about violence or abuse against children unless referral and reporting pathways are in place to handle these cases. It is a well-established principle for ethical research of this nature,⁸⁻⁹ and applies to all potential data collection (including monitoring, evaluation, or research activities) associated with the Safe Schools common approach. For example, in countries where UNICEF and WHO have been conducting VACS surveys with partners, they may have made available a 'cadre of social workers from the national level to link to data collection locations'. If such networks are available, then Country Offices should see how they can link into them to ensure proper ethical practice and access to support services as needed¹⁰ ([See the section below on Referral and Reporting Protocols for more information](#)).

While country programs may want to learn about violence and abuse against children, gathering this type of information without the referral and reporting protocols in a place represents a breach of recognised ethical standards, and risks subjecting children or other participants to harm or unintended consequences. Considering the importance of this type of data collection to Save the Children's work - and to Safe Schools programming in general - the focus of country programs should be on putting appropriate standards in place for ethical data collection. In addition to ensuring that referral and reporting protocols are in place, it is also crucial for all staff involved in data collection to be trained on these procedures and to be clear how they should be handled by Save the Children staff and others involved in research, monitoring, and evaluation activities. This type of training should take place before data collection begins and should be regularly revisited throughout all phases of RME implementation ([see the section below on Staff/Partner selection and training](#)).

VOLUNTARY PARTICIPATION

One of the key principles of ethical data collection involves ensuring the voluntary participation of all children and adults engaged in research, monitoring and evaluation activities. It is important that participants do not feel pressured to participate, and that they realise that they have a right to say no to their involvement in data collection. Even if they decide to take part in a study, they also have the right to stop participating at any time, even in the middle of an interview, focus group discussion, or other activity. Besides, for children's participation to be both ethical and effective, certain additional principles

⁷ INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children: How to define and measure change. New York: UNICEF.

⁸ World Health Organization (2007). WHO Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies. Geneva: World Health Organization.

⁹ United Nations Girls' Education Initiative (2018). A whole school approach to prevent school-related gender-based violence: Minimum standards and monitoring framework. New York: New York Girls' Education Initiative.

¹⁰ Together for Girls (2019). Accelerating Action to Address Violence Against Women and Children: Key Lessons From the Together for Girls Partnership in Tanzania

and standards must be met. Voluntary participation is just one of [The Nine Basic Requirements for Meaningful and Safe Children’s Participation](#) outlined in the Committee on the Rights of the Child General Comment on Article 12 and Save the Children is committed to fulfilling these requirements. These requirements are incorporated into all Save the Children policies and practices at all levels and reflected in Save the Children’s Global Result Framework (*at Level 2: monitoring and measuring children’s participation through child rights indicators, Level 3: participatory processes in Theory of Change and Level 4: monitoring and measuring our accountability mechanisms through Key Performance Indicators*).

All country offices should refer to the Nine Basic Requirements for Meaningful and Safe Children’s Participation, and the requirement on voluntary participation, when planning and undertaking research, monitoring and evaluation activities.

INFORMED CONSENT/ASSENT

As a general requirement for all research, **adult participants** must give **informed consent** before their involvement in research, monitoring or evaluation activities, in order to ensure that they understand the goals and purposes of the study, as well as the potential risks and benefits involved. The informed consent/assent process should also emphasise to participants that their involvement in any data collection associated with Safe Schools is voluntary – as per the section above –, and that they can discontinue their participation at any time. It is also important that the informed consent/assent process makes clear that deciding not to participate in data collection will not have any negative consequences for participants and will not affect their involvement in programs or services. Participants should also be made aware of mandatory reporting policies in place for data collection, and how potential disclosures of violence, abuse, or other child protection concerns may be handled.

In the case of **data collection** activities **with children** (those under 18)¹¹, the **consent of parents or caregivers** must also be gathered, to enable their participation. As a general principle, only legal guardians can provide consent for children’s involvement in data collection, unless there are particular security concerns or unique areas of vulnerability that would compromise children’s safety if the consent of parents or caregivers was required. The type of information included on consent forms for parents/caregivers should be carefully determined, to adequately reflect the purposes of the research although also avoiding cases in which specifying the exact purpose of the study may expose children to potential harm or retaliation. Decision-making on how these cases will be handled should be included as part of the ethical review process prior to the start of data collection ([See section below on Ethical Review](#)).

In addition to the consent of parents or caregivers, it is also necessary to gather **children’s assent** for children’s participation in data collection. Assent is used to reflect the fact that children need to be allowed to agree to take part in data collection, although due to their developmental stage and capacity, they cannot fully understand the risks and benefits of their participation on their own. As mentioned in footnote 11 above, assent is generally needed for all children (under 18 years of age), although in some contexts the age of informed consent may be younger. Country teams should refer to the laws and policies in place in a setting where Safe Schools data collection will take place and proceed accordingly. Age appropriate assent and consent procedures and forms should be included as part of the ethical review process ([see the section below on Ethical Review](#)).

Based on the descriptions above, the following types of consent and assent forms are needed within the context of Safe Schools data collection:

¹¹ In some contexts, the age of informed consent may be below 18, based on relevant laws and policies

- [Informed consent for all adult participants for their own involvement](#)
- [Informed consent on the part of parents or caregivers for the participation of their children](#)
- [Assent of children for their own participation](#)

CONFIDENTIALITY

Protecting the confidentiality of participants represents a key principle of all research, monitoring and evaluation activities—including those related to the Safe Schools common approach. It is important to ensure that participants' names or other identifying information (description of the place, location, or other details that could reveal their identity) are not included in the data that is recorded. Participants should be assigned a unique ID number, which should be used instead of their name for data management, analysis, and reporting.

The principle of confidentiality also applies to how paper and electronic records are stored. It is important to ensure that all data is stored in a locked, secure location where only designated people have access. All electronic data should be stored on a password-protected computer that is only accessible to key individuals responsible for data management within the context of Safe Schools research, monitoring and evaluation activities.

It is also important to ensure that data collection takes place in a safe and secure location and is not in a place where participant feedback can be overheard. The data collection team should also have plans in place to temporarily stop the discussion or change the topic if someone walks in the room—to ensure confidentiality can be promoted.

In order to uphold the principle of confidentiality, staff involved in Safe Schools RME should never reveal the identities of participants to anyone outside the study team, or the specific content of what was discussed during data collection. The only exception to this principle is in the case of situations that require mandatory reporting, in which case staff should reveal information only to those who “need to know,” and according to the referral and reporting protocols developed for Safe Schools data collection. ([See the section below on Referral and Reporting Pathways for more information.](#))

STAFF/PARTNER SELECTION AND TRAINING

It is important that all staff or partners involved in data collection for the Safe Schools common approach receive comprehensive training on all systems and processes developed for the research, monitoring and evaluation activities. Training must also include an overview of the ethical protocols that have been established, including all the areas outlined above (for example, informed consent/assent; confidentiality; referral and reporting protocols, etc.). All staff/partners should also be trained in Save the Children's Child Safeguarding Policy and Code of Conduct before engaging in any data collection or interaction with participants.

It is also essential to carefully select data collectors who have experience with studies on similar topics, and who have worked previously with children in the past considering the sensitive nature of this type of work (notably if selected tools at the country level will include direct data collection with children). Ideally, data collectors will be drawn from existing Save the Children staff or partners, whose skills and attitudes that support positive interactions with children have already been demonstrated.

The following needs to be considered when selecting data collectors¹²:

¹² Save the Children (2018) *Protecting Children in Conflict Centenary: Process Guidance for Studies*

- During the hiring process, include screening for attitudes that might negatively affect the research or the wellbeing of children within it. For example, you would want to screen for...
 - Victim blaming attitudes (e.g. people who think that a child who is beaten “probably deserved it” or who think that people are “asking for” sexual harassment if they wear certain clothes)
 - Conservative or harmful attitudes (e.g. people who think that children need to be beaten to learn a discipline or who think that it is fine for girls under 18 to marry)
 - People who hold negative stereotypes or perceptions of groups (e.g. people who think that refugees are “dirty” or people who blame one particular group for the conflict).
 - People who do not think adults should bother listening to children’s opinions or stories.

To do this, you can ask relatively simple questions (e.g. “Why do children get beaten?”, “Why should we talk to children about their lives?”) and then screen based on participants’ responses. When asking these questions, it is important that they are phrased in a non-leading manner (that is, they should not give away what the answer we want to hear is).

- Select people based on skills and competencies required for work with children on sensitive subjects. It includes, amongst others: empathy, a child-friendly approach, ability to work in a participatory manner, a non-judgemental attitude, and good listening skills.
- Ideally, conduct a criminal reference check or police check. In places where this is not possible, get references that can talk about the applicant’s previous work with children, and whether there were any concerns.
- Ensure all data collectors (no matter how short their contract) are provided with child safeguarding and code of conduct training that includes contextualised examples and have signed the child safeguarding policy and code of conduct.

ETHICAL AND GENDER CONSIDERATIONS¹³

Same-sex interviewers should be recruited and trained to ensure that boys are interviewed by men and girls by women. Only girls or boys should be interviewed in each site, to reduce the risk of interviewing both the survivor and the perpetrator of the same incident. Ahead of the survey, providers for support services must be identified for those who could disclose experiencing violence. Due to the sparse availability of post-violence care providers, a hotline could be established, and a cadre of social workers should be made available. For some respondents, this means that disclosing violence during the survey could also be the first time they are able to access care. These ethical practices, building off WHO, and UNICEF guidance should become a standard of the VACS process across countries.

RESPONDING TO PARTICIPANT DISTRESS

Discussing sensitive topics can, at times, bring back difficult memories for participants, or could cause them to experience feelings of sadness, fear, or anxiety. It is important that research teams receive training on how to respond to these types of reactions if they occur and are able to respond appropriately. Different types of support will be needed for participants of different ages and gender. For example, if a child or adult starts crying or becomes visually uncomfortable during an interview or another type of activity, the data collector should pause the conversation, give the participant time to collect their

¹³ *Together for Girls (2019). Accelerating Action to Address Violence Against Women and Children: Key Lessons from the Together for Girls Partnership in Tanzania*

thoughts, and ask them if they would like to continue. If the participant decides not to continue, the staff member should end the data collection activity, and provide any additional referrals or support to the participant based on the referral and reporting protocols established for the research. The WHO always recommends that basic care and support must be available locally before commencing any activity that may involve individuals disclosing information about their experience of violence¹⁴.

It is also good practice to ensure that an appropriately trained staff person from the Country Office or implementing partner or data collector is available at each research/data collection site to assist children in ensuring that there is an immediate response when situations of distress arise. This person should be trained, for example in Psychological First Aid (PFA) or Child Safeguarding or be a trained Mental Health and Psychosocial (MHPSS) professional and therefore able to provide responsive (when and if appropriate) or referral assistance, as needed¹⁵.

¹⁴ World Health Organization. (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*.

¹⁵ More technical guidance on responding to a child's disclosure can be found in the Steps to Protect Common Approach Toolkit

3. REFERRAL AND REPORTING PROTOCOLS AND PATHWAYS

When conducting research with children, and on sensitive topics such as violence, referral and reporting protocols are particularly crucial. A key resource for Country Offices to read in advance of planning their research, monitoring and evaluation activities is the [Referral Pathway Guidance](#) linked to Action Pack 4

Within the context of Safe Schools research, monitoring and evaluation activities, the following types of referral and reporting protocols are needed:

1. Protocols related to disclosures of violence, abuse, or other child protection risks that emerge during data collection

Referral and reporting protocols need to be considered in terms of: 1. Child protection risks (disclosure of violence, abuse or other forms of violence) arising from data collection and 2. Handling and managing situations of disclosure of violence.

If data collection tools include questions about disclosure of violence and abuse it is important to consider in advance whether specific responses will require mandatory reporting. While there is a general obligation to protect the confidentiality of participants within the context of all research, monitoring and evaluation activities ([see the section above on Confidentiality](#)), there are certain exceptions to this policy. These exceptions include cases in which mandatory reporting is required by law, or in line with Save the Children's Child Safeguarding Policy (see the document [Child Safeguarding incident reporting, response and case management](#)).

Depending on the nature of the violence or type of harm uncovered during data collection, some child protection risks will require immediate action based on the referral and reporting protocols that were put in place before the start of data collection. In other cases, mandatory reporting may not be needed, or there may be some other type of follow-up that is necessary. Determining these issues must be context-specific, and requires careful consideration by staff leading on research, monitoring and evaluation activities as well as relevant local actors (for example, child protection experts, social service providers, etc.).

In thinking through how to handle reported cases of violence or other child protection risks that emerge during data collection, it is important to consider the following factors:

- the type of violence or other child protection concern reported
- how recently (or not) the incident occurred
- the child's immediate safety and welfare
- the nature of local mandatory reporting requirements for the issue(s) in question

Based on these factors, country programmes should develop a system by which to determine the type of response that should be carried out (for example, mandatory reporting, other types of support, etc.) for the potential types of violence or other child protection risks that may emerge through data collection. For example, recent cases of sexual violence reported against a child would require urgent action and fall into a different category than other types of abuse or child protection risks that are still serious but may have occurred a long time ago and may not necessarily represent a direct threat to a child's current safety and well-being.

In handling reported cases of violence or other child protection concerns emerging from data collection, the following template is based on the model developed by Devries et al. (2015) in their research related

to the Good Schools Toolkit.¹⁶ The purpose of this framework is to think through the types of violence or other child protection risks that may emerge through data collection, as well as the type of response that is required. This format provides a way to think through which issues/responses require urgent action and mandatory reporting as compared to those that may be less urgent but still need some response.

Table 2: Good Schools Toolkit Model for Classifying Violence or Child Protection Risk Types and Responses Based on Data Collection¹⁷

| REFERRAL LEVEL | CLASSIFICATION | TYPE(S) OF VIOLENCE OR CHILD PROTECTION RISKS DISCLOSED | RESPONSE | TIMEFRAME |
|----------------|--|--|---|---|
| 1 | Urgent action needed: the most severe issues requiring an immediate response | Specify which types of violence or other child protection risks meet this criterion (ex. <i>sexual violence within the past week, etc.</i>) | Specify the type of follow-up required (ex. <i>mandatory reporting, referral to medical care, etc.</i>) and who is responsible (which agencies, individuals, etc.) | Same day or next day |
| 2 | Less urgent, but action needed: urgent issues requiring a response, but with a slightly less urgent timeline | Specify which types of violence or other child protection risks meet this criterion (ex. <i>physical violence within the past week, or minor injuries observed, etc.</i>) | Specify the type of follow-up required and who is responsible (which agencies, individuals, etc.) | As soon as possible, but within [insert # of days or weeks within which follow-up is necessary] |
| 3 | Non-urgent, but response required: issues needing a response, but of a less time-sensitive nature | Specify which types of violence or other child protection risks meet this criterion (ex. <i>reported violence within the past year, or previously</i>) | Specify the type of follow-up required and who is responsible (which agencies, individuals, etc.) | Within a few weeks [insert # of weeks within which follow-up is necessary] |
| 4 | No disclosure, but participant request for follow-up: no specific violence or child protection risks disclosed, | N/A | Specify the type of follow-up required and who is responsible (which | Within a few weeks [insert # of weeks within which follow-up is necessary] |

¹⁶ Devries, K., Child, J., Elbourne, D., Naker, D., and Heise, L. (2015). "I never expected that it would happen, coming to ask me such questions": Ethical aspects of asking children about violence in resource poor settings, *Trials*, (16): 516: DOI 10.1186/s13063-015-1004-7.

¹⁷ This table was adapted from the criteria developed by: Devries, K., Child, J., Elbourne, D., Naker, D., and Heise, L. (2015). "I never expected that it would happen, coming to ask me such questions": Ethical aspects of asking children about violence in resource poor settings, *Trials*, (16): 516: DOI 10.1186/s13063-015-1004-7.

but participant requests
assistance

*agencies, individuals,
etc.)*

2. Cases of violence, abuse, or other child protection risks that are brought to the attention of Save the Children through other means (for example, not as a result of children's responses during data collection)

It is essential for referral and reporting protocols to be in place to respond to other child safeguarding concerns, or instances of violence, abuse or exploitation that are brought to the attention of data collection teams or Save the Children staff or partners through other channels. For handling these cases, staff should respond in line with the policies and procedures in place based on Save the Children's Child Safeguarding Policy.

3. General referrals to services for participants even if violence or abuse was not specifically disclosed

Regardless of whether cases of violence or other child protection risks were disclosed during data collection, it is also recommended to provide general information to participants on where they can access help and forms of support if they need it. For example, a general list of contact information can be provided to study participants with a list of available services, in the event they choose to talk to someone or seek help at any point in the future.

Providing this type of information is important because participants may not have felt comfortable disclosing violence or other child protection risks during data collection but may want to do so on their own at a later date. Discussing sensitive topics may also have triggered feelings of distress after the data collection activity is completed, for which they may want to seek support later.

4. RISK ASSESSMENTS FOR PARTICIPATORY PROCESS¹⁸

An ethical approach to children's participation means focusing on risk assessment and mitigation to ensure that children do not face harm as a result of their participation. This means that all research, assessments and consultations must have an adequate risk assessment and risk mitigation plan.

Save the Children needs to assess risks associated with participation, as well as to analyse the risks of not supporting child participation and of not listening to children. For example, failure to support children's participation can lead to continued disempowerment after a distressing or abusive experience or an increased risk of abuse continuing and so on.

Risk assessments should consider the potential physical, psychological, economic, legal or social harm to participants and their communities, as well as to Save the Children and its staff. They should be developed by staff with this experience, including staff or partners who work closely with the communities where the research, monitoring and evaluation will take place.

Where possible, you should consult with children to help understand what the risks and benefits of a planned research or consultation activity would be. For example, if you have pre-established children's groups, you could ask for their advice in reviewing the plans and identifying additional risks, before finalising your risk assessment. Some risks may only be known by children themselves and/or children may bring a unique perspective into the risk analysis and mitigation plans.

When you are assessing risks, you want to think about:

1. **Likelihood:** how likely is it that the event/situation will happen?
E.g. I will likely get a cold but very unlikely that I'll be hit by lightning.
2. **Severity:** how much harm would be caused if the event/situation happened?
E.g. a child being abused by an SC staff member would be a very severe risk, but me losing my wallet would be low severity.

Save the Children has three **risk assessment tools** to help you assess and mitigate risks during participatory activities:



Risk Assessment
Template.docx

1. **Tool A (risk/benefit assessment of child participation options)** is intended to help you decide whether to create opportunities for child participation, based on an assessment of the benefits, disadvantages and risks of different options. The tool can be useful to encourage the team to reflect on what the risks and disadvantages are of *not* providing opportunities for child participation. Tool A should be used during the planning or inception phase for a project (or specific component of a project).

¹⁸ Source: illustration take from: Save the Children (2018) *Protecting Children in Conflict Centenary: Process Guidance for Studies*

2. **Tool B (risk assessment for participatory activity)** is intended to help you identify and mitigate the risks of a particular activity. These risk assessments should be location specific (as the risks may differ between locations/provinces/districts) and updated before every new round of that participatory activity. If possible, it would be good to consult with children to see if they identify any risks of being asked to participate in such an activity.
3. **Tool C (risk mitigation checklist)** is an optional checklist that could be used before the activity to ensure risks have been considered, and mitigation measures are in place. It may also be a useful source of inspiration for things that you need to consider when you are completing Tool B (risk assessment for participatory activity). You can add any additional risk mitigation measures you identify during a risk assessment to this checklist.

5. ETHICAL REVIEW OF METHODS, TOOLS, AND DATA COLLECTION PROTOCOLS

This Annex has a decision tree¹⁹ designed to help Country Offices weigh risk and benefits. To determine whether your research, or monitoring and evaluation tools and activities should be reviewed through an Ethics Review Committee or another mechanism, please use the document/icon below.



Decision tree –
research, study or eva

In light of the multiple considerations outlined above, as well as the potential risks involved with this type of data collection, all research, monitoring, and evaluation activities that involve human-subject data collection should seek approval from an Ethics Review Committee prior to the start of data collection. Ensuring this type of review takes place is in line with recognised guidance for research (monitoring and evaluation as well as research) of this nature—particularly those involving data collection with children as well as those that focus on sensitive issues.^{20,21,22}

Ethical review is necessary in order to ensure that country teams seeking to engage in data collection have developed the tools, methods, and guidelines in a way that is in line with appropriate methodological standards, and in keeping with proper guidance on ethical research. The purpose of submitting research plans to an Ethics Review Committee is also to get an independent assessment and to provide added oversight in case there are areas those seeking to carry out the study may have missed.

In general, Ethics Review Committees examine potential research based on the level of potential risks to participants that the proposed tools and methods may entail ([See the section above on Ensure Benefits Outweigh Risks](#)). Potential risks to participants are generally divided into two primary levels: 1) *minimal risk*; or 2) *greater than minimal risk*.

Research that meets the criteria of “minimal risk” are those that deal with less sensitive issues, often do not involve direct data collection with children, and do not include other components that require an added layer of ethical oversight. Research considered to be “greater than minimal risk” exposes participants to additional potential risks and often focuses on more sensitive subjects. Most research involving direct data collection with children falls into this category. It is also important to note that research seeking to gather data directly from children on issues of violence or other sensitive matters meets the “greater than minimal risk” criteria, and this type of data can only be collected if there has been a proper ethical review.

¹⁹ adaptation of Save the Children UK decision tree

²⁰ INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children: How to define and measure change. New York: UNICEF.

²¹ Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical Research Involving Children*. Florence: UNICEF Office of Research - Innocenti.

²² Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization. (2016). *International Ethical Guidelines for Health-related Research Involving Human Subjects*. Geneva: CIOMS.

Determining the level of potential risk in a proposed data collection exercise (including research, monitoring and evaluation activities) can only be done by an Ethics Review Committee - to have an independent analysis by those with the appropriate training to make this determination. As a result, country program staff or those involved in the design or implementation of studies are never part of Ethics Review Committees.

In keeping with recognized international standards, direct data collection with children on issues of violence or other sensitive topics can only be done if there has been proper ethical review of study methods, tools, and implementation plans.

Before engaging in direct data collection with children and if working with grants or funding from Save the Children US or Save the Children UK, countries seeking to engage in M&E and research associated with Safe Schools should submit their research proposal to the Ethics Review Committee in the relevant Member for approval. In all other cases, countries must use ethical standards and submit research proposals for approval to national Ethics Review Committees where these exist in countries in which we work (*for more information or contact the global Child Protection and Education teams if in doubt*). The new movement-wide Research and Evidence Group, being established by the Programme Quality and Impact Steering Group will be agreeing on the protocols for ethical review and sign-off of particular research initiatives and tools, including how these relate to own-country academic institutions and the Ethics Review Committees in SC US and SCUUK.

To submit a data collection plan to the Save the Children US ERC, country teams should refer to the following page: [Save the Children US Ethics Policy on Human Subjects Data Collection and Analysis](#)

Country programs seeking to carry out Safe Schools data collection directly affiliated with Save UK can contact Prisca Benelli for more information on the submission process:
P.Benelli@savethechildren.org.uk

All proposed studies within the context of Safe Schools that would involve Higher-Intensity research (intended to be done jointly with academic partners), monitoring and evaluation activities require submission to an external Institutional Review Board (IRB) outside of Save the Children, in addition to one of the committees at Save US or Save UK (if affiliated with these two). Countries should not attempt to engage in this type of data collection unless an appropriate academic partner can be identified.

6. ADDITIONAL RESOURCES

The following is a list of key resources for research, monitoring and evaluation activities associated with the Safe Schools common approach:

- Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization. (2016). *International Ethical Guidelines for Health-related Research Involving Human Subjects*. Geneva: CIOMS. <https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf>
- Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical Research Involving Children (ERIC)*. Florence: UNICEF Office of Research - Innocenti. <https://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-approved-digital-web.pdf>
- Save the Children (2018) *Protecting Children in Conflict Centenary: Process Guidance for Studies*
- Together for Girls (2019). *Accelerating Action to Address Violence Against Women and Children: Key Lessons from the Together for Girls Partnership in Tanzania*
- UNESCO and UN Women (2016). *Global Guidance on School-Related Gender-Based Violence*. Paris and New York: UNESCO and UN Women. <http://unesdoc.unesco.org/images/0024/002466/246651E.pdf>
- UNICEF (2018). *INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children: How to define and measure change*. New York: UNICEF. <https://www.unicef.org/protection/files/UNICEF-INSPIRE-Book.pdf>
- United Nations Girls' Education Initiative (2018). *A whole school approach to prevent school-related gender-based violence: Minimum standards and monitoring framework*. New York: New York Girls' Education Initiative. <https://www.icmec.org/wp-content/uploads/2018/09/Whole-School-Approach-to-Prevent-SRGBV-Minimum-Standards-Framework-UNGEI.pdf>
- World Health Organization. (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*. Geneva: World Health Organization. https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

7. APPENDICES

- [Informed consent for all adult participants for their own involvement](#)
- [Informed consent on the part of parents or caregivers for the participation of their children](#)
- [Assent of children for their own participation](#)