



This is a repository copy of *Exploring inequalities in health with young people through online focus groups : navigating the methodological and ethical challenges*.

White Rose Research Online URL for this paper:
<https://eprints.whiterose.ac.uk/178517/>

Version: Accepted Version

Article:

Woodrow, N., Fairbrother, H., Crowder, M. et al. (4 more authors) (2021) Exploring inequalities in health with young people through online focus groups : navigating the methodological and ethical challenges. *Qualitative Research Journal*. ISSN 1443-9883

<https://doi.org/10.1108/QRJ-06-2021-0064>

This author accepted manuscript is deposited under a Creative Commons Attribution Non-commercial 4.0 International (<http://creativecommons.org/licenses/by-nc/4.0/>) licence. This means that anyone may distribute, adapt, and build upon the work for non-commercial purposes, subject to full attribution. If you wish to use this manuscript for commercial purposes, please contact permissions@emerald.com

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>



**Exploring inequalities in health with young people through
online focus groups: navigating the methodological and
ethical challenges**

Journal:	<i>Qualitative Research Journal</i>
Manuscript ID	QRJ-06-2021-0064.R1
Manuscript Type:	Research Paper
Keywords:	Children and young people, Online, Focus groups, Sensitive topic, Inequalities in health, Qualitative research

SCHOLARONE™
Manuscripts

Exploring inequalities in health with young people through online focus groups: navigating the methodological and ethical challenges

Abstract

Purpose

The use of online focus groups to explore children and young people's (CYP) perspectives of inequalities in health and associated 'sensitive' topics, raises important ethical and methodological issues to consider. The purpose of this paper is to discuss lessons learned from navigating our way through some of the key challenges we encountered when researching inequalities in health with CYP through online focus groups.

Design/methodology/approach

In this paper we draw on reflections and notes from the fieldwork design, Public Involvement and Engagement (PIE) activities and data collection for our research project.

Findings

Collecting data online influenced our ability to develop rapport and relationships with CYP, and our ability to provide effective support when discussing sensitive topics. We note that building in activities to develop rapport with participants during recruitment and data collection, and establishing clear support and safeguarding protocols, helped navigate challenges of online approaches around effective and supportive participant engagement.

Originality/value

This paper highlights that despite ethical and methodological challenges of conducting online focus groups with CYP on potentially sensitive topics, the adoption of practical steps and strategies before, during and following data collection, can facilitate the safe participation of CYP and generate useful and valid data in meaningful and appropriate ways.

Introduction

Over recent decades social science and health research have begun embracing the voices and perspectives of those who have historically been marginalised and excluded in both research and policy accounts (Starbuck et al., 2020). While previous perspectives saw children and young people (CYP) as lacking the capacity to consent, comprehend their social worlds, and communicate their experiences (Fargas-Malet et al., 2010; Kirk, 2007), the Social Studies of Childhood has been pivotal in shaping the way CYP are engaged in research, with an emphasis on CYP as social actors who are able to voice their own experiences and who have valuable contributions to make (James and Prout, 2015; Matthews, 2007). Now, actively involving CYP in all aspects of research that relates to them is not only an accepted position, but is also seen as a crucial aspect of producing knowledge and understanding of CYP's lives (Alderson and Morrow, 2020; Kirby, 2004; Martins et al., 2018). However, involving CYP in research raises particular ethical, methodological and practical issues that require critical consideration, particularly when researching sensitive topics (Powell et al., 2018).

Exploring inequalities in health and potentially sensitive topics with CYP

In this paper, we discuss lessons learned from navigating our way through some of the key challenges encountered when conducting online qualitative research with CYP to explore their understandings of inequalities in health and the wider social determinants of health. Inequalities in health across the UK are worsening (Marmot et al., 2020). The Covid-19 pandemic has further highlighted and exposed the scale of health inequalities across the UK (Bambra et al., 2020; Marmot and Allen, 2020). Whilst there has been growing calls to tackle inequalities in health (Marmot et al., 2010, 2020), there is a paucity of research looking at lay understandings of health inequalities, especially the experiences, perspectives and voices of CYP (Backett-Milburn et al., 2003; Davidson et al., 2006; 2008; Smith and Anderson, 2018). It is crucial to explore CYP's experiences and understandings of inequalities in health to better inform and design policies, interventions and ways of communicating with the people and places that are negatively affected by health inequalities (L'Hôte et al., 2018; McDonald, 2009). **Due to our project's focus on health inequalities, data collection was undertaken in two geographical areas in the North of England that fell within the most deprived quintile based on the 2019 English indices of multiple deprivation (IMD). There are established links between deprivation levels and inequalities in health (Marmot et al., 2020), and both data collection sites have experienced the adverse effects of deindustrialisation and are exposed to a range of interconnected deprivations impacting upon the social determinants of health (e.g., Beatty and Fothergill, 2020). The context and levels of deprivation in our data collection sites raised particular challenges around researching potentially sensitive topics related to health and inequality (see below).**

While many topics fall into the category of a 'sensitive topic' (e.g., addiction, bereavement, mental and physical health conditions, poverty, sexuality), there is no conclusive definition of a 'sensitive topic' and no set guidance on how to approach such topics in research (Lee and Renzetti, 1990; Rodriguez, 2018). Sensitive research is often used as an overarching term which covers topics which are seen as personal, emotive and associated with social stigma

(Dempsey et al., 2016; Rodriguez, 2018), but there is often a lack of appreciation why and for whom a topic is, or becomes, sensitive (Martins et al., 2018; Richards et al., 2015). We approach the discussion of health inequalities and intersecting disadvantages as challenging and potentially sensitive, due to such topics having stigmatising, labelling and fatalistic properties and connotations for those experiencing them (Pemberton et al., 2016; Shildrick and MacDonald, 2013). Health practices and adverse health outcomes are often individualised, vilified and equated with deficit, passivity and flawed choices, with this neglecting wider influences upon health (Kriznik et al., 2018). Indeed, previous research exploring public perceptions of health inequalities in the UK has highlighted the prominence of 'judgmental place attitudes' and 'perceived place stigma' in explanations for geographically patterned inequalities in health (Garthwaite and Bambra, 2017, p.273), and how discussions around the impacts of disadvantage and deprivation may act to reinforce stigmatised identities (Elliott et al., 2016; Smith and Anderson, 2018). Therefore, discussions around health and inequalities in health have the potential to be sensitive in regard to subjective experiences, personal contexts and life circumstances (Dempsey et al., 2016; Martins et al., 2018; Powell et al., 2018; Richards et al., 2015), with the social stigmas around inequality, place, poverty and disadvantage making it particularly challenging to research these topics with CYP experiencing such issues (Sutton, 2009). Nevertheless, we should not shy away from researching challenging and sensitive topics, especially at times when CYP's physical and mental health needs may be particularly acute (e.g., due to the impact of the Covid-19 pandemic (Leavey et al., 2020; Lee, 2020; YoungMinds, 2020)). Instead, efforts must be made to ensure the effective and safe engagement of CYP in research.

Developing Our Methodology

When our research project was devised, data collection was intended to be completed face-to-face, but due to the Covid-19 pandemic and the UK's national and local lockdown measures, we had to (re)design our methods to be 'socially distanced' and delivered online. We needed to think creatively and critically about how we could effectively involve and engage CYP in online discussions of inequalities in health, balancing participation with protection to mitigate any potential harm (Martins et al., 2018).

A qualitative approach to exploring perspectives on inequalities in health

We followed the approach of studies that have explored 'lay' perspectives on inequalities in health and similar sensitive topics which have typically adopted qualitative approaches, including interviews and focus groups (Backett-Milburn et al., 2003; Davidson et al., 2006; 2008; Sutton, 2009). Davidson et al. (2006) suggest that, whilst focus groups may provide less representative patterns of opinions than other methods, in researching sensitive topics such as health inequality, the support of other focus group participants may help to negate feelings of inferior moral status associated with inequality, and facilitate discussion of challenging topics. Thus, such approaches can provide a space for participants to talk about health inequalities, and lead to insights that may be obfuscated through other methods. Davidson et al. (2008) also argue that power imbalances, which may inhibit discussion around sensitive topics when interviewers are perceived as being from a more privileged

1
2
3 position, can be alleviated in focus group settings, with social support, perceived shared
4 positionality and prioritisation of 'lay expertise' encouraging people to discuss their
5 perceptions of health inequalities.
6
7

8
9 In light of this when developing our methodology, we valued the importance of creating an
10 environment that supported CYP to talk openly about what can be sensitive and complex
11 issues. Our research consisted of three virtual focus groups with four groups of CYP aged 12-
12 17, using video conferencing platforms (12 sessions in total). Our participants were recruited
13 from four youth organisations across two local authority areas in the North of England.
14 Our focus groups explored CYP's perspectives of what makes it easier or harder for some
15 people to be healthy within their local places, CYP's understandings of inequalities in health
16 and the social determinants of health, and CYP's key priorities in addressing the impact of
17 social determinants on their current and future health. We used participatory concept
18 mapping activities and open discussions to explore these topics. This approach allowed the
19 focus on health and health inequalities to be led by the CYP themselves, giving us a better
20 understanding of their concerns and priorities.
21
22
23
24
25

26 *Moving data collection online*

27 Moving data collection online due to the Covid-19 pandemic raised various practical and
28 ethical considerations and challenges that had to be navigated to ensure effective and safe
29 participation of CYP, for which reflection was crucial. Whilst online interviewing methods
30 have been an emerging practice over recent years (Woodyatt et al., 2016), face-to-face
31 approaches are typically seen as producing richer and thicker data, but this is being
32 challenged (e.g., Deakin and Wakefield, 2014; Weller, 2017). During the Covid-19 pandemic
33 and due to social distancing restrictions, virtual spaces and digital media have become the
34 predominant medium for conducting qualitative research (e.g., Foley, 2021). The challenges
35 of researching sensitive topics have been exacerbated in this shift, as many of the protections
36 provided by face-to-face contact (e.g., ability to read body language; rapport building;
37 recognising and responding to behavioural and emotional cues around distress; and, abilities
38 to offer direct support (Cameron, 2005; Dempsey et al., 2016; Denscombe, 2017; Dodds and
39 Hess, 2020; Elmir et al., 2011; Rodriguez, 2018; Seitz, 2015; Weller, 2017)) are diminished.
40 Also, the ever growing realisation of the extent of inequalities in access to online spaces and
41 technology (Honeyman et al., 2020; Lucas et al., 2020), means some CYP may struggle to
42 participate effectively in online research.
43
44
45
46
47
48

49 We therefore had to think critically about how we could best use online methods to elicit rich
50 data, whilst ensuring inclusivity and protection for participants **when discussing potentially**
51 **sensitive topics around inequalities in health**. Here we share our reflections on planning and
52 conducting online focus groups with CYP on the topics of health and inequality. We draw on
53 Public Involvement and Engagement (PIE) work with youth organisations, undertaken before
54 beginning our data collection, in which we explored how to make our methods inclusive and
55 then piloted our methods. In the discussion that follows, we share our reflections as well as
56 observations noted in our fieldwork and discussed in regular team meetings. We believe that
57 regular reflection and researcher reflexivity was particularly useful throughout the process of
58
59
60

our data planning and collection which had to be redesigned for online delivery, and possibly more importantly, was research on inequalities in health during a global pandemic. Our discussion focuses on two areas **of ethical and methodological challenges which we worked to navigate through**: i) rapport building and developing effective relationships at a distance, and; ii) confidentiality, safeguarding and providing support to CYP when online and negotiating challenging topics. We aim to promote wider consideration of the ethical and methodological challenges associated with conducting research with CYP online, and when discussing topics around health, inequalities and sensitive topics more broadly.

Our reflections

Rapport building and developing effective relationships at a distance

Limitations to virtual research include the physical distance between researchers and participants. Ideally, we would have spent time meeting and engaging face-to-face with CYP before beginning data collection, to build rapport, introduce the research and discuss participation and consent procedures, but due to lockdown and social distancing requirements we were unable to do so. The PIE work we undertook to refine our methods and approaches before beginning data collection demonstrated the impact of this lack of rapport building prior to data collection. Our first online PIE session was the first time the CYP had met the research team. Whilst this session ran smoothly, it felt more like an interview (participants responding to researcher questions) rather than a group discussion, with this inhibiting conversation flow and rapport. Reflecting upon this, and due to our inability to meet youth organisations and CYP face-to-face before data collection, we provided youth organisations with information to help them explain the research to the CYP, including a short narrated project information video which introduced both the research project and the research team (i.e. through using short biographies and photos). This aimed to provide a level of familiarity during the recruitment process (see Deakin and Wakefield, 2014), and was well received by both youth organisations and CYP.

We also recognised the importance of researchers meeting the CYP ahead of the data collection sessions, so where possible, we arranged initial online introduction sessions with participating youth organisations. The purpose of the introduction session was to introduce ourselves, the research topic, and the requirements and process of the research (consent forms, ground rules) as well as meet the CYP. This also provided CYP with an opportunity to ask questions to the research team. We found these introductory sessions to be effective in developing rapport and facilitating openness in participants. For example, one participating youth worker noted that their group was usually very talkative in their face-to-face engagement sessions, but had been surprisingly quiet during our introductory session. The participants, however, became much more engaged in the following data collection sessions, with one participant going from having their camera turned off and saying little, to turning their camera on and becoming much more vocal. These introduction sessions also permitted more productive use of time during data collection sessions, with less time required to cover procedural information allowing more time for warm-up and data collection activities. Indeed, we found that time spent on 'warm-up' activities at the beginning of online sessions were important to facilitate engagement and rapport building. Across all the groups we saw

1
2
3 greater engagement and participation develop with each session. Our experience highlighted
4 the increased importance of investing time in relationship building when online, to
5 compensate for the (often taken-for-granted) benefits for rapport building associated with
6 face-to-face contact.
7
8
9

10 A strength of focus groups, and an important reason for choosing this method, is the potential
11 for participants to engage with and respond to each other, not just to the researchers'
12 questions (Denscombe, 2017; Kamberelis and Dimitriadis, 2013). This can help to elicit more
13 natural conversations by removing some of the researcher-participant power dimensions
14 which can inhibit discussions (Davidson et al., 2006; 2008). However, online methods make
15 it difficult to pick up on who wants to talk next and permit only one person to talk at a time,
16 making it difficult to facilitate flowing discussions between participants. We reflected that
17 such turn-taking prevented 'side' conversations that would likely take place in face-to-face
18 group interviews that we believe may have helped with rapport building and social
19 connection between participants and researchers. Our PIE work demonstrated that online
20 groups with more than five participants can have an awkward characteristic of ambiguity and
21 confusion around who should talk next; this stop-start discourse was a challenge, especially
22 when CYP were waiting to say something important to them. This was in part due to the
23 functionality of online platforms and that some participants took part using smart phones,
24 with this reducing their ability to see all other participants on their screens, and thus reducing
25 the ability to pick up on visual cues around who was going to speak next. Having a member
26 of the research team monitor who wanted, or was trying to speak, went some way towards
27 enabling CYP's voices to be captured and not missed, as did promoting and encouraging the
28 use of text and chat features of online platforms. Further, the importance to participants of
29 having time and space to voice thoughts was evident, so we decided to use breakout rooms to
30 enable smaller group discussions in our data collection sessions. This enabled the voices of
31 all CYP to be heard and facilitated more in-depth discussions *between* participants when
32 online. Feedback from participants in our data collection sessions highlighted that they
33 particularly valued the breakout rooms for this ability to be heard. We had four members of
34 the research team and at least one youth worker involved in each data collection session. We
35 found this to be optimal as it permitted one lead and one assistant facilitator (who could
36 monitor the chat and who wanted to speak) in each breakout session, as well as the presence
37 of a youth worker who was able to provide support to participants if needed. Having two
38 researchers in each breakout session also provided cover against connection issues for the
39 research team and around ensuring audio recording of the session. Having smaller groups
40 online provided more opportunity for the participants to speak and reduced the risk of their
41 perspectives being missed. We found this to enable more effective relationship development
42 through more fluid discussions.
43
44
45
46
47
48
49
50
51
52
53
54

55 A strength in our methods was the involvement of youth workers from our partnering youth
56 organisations. Youth organisations are important gatekeepers to CYP (Fargas-Malet et al.,
57 2010), and our partnering youth organisations were crucial in not only providing access to
58 CYP, but also offering various levels of protection and support for online participation, which
59 we as researchers would not have been able to provide. Recruiting through established
60

1
2
3 organisations that already work with disadvantaged CYP proved extremely beneficial as they
4 have existing relationships with the CYP, as well as extensive experience, knowledge and
5 skills around engaging and supporting CYP. The presence of youth workers facilitated
6 rapport building and the development of trust between researchers and participants. The
7 relationships youth workers had with CYP helped to minimise online barriers around
8 establishing effective relationships; for example, the youth workers existing relationships
9 with the participants helped them to encourage participation in ways that were comfortable
10 for individual CYP, such as the ability to respond by text or speak with their video off, and
11 conversely gently encouraging CYP to turn on their cameras. Linked to this, youth workers
12 were also crucial in identifying effective group splits for breakout rooms, which further
13 helped with group dynamics by grouping together CYP who could support and encourage
14 each other. The youth workers also acted as a catalyst for discussions during sessions and
15 warm-up activities by prompting around topics they knew to be relevant to the CYP but had
16 not been raised, and by using their personal relationships with CYP to help delicately
17 approach potentially sensitive topics. The barriers around engagement and the importance of
18 trust in facilitating engagement with marginalised groups have been noted (e.g., Flanagan and
19 Hancock, 2010; Panfil et al., 2017), and we found such barriers to be exacerbated when
20 online. Such challenges were highlighted in our work with an LGBTQ group who were
21 initially reticent in discussions. In this group, the importance of researcher familiarity for
22 facilitating engagement was evident, with a feeling of trust building with each session. The
23 active role of the youth worker was also crucial in building trusting relationships and
24 navigating discussions of sensitive topics, thus the experience of the youth workers helped
25 overcome some of the challenges of online interactions.
26
27
28
29
30
31
32
33

34
35 Another important consideration when working online was CYP's transition to and from data
36 collection sessions. We initially planned to use 'topic related' warm-up activities in our
37 sessions to help prime and build into our main discussion, and to maximise time spent
38 discussing the research topic. However, following PIE feedback and reflections, discussions
39 with partnering youth organisations, and consultation with our project partners around
40 conducting online focus groups, we designed our sessions to 'sandwich' the data collection
41 session, with 'fun' (unrelated or lightly related to research topic) icebreaker and cool-down
42 activities that involved participation from researchers as well as participants. Co-producing
43 these session plans with partnering youth workers (particularly the warm-up and cool-down
44 activities) was important as youth workers were able to make suggestions based on their
45 experience of what would be most engaging for the CYP. The 'unrelated' nature of the warm-
46 up and cool-down activities helped detach data collection activities and provided brief
47 personal insights and opportunities to explore personalities, with this acting to help build
48 relationships. Indeed, the 'trivial' aspects of introductions and warm-ups/cool-downs were
49 useful in re-balancing some of the power dynamics involved in research with CYP (Davidson
50 et al., 2008; Weller, 2017; Spencer et al., 2020) with this facilitating participation and
51 engagement online.
52
53
54
55
56
57

58 ***Confidentiality, safeguarding and providing support to CYP when online and negotiating***
59 ***challenging topics***
60

1
2
3 Privacy and confidentiality are fundamental to meaningful participation in research (Weller,
4 2017). However, though we asked participants not to repeat what was discussed to anyone
5 outside of the group, the nature of focus groups is such that confidentiality cannot be
6 guaranteed. Online discussions pose the additional risk of participants being overheard by
7 people in close proximity to them or to other group members. Despite some research
8 suggesting that CYP can feel comfortable being interviewed online in their own homes
9 (Dodds and Hess, 2020), those living in overcrowded homes may feel uncomfortable talking
10 about sensitive topics, especially if they lack a private space. To mitigate these risks we asked
11 participants to use headphones if possible, discouraged them from talking about or disclosing
12 anything they would not want other people to be aware of, and encouraged the use of chat
13 features of online platforms as an alternative way to voice their thoughts and opinions. We
14 considered the ethical issues of youth workers being present during data collection (i.e.,
15 around confidentiality/disclosures), and participants were made aware during the consent
16 process of the protections and limits of confidentiality in group discussions with researchers,
17 peers and youth workers.
18
19
20
21
22
23

24 Establishing a clear safeguarding procedure with each youth organisation was crucial for the
25 protection of participants, and for researchers to feel comfortable that any issues or welfare
26 concerns could be escalated and managed quickly. This involved having clear processes for
27 addressing safeguarding concerns, managing problematic discussions and providing support
28 to participants who may become distressed or go 'offline' unexpectedly. Being online meant
29 it was difficult for facilitators to raise the attention of the youth worker or other research team
30 members to discuss an issue without alerting all participants. Therefore, all researchers had
31 the contact telephone number of the participating youth worker to alert them to any concerns
32 or support needs that arose during data collection sessions. Working closely with youth
33 workers and organisations provided benefits around participant protection as it put in place
34 existing safeguarding procedures and structures we could use if needed. It also reassured us
35 that the participating CYP had prior understandings of these procedures from their
36 involvement with the youth organisations, and were comfortable participating with these in
37 place.
38
39
40
41
42
43

44 *Providing support to CYP during and beyond online discussions around sensitive topics*

45 Due to the potentially sensitive and stigmatising nature of discussing inequalities in health, it
46 was important for us to consider how participation may be distressing for those taking part,
47 either directly through discussion of certain topics or through a form of vicarious trauma (i.e.,
48 adverse emotional feelings from discussions and disclosures of other participants (Elmir et al.
49 2011; Rodriguez, 2018)). In our PIE work we asked about how best to approach potentially
50 sensitive topics around health and inequality; the CYP told us that no topic was off limits, but
51 the way topics are approached (i.e not in a fatalistic, pejorative or blaming way) is important,
52 as is making sure that CYP feel comfortable being involved in the discussion. Indeed, during
53 one breakout session in which two participants openly discussed their personal experiences of
54 mental ill-health and mental health services, it became clear that the third participant was
55 listening, but contributing very little to the discussion. We sought to check that this young
56 person was feeling comfortable before moving the discussion on. A post-session check-in
57
58
59
60

1
2
3 with all three participants by the youth worker provided reassurance that the session had not
4 negatively affected any participants. In subsequent sessions, the youth worker took
5 participants' lived experiences into consideration when assigning individuals to breakout
6 groups.
7
8
9

10 When using online methods it is crucial to consider how the setting influences the way in
11 which support can be provided. Prior to the sessions we worked with participating youth
12 workers to agree a system that would enable youth workers and participants to contact one
13 another in real time during discussions, using text or private messages. CYP were able to
14 signal privately if they needed support from the youth worker, and the youth worker was able
15 to address any concerns about participants' wellbeing by checking how they were feeling and
16 that they were happy to continue. This was particularly useful when participants stopped
17 contributing to the discussion, turned their camera off or went 'offline' unexpectedly, as it
18 provided the research team with confidence that participants were being appropriately
19 supported during the sessions. We also developed a 'distress protocol' in consultation with
20 our project partners, to manage the situation if a participant became upset or appeared to be
21 struggling emotionally in a breakout group when the youth worker was not present. This set
22 out practices of offering a group break, contacting the youth worker, and discussing the
23 option to share their thoughts in a more private setting (e.g., breakout room or phone call with
24 a youth worker or researcher).
25
26
27
28
29
30

31 It is also important to consider how participants may feel during and after data collection. We
32 regarded the 'after' and 'leaving' of data collection sessions as being as important as the
33 'beginning' and 'during' to ensure participants were not left to manage upsetting thoughts
34 alone following their participation. We were aware that, after discussions of sensitive topics
35 online, participants may have left the session feeling emotional and potentially stigmatised
36 (Starbuck et al., 2020). Our PIE work demonstrated that online sessions can feel as if they
37 end abruptly, rather than the gentle drifting away after a session that is often experienced
38 when face-to-face. We made sure that participants had the opportunity to discuss their
39 thoughts and feelings with their youth worker and the research team, both immediately
40 following the session, and at a later time if required with the participating youth workers
41 conducting post-session check-ins with participants. The youth worker acted as a key
42 protective element which helped compensate for the difficulty of ensuring that safeguards are
43 in place from when conducting research with CYP at a distance.
44
45
46
47
48
49

50 **Lessons learned**

51 The discussions in this paper capture our lessons learned when working with CYP and
52 researching sensitive topics in group interviews and online settings. These can be summarised
53 as follows:
54
55

- 56 • Before any data collection takes place, public involvement and engagement (PIE) can
57 help to identify any potential issues with the methodology and the dynamics of using
58 online video conferencing platforms. It also provides an opportunity to explore how
59
60

1
2
3 best to approach potentially sensitive topics with CYP.
4
5

- 6 • A close working relationship with youth organisations and youth workers can help
7 build robust methodologies that encourage engagement and facilitate the safeguarding
8 and protection of participants during and beyond data collection. Youth workers
9 provide enabling and protective roles. In their enabling role: before data collection,
10 they can help with recruitment, setting up the sessions, and coordinating the
11 distribution of research materials; during the sessions, youth workers can facilitate the
12 flow of the session, encourage engagement and prompt discussion topics. Youth
13 workers also serve a protective role: helping to establish safeguarding procedures,
14 acting as a source of support and contact for CYP and researchers during and after
15 data collection sessions.
16
17
- 18 • Informal introductions between researchers and CYP are beneficial for establishing
19 familiarity and rapport when online. Time should be factored in to allow this to
20 happen before data collection. An initial information video serves a purpose beyond
21 informing about the research, by serving as a way to introduce the researchers to the
22 participants. In addition, having more than one data collection session is also
23 beneficial for relationship building and CYP's engagement.
24
25
- 26 • For online discussions with CYP around sensitive topics, having more than five
27 participants can make managing discussions and ensuring engagement challenging.
28 Therefore, using smaller sized breakout discussions (five CYP and under) can
29 promote discussions *between* participants that may not naturally take place in larger
30 online groups. In addition, participants accessing online platforms through mobile
31 phone have reduced capacity to view other participants, which can inhibit
32 participation in larger groups.
33
34
- 35 • Having a lead facilitator, an assistant facilitator and a youth worker in each breakout
36 session is optimal. This allows the lead facilitator to manage the discussions; the
37 assistant facilitator to monitor the online chat, check who wants to speak next and
38 screen share resources/prompts; and, the youth worker to provide advice and support
39 to CYP (e.g., follow-up with participants who suddenly go 'offline'). This enables
40 more fluid discussions, and ensures appropriate support processes are in place.
41
42
- 43 • When researching sensitive topics such as health and health inequalities with CYP
44 online, it is important to consider the emotional impact discussions might have on
45 participants. Off-topic warm-up and cool-down activities not only facilitate
46 relationship building between researchers and participants, but when online also serve
47 as important transitions into and out of sensitive data collection discussions.
48
49
- 50 • A nuanced understanding of the intersecting relationship between the topic,
51 participant context, and research setting is crucial in approaching sensitive research
52 (see also Powell et al., 2018). The topic of research discussion, the experiences and
53
54
55
56
57
58
59
60

1
2
3 context of the participants (i.e., personal experiences, social positions), and
4 importantly the setting of data collection (i.e, online, individual/group settings), are
5 relative and all shape sensitivities. Therefore, all need to be considered and regularly
6 reflected upon when planning and undertaking research with CYP.
7
8

9 **Conclusions**

10
11
12 There are ethical and methodological challenges of conducting online group interviews with
13 CYP on potentially sensitive topics around inequality and health. We have discussed the
14 challenges that online research with CYP present, particularly around how the 'distance' of
15 online approaches makes participant engagement, relationship and rapport building more
16 challenging, and how providing support in online discussions is more difficult and requires
17 appreciation. However, building in activities to develop rapport with participants and
18 establishing clear support and safeguarding protocols can help to ensure the safe, supportive
19 participation of CYP and the generation of rich data through effective conversations with
20 CYP around topics of inequalities in health whilst online.
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References

Alderson, P. and Morrow, V. (2020), *The ethics of research with children and young people: A practical handbook*. Sage, 2nd ed., SAGE, Los Angeles, CA.

Bambra, C., Riordan, R., Ford, J. and Matthews, F. (2020), "The COVID-19 pandemic and health inequalities", *J Epidemiol Community Health*, Vol. 74 No. 11, pp.964-968.
<http://dx.doi.org/10.1136/jech-2020-214401>

Backett-Milburn, K., Cunningham-Burley, S. and Davis, J. (2003), "Contrasting lives, contrasting views? Understandings of health inequalities from children in differing social circumstances", *Social Science and Medicine*, Vol. 57 No. 4, pp.613-623.
[https://doi.org/10.1016/S0277-9536\(02\)00413-6](https://doi.org/10.1016/S0277-9536(02)00413-6)

Beatty, C. and Fothergill, S. (2020), "Recovery or stagnation?: Britain's older industrial towns since the recession", *Regional Studies*, Vol. 54 No. 9, pp.1238-1249.
<https://doi.org/10.1080/00343404.2019.1699651>

Cameron, H. (2005), "Asking the tough questions: a guide to ethical practices in interviewing young children", *Early Child Development and Care*, Vol. 175 No. 6, pp.597-610.
<https://doi.org/10.1080/03004430500131387>

Davidson, R., Kitinger, J. and Hunt, K. (2006), "The wealthy get healthy, the poor get poorly? Lay perceptions of health inequalities", *Social science and medicine*, Vol. 62 No. 9, pp.2171-2182. <https://doi.org/10.1016/j.socscimed.2005.10.010>

Davidson, R., Mitchell, R. and Hunt, K. (2008), "Location, location, location: The role of experience of disadvantage in lay perceptions of area inequalities in health", *Health and place*, Vol. 14 No. 2, pp.167-181. <https://doi.org/10.1016/j.healthplace.2007.05.008>

Deakin, H. and Wakefield, K. (2014), "Skype interviewing: Reflections of two PhD researchers", *Qualitative research*, Vol. 14 No. 5, pp.603-616.
<https://doi.org/10.1177/1468794113488126>

Dempsey, L., Dowling, M., Larkin, P. and Murphy, K. (2016), "Sensitive interviewing in qualitative research", *Research in nursing and health*, Vol. 39 No. 6, pp.480-490.
<https://doi.org/10.1002/nur.21743>

Denscombe, R. (2017), *The good research guide*, 6th ed., Open University Press, Maidenhead, England.

Dodds, S. and Hess, A. (2020), "Adapting research methodology during COVID-19: lessons for transformative service research", *Journal of Service Management*, Vol. 32 No. 2, pp.203-217. DOI 10.1108/JOSM-05-2020-0153

1
2
3 Elliott, E., Popay, J. and Williams, G. (2016), "Knowledge of the everyday: confronting the
4 causes of health inequalities", Smith, K., Bamba, C. and Hill, S. (Ed.s), *Health inequalities:
5 critical perspectives*, Oxford University Press, Oxford, pp. 222-237.
6
7

8 Elmir, R., Schmied, V., Jackson, D. and Wilkes, L. (2011), "Interviewing people about
9 potentially sensitive topics", *Nurse researcher*, Vol. 19 No. 1, pp.12-16. doi:
10 10.7748/nr2011.10.19.1.12.c8766
11
12

13 Fargas-Malet, M., McSherry, D., Larkin, E. and Robinson, C. (2010), "Research with
14 children: Methodological issues and innovative techniques", *Journal of early childhood
15 research*, Vol. 8 No. 2, pp.175-192. <https://doi.org/10.1177/1476718X09345412>
16
17

18 Flanagan, S. M. and Hancock, B. (2010), "Reaching the hard to reach'-lessons learned from
19 the VCS (voluntary and community Sector). A qualitative study", *BMC health services
20 research*, Vol. 10 No. 1, pp.1-9. <https://doi.org/10.1186/1472-6963-10-92>
21
22

23 Foley, G. (2021), "Video-based online interviews for palliative care research: A new normal
24 in COVID-19?", *Palliative Medicine*. <https://doi.org/10.1177/0269216321989571>
25
26

27
28 Garthwaite, K. and Bamba, C. (2017), "'How the other half live': lay perspectives on health
29 inequalities in an age of austerity", *Social Science & Medicine*, Vol. 187, pp.268-275.
30 <https://doi.org/10.1016/j.socscimed.2017.05.021>
31
32

33 James, A. and Prout, A. (2015), *Constructing and reconstructing childhood: Contemporary
34 issues in the sociological study of childhood*, Routledge.
35
36

37 Honeyman, M., Maguire, D., Evans, H. and Davies, A. (2020), "Digital technology and
38 health inequalities: a scoping review", *Public Health Wales NHS Trust*, available at:
39 [https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-
40 a-scoping-review/](https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-a-scoping-review/) (accessed 19 January 2021).
41
42

43 Kamberelis, G. and Dimitriadis, G. (2013), *Focus groups: From structured interviews to
44 collective conversations*, Routledge, London.
45
46

47 Kirby, P. (2004), "A Guide to Actively Involving Young People in Research: For
48 Researchers, Research Commissioners, and Managers", *INVOLVE*, available
49 at [:https://www.invo.org.uk/wp-content/uploads/2012/01/InvolvingYoungPeople2004.pdf](https://www.invo.org.uk/wp-content/uploads/2012/01/InvolvingYoungPeople2004.pdf)
50 (accessed 19 January 2021).
51
52

53 Kirk, S. (2007), "Methodological and ethical issues in conducting qualitative research with
54 children and young people: A literature review", *International journal of nursing studies*,
55 Vol. 44 No. 7, pp.1250-1260. <https://doi.org/10.1016/j.ijnurstu.2006.08.015>
56
57
58
59
60

1
2
3 Kriznik, N., Kinmonth, A., Ling, T. and Kelly, M. (2018), “Moving beyond individual choice
4 in policies to reduce health inequalities: the integration of dynamic with individual
5 explanations”, *Journal of Public Health*, Vol. 40 No. 4, pp.764-775.
6 <https://doi.org/10.1093/pubmed/fdy045>
7
8

9
10 L’Hôte, E., Fond, M. and Volmert, A. (2018), “Seeing upstream: Mapping the gaps between
11 expert and public understandings of health in the United Kingdom”, *FrameWorks Institute*,
12 available at: [https://www.frameworksinstitute.org/wp-](https://www.frameworksinstitute.org/wp-content/uploads/2020/03/seeingupstreamhealthfoundationmtg2018.pdf)
13 [content/uploads/2020/03/seeingupstreamhealthfoundationmtg2018.pdf](https://www.frameworksinstitute.org/wp-content/uploads/2020/03/seeingupstreamhealthfoundationmtg2018.pdf) (accessed 2 February
14 2021).
15
16

17
18 Leavey, C., Eastaugh, A. and Kane, M. (2020), “Generation COVID-19; building the case to
19 protect young people’s future health”, *Health Foundation*, available at:
20 <https://www.health.org.uk/publications/long-reads/generation-covid-19> (accessed 13 January
21 2021).
22
23

24
25 Lee, J. (2020), “Mental health effects of school closures during COVID-19”, *The Lancet*
26 *Child and Adolescent Health*, Vol. 4 No. 6, pp.421. [https://doi.org/10.1016/S2352-](https://doi.org/10.1016/S2352-4642(20)30109-7)
27 [4642\(20\)30109-7](https://doi.org/10.1016/S2352-4642(20)30109-7)
28
29

30
31 Lee, R. and Renzetti, C. (1990), “The problems of researching sensitive topics: An overview
32 and introduction”, *American Behavioral Scientist*, Vol. 33 No. 5, pp.510-528.
33 <https://doi.org/10.1177/0002764290033005002>
34

35
36 Lucas, M., Nelson, J. and Sims, D. (2020), “Schools' Responses to Covid-19: Pupil
37 engagement in remote learning”, *The National Foundation for Educational Research*,
38 available at: [https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-](https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-remote-learning/)
39 [remote-learning/](https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-remote-learning/) (accessed 15 January 2021).
40
41

42
43 McDonald, C. (2009), “Children and Poverty Why their experience of their lives matter for
44 policy”, *Australian Journal of Social Issues*, Vol. 44 No. 1, pp.5-21.
45 <https://doi.org/10.1002/j.1839-4655.2009.tb00128.x>
46

47
48 Marmot, M. and Allen, J. (2020), “COVID-19: exposing and amplifying inequalities”,
49 *Journal of Epidemiology and Community Health*, Vol. 74 No. 9, pp.681-682.
50 <http://dx.doi.org/10.1136/jech-2020-214720>
51

52
53 Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison J. (2020), “Health Equity in
54 England: The Marmot Review 10 Years On”, *Health Foundation*, available at:
55 <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> (accessed 2
56 February 2021).
57
58
59
60

1
2
3 Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D. and Grady, M. (2010), "Fair
4 society, healthy lives. Strategic review of health inequalities in England post-2010", *The*
5 *Marmot Review*, available at:
6 [http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf)
7 [marmot-review/fair-society-healthy-lives-full-report-pdf.pdf](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf) (accessed 2 February 2021).

10
11 Martins, P.C., Oliveira, V.H. and Tendais, I. (2018), "Research with children and young
12 people on sensitive topics—The case of poverty and delinquency", *Childhood*, Vol. 25 No. 4,
13 pp.458-472. <https://doi.org/10.1177/0907568218793931>

15
16 Matthews, S. (2007), "A window on the 'new' sociology of childhood", *Sociology Compass*,
17 Vol. 1 No. 1, pp.322-334. <https://doi.org/10.1111/j.1751-9020.2007.00001.x>

19
20 Panfil, V. R., Miller, J. and Greathouse, M. (2017), "Utilizing youth advocates and
21 community agencies in research with LGBTQ young people: ethical and practical
22 considerations", Castro, I., Swauger, M. and Harger, B. (Ed.s), *Researching Children and*
23 *Youth: Methodological Issues, Strategies, and Innovations*, Emerald Group, pp. 35.
24 Publishing.DOI:10.1108/S1537-466120180000022003

27
28 Pemberton, S., Fahmy, E., Sutton, E. and Bell, K. (2016), "Navigating the stigmatised
29 identities of poverty in austere times: Resisting and responding to narratives of personal
30 failure", *Critical Social Policy*, Vol. 36 No. 1, pp.21-37.
31 <https://doi.org/10.1177/0261018315601799>

33
34 Powell, M. A., McArthur, M., Chalmers, J., Graham, A., Moore, T., Spriggs, M. and Taplin,
35 S. (2018), "Sensitive topics in social research involving children", *International Journal of*
36 *Social Research Methodology*, Vol. 21 No. 6, pp.647-660.
37 <https://doi.org/10.1080/13645579.2018.1462882>

39
40 Richards, S., Clark, J. and Boggis, A. (2015), *Ethical research with children: Untold*
41 *narratives and taboos*, Palgrave MacMillan, London.

43
44 Rodriguez, L. (2018), "Methodological challenges of sensitive topic research with
45 adolescents", *Qualitative Research Journal*, Vol. 18 No. 1, pp.22-32.
46 <https://doi.org/10.1108/QRJ-D-17-00002>

48
49 Seitz, S. (2016), "Pixilated partnerships, overcoming obstacles in qualitative interviews via
50 Skype: A research note", *Qualitative Research*, Vol. 16 No. 2, pp. 229-235.
51 <https://doi.org/10.1177/1468794115577011>

53
54 Shildrick, T. and MacDonald, R. (2013), "Poverty talk: how people experiencing poverty
55 deny their poverty and why they blame 'the poor'", *The Sociological Review*, Vol. 61 No. 2,
56 pp.285-303. <https://doi.org/10.1111/1467-954X.12018>

1
2
3 Smith, K.E. and Anderson, R. (2018), “Understanding lay perspectives on socioeconomic
4 health inequalities in Britain: a meta-ethnography”, *Sociology of health and illness*, Vol. 40
5 No. 1, pp.146-170. <https://doi.org/10.1111/1467-9566.12629>
6
7

8 Spencer, G., Fairbrother, H. and Thompson, J. (2020), “Privileges of Power: Authenticity,
9 Representation and the “Problem” of Children’s Voices in Qualitative Health Research”,
10 *International Journal of Qualitative Methods*, Vol 19.
11 <https://doi.org/10.1177/1609406920958597>
12
13

14 Starbuck, L., Kirsche Walker, J.W., Rigby, E. and Hagell, A. (2020), “Innovative ways of
15 engaging young people whose voices are less heard”, Brady, L. (Ed.), *Embedding Young*
16 *People's Participation in Health Services: New Approaches*, Policy Press.
17
18

19 Sutton, L. (2009), ““They'd only call you a scally if you are poor’: the impact of socio-
20 economic status on children's identities”, *Children's geographies*, Vol. 7 No. 3, pp.277-290.
21 <https://doi.org/10.1080/14733280903024449>
22
23

24 Weller, S. (2017), “Using internet video calls in qualitative (longitudinal) interviews: Some
25 implications for rapport”, *International Journal of Social Research Methodology*, Vol. 20 No.
26 6, pp.613-625. <https://doi.org/10.1080/13645579.2016.1269505>
27
28
29

30 Woodyatt, C.R., Finneran, C.A. and Stephenson, R. (2016), “In-person versus online focus
31 group discussions: A comparative analysis of data quality”, *Qualitative health research*, Vol.
32 26 No. 6, pp.741-749. <https://doi.org/10.1177/1049732316631510>
33
34

35 YoungMinds. (2020), “Coronavirus: Impact on young people with mental health needs.
36 Survey 2: Summer 2020”, *YoungMinds*, available at:
37 <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf> (Accessed
38 4 December 2020).
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4 **Exploring inequalities in health with young people through online focus**
5 **groups: navigating the methodological and ethical challenges**
6
7
8

9
10 **Abstract**

11
12 Purpose

13 The use of online focus groups to explore children and young people's (CYP) perspectives of
14 inequalities in health and associated 'sensitive' topics, raises important ethical and
15 methodological issues to consider. The purpose of this paper is to discuss lessons learned
16 from navigating our way through some of the key challenges we encountered when
17 researching inequalities in health with CYP through online focus groups.
18
19

20
21 Design/methodology/approach

22 In this paper we draw on reflections and notes from the fieldwork design, Public Involvement
23 and Engagement (PIE) activities and data collection for our research project.
24
25

26
27 Findings

28 Collecting data online influenced our ability to develop rapport and relationships with CYP,
29 and our ability to provide effective support when discussing sensitive topics. We note that
30 building in activities to develop rapport with participants during recruitment and data
31 collection, and establishing clear support and safeguarding protocols, helped navigate
32 challenges of online approaches around effective and supportive participant engagement.
33
34

35
36 Originality/value

37 This paper highlights that despite ethical and methodological challenges of conducting online
38 focus groups with CYP on potentially sensitive topics, the adoption of practical steps and
39 strategies before, during and following data collection, can facilitate the safe participation of
40 CYP and generate useful and valid data in meaningful and appropriate ways.
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Introduction

Over recent decades social science and health research have begun embracing the voices and perspectives of those who have historically been marginalised and excluded in both research and policy accounts (Starbuck et al., 2020). While previous perspectives saw children and young people (CYP) as lacking the capacity to consent, comprehend their social worlds, and communicate their experiences (Fargas-Malet et al., 2010; Kirk, 2007), the Social Studies of Childhood has been pivotal in shaping the way CYP are engaged in research, with an emphasis on CYP as social actors who are able to voice their own experiences and who have valuable contributions to make (James and Prout, 2015; Matthews, 2007). Now, actively involving CYP in all aspects of research that relates to them is not only an accepted position, but is also seen as a crucial aspect of producing knowledge and understanding of CYP's lives (Alderson and Morrow, 2020; Kirby, 2004; Martins et al., 2018). However, involving CYP in research raises particular ethical, methodological and practical issues that require critical consideration, particularly when researching sensitive topics (Powell et al., 2018).

Exploring inequalities in health and potentially sensitive topics with CYP

In this paper, we discuss lessons learned from navigating our way through some of the key challenges encountered when conducting online qualitative research with CYP to explore their understandings of inequalities in health and the wider social determinants of health. Inequalities in health across the UK are worsening (Marmot et al., 2020). The Covid-19 pandemic has further highlighted and exposed the scale of health inequalities across the UK (Bambra et al., 2020; Marmot and Allen, 2020). Whilst there has been growing calls to tackle inequalities in health (Marmot et al., 2010, 2020), there is a paucity of research looking at lay understandings of health inequalities, especially the experiences, perspectives and voices of CYP (Backett-Milburn et al., 2003; Davidson et al., 2006; 2008; Smith and Anderson, 2018). It is crucial to explore CYP's experiences and understandings of inequalities in health to better inform and design policies, interventions and ways of communicating with the people and places that are negatively affected by health inequalities (L'Hôte et al., 2018; McDonald, 2009). Due to our project's focus on health inequalities, data collection was undertaken in two geographical areas in the North of England that fell within the most deprived quintile based on the 2019 English indices of multiple deprivation (IMD). There are established links between deprivation levels and inequalities in health (Marmot et al., 2020), and both data collection sites have experienced the adverse effects of deindustrialisation and are exposed to a range of interconnected deprivations impacting upon the social determinants of health (e.g., Beatty and Fothergill, 2020). The context and levels of deprivation in our data collection sites raised particular challenges around researching potentially sensitive topics related to health and inequality (see below).

While many topics fall into the category of a 'sensitive topic' (e.g., addiction, bereavement, mental and physical health conditions, poverty, sexuality), there is no conclusive definition of a 'sensitive topic' and no set guidance on how to approach such topics in research (Lee and Renzetti, 1990; Rodriguez, 2018). Sensitive research is often used as an overarching term which covers topics which are seen as personal, emotive and associated with social stigma

(Dempsey et al., 2016; Rodriguez, 2018), but there is often a lack of appreciation why and for whom a topic is, or becomes, sensitive (Martins et al., 2018; Richards et al., 2015). We approach the discussion of health inequalities and intersecting disadvantages as challenging and potentially sensitive, due to such topics having stigmatising, labelling and fatalistic properties and connotations for those experiencing them (Pemberton et al., 2016; Shildrick and MacDonald, 2013). Health practices and adverse health outcomes are often individualised, vilified and equated with deficit, passivity and flawed choices, with this neglecting wider influences upon health (Kriznik et al., 2018). Indeed, previous research exploring public perceptions of health inequalities in the UK has highlighted the prominence of 'judgmental place attitudes' and 'perceived place stigma' in explanations for geographically patterned inequalities in health (Garthwaite and Bamba, 2017, p.273), and how discussions around the impacts of disadvantage and deprivation may act to reinforce stigmatised identities (Elliott et al., 2016; Smith and Anderson, 2018). Therefore, discussions around health and inequalities in health have the potential to be sensitive in regard to subjective experiences, personal contexts and life circumstances (Dempsey et al., 2016; Martins et al., 2018; Powell et al., 2018; Richards et al., 2015), with the social stigmas around inequality, place, poverty and disadvantage making it particularly challenging to research these topics with CYP experiencing such issues (Sutton, 2009). Nevertheless, we should not shy away from researching challenging and sensitive topics, especially at times when CYP's physical and mental health needs may be particularly acute (e.g., due to the impact of the Covid-19 pandemic (Leavey et al., 2020; Lee, 2020; YoungMinds, 2020)). Instead, efforts must be made to ensure the effective and safe engagement of CYP in research.

Developing Our Methodology

When our research project was devised, data collection was intended to be completed face-to-face, but due to the Covid-19 pandemic and the UK's national and local lockdown measures, we had to (re)design our methods to be 'socially distanced' and delivered online. We needed to think creatively and critically about how we could effectively involve and engage CYP in online discussions of inequalities in health, balancing participation with protection to mitigate any potential harm (Martins et al., 2018).

A qualitative approach to exploring perspectives on inequalities in health

We followed the approach of studies that have explored 'lay' perspectives on inequalities in health and similar sensitive topics which have typically adopted qualitative approaches, including interviews and focus groups (Backett-Milburn et al., 2003; Davidson et al., 2006; 2008; Sutton, 2009). Davidson et al. (2006) suggest that, whilst focus groups may provide less representative patterns of opinions than other methods, in researching sensitive topics such as health inequality, the support of other focus group participants may help to negate feelings of inferior moral status associated with inequality, and facilitate discussion of challenging topics. Thus, such approaches can provide a space for participants to talk about health inequalities, and lead to insights that may be obfuscated through other methods. Davidson et al. (2008) also argue that power imbalances, which may inhibit discussion around sensitive topics when interviewers are perceived as being from a more privileged

1
2
3 position, can be alleviated in focus group settings, with social support, perceived shared
4 positionality and prioritisation of 'lay expertise' encouraging people to discuss their
5 perceptions of health inequalities.
6
7

8
9 In light of this when developing our methodology, we valued the importance of creating an
10 environment that supported CYP to talk openly about what can be sensitive and complex
11 issues. Our research consisted of three virtual focus groups with four groups of CYP aged 12-
12 17, using video conferencing platforms (12 sessions in total). Our participants were recruited
13 from four youth organisations across two local authority areas in the North of England.
14 Our focus groups explored CYP's perspectives of what makes it easier or harder for some
15 people to be healthy within their local places, CYP's understandings of inequalities in health
16 and the social determinants of health, and CYP's key priorities in addressing the impact of
17 social determinants on their current and future health. We used participatory concept
18 mapping activities and open discussions to explore these topics. This approach allowed the
19 focus on health and health inequalities to be led by the CYP themselves, giving us a better
20 understanding of their concerns and priorities.
21
22
23
24
25

26 *Moving data collection online*

27 Moving data collection online due to the Covid-19 pandemic raised various practical and
28 ethical considerations and challenges that had to be navigated to ensure effective and safe
29 participation of CYP, for which reflection was crucial. Whilst online interviewing methods
30 have been an emerging practice over recent years (Woodyatt et al., 2016), face-to-face
31 approaches are typically seen as producing richer and thicker data, but this is being
32 challenged (e.g., Deakin and Wakefield, 2014; Weller, 2017). During the Covid-19 pandemic
33 and due to social distancing restrictions, virtual spaces and digital media have become the
34 predominant medium for conducting qualitative research (e.g., Foley, 2021). The challenges
35 of researching sensitive topics have been exacerbated in this shift, as many of the protections
36 provided by face-to-face contact (e.g., ability to read body language; rapport building;
37 recognising and responding to behavioural and emotional cues around distress; and, abilities
38 to offer direct support (Cameron, 2005; Dempsey et al., 2016; Denscombe, 2017; Dodds and
39 Hess, 2020; Elmir et al., 2011; Rodriguez, 2018; Seitz, 2015; Weller, 2017)) are diminished.
40 Also, the ever growing realisation of the extent of inequalities in access to online spaces and
41 technology (Honeyman et al., 2020; Lucas et al., 2020), means some CYP may struggle to
42 participate effectively in online research.
43
44
45
46
47
48

49 We therefore had to think critically about how we could best use online methods to elicit rich
50 data, whilst ensuring inclusivity and protection for participants when discussing potentially
51 sensitive topics around inequalities in health. Here we share our reflections on planning and
52 conducting online focus groups with CYP on the topics of health and inequality. We draw on
53 Public Involvement and Engagement (PIE) work with youth organisations, undertaken before
54 beginning our data collection, in which we explored how to make our methods inclusive and
55 then piloted our methods. In the discussion that follows, we share our reflections as well as
56 observations noted in our fieldwork and discussed in regular team meetings. We believe that
57 regular reflection and researcher reflexivity was particularly useful throughout the process of
58
59
60

our data planning and collection which had to be redesigned for online delivery, and possibly more importantly, was research on inequalities in health during a global pandemic. Our discussion focuses on two areas of ethical and methodological challenges which we worked to navigate through: i) rapport building and developing effective relationships at a distance, and; ii) confidentiality, safeguarding and providing support to CYP when online and negotiating challenging topics. We aim to promote wider consideration of the ethical and methodological challenges associated with conducting research with CYP online, and when discussing topics around health, inequalities and sensitive topics more broadly.

Our reflections

Rapport building and developing effective relationships at a distance

Limitations to virtual research include the physical distance between researchers and participants. Ideally, we would have spent time meeting and engaging face-to-face with CYP before beginning data collection, to build rapport, introduce the research and discuss participation and consent procedures, but due to lockdown and social distancing requirements we were unable to do so. The PIE work we undertook to refine our methods and approaches before beginning data collection demonstrated the impact of this lack of rapport building prior to data collection. Our first online PIE session was the first time the CYP had met the research team. Whilst this session ran smoothly, it felt more like an interview (participants responding to researcher questions) rather than a group discussion, with this inhibiting conversation flow and rapport. Reflecting upon this, and due to our inability to meet youth organisations and CYP face-to-face before data collection, we provided youth organisations with information to help them explain the research to the CYP, including a short narrated project information video which introduced both the research project and the research team (i.e. through using short biographies and photos). This aimed to provide a level of familiarity during the recruitment process (see Deakin and Wakefield, 2014), and was well received by both youth organisations and CYP.

We also recognised the importance of researchers meeting the CYP ahead of the data collection sessions, so where possible, we arranged initial online introduction sessions with participating youth organisations. The purpose of the introduction session was to introduce ourselves, the research topic, and the requirements and process of the research (consent forms, ground rules) as well as meet the CYP. This also provided CYP with an opportunity to ask questions to the research team. We found these introductory sessions to be effective in developing rapport and facilitating openness in participants. For example, one participating youth worker noted that their group was usually very talkative in their face-to-face engagement sessions, but had been surprisingly quiet during our introductory session. The participants, however, became much more engaged in the following data collection sessions, with one participant going from having their camera turned off and saying little, to turning their camera on and becoming much more vocal. These introduction sessions also permitted more productive use of time during data collection sessions, with less time required to cover procedural information allowing more time for warm-up and data collection activities. Indeed, we found that time spent on 'warm-up' activities at the beginning of online sessions were important to facilitate engagement and rapport building. Across all the groups we saw

1
2
3 greater engagement and participation develop with each session. Our experience highlighted
4 the increased importance of investing time in relationship building when online, to
5 compensate for the (often taken-for-granted) benefits for rapport building associated with
6 face-to-face contact.
7
8

9
10 A strength of focus groups, and an important reason for choosing this method, is the potential
11 for participants to engage with and respond to each other, not just to the researchers'
12 questions (Denscombe, 2017; Kamberelis and Dimitriadis, 2013). This can help to elicit more
13 natural conversations by removing some of the researcher-participant power dimensions
14 which can inhibit discussions (Davidson et al., 2006; 2008). However, online methods make
15 it difficult to pick up on who wants to talk next and permit only one person to talk at a time,
16 making it difficult to facilitate flowing discussions between participants. We reflected that
17 such turn-taking prevented 'side' conversations that would likely take place in face-to-face
18 group interviews that we believe may have helped with rapport building and social
19 connection between participants and researchers. Our PIE work demonstrated that online
20 groups with more than five participants can have an awkward characteristic of ambiguity and
21 confusion around who should talk next; this stop-start discourse was a challenge, especially
22 when CYP were waiting to say something important to them. This was in part due to the
23 functionality of online platforms and that some participants took part using smart phones,
24 with this reducing their ability to see all other participants on their screens, and thus reducing
25 the ability to pick up on visual cues around who was going to speak next. Having a member
26 of the research team monitor who wanted, or was trying to speak, went some way towards
27 enabling CYP's voices to be captured and not missed, as did promoting and encouraging the
28 use of text and chat features of online platforms. Further, the importance to participants of
29 having time and space to voice thoughts was evident, so we decided to use breakout rooms to
30 enable smaller group discussions in our data collection sessions. This enabled the voices of
31 all CYP to be heard and facilitated more in-depth discussions *between* participants when
32 online. Feedback from participants in our data collection sessions highlighted that they
33 particularly valued the breakout rooms for this ability to be heard. We had four members of
34 the research team and at least one youth worker involved in each data collection session. We
35 found this to be optimal as it permitted one lead and one assistant facilitator (who could
36 monitor the chat and who wanted to speak) in each breakout session, as well as the presence
37 of a youth worker who was able to provide support to participants if needed. Having two
38 researchers in each breakout session also provided cover against connection issues for the
39 research team and around ensuring audio recording of the session. Having smaller groups
40 online provided more opportunity for the participants to speak and reduced the risk of their
41 perspectives being missed. We found this to enable more effective relationship development
42 through more fluid discussions.
43
44
45
46
47
48
49
50
51
52
53

54
55 A strength in our methods was the involvement of youth workers from our partnering youth
56 organisations. Youth organisations are important gatekeepers to CYP (Fargas-Malet et al.,
57 2010), and our partnering youth organisations were crucial in not only providing access to
58 CYP, but also offering various levels of protection and support for online participation, which
59 we as researchers would not have been able to provide. Recruiting through established
60

1
2
3 organisations that already work with disadvantaged CYP proved extremely beneficial as they
4 have existing relationships with the CYP, as well as extensive experience, knowledge and
5 skills around engaging and supporting CYP. The presence of youth workers facilitated
6 rapport building and the development of trust between researchers and participants. The
7 relationships youth workers had with CYP helped to minimise online barriers around
8 establishing effective relationships; for example, the youth workers existing relationships
9 with the participants helped them to encourage participation in ways that were comfortable
10 for individual CYP, such as the ability to respond by text or speak with their video off, and
11 conversely gently encouraging CYP to turn on their cameras. Linked to this, youth workers
12 were also crucial in identifying effective group splits for breakout rooms, which further
13 helped with group dynamics by grouping together CYP who could support and encourage
14 each other. The youth workers also acted as a catalyst for discussions during sessions and
15 warm-up activities by prompting around topics they knew to be relevant to the CYP but had
16 not been raised, and by using their personal relationships with CYP to help delicately
17 approach potentially sensitive topics. The barriers around engagement and the importance of
18 trust in facilitating engagement with marginalised groups have been noted (e.g., Flanagan and
19 Hancock, 2010; Panfil et al., 2017), and we found such barriers to be exacerbated when
20 online. Such challenges were highlighted in our work with an LGBTQ group who were
21 initially reticent in discussions. In this group, the importance of researcher familiarity for
22 facilitating engagement was evident, with a feeling of trust building with each session. The
23 active role of the youth worker was also crucial in building trusting relationships and
24 navigating discussions of sensitive topics, thus the experience of the youth workers helped
25 overcome some of the challenges of online interactions.

26
27
28
29
30
31
32
33
34
35 Another important consideration when working online was CYP's transition to and from data
36 collection sessions. We initially planned to use 'topic related' warm-up activities in our
37 sessions to help prime and build into our main discussion, and to maximise time spent
38 discussing the research topic. However, following PIE feedback and reflections, discussions
39 with partnering youth organisations, and consultation with our project partners around
40 conducting online focus groups, we designed our sessions to 'sandwich' the data collection
41 session, with 'fun' (unrelated or lightly related to research topic) icebreaker and cool-down
42 activities that involved participation from researchers as well as participants. Co-producing
43 these session plans with partnering youth workers (particularly the warm-up and cool-down
44 activities) was important as youth workers were able to make suggestions based on their
45 experience of what would be most engaging for the CYP. The 'unrelated' nature of the warm-
46 up and cool-down activities helped detach data collection activities and provided brief
47 personal insights and opportunities to explore personalities, with this acting to help build
48 relationships. Indeed, the 'trivial' aspects of introductions and warm-ups/cool-downs were
49 useful in re-balancing some of the power dynamics involved in research with CYP (Davidson
50 et al., 2008; Weller, 2017; Spencer et al., 2020) with this facilitating participation and
51 engagement online.

52
53
54
55
56
57
58 ***Confidentiality, safeguarding and providing support to CYP when online and negotiating***
59 ***challenging topics***
60

1
2
3 Privacy and confidentiality are fundamental to meaningful participation in research (Weller,
4 2017). However, though we asked participants not to repeat what was discussed to anyone
5 outside of the group, the nature of focus groups is such that confidentiality cannot be
6 guaranteed. Online discussions pose the additional risk of participants being overheard by
7 people in close proximity to them or to other group members. Despite some research
8 suggesting that CYP can feel comfortable being interviewed online in their own homes
9 (Dodds and Hess, 2020), those living in overcrowded homes may feel uncomfortable talking
10 about sensitive topics, especially if they lack a private space. To mitigate these risks we asked
11 participants to use headphones if possible, discouraged them from talking about or disclosing
12 anything they would not want other people to be aware of, and encouraged the use of chat
13 features of online platforms as an alternative way to voice their thoughts and opinions. We
14 considered the ethical issues of youth workers being present during data collection (i.e.,
15 around confidentiality/disclosures), and participants were made aware during the consent
16 process of the protections and limits of confidentiality in group discussions with researchers,
17 peers and youth workers.
18
19
20
21
22
23

24 Establishing a clear safeguarding procedure with each youth organisation was crucial for the
25 protection of participants, and for researchers to feel comfortable that any issues or welfare
26 concerns could be escalated and managed quickly. This involved having clear processes for
27 addressing safeguarding concerns, managing problematic discussions and providing support
28 to participants who may become distressed or go 'offline' unexpectedly. Being online meant
29 it was difficult for facilitators to raise the attention of the youth worker or other research team
30 members to discuss an issue without alerting all participants. Therefore, all researchers had
31 the contact telephone number of the participating youth worker to alert them to any concerns
32 or support needs that arose during data collection sessions. Working closely with youth
33 workers and organisations provided benefits around participant protection as it put in place
34 existing safeguarding procedures and structures we could use if needed. It also reassured us
35 that the participating CYP had prior understandings of these procedures from their
36 involvement with the youth organisations, and were comfortable participating with these in
37 place.
38
39
40
41
42
43

44 *Providing support to CYP during and beyond online discussions around sensitive topics*

45 Due to the potentially sensitive and stigmatising nature of discussing inequalities in health, it
46 was important for us to consider how participation may be distressing for those taking part,
47 either directly through discussion of certain topics or through a form of vicarious trauma (i.e.,
48 adverse emotional feelings from discussions and disclosures of other participants (Elmir et al.
49 2011; Rodriguez, 2018)). In our PIE work we asked about how best to approach potentially
50 sensitive topics around health and inequality; the CYP told us that no topic was off limits, but
51 the way topics are approached (i.e not in a fatalistic, pejorative or blaming way) is important,
52 as is making sure that CYP feel comfortable being involved in the discussion. Indeed, during
53 one breakout session in which two participants openly discussed their personal experiences of
54 mental ill-health and mental health services, it became clear that the third participant was
55 listening, but contributing very little to the discussion. We sought to check that this young
56 person was feeling comfortable before moving the discussion on. A post-session check-in
57
58
59
60

1
2
3 with all three participants by the youth worker provided reassurance that the session had not
4 negatively affected any participants. In subsequent sessions, the youth worker took
5 participants' lived experiences into consideration when assigning individuals to breakout
6 groups.
7
8
9

10 When using online methods it is crucial to consider how the setting influences the way in
11 which support can be provided. Prior to the sessions we worked with participating youth
12 workers to agree a system that would enable youth workers and participants to contact one
13 another in real time during discussions, using text or private messages. CYP were able to
14 signal privately if they needed support from the youth worker, and the youth worker was able
15 to address any concerns about participants' wellbeing by checking how they were feeling and
16 that they were happy to continue. This was particularly useful when participants stopped
17 contributing to the discussion, turned their camera off or went 'offline' unexpectedly, as it
18 provided the research team with confidence that participants were being appropriately
19 supported during the sessions. We also developed a 'distress protocol' in consultation with
20 our project partners, to manage the situation if a participant became upset or appeared to be
21 struggling emotionally in a breakout group when the youth worker was not present. This set
22 out practices of offering a group break, contacting the youth worker, and discussing the
23 option to share their thoughts in a more private setting (e.g., breakout room or phone call with
24 a youth worker or researcher).
25
26
27
28
29
30

31 It is also important to consider how participants may feel during and after data collection. We
32 regarded the 'after' and 'leaving' of data collection sessions as being as important as the
33 'beginning' and 'during' to ensure participants were not left to manage upsetting thoughts
34 alone following their participation. We were aware that, after discussions of sensitive topics
35 online, participants may have left the session feeling emotional and potentially stigmatised
36 (Starbuck et al., 2020). Our PIE work demonstrated that online sessions can feel as if they
37 end abruptly, rather than the gentle drifting away after a session that is often experienced
38 when face-to-face. We made sure that participants had the opportunity to discuss their
39 thoughts and feelings with their youth worker and the research team, both immediately
40 following the session, and at a later time if required with the participating youth workers
41 conducting post-session check-ins with participants. The youth worker acted as a key
42 protective element which helped compensate for the difficulty of ensuring that safeguards are
43 in place from when conducting research with CYP at a distance.
44
45
46
47
48
49

50 **Lessons learned**

51 The discussions in this paper capture our lessons learned when working with CYP and
52 researching sensitive topics in group interviews and online settings. These can be summarised
53 as follows:
54
55

- 56 • Before any data collection takes place, public involvement and engagement (PIE) can
57 help to identify any potential issues with the methodology and the dynamics of using
58 online video conferencing platforms. It also provides an opportunity to explore how
59
60

1
2
3 best to approach potentially sensitive topics with CYP.
4
5

- 6 • A close working relationship with youth organisations and youth workers can help
7 build robust methodologies that encourage engagement and facilitate the safeguarding
8 and protection of participants during and beyond data collection. Youth workers
9 provide enabling and protective roles. In their enabling role: before data collection,
10 they can help with recruitment, setting up the sessions, and coordinating the
11 distribution of research materials; during the sessions, youth workers can facilitate the
12 flow of the session, encourage engagement and prompt discussion topics. Youth
13 workers also serve a protective role: helping to establish safeguarding procedures,
14 acting as a source of support and contact for CYP and researchers during and after
15 data collection sessions.
16
17
- 18 • Informal introductions between researchers and CYP are beneficial for establishing
19 familiarity and rapport when online. Time should be factored in to allow this to
20 happen before data collection. An initial information video serves a purpose beyond
21 informing about the research, by serving as a way to introduce the researchers to the
22 participants. In addition, having more than one data collection session is also
23 beneficial for relationship building and CYP's engagement.
24
25
- 26 • For online discussions with CYP around sensitive topics, having more than five
27 participants can make managing discussions and ensuring engagement challenging.
28 Therefore, using smaller sized breakout discussions (five CYP and under) can
29 promote discussions *between* participants that may not naturally take place in larger
30 online groups. In addition, participants accessing online platforms through mobile
31 phone have reduced capacity to view other participants, which can inhibit
32 participation in larger groups.
33
34
- 35 • Having a lead facilitator, an assistant facilitator and a youth worker in each breakout
36 session is optimal. This allows the lead facilitator to manage the discussions; the
37 assistant facilitator to monitor the online chat, check who wants to speak next and
38 screen share resources/prompts; and, the youth worker to provide advice and support
39 to CYP (e.g., follow-up with participants who suddenly go 'offline'). This enables
40 more fluid discussions, and ensures appropriate support processes are in place.
41
42
- 43 • When researching sensitive topics such as health and health inequalities with CYP
44 online, it is important to consider the emotional impact discussions might have on
45 participants. Off-topic warm-up and cool-down activities not only facilitate
46 relationship building between researchers and participants, but when online also serve
47 as important transitions into and out of sensitive data collection discussions.
48
49
- 50 • A nuanced understanding of the intersecting relationship between the topic,
51 participant context, and research setting is crucial in approaching sensitive research
52 (see also Powell et al., 2018). The topic of research discussion, the experiences and
53
54
55
56
57
58
59
60

1
2
3 context of the participants (i.e., personal experiences, social positions), and
4 importantly the setting of data collection (i.e, online, individual/group settings), are
5 relative and all shape sensitivities. Therefore, all need to be considered and regularly
6 reflected upon when planning and undertaking research with CYP.
7
8

9 **Conclusions**

10
11
12 There are ethical and methodological challenges of conducting online group interviews with
13 CYP on potentially sensitive topics around inequality and health. We have discussed the
14 challenges that online research with CYP present, particularly around how the 'distance' of
15 online approaches makes participant engagement, relationship and rapport building more
16 challenging, and how providing support in online discussions is more difficult and requires
17 appreciation. However, building in activities to develop rapport with participants and
18 establishing clear support and safeguarding protocols can help to ensure the safe, supportive
19 participation of CYP and the generation of rich data through effective conversations with
20 CYP around topics of inequalities in health whilst online.
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References

Alderson, P. and Morrow, V. (2020), *The ethics of research with children and young people: A practical handbook*. Sage, 2nd ed., SAGE, Los Angeles, CA.

Bambra, C., Riordan, R., Ford, J. and Matthews, F. (2020), "The COVID-19 pandemic and health inequalities", *J Epidemiol Community Health*, Vol. 74 No. 11, pp.964-968.
<http://dx.doi.org/10.1136/jech-2020-214401>

Backett-Milburn, K., Cunningham-Burley, S. and Davis, J. (2003), "Contrasting lives, contrasting views? Understandings of health inequalities from children in differing social circumstances", *Social Science and Medicine*, Vol. 57 No. 4, pp.613-623.
[https://doi.org/10.1016/S0277-9536\(02\)00413-6](https://doi.org/10.1016/S0277-9536(02)00413-6)

Beatty, C. and Fothergill, S. (2020), "Recovery or stagnation?: Britain's older industrial towns since the recession", *Regional Studies*, Vol. 54 No. 9, pp.1238-1249.
<https://doi.org/10.1080/00343404.2019.1699651>

Cameron, H. (2005), "Asking the tough questions: a guide to ethical practices in interviewing young children", *Early Child Development and Care*, Vol. 175 No. 6, pp.597-610.
<https://doi.org/10.1080/03004430500131387>

Davidson, R., Kitzinger, J. and Hunt, K. (2006), "The wealthy get healthy, the poor get poorly? Lay perceptions of health inequalities", *Social science and medicine*, Vol. 62 No. 9, pp.2171-2182. <https://doi.org/10.1016/j.socscimed.2005.10.010>

Davidson, R., Mitchell, R. and Hunt, K. (2008), "Location, location, location: The role of experience of disadvantage in lay perceptions of area inequalities in health", *Health and place*, Vol. 14 No. 2, pp.167-181. <https://doi.org/10.1016/j.healthplace.2007.05.008>

Deakin, H. and Wakefield, K. (2014), "Skype interviewing: Reflections of two PhD researchers", *Qualitative research*, Vol. 14 No. 5, pp.603-616.
<https://doi.org/10.1177/1468794113488126>

Dempsey, L., Dowling, M., Larkin, P. and Murphy, K. (2016), "Sensitive interviewing in qualitative research", *Research in nursing and health*, Vol. 39 No. 6, pp.480-490.
<https://doi.org/10.1002/nur.21743>

Denscombe, R. (2017), *The good research guide*, 6th ed., Open University Press, Maidenhead, England.

Dodds, S. and Hess, A. (2020), "Adapting research methodology during COVID-19: lessons for transformative service research", *Journal of Service Management*, Vol. 32 No. 2, pp.203-217. DOI 10.1108/JOSM-05-2020-0153

1
2
3 Elliott, E., Popay, J. and Williams, G. (2016), "Knowledge of the everyday: confronting the
4 causes of health inequalities", Smith, K., Bamba, C. and Hill, S. (Ed.s), *Health inequalities:
5 critical perspectives*, Oxford University Press, Oxford, pp. 222-237.
6
7

8 Elmir, R., Schmied, V., Jackson, D. and Wilkes, L. (2011), "Interviewing people about
9 potentially sensitive topics", *Nurse researcher*, Vol. 19 No. 1, pp.12-16. doi:
10.7748/nr2011.10.19.1.12.c8766
11
12

13 Fargas-Malet, M., McSherry, D., Larkin, E. and Robinson, C. (2010), "Research with
14 children: Methodological issues and innovative techniques", *Journal of early childhood
15 research*, Vol. 8 No. 2, pp.175-192. <https://doi.org/10.1177/1476718X09345412>
16
17
18

19 Flanagan, S. M. and Hancock, B. (2010), "Reaching the hard to reach'-lessons learned from
20 the VCS (voluntary and community Sector). A qualitative study", *BMC health services
21 research*, Vol. 10 No. 1, pp.1-9. <https://doi.org/10.1186/1472-6963-10-92>
22
23

24 Foley, G. (2021), "Video-based online interviews for palliative care research: A new normal
25 in COVID-19?", *Palliative Medicine*. <https://doi.org/10.1177/0269216321989571>
26
27

28 Garthwaite, K. and Bamba, C. (2017), "'How the other half live': lay perspectives on health
29 inequalities in an age of austerity", *Social Science & Medicine*, Vol. 187, pp.268-275.
30 <https://doi.org/10.1016/j.socscimed.2017.05.021>
31
32

33 James, A. and Prout, A. (2015), *Constructing and reconstructing childhood: Contemporary
34 issues in the sociological study of childhood*, Routledge.
35
36

37 Honeyman, M., Maguire, D., Evans, H. and Davies, A. (2020), "Digital technology and
38 health inequalities: a scoping review", *Public Health Wales NHS Trust*, available at:
39 [https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-
40 a-scoping-review/](https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-a-scoping-review/) (accessed 19 January 2021).
41
42
43

44 Kamberelis, G. and Dimitriadis, G. (2013), *Focus groups: From structured interviews to
45 collective conversations*, Routledge, London.
46
47

48 Kirby, P. (2004), "A Guide to Actively Involving Young People in Research: For
49 Researchers, Research Commissioners, and Managers", *INVOLVE*, available
50 at <https://www.invo.org.uk/wp-content/uploads/2012/01/InvolvingYoungPeople2004.pdf>
51 (accessed 19 January 2021).
52
53

54 Kirk, S. (2007), "Methodological and ethical issues in conducting qualitative research with
55 children and young people: A literature review", *International journal of nursing studies*,
56 Vol. 44 No. 7, pp.1250-1260. <https://doi.org/10.1016/j.ijnurstu.2006.08.015>
57
58
59
60

1
2
3 Kriznik, N., Kinmonth, A., Ling, T. and Kelly, M. (2018), “Moving beyond individual choice
4 in policies to reduce health inequalities: the integration of dynamic with individual
5 explanations”, *Journal of Public Health*, Vol. 40 No. 4, pp.764-775.
6 <https://doi.org/10.1093/pubmed/fdy045>
7
8

9
10 L’Hôte, E., Fond, M. and Volmert, A. (2018), “Seeing upstream: Mapping the gaps between
11 expert and public understandings of health in the United Kingdom”, *FrameWorks Institute*,
12 available at: [https://www.frameworksinstitute.org/wp-](https://www.frameworksinstitute.org/wp-content/uploads/2020/03/seeingupstreamhealthfoundationmtg2018.pdf)
13 [content/uploads/2020/03/seeingupstreamhealthfoundationmtg2018.pdf](https://www.frameworksinstitute.org/wp-content/uploads/2020/03/seeingupstreamhealthfoundationmtg2018.pdf) (accessed 2 February
14 2021).
15
16

17
18 Leavey, C., Eastaugh, A. and Kane, M. (2020), “Generation COVID-19; building the case to
19 protect young people’s future health”, *Health Foundation*, available at:
20 <https://www.health.org.uk/publications/long-reads/generation-covid-19> (accessed 13 January
21 2021).
22
23

24
25 Lee, J. (2020), “Mental health effects of school closures during COVID-19”, *The Lancet*
26 *Child and Adolescent Health*, Vol. 4 No. 6, pp.421. [https://doi.org/10.1016/S2352-](https://doi.org/10.1016/S2352-4642(20)30109-7)
27 [4642\(20\)30109-7](https://doi.org/10.1016/S2352-4642(20)30109-7)
28
29

30
31 Lee, R. and Renzetti, C. (1990), “The problems of researching sensitive topics: An overview
32 and introduction”, *American Behavioral Scientist*, Vol. 33 No. 5, pp.510-528.
33 <https://doi.org/10.1177/0002764290033005002>
34

35
36 Lucas, M., Nelson, J. and Sims, D. (2020), “Schools' Responses to Covid-19: Pupil
37 engagement in remote learning”, *The National Foundation for Educational Research*,
38 available at: [https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-](https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-remote-learning/)
39 [remote-learning/](https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-remote-learning/) (accessed 15 January 2021).
40
41

42
43 McDonald, C. (2009), “Children and Poverty Why their experience of their lives matter for
44 policy”, *Australian Journal of Social Issues*, Vol. 44 No. 1, pp.5-21.
45 <https://doi.org/10.1002/j.1839-4655.2009.tb00128.x>
46

47
48 Marmot, M. and Allen, J. (2020), “COVID-19: exposing and amplifying inequalities”,
49 *Journal of Epidemiology and Community Health*, Vol. 74 No. 9, pp.681-682.
50 <http://dx.doi.org/10.1136/jech-2020-214720>
51

52
53 Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison J. (2020), “Health Equity in
54 England: The Marmot Review 10 Years On”, *Health Foundation*, available at:
55 <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> (accessed 2
56 February 2021).
57
58
59
60

1
2
3 Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D. and Grady, M. (2010), "Fair
4 society, healthy lives. Strategic review of health inequalities in England post-2010", *The*
5 *Marmot Review*, available at:

6 [http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf)
7 [marmot-review/fair-society-healthy-lives-full-report-pdf.pdf](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf) (accessed 2 February 2021).

8
9
10
11 Martins, P.C., Oliveira, V.H. and Tendais, I. (2018), "Research with children and young
12 people on sensitive topics–The case of poverty and delinquency", *Childhood*, Vol. 25 No. 4,
13 pp.458-472. <https://doi.org/10.1177/0907568218793931>

14
15
16 Matthews, S. (2007), "A window on the 'new' sociology of childhood", *Sociology Compass*,
17 Vol. 1 No. 1, pp.322-334. <https://doi.org/10.1111/j.1751-9020.2007.00001.x>

18
19
20 Panfil, V. R., Miller, J. and Greathouse, M. (2017), "Utilizing youth advocates and
21 community agencies in research with LGBTQ young people: ethical and practical
22 considerations", Castro, I., Swauger, M. and Harger, B. (Ed.s), *Researching Children and*
23 *Youth: Methodological Issues, Strategies, and Innovations*, Emerald Group, pp. 35.
24 Publishing.DOI:10.1108/S1537-466120180000022003

25
26
27
28 Pemberton, S., Fahmy, E., Sutton, E. and Bell, K. (2016), "Navigating the stigmatised
29 identities of poverty in austere times: Resisting and responding to narratives of personal
30 failure", *Critical Social Policy*, Vol. 36 No. 1, pp.21-37.
31 <https://doi.org/10.1177/0261018315601799>

32
33
34
35 Powell, M. A., McArthur, M., Chalmers, J., Graham, A., Moore, T., Spriggs, M. and Taplin,
36 S. (2018), "Sensitive topics in social research involving children", *International Journal of*
37 *Social Research Methodology*, Vol. 21 No. 6, pp.647-660.
38 <https://doi.org/10.1080/13645579.2018.1462882>

39
40
41 Richards, S., Clark, J. and Boggis, A. (2015), *Ethical research with children: Untold*
42 *narratives and taboos*, Palgrave MacMillan, London.

43
44
45 Rodriguez, L. (2018), "Methodological challenges of sensitive topic research with
46 adolescents", *Qualitative Research Journal*, Vol. 18 No. 1, pp.22-32.
47 <https://doi.org/10.1108/QRJ-D-17-00002>

48
49
50 Seitz, S. (2016), "Pixelated partnerships, overcoming obstacles in qualitative interviews via
51 Skype: A research note", *Qualitative Research*, Vol. 16 No. 2, pp. 229-235.
52 <https://doi.org/10.1177/1468794115577011>

53
54
55
56 Shildrick, T. and MacDonald, R. (2013), "Poverty talk: how people experiencing poverty
57 deny their poverty and why they blame 'the poor'", *The Sociological Review*, Vol. 61 No. 2,
58 pp.285-303. <https://doi.org/10.1111/1467-954X.12018>

1
2
3 Smith, K.E. and Anderson, R. (2018), "Understanding lay perspectives on socioeconomic
4 health inequalities in Britain: a meta-ethnography", *Sociology of health and illness*, Vol. 40
5 No. 1, pp.146-170. <https://doi.org/10.1111/1467-9566.12629>
6
7

8 Spencer, G., Fairbrother, H. and Thompson, J. (2020), "Privileges of Power: Authenticity,
9 Representation and the "Problem" of Children's Voices in Qualitative Health Research",
10 *International Journal of Qualitative Methods*, Vol 19.
11 <https://doi.org/10.1177/1609406920958597>
12
13

14 Starbuck, L., Kirsche Walker, J.W., Rigby, E. and Hagell, A. (2020), "Innovative ways of
15 engaging young people whose voices are less heard", Brady, L. (Ed.), *Embedding Young*
16 *People's Participation in Health Services: New Approaches*, Policy Press.
17
18

19 Sutton, L. (2009), "'They'd only call you a scally if you are poor': the impact of socio-
20 economic status on children's identities", *Children's geographies*, Vol. 7 No. 3, pp.277-290.
21 <https://doi.org/10.1080/14733280903024449>
22
23

24 Weller, S. (2017), "Using internet video calls in qualitative (longitudinal) interviews: Some
25 implications for rapport", *International Journal of Social Research Methodology*, Vol. 20 No.
26 6, pp.613-625. <https://doi.org/10.1080/13645579.2016.1269505>
27
28

29 Woodyatt, C.R., Finneran, C.A. and Stephenson, R. (2016), "In-person versus online focus
30 group discussions: A comparative analysis of data quality", *Qualitative health research*, Vol.
31 26 No. 6, pp.741-749. <https://doi.org/10.1177/1049732316631510>
32
33

34 YoungMinds. (2020), "Coronavirus: Impact on young people with mental health needs.
35 Survey 2: Summer 2020", *YoungMinds*, available at:
36 <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf> (Accessed
37 4 December 2020).
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60