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

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## 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

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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.  
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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.  
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### 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.  
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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  
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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

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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.  
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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.  
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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  
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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.

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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.

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58 ***Confidentiality, safeguarding and providing support to CYP when online and negotiating***  
59 ***challenging topics***  
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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.  
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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.  
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#### 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  
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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.  
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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).  
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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.  
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### 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:  
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- 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  
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3 best to approach potentially sensitive topics with CYP.  
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- 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.  
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- 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.  
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- 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.  
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- 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.  
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- 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.  
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- 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  
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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.  
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## 9 **Conclusions**

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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.  
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4 **Exploring inequalities in health with young people through online focus**  
5 **groups: navigating the methodological and ethical challenges**  
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9  
10 **Abstract**

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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.  
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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.  
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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.  
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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.  
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## 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

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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.  
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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.  
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### 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.  
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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  
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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

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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.  
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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.  
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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  
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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.

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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.

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58 ***Confidentiality, safeguarding and providing support to CYP when online and negotiating***  
59 ***challenging topics***  
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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.  
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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.  
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#### 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  
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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.  
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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).  
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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.  
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### 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:  
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- 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  
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3 best to approach potentially sensitive topics with CYP.  
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- 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.  
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- 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.  
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- 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.  
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- 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.  
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- 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.  
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- 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  
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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.  
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## 9 **Conclusions**

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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.  
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