

# Review of the Child safeguard policy :

## 1. Definition of the child.

Children should be defined as diverse individuals below 18 years. The addition of diverse implies that children are not a homogenous group and they have varying needs despite all being below 18 years. The implementation of the policy will require the application of the diversity lens on understanding the programmes, projects, activities done by states, Children organizations and other stakeholders.

## 2. Easy to read and understand Child safe guard policy.

The policy should be translated into accessible easy to read and understand format that enables children, parents and stakeholders with intellectual disabilities to understand. This can be done with support of the visual aid and few words to help understand the protection.

## 3. Guidance form for concepts.

The guidance forms on parent permission to involve children in the programme or research and child consent and will form should be attached to help the implementors and researchers to safeguard the rights of the children with clear guidance on how to approach. Below are some of the drafts I came up with based on those used by University of Chicago.

### Draft

#### IDRC Child consent form :

We are from the IDRC and we are asking you to be in a research study/Programme. We do research studies to learn more about how the world works and why people act the way they do. In this study/Programme, we want to understand/learn about [topic of study.]

#### What we are asking you to do:

We would like to ask you to [describe study procedures, such as take a X minute math quiz and complete a X minute survey for math class today].

On the survey, you can skip any question if it makes you uncomfortable.

#### Do I have to be in this study or programme or project?

You do not have to participate in this study. It is up to you. You can say no now or you can even change your mind later. No one will be upset with you if you decide not to be in this study or programme or project.

#### Relationship with school, teachers, friends and parents/relatives:

Your grades and your relationship with your school, teachers, friends, parents, relatives and classmates will not be affected if you choose to not participate in the study or if you choose to stop participating at any point. If you do not participate, you can work quietly at your desk during the [quizzes and surveys in your math class]. You will not miss any instructional class time by opting out.

#### Will being in this study hurt or help me in any way?

Being in this study will bring you no harm. There are no direct benefits to you for participating in this study. It will hopefully help us learn more about [study topic].

#### What will you do with information about me?

We will be very careful to keep your answers to the [quizzes and survey questions] private. Before and after the study we will keep all information we collect about you locked up and password protected.

If you want to stop doing the study, contact [name of research team member] at [phone number] or [email address]. If you choose to stop before we are finished, any answers you already gave will be destroyed. There is no penalty for stopping. If you decide that you don't want your materials in the study but you already turned them in, just let [member of research team] know.

#### If you have questions about the study, contact:

Insert contact information for the research team here

#### If you have questions about your rights in the study, contact:

IDRC

Jess Mitchell  
205 Richmond street, Toronto.  
Phone: 416-977-6000 ext 3965  
Email: J.mitchell@ocadu

#### Agreement:

By signing this form, I agree to be in the research study described above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will receive a copy of this form.

### second draft

Template for Parental Permission [delete text in red and insert other information where appropriate]

#### IDRC

#### PARENTAL PERMISSION FORM FOR CHILD'S PARTICIPATION

Study or programme Title:

Principal Investigator/programme Manager:

Researcher/implementor : [if applicable]

Your child is being asked to take part in a research study or programme. This form has important information about the reason for doing this study or programme, what we will ask your child to do, and the way we would like to use information about your child if you choose to allow your child to be in the study.

#### Why are you doing this study?

Your child is being asked to participate in a research study about ....

The purpose of the study is ...

#### What will my child be asked to do if my child is in this study or programme?

Your child will be asked to [explain what participants will be asked to do]. [Explain if you will be asking any personal or sensitive questions.] Participation should take about [insert expected amount of time].

[If you will be tape recording subjects, include the following]

We would like to video record [or audio tape] your child as he/she performs [study task(s) that will be recorded], to make sure that we remember accurately all the information. The researchers will keep these tapes in [explain where you will keep them] and they will only be used by [explain who will have access to the tapes]. We will only video record [or audio tape] your child if you and your child give us permission.

[If subjects may participate without being taped, include "I agree ..." and "I do not agree..." options at the end of this form. If audio/video recording are not optional, then state "Audio/Video recording is required for participation in this study. If you or your child do not wish to be recorded, it is not possible for your child to be in this study."]

[NOTE: if the parent is also a participant in the study, include a section describing what research tasks the parent will be asked to do OR create a separate consent form addressing the parent as a participant]

#### **What are the possible risks or discomforts to my child?**

Explain any foreseeable risks to subjects here.

Examples:

To the best of our knowledge, the things your child would be doing in this study or programme have no more risk of harm than the risks of everyday life.

OR

Your child's participation in this study does not involve any physical or emotional risk to your child beyond that of everyday life.

OR

Your child's participation in this study may involve the following risks... [describe any reasonably foreseeable risks to psyche, reputation, employability, insurability, social status, criminal or civil liability that may occur as a result of participation]

Examples of risk explanations:

- Your child may get tired during the tasks. Your child can rest/take a break at any time.
- Your child may feel emotional or upset when answering some of the questions. Your child can tell the interviewer at any time if he/she wants to take a break or stop the interview.
- Your child may be uncomfortable with some of the questions and topics we will ask about. If your child is uncomfortable, they are free to not answer or skip to the next question.

As with all research, there is a chance that confidentiality of the information we collect about your child could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.

#### **What are the possible benefits for my child or others?**

Your child is not likely to have any direct benefit from being in this research study. This study is designed to learn more about [insert purpose/topic of study]. The study results may be used to help other people in the future.

OR

Taking part in this research study may not benefit your child personally, but we may learn new things that will help others.

OR

The possible benefits to your child from this study include...

[Do NOT include information on payment/reimbursement in the description of benefits – that information belongs in a separate Financial Information section.]

#### **How will you protect the information you collect about my child, and how will that information be shared?**

Results of this study may be used in publications and presentations. [Explain measures to protect data confidentiality/personal privacy here. If disclosure of faces or voices is necessary to understanding the research and so identifying information may be used in reports/presentations, explain this and provide "I agree" "I do not agree" options at the end of the consent form.]

[If you will be sharing data with other researchers and/or archiving data, explain here and state whether identifiers will be included.]

If we think that your child intends to harm him/herself or others, we will notify the appropriate people/agencies with this information.

Mandated Reporter language – in studies in which researchers are probing for or likely to elicit information about child abuse or neglect, the following statement should be added (choose one):

If we learn about current or ongoing child abuse or neglect, we will report this information to the appropriate authorities.

OR

An exception to our promise of confidentiality is that we will report evidence of child abuse or neglect.

OR

We will not ask about child abuse or neglect, but if your child tells us about child abuse or neglect we will report that information to the appropriate authorities.

#### **Financial Information**

Participation in this study will involve no cost to you or your child. Your child will not be paid for participating in this study.

OR

[If subjects will be paid, explain the amount and terms of payment/reimbursement. If payments will be prorated if a subject withdraws from the study, state the terms]

#### **What are my child's rights as a research or programme participant?**

Participation in this study is voluntary. Your child may withdraw from this programme or study at any time -- you and your child will not be penalized in any way or lose any sort of benefits for deciding to stop participation. [Include this if research is being done in a school setting: If you and your child decide not to be in this study, this will not affect the relationship you and your child have with your child's school in any way. Your child's grades will not be affected if you choose not to let your child be in this study.]

If your child decides to withdraw from this study, the researchers will ask if the information already collected from your child can be used [or in the alternative, state that the information already collected will not be used.]

#### **Who can I contact if I have questions or concerns about this research study?**

If you or your child have any questions, you may contact the researchers at [add your contact information, including name, telephone number, and email address].

If you have any questions about your child's rights as a participant in this research, you can contact the following office at the University of Chicago:

Jess Mitchell  
205 Richmond street, Toronto.  
Phone: 416-977-6000 ext 3965  
Email: J.mitchell@ocadu

#### **Parental Permission for Child's Participation in programme or Research**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my child to participate in the research

study described above and will receive a copy of this Parental Permission form after I sign it.

**Optional Study Elements**

[This section should include other explicit consents for optional elements of the research procedures, such as audiotaping, videotaping, storing photographs for future use, or using the subjects' actual name in research publications.]

Initial one of the following to indicate your choice:

\_\_\_\_\_ (initial) I agree to...

\_\_\_\_\_ (initial) I do not agree to...

Examples:

**Consent to Quote from Interview**

I may wish to quote from the interview with your child either in the presentations or articles resulting from this work. [If a pseudonym will be used, include this statement: A pseudonym (fake name) will be used in order to protect your child's identity.]

Initial one of the following to indicate your choice:

\_\_\_\_\_ (initial) I agree to...

\_\_\_\_\_ (initial) I do not agree to...

**Consent to Audio-Record Interview**

Initial one of the following to indicate your choice:

\_\_\_\_\_ (initial) I agree to...

\_\_\_\_\_ (initial) I do not agree to...

\_\_\_\_\_  
Parent/Legal Guardian's Name (printed) and Signature Date

\_\_\_\_\_  
Name of Person Obtaining Parental Permission Date.

For studies taking place in a school, this paragraph generally should be included (if you are unsure whether to include this paragraph for your study, please contact the SBS IRB for guidance):

Parents, please be aware that you have the right to review a copy of the questions asked of or materials that will be used with students. If you would like to do so, you should contact [Principal Investigator] to obtain a copy of the questions or materials.

The above forms can be further reviewed to make them appropriate to the different contexts the stakeholders work in

**4. Translation into different languages.**

- The policy should be translated into different languages such as French, Spanish, Chinese and others to enable stakeholders understand it .