

New challenges in school-based research

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Recent declines in survey response rates and the changing nature of school policy to mandate active consent procedures for all research activities will affect the quality of research outcomes and the capacity to secure funding for the development of proposals with well-powered research methodologies.

Previously in this Journal, eight important recommendations to successfully recruit and retain schools in research studies were presented.¹ The Child Health Promotion Research Centre (CHPRC) has conducted school-based research in Western Australia for over 15 years and employed all these recruitment strategies with great success, achieving response rates between 75% and 95%.^{2,3} However, in the current climate of school-based research, new challenges affect recruitment efforts, leaving these recruitment strategies insufficient.

Recruiting schools to participate in research activities is a time-consuming process. Prior to any contact with Western Australian schools, approval must be granted both from a Human Research Ethics Committee as well as from the WA Department of Education and Training (DET). DET has recently introduced this application step to protect the welfare of government school children. Applications submitted to DET must comprise information and consent letters for all possible participants and all instruments to be used across the life of the project. This is a difficult task as grant funding is not released until ethics clearance and DET permission is granted. It can be challenging to fund a position before finance is available.

Once permission to commence research is granted, written agreement to participate must be obtained from school principals. Many factors deter schools from participating in research programs including an already overloaded curriculum, participation in other research, staff unwillingness to lead project activities and the priority of the issue for the school community. Farrington, McBride and Midford¹ suggest providing relief payments to schools to assist in releasing teaching staff from usual classroom activities, however, teacher shortages mean that often schools do not have staff available to relieve positions.

In addition, researchers must now seek active parental and student consent prior to commencing research rather than active/passive consent which was previously used by our research centre. Active consent requires parents and children to provide written agreement to be included in the study,

whereas passive consent is the absence of a 'no' response from parents.⁴ In active/passive consent, parents were mailed project information and requested to provide consent to participate in research activities. Parents who did not respond to the initial active consent letter were then followed up and requested to respond only if they do not want their child to participate in the research. Obtaining parental consent poses additional challenges for the researcher: ensuring the information reaches the parent, presenting all information required in a user-friendly format and encouraging return of consent forms. Multiple methods are often required to follow-up parents, including mailing directly to home addresses, distribution via classroom teachers and providing small incentives for return of consent forms, whether or not permission is granted. Multiple methods, however, prove costly for intervention research confined by limited budgets. Two recent studies conducted within CHPRC involving Western Australian government schools yielded only a 20% response rate from parents after two or three rounds of mailed consent. This low response rate introduces potential bias to the data resulting in information that may not be representative of students at the study schools and limiting the wider generalisability of the findings.

The dynamic nature of schools and the changing consent requirements for school-based research requires the researcher and timelines to be flexible with sufficient lead time to allow for lengthy application processes and continuous follow-up of schools and parents for the recruitment of participants. Further, the low response from parents in returning active consent/non-consent forms suggest alternative evaluation methods (e.g. staff and school level outcomes rather than student outcomes) may need to be explored. The CHPRC has requested funding support to investigate what information parents require to make informed decisions about their child's involvement in research studies and the best mode and format for delivery of this information.

National Health and Medical Research Council (NHMRC)⁴ guidelines for human research permit passive consent for non-sensitive research and research involving de-identified data. Given the low response rates achieved, rather than a mandated policy of active consent, perhaps it would be more appropriate to include a risk rating process for applications to conduct research in Government schools. This risk rating could take into account the topic under investigation, how data will be collected and the level of involvement required by participants. High risk research, i.e. that investigating sensitive topics, requiring a large time investment by participants or storing data linked to the names of the participants, would require active consent; while lower risk research may be granted active/passive consent from participants and parents.

Regular meetings involving researchers, DET and funding body representatives would also assist to keep parties aware of issues that arise for school-based research and contribute to higher quality research in this setting.

References

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