Tower Hamlets

Research Governance Framework (RGF)

Application Forms

Application Form

Risk Assessment

Information Sharing Agreement

**London Borough of Tower Hamlets Research Proposal Form**

Please complete a separate form for each research activity. Please also ensure that you answer all questions as fully as possible as your answers will be recorded both internally and externally (nationally) on the *National Research Register for Social Care*.

The completed form and attachments should be sent to: [juanita.haynes@towerhamlets.gov.uk](mailto:juanita.haynes@towerhamlets.gov.uk)

|  |  |  |
| --- | --- | --- |
| Title of research |  | Ref No. (Office use only) |

|  |  |
| --- | --- |
| Brief description of research (20 words max.) |  |

**1. Background**

|  |  |
| --- | --- |
| (a) What are the aims and objectives for the research? | |
| (b) Are you aware of any other work being carried out in this area or previous research? If so, please provide details. |  |

|  |  |
| --- | --- |
| (c) Proposed Start Date: |  |
| (d) Estimated Completion Date: |  |
| (e) Please confirm that you have attached a project timetable: | Yes  No |
| (f) Proposed Sample size: |  |
| (g) Does the project involve four or more Local Authorities? | Yes  No |
| (h) If so, has a proposal been sent to the ADCS?  Approved by the ADCS? (Association of Directors of Children’s Services) | Yes  No  N/A  Yes  No |
| (i) Has any other external body approved this project? (If so, please attach) | Yes  No |

**2. Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **LBTH Sponsor (e.g. Service manager)** | | | |
| (a) Name: | Division: | | |
| (b) Job title: | Phone: | | Fax: |
| (c) Email: | Address: | | |
| (d) Is the sponsor aware of their following responsibilities? | Research arrangements  monitoring arrangements  financial arrangements | | |
| **External Sponsor/Partner (if project is led externally, a LBTH sponsor is still required)** | | | |
| (e) Name: | Phone: | | |
| (f) Organisation: | Role / position / job title: | | |
| (g) Email: | Fax: | | |
| (h) Address: | | | |
| **Research Organisation/Provider** | | | |
| (i) Name: | Organisation: | | |
| (j) Phone: | Email: | Fax: | |
| (k) Address: | | | |
| **Lead Researcher** | | | |
| (l) Name: | Phone: | | |
| (m)Email: | Fax: | | |
| (n)Address: | | | |
| (o) Please give indication of lead researcher’s experience and/or relevant qualifications: | | | |
| (p) Please name the Researcher(s) who will see/use Service User information:    *NB if this has not yet been arranged, names will need to be supplied later. Each researcher is expected to hold a current CRB check.* | | | |

**3. Who Will Be Involved**

|  |
| --- |
| (a) Please provide details of the participants who will be involved (e.g. children in need, Adults with Disabilities, older people, 3rd sector organisations): |
| (b) What geographical areas will be covered as part of your research? |

### 4. Methodology and Techniques

|  |
| --- |
| (a) Please describe the recruitment process (how participants are going to be selected and approached): |
| (b) Please provide details of how participants will be interviewed/involved and how the information will be gathered (e.g. survey, questionnaire, interviews, case review): |
| (c) Are the participants known to the researcher? Yes  No |
| (d) If Yes, in what capacity? |
| (e) Exactly what personal participant information is required for the study? |
| (f) Where will the research be conducted? |
| (g) Will participants be compensated in any way for their participation? Yes  No  If yes, please provide details: |
| (h) How will you obtain explicit informed consent from participants/research subjects? |
| (i) Where you are unable to obtain informed consent, what will you do? |
| (j)In which parts of the research, if any, will/have the service users or carers been actively involved? (i.e. research that is carried out with or by people who use services, rather than research that simply gathers information from participants) |
| (k) Will participants be clearly and fully informed of the Yes  No purpose of the research? |
| (l) Do you have an information sheet for participants? Yes  No |
| (m) What are the arrangements for protecting the confidentiality of information about the participants? |
| (n) Will information gathered be made anonymous or pseudonymous? Yes  No  How will the information be stored? |
| (o) What type of confidentiality agreements will the researchers be asked to sign? (please attach a copy) |
| (p) Please describe how information will be transferred to the Researchers: |
| (q) Is it proposed that Personally Identifiable Information Yes  No  be transferred out of the European Economic Area? |
| (r) Please confirm that you will be storing data using Ironkey or on a computer which meets the FIP 140-2 AES 256 Bit encryption  Yes  No  (please provide details) |
| (s) Please confirm you will ensure original service user information is securely disposed of after the research is completed.  Yes  No  (please provide details) |
| (t) If you intend to keep data longer please provide reasons for doing so. |
| (u) Once the project is completed, when and how will any derived information not necessary for publication be destroyed? |

**5. Ethical Considerations**

|  |  |
| --- | --- |
| (a) Is there any potential risk of harm to participants or yourself? | Yes  No |
| (b) If so what are the risks and what do you intend to do to reduce them? | |
| (c) Will participants be given information on how to complain? Please provide details | Yes  No |
| (d) Where appropriate will information be made available to participants in alternative formats? | Yes  No |
| (e) **How have you addressed equalities issues as part of your project(**Where relevant, has the research taken into account age, disability, gender, sexual orientation, race, culture, religion, and language barriers in its design, undertaking and reporting**)?** | |

### 6. Frequency of Research

|  |
| --- |
| (a)  One Off  Annually  Regularly, if so how often |

### 7. Resources/Cost Involved

|  |
| --- |
| (a)Budget identified £  (b)If cost is in staff days, then number of full-time days  Record any Children’s Services staff time separately from researcher time: |
| (c) Is there a funding body involved: Yes  No |
| (d) Name of funding body: |
| (e) Address of funding body: |
| (f) Lead contact name: |
| (g) Lead contact’s telephone number: |
| (h) Lead contact’s email address: |

**8. Corporate Research Team Involvement**

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| --- |
| (a) Is the Corporate Research Team input required?  Yes  No |
| (b) What level of CRU input is requested? |

**9. Feedback and Dissemination Arrangements**

|  |  |
| --- | --- |
| (a) In what form will your findings be presented? |  |
| (b) How will you be disseminating your findings and to whom? |  |
| (c) Are you intending to publish your findings?  (d) Reports intended for publication must be approved by the panel prior to publication) | Yes  No |
| (e) Where will the research be published and what information will the published research include? | |

**10. Attachments: You are required to attach the following documents, failure to do so will delay the approval of your proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| *Please provide copies of the following documents (where appropriate) and any other accompanying information for panel approval.* | | | |
| Completed proposal form |  | Previous research |  |
| Consent Form |  | Researcher’s confidentiality agreement |  |
| Participant Information sheet |  | ADCS Application/Approval |  |
| Copies of any questions to be asked during interviews/focus groups |  | Project timetable |  |
| Topic list for informal discussions |  | CRB Check |  |
| Copies of questionnaires/Surveys |  | Any other relevant information |  |
| Copies of any evaluation forms |  |  |  |
| Approvals from other approving bodies. |  | Other (specify below |  |
|  | | | |

|  |
| --- |
| *FOR PANEL USE* |
| **Comments / requirements for further information** |

**Research Risk Assessment Tool**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title of Proposal** |  | | | | | **Date** | | | | | |
| **Name of Researcher** |  | | | | | **Ref No.** | | | | | |
| **Key Risk Areas** | | | | | | | | | | | |
| **Research Participants** | | | | | | | | | | | |
| High Risk | | | Participants are unable to consent or withdraw from the study due to age or incapacity, communication issues arising from language, literacy issues, sensory or speech impairments. | | | | | |  | | |
| Medium Risk | | | Informed consent & ability to withdraw from study possible with support to overcome barriers e.g. advocates, translators/interpreters, signers or technology. | | | | | |  | | |
| Low Risk | | | Informed consent and ability to withdraw from study fully possible. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Researcher Competence** | | | | | | | | | | | |
| High Risk | | | Researcher(s) not well qualified with little or no experience of topic of investigation, the participants or the methods to be used, e.g. student. | | | | | |  | | |
| Medium Risk | | | Reasonably well qualified with some experience and knowledge of the participants or research skills. | | | | | |  | | |
| Low Risk | | | Well qualified with experience and knowledge of the participants and research skills. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Nature of Information being sought** | | | | | | | | | | | |
| High Risk | | | The topic and kinds of information being sought are likely to be regarded as highly personal or sensitive by those from whom it is being collected or about whom it is to be obtained. E.g. criminal records, social service history, mental health history. | | | | | |  | | |
| Medium Risk | | | The topic or the kinds of information being sought include items likely to be considered slightly personal or sensitive by some people. E.g. ethnicity, income, religion. | | | | | |  | | |
| Low Risk | | | The topic and kinds of information being sought do not focus on personal information at all, e.g. opinions about services. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Appropriateness of methodology** | | | | | | | | | | | |
| High Risk | | | The methods are not appropriate to the subject of the proposed study or the need for the study is not established. | | | | | |  | | |
| Medium Risk | | | The method may not be appropriate for the study or the need for the study has yet to be established. | | | | | |  | | |
| Low Risk | | | The methods are fully appropriate and there is a need for the study. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Methods/nature of data collection** | | | | | | | | | | | |
| High Risk | | | High level of face to face contact and/or interaction between investigator and participant e.g. person interviews, observations. | | | | | |  | | |
| Medium Risk | | | Some face to face contact and interaction for limited amounts of time. | | | | | |  | | |
| Low Risk | | | No face to face interaction between researcher and participant | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Level of privacy to participant** | | | | | | | | | | | |
| High Risk | | | Not confidential | | | | | |  | | |
| Medium Risk | | | Confidential | | | | | |  | | |
| Low Risk | | | Anonymous | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Relationship between researcher & participants** | | | | | | | | | | | |
| High Risk | | | Participants are personally known to the researcher & may have other duties or responsibilities towards all or some of the participants which may create potential conflicts of interest. | | | | | |  | | |
| Medium Risk | | | Limited information about the participants is provided to the researcher to make the study possible or more reliable. | | | | | |  | | |
| Low Risk | | | Participants are unknown to the researcher and cannot be identified. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Personally Identifiable Research Data** | | | | | | | | | | | |
| High Risk | | | There are no controls on access to the Original (Personally  Identifiable) Research Data or it is held on an unsecured computer or unlocked physical container. | | | | | | |  | |
| Medium Risk | | | The Original (Personally Identifiable) Research Data will only be  available to the Researchers | | | | | | |  | |
| Low Risk | | | The Original (Personally Identifiable) Research Data will only be  available to the Lead researcher, and their designated Deputy | | | | | | |  | |
| Details of assessed risk | | |  | | | | | | | | |
| **Storage** | | | | | | | | | | | |
| High Risk | | | The Original (Personally Identifiable) Research Data is held on a secured computer or locked physical container | | | | | | |  | |
| Medium Risk | | | The Original (Personally Identifiable) Research Data is held on a computer that has been assessed as compliant with BS7799 part 2 | | | | | | |  | |
| Low Risk | | | The Original (Personally Identifiable) Research Data is held on an Ironkey or a computer which meets the FIP 140-2 AES 256 Bit encryption | | | | | | |  | |
| Details of assessed risk | | |  | | | | | | | | |
| **External considerations** | | | | | | | | | | | |
| High Risk | | | Study is likely to be extremely sensitive | | | | | |  | | |
| Medium Risk | | | Parts of the study may be sensitive | | | | | |  | | |
| Low Risk | | | No known sensitivities. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Multi-Site Projects (4 or more local authorities)** | | | | | | | | | | | |
| High Risk | | | Project has not received ADCS approval | | | | | |  | | |
| Medium Risk | | | Project is pending approval and changes are suggested. | | | | | |  | | |
| Low Risk | | | Project has been given approval by ADCS panel. | | | | | |  | | |
| Details of assessed risk | | |  | | | | | | | | |
| **Good Practice Checklist** | | | | | | | | **Yes No** | | | |
| The research planned involves pupils/users in either the design, conduct, analysis and reporting of the research. | | | | | | | |  | | | |
| Equalities issues are clearly addressed in the proposal. | | | | | | | |  | | | |
| Where appropriate researchers hold a current CRB | | | | | | | |  | | | |
| Forms and information to be used as part of the research meets the needs of the research participants and where appropriate are available in alternative formats. | | | | | | | |  | | | |
| There are clear plans for distribution of findings to participants. | | | | | | | |  | | | |
| The proposal conforms to the Data Protection Act 1998 and the Caldicott Guardian standards. | | | | | | | |  | | | |
| The proposed plan demonstrates an appropriate use of resources. (time, money, people) | | | | | | | |  | | | |
| The proposed plan does not unintentionally discriminate or place any groups at a disadvantage. | | | | | | | |  | | | |
| Are the purposes of the research clearly stated? | | | | | | | |  | | | |
| Does the research conform to these purposes? | | | | | | | |  | | | |
| Is the Personal Identifying Information remaining within the EEA? | | | | | | | |  | | | |
| Is the minimum possible PII being used? | | | | | | | |  | | | |
| Are all researchers aware of their responsibilities? | | | | | | | |  | | | |
| **Good Practice Assessment:** | | | | | | | | | | | |
| **Overall adjudication** | | **Approval Given** | | **Resubmit with minor changes** | | | **Resubmit with major changes** | | | | **Proposal rejected** |
| **Signed** | | | | | **Date:** | | | | | | |
| **Role/Title** | |  | | | | | | | | | |

**London Borough of Tower Hamlets**

**INFORMATION SHARING AGREEMENT**

I understand that it is a condition of approval that my research findings or a summary thereof will be shared with Tower Hamlets for the purpose of registering my research with the National Social Care Research Register and to support the continuous improvement of services in Tower Hamlets.

Signed ……………………………………..

Print Name ………………………………….

Date…………………………………………