Thames Valley Violence Reduction Unit Ethical Principles and Framework

Version	Editor	Reason	Date
0.1	Karen Buckley (PHE) and Lewis Prescott-Mayling (TV VRU)	Initial draft	April 2020
0.2	Lewis Prescott-Mayling	Changes to fit the Data Ethics Committee's presentation of use cases	July 2021
0.3	Lewis Prescott-Mayling	Changes to risk wording in ethical principles	July 2021
0.4	Lewis Prescott-Mayling	Changes to adding in additional principles following JIMU review	August 2021
1.0	Lewis Prescott-Mayling	Final Version	September 2021
1.1	Tim Lowe	Contextualising questions added to the framework	March 2022
1.2	Tim Lowe	Committee Response column removed and step 2 and 3 answer columns added	May 2022

** Please note this is a living document, which is subject to change in consultation with our community and Data Ethics Committee members – the latest version will be available on the Violence Reduction Unit website once version 1 is agreed. This document should be read in conjunction with the Data Ethics Committee's Terms of Reference.

Purpose

This document sets out the Ethical Principles of the Violence Reduction Unit of the Thames Valley. It then sets out a framework for applying these principles to VRU activities or use cases. Whilst this document is not exclusively for the data use cases it will be used in the first stage of the presentation of data use cases to the Data Ethics Committee.

Thames Valley Violence Reduction Unit Ethical Principles and Framework

This framework provides an account of the processes that are in place to govern recommendations across the TV VRU as well as describing the range of ethical considerations that will feature across these processes.

It is divided into three parts:

(i)   overarching principles and orientations,
(ii)   local or community-level activities and
(iii)   large-scale or population level activities. In each case, there is a broad description of the ethical considerations/values and the orientations/processes.

Overarching principles and orientations

We recognise that because the aims, methods, and activities of the TV VRU are sensitive and contested, transparency, appropriate openness and decentralised recommendations are crucial.

The primary, core value of the TV VRU is that its activities are driven by a concern with both the welfare of the community as a whole and with the welfare of individual members of that community.

In order to be best placed to realise this, the TV VRU recognises that the specific aims methods and activities must be legitimately co-owned by those undertaking them and by those for whom they are undertaken.

Legitimate co-ownership has two aspects:

(i)   involving those with relevant expertise, independence, and experience in structured processes of decision-making and
(ii)   involving a broad range of stakeholders and communities in a way that activities are developed cooperatively (and so co-owned).

What counts as ethically right or appropriate can be ambiguous and open to debate and disagreement. The TV VRU has a duty to act in the public interest and, as such, they require support in making decisions that are ethically and practically complex and challenging.

For this reason, it is important to have processes that can provide assurances to stakeholders and the public. These processes are designed to bring different people together who represent different stakeholders and with different experience and expertise, to conduct a thorough ethical analysis and to provide practical and independent advice.

Community-level activities

This set of activities are those which are more finely targeted to specific areas or local communities and neighbourhoods. Because these activities are so focussed and targeted, they require closer attention and development at the community level.

The core approach to achieving the aim of a community level reduction in violence is to develop ground-up, community-based, and community-led strategies which manage the broad socio-economic causes of violence. This approach requires the utilisation of a broad range of social techniques that are not specific to policing and, in some cases, unlinked to policing.

By convening local groups and genuinely empowering local communities, these activities stand a better chance of having a significant effect and, importantly, this effect will be achieved through ethical means.

These processes must also build in enough independence and expertise to ensure legitimacy and ethical robustness. Harms associated with the identifiability and stigmatisation of individuals, families and local groups must be guarded against even at this community level. Broad consistency with the approaches, values and activities in the wider population should also be maintained.

Population-level activities

A set of values and processes that apply to activities and decision-making which involves whole populations. 'Population-level' here, is understood to capture those activities of the TV VRU that operate at the level of the whole or very large proportions of the population. This level is distinguished by its remoteness from individuals or local communities and is driven by the idea that, at this level, neither individuals nor local communities will be identified, identifiable or targeted through these activities.

For example, at this level, data used would be anonymised or used only in aggregate form and resulting interventions would be broad and widely applied.

Importantly, the process for making decisions about the ethical acceptability of these interventions will be necessarily at a higher level than activities at the community level but the decision-making process will include a range of stakeholders and representatives.

Core ethical principles

In reviewing proposed activities or use cases, the following ethical considerations will be taken into account:

1. **Benefits**: The use of data and the related activities have clear benefits for users and serves the public good.
2. **Risks**: The use of data and the related activities have minimal (low or no) risk of harm (emotional, physical, stigmatisation, or victimisation) for any individual or group of individuals. Risk of harm should be eliminated or minimised and outweighed by the benefits from action.
3. **Health inequalities**: A placed-based approach to addressing health inequalities will be considered in best using the data for action.
4. **Equality and Discrimination**: The proposed use of data should not discriminate against any individuals or groups of people (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation).

5. **Confidentiality**: The data subject's identity (whether person or organisation) is protected. Information is kept confidential and secure, and the issue of consent is considered appropriately.
6. **Technology Oversight**: The risks and limits of new technologies are considered and there is sufficient human oversight so that methods employed are consistent with recognised standards of integrity, quality and human rights.
7. **Legal Uses**: Data used, and methods employed, are consistent with legal and evidential requirements such as data protection laws, anti-discrimination law, the Human Rights Act (and other internationally recognised human rights instruments), public law (especially the common law duty of confidence), and rights of judicial review.
8. **Scientific Validity**: The data used, and research and analysis of the methods employed, have a sufficiently reliable scientific basis in order to draw valid conclusions.
9. **Multi-agency:** There is multi-agency, system wide collaboration to identify the best use of data to meet the needs of the population for joined-up action.
10. **Public voice:** The views of the public are considered in how best to use the data for action.
11. **Transparency:** The generation process, access, use, and sharing of data is transparent, and is communicated clearly and accessibly to the public.

Process
Proposed data use cases will be presented to the Data Ethics Committee in the following way to fulfil step 1 of the committee's process "Early-stage consideration and process scoping prior to committee discussion". This document will service as the advanced notice of the use case to the committee members and will be completed by the senior project / use case lead. Use cases will be presented to the committee before they are to go live (i.e. in operational use). Whilst it is understood development and testing may take place to ensure a use case is even viable, it is recommended that such development is reviewed by the Data Ethics Committee. Columns for Steps 2 and £ are also provided in order to track response to issues highlighted by the Committee.

Openness
This document will be published online on the TV VRU website.

Completing the ethical framework

This framework serves as a set of questions to guide the ethical use of data for ethical action with transparency. It is important that this framework is completed honestly, with any harms clearly and openly explored. The questions act as a guide and you may not be able to answer all questions, but this should be clearly explained. All completed frameworks should be shared with the Data Ethics Committee for review in advance of it being an agenda item – see ToR for the Data Ethics Committee for further detail on process.

Title of programme, use case or proposed use of data:	
Date of completion of this document:	
TV VRU work stream:	
Contact(s) (Name, email/contact) of senior lead (s):	
Date of commencement of programme:	
Why are you bringing the use case to the committee?	
What ethical questions do you consider to be important when thinking about the use case?	

Ethical consideration	Your answer (Step One)	Your answer (Step Two)	Your answer (Step Three)
Content (ethical inputs)			
1. Aims What are the main aims of your work? What are the **benefits** from acting?	➢ *Describe your initial work plans or intervention plans detailing the key outcomes to be achieved for both the users and the population. What are the predicted key benefits from the programme or proposed use of data for action? And the benefits from acting compared to status quo?*		

2. Harms What are the potential harms from your work?	➢ *What are the potential harms from intervening or acting? Are there any harms in the use of data for action? Is there an appropriate balance between privacy and perceived benefits? Have you avoided any stigmatisation and/or victimisation of any individuals, groups or populations? Are there any automated processes and so risks of harm? What are the unintended consequences?*		
3. Health inequalities How do you expect your work to contribute to reducing health inequalities?	➢ *Is the work community-level or population-level? How much does the work explicitly focus on how to help improve outcomes or experiences for more disadvantaged groups? How are you working to intervene as early as possible?*		

4. Equity and discrimination What are the potential harms to those with protected characteristics?	➢ *How are you promoting equality, diversity and inclusion? Have you avoided any stigmatisation and/or victimisation of any individuals, groups or populations with protected characteristics? (e.g., based on race, nationality, religion, gender, sex, disability, age, social background or otherwise). Is there any risk of challenge, whether by judicial review or otherwise?*		
5. Data and evidence How are you using the data to identify need, inform action and evaluate?	➢ *What data are you using (e.g. PID or population level)? How are you using the data? And is it compatible with the reason for original collection? What is your baseline and how will you use data to evaluate the intervention/action? Are you treating the data confidentially? Is it secure? Are the data methods accurate and appropriate? Are you using quantitative and qualitative data? Have you been transparent with stakeholders and the public about the data use? How accurate is the data – how collected, analysis, any biases?* .		

| **Process (ethical decision making)** | |

6. Multi-agency How are you working with partners?	➤ *How have you engaged and worked with multi-agency partners to identify need? Avoid duplication? Coordinate action? Across the system? E.g. local authorities including children's services, public health, etc? Do you have a communications strategy? How will you communicate findings, concerns, implications, monitoring with stakeholders?*		
7. Public voice How have you sought the views of the public?	➤ *How have you worked with the public? How have you shared the data? How have they contributed to the design and development of the intervention or proposed action? Would they generally agree/accept what you are proposing? How will you communicate findings, concerns, implications, monitoring with the public?*		

| 8. Transparency
- How open have you been about the project and methodology used? | ➤ *How have you accessed, used and shared the data? Is this transparent and communicated clearly and easily accessible to the public? How much accountability, governance and oversight is there throughout the project, including level of seniority? How will it influence policy or operational action? How will you use the outcomes, negative and positive?*

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