Researching Vulnerable Groups: Ethical Issues and the Effective Conduct of Research in Local Authorities

3 authors:

Emily R. Munro
University College London
43 PUBLICATIONS   1,111 CITATIONS

Lisa Holmes
University of Sussex
79 PUBLICATIONS   911 CITATIONS

Harriet Ward
University of Oxford
100 PUBLICATIONS   1,946 CITATIONS

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Researching Vulnerable Groups: Ethical Issues and the Effective Conduct of Research in Local Authorities

Emily R. Munro, Lisa Holmes and Harriet Ward

Emily Munro is a Research Associate at the Centre for Child and Family Research, Loughborough University. She is currently involved in work on life pathways and decision making for very young children in care or accommodation.

Lisa Holmes is a Research Associate at the Centre for Child and Family Research, Loughborough University. She is currently involved in a project exploring the relationship between costs, outcomes and types of placement for children looked after away from home.

Harriet Ward is Director of the Centre for Child and Family Research, Loughborough University. Since 1992 she has directed the research and development for the Department of Health programme for assessing outcomes for children looked after away from home. Her current research programme includes cohort studies of children looked after away from home, studies of the costs of services, and issues concerning inter-agency working and data analysis in local authorities.

Correspondence to Emily Munro, Centre for Child and Family Research, Department of Social Sciences, Loughborough University, Leicestershire LE11 3TU, UK. Email: e.munro@lboro.ac.uk

Summary

The Data Protection Act 1998 and *Research Governance Framework for Health and Social Care* (Department of Health, 2003a) have brought consideration of ethical issues in the conduct of research into sharper focus. This paper, based primarily on the authors' experiences of conducting research on children in need and outcomes for vulnerable children, examines the impact these changes have had on the research process. The difficulties experienced by researchers in gaining access to research participants in order to develop evidence-based policy and practice are explored. Finally, the paper outlines some practical steps that can be taken to facilitate the effective conduct of research.

Keywords: Data Protection Act 1998, ethics, access, effective research

Introduction

The purpose of much social care research is to provide evidence that can be utilized to inform policy and practice and enhance the well-being of vulnerable

children and families. However, as policy makers themselves recognize, 'research can involve an element of risk, both in terms of return on investment, and sometimes for the safety and well-being of the research participants' (Department of Health, 2003a, p. 3). These issues have been brought into sharper focus since the implementation of the Data Protection Act 1998 and the *Research Governance Framework for Health and Social Care* (Department of Health, 2003a); it is increasingly evident that careful governance is required to minimize these risks and promote the effective conduct of research. This paper draws on the authors' experiences as active researchers conducting externally funded research on children and families, and examines the impact a more transparent legal and ethical framework has had on local authorities and researchers, given their different roles and responsibilities within the research process and in respect of dealing with vulnerable groups. The difficulties experienced by researchers in gaining access to research participants in order to develop evidence-based policy and practice are also explored.

Whilst based primarily on the authors' experiences of conducting research on children in need and outcomes for vulnerable children, this paper also incorporates other researchers' accounts of the research process in different settings, including the NHS. Although the paper focuses upon research involving children, many of the issues raised are also likely to apply in relation to adult services research.

The role of research in local authorities

Social care, and child welfare in particular, is an intensely emotive field, and there is always a danger that legislation and policy will be influenced more by ideology and political pragmatism than by objective evidence (see Ward, 2000). This makes it all the more important that policy development should be underpinned by a strong evidence base. Since the 1980s, such a base has gradually been constructed through a series of government-funded research programmes (see, for example, Department of Health 1991, 1995, 1999a). Utting suggests that the lessons learnt from these studies have 'helped to redefine the relationship between the courts, personal social services, and families and children in need' (cited in, Department of Health, 1991, p. vi); in so doing, they have been instrumental in both the development of policy initiatives, such as Refocussing Services and Quality Protects, and in the construction of key pieces of legislation such as the Children Act 1989, the Children (Leaving Care) Act 2000, and the Adoption and Children Act 2002. The close link between social care research, policy and practice continues, with the government investing considerable sums in studies to evaluate current policy, inform decision-making and form the basis for future policy development. Shaw (2003) suggests that:

> Social work practice and services have gained in three broad ways from research. Research may shed light on the processes and outcomes of practice, thus assisting in building knowledge and skills for practice. Social work

> has also gained from the wider range of knowledge-questioning research that seeks to describe or explain social problems encountered by human services practitioners. Practice and research may mutually benefit from considering how far the perspectives and methods of one provide a template for the other. (Shaw, 2003, p. 111)

This is not to say, however, that such research is without its critics, for the validity of evidence-based practice in social work has frequently been questioned. Webb (2001) suggests that the increased emphasis upon and use of evidence-based policy has 'developed without critical commentary' (p. 59) and criticizes the separation of ' "facts" and "values" implicit in evidence-based procedures [as this] undermines professional judgement and discretion in social work' (Webb, 2001, p. 57) (cf. Sheldon, 2001). Such arguments are part of a wider philosophical debate on epistemology, i.e. 'what is (or what should be) regarded as knowledge in a given discipline' (Bryman, 2001, p. 11).

While philosophical paradigms may inform methodological approaches to social enquiry, more practical issues are also influential, for these too can have a considerable impact on the research process. Recently, legislative change and research guidance in health and social care settings have, arguably, re-focused attention on ethical issues, privacy and confidentiality in research.

The Research Governance Framework for Health and Social Care (Department of Health, 2003a) sets out standards of good practice in the conduct of research. The framework outlines core principles of good research governance and involves the creation of Research Ethics Committees, which any research project carried out involving service users will need to pass through to be approved. It will require independent expert review of research projects and monitoring of research progress. Perhaps most importantly, the framework should ensure that the 'dignity and rights of [research] participants' are secured and that 'risks to their safety and well being' are minimized (p. ii). Such developments are welcomed; however, they do raise new challenges for researchers, agencies and funding bodies. These issues are particularly prominent in the conduct of research in social care, because, as the Department of Health acknowledges 'the existing research culture in social care and the arrangements for its governance are less evenly developed than in much of the NHS' (p. 1). The Research Governance Framework is already operational in health settings, and phased implementation has begun in social services. Whilst there is considerable support for the Research Governance Framework, the consultation process did identify anxieties surrounding implementation, particularly concerning delay to research timetables (Department of Health, 2003b).

Before examining key issues relating to ethical research, it is important to acknowledge that although researchers, policy makers and local authorities may all work to enhance the well-being of vulnerable groups, they may well have different perspectives which frequently affect and occasionally undermine the research process.

Different perspectives
Policy makers

Policy makers require research evidence to respond to ministerial questions on key issues on the policy agenda and to develop and/or reform legislation, policy and practice. For instance, the research initiative on the costs and effectiveness of services for children in need was introduced partly in response to growing concerns that costs of providing care and accommodation appeared to be spiralling although the number of children looked after was diminishing. One aim of the research brief was to identify how the costs and effectiveness of different services could be compared more accurately. The need for the 13 research teams to complete their studies became more pressing when it became apparent that their findings would be of particular value to the policy initiative on Choice Protects, the purpose of which is to 'improve the outcomes for children looked after through developing better commissioning and service provision' (http:www.doh.gov.uk/choiceprotects/values.htm). As this example demonstrates, policy makers are under pressure to provide the government with clear answers to priority issues on the policy agenda, so as to facilitate social policy development and effective service delivery, and to promote positive outcomes for service users.

Researchers

As Meagher and Wilson (2002) demonstrate, policy makers 'demand outcomes within tight budgets and want answers' (p. 664). Researchers must be responsive to these demands and deliver research findings within agreed time frames. However, the timing of a research programme is open to tension, for while policy makers need answers as quickly as possible, good quality research findings can rarely be produced in less than 2 or 3 years. Researchers are consequently always working against the clock and, as a result, any delays in the process place them under considerable pressure. Difficulties in accessing data are a cause of delay that first affects the research timetable, second affects the fullness of the data, and thus the quality of the findings, and third increases research costs, the major element of which are staff salaries. These difficulties may tempt researchers to cut corners, yet to do so is ultimately detrimental to all concerned.

Local authorities

Protecting children and working in partnership with parents are key principles of the Children Act 1989. Agencies need to 'demonstrate that the views of children and families are actively sought and used in the planning, delivery and review of services' (Department of Health, 1999b, p. 21). *Safeguarding Children*

(Department of Health, 2002) acknowledges that when young people are consulted 'services become more responsive and better used by children and young people' (p. 59). The participation of local authorities in research studies can be a means of facilitating consultation, as well as providing findings that are essential to the evaluation and improvement of services (see Skuse and Ward, 2003). However, at times, research may be seen as an unnecessary intrusion that detracts from the social work role of protecting vulnerable children and working with families.

Although, ultimately, all involved are united by a common desire to promote positive outcomes for children and young people in need, it is nevertheless evident that each of the parties that contribute to research experience different pressures as they fulfil their roles and responsibilities. These differences, which can lead to conflicting perspectives, have been thrown into sharper relief since the implementation of the Data Protection Act 1998. This framework is examined below and is followed by discussion of its implications for the effective conduct of research. Following this, strategies to facilitate the research process in the current context are examined, with reference to the different needs and expectations of those involved.

Legislative framework

In 2000, two pieces of influential legislation concerning information handling, confidentiality and human rights came into force. The Data Protection Act 1998 goes further than preceding legislation in introducing provisions to protect the confidentiality and privacy of personal information whether held on paper, electronically or in other formats. In addition, an ethical framework has been set out by the Human Rights Act 1998, which incorporates the UN Convention of Human Rights into domestic law and specifies core rights that are protected, including the 'right to respect for private and family life' (Human Rights Act 1998, Article 8). The provisions of the Human Rights Act widen the scope for individuals to challenge decisions made by local authorities which could be considered as having contravened this right (see for discussion, Williams, 2001).

This newly implemented ethical and legislative framework is important to ensure that all individuals are afforded protection from unwarranted intrusion into private matters. Personal data on vulnerable children and families, held by child welfare and other agencies, are particularly sensitive, as they relate to the private sphere of family life. Yet, access to such data is necessary to researchers who are commissioned to evaluate services and analyse findings that can be used to develop policy and practice to protect and promote the well-being of children and young people.

It is noteworthy that the Data Protection Act 1998 acknowledges certain exemptions when personal data are processed for research purposes. Providing that:

- The data are not processed to support measures or decisions relating to particular individuals; and

- The data are not processed in such a way that substantial damage or distress is, or is likely to be, caused to any data subject (Information Commissioner, 2002, p. 67)

it is permissible for data to be processed for purposes other than those originally obtained and to be held indefinitely. In addition, personal data are exempt from data subject access rights if findings are anonymized (Information Commissioner, 2002).

The implementation of the 1998 Data Protection Act has led to significant changes in the way personal data are collected and stored by researchers. Increasingly, universities require researchers to ensure that subjects are assigned a unique identifying code, that data are anonymized and/or encrypted, and securely stored. Whilst recognizing that research data can be held indefinitely, some universities also offer additional advice to research staff on data retention. For example, Loughborough University Ethical Advisory Committee suggests that statistical data and interview schedules and transcripts should be held for no longer than 6 years or 10 years, respectively, from the completion of the project, unless they are to be used in longitudinal studies or have informed national policy making (http://www.lboro.ac.uk/admin/committees/ethical/gn/dcas.htm).

Although the implementation of the 1998 Data Protection Act has materially improved the way in which sensitive information is both collected and stored in the research process, issues concerning access to personal data have nevertheless become increasingly prominent in the last 2 or 3 years. Difficulties may arise due to different interpretations of legislation, at both the intra- and inter-agency level. They reflect the different needs, expectations and responsibilities of researchers, policy makers and child welfare agencies. A primary responsibility of agencies is to protect service users, and to safeguard the confidential information which they furnish, whereas one of the responsibilities of researchers is to collect such data in order to provide evidence that informs policy and practice. The following section identifies the impact of different interpretations of legislation on the research process and the effective conduct of research.

Interpretations of legislation
Impact upon recruitment of local authorities

In the last 5 years or so, the recruitment of local authorities to participate in research has become increasingly problematic. Difficulties with the recruitment and retention of social services staff has an impact upon the authority's willingness and ability to commit itself to participate in research. The *Social Services Recruitment and Retention Survey 2000* found significant recruitment

difficulties within children and families social work, with particularly high vacancy rates in London and the South East and difficulties concerning the retention of staff (Social and Health Care Workforce Group, 2000, p. 1). In certain localities, there are simply not enough staff available to facilitate the proposed work.

However, concerns about contravening the 1998 Data Protection Act are also apparent. Local authorities hold different understandings of the circumstances under which information can be made available to research teams or where additional permission from service users is required. Although provisions are in place to ensure that ethical and legal duties are met, legal challenges are costly, and some authorities prefer to decline invitations to participate in research which appears to lay too great a burden on their staff, or too great a risk of contravening the privacy of service users. Negotiation and recruitment of those local authorities that do participate also become increasingly complex; lengthy delays are not uncommon, as it can take several months to reach a decision. Such delays are costly to the research programme, as the commencement date of research may have to be postponed after staff have been appointed; where there are long gaps between the recruitment of a group of authorities, the comparability of data may be affected. Inconsistencies in the way data are stored, collected and formatted also make comparisons between local authorities difficult. Before being commissioned, Department of Health-funded projects are rigorously vetted by a Research Liaison Group whose membership includes policy makers, academics and representatives from the ADSS. However, some local authorities also request additional ADSS approval, a process that leads to further delays.

These issues are not confined to research in local authorities. Stalker and colleagues (2004) also identified a range of difficulties in gaining access to children in hospital for social care research interviews. Ethical approval from the Multi-Site Research Ethics Committee (MREC) and local research ethics committees (LRECs) took 6 months to obtain, and negotiations were further protracted when it was suggested that children's permission was needed to collect anonymized data.

Until recently, research teams have been granted access to case file data on, for instance, looked after children, for specific research projects without local authorities being required to seek permission directly from the service users for whom they held parental responsibility. There are obvious data protection issues here, and more rigorous control of access to confidential data is to be welcomed. However, there is evidence that the circumstances under which such access can be agreed are interpreted very differently by each authority. For instance, although several authorities recently agreed to participate in a proposed follow-up study of children looked after 20 years ago, one refused on the grounds that they would be unable to trace the subjects to gain permission to access confidential information collected so many years previously, although some of it had already been explored in the original study (Quinton, 2003). This interpretation of the restrictions on access to confidential data potentially

threatens the conduct of any retrospective studies. Moreover, there are no routine arrangements to ensure that such data will be accessible in the future, for currently service users are rarely asked whether they would agree to the possibility of confidential information being used for research purposes at a later date. Theoretically, therefore, all studies should begin with participating agencies tracing all potential research subjects to gain their permission to be included. Where data were collected several years ago and subjects are likely to have moved frequently in the intervening period, agencies are unlikely to be willing or able to undertake such a time-consuming procedure in which the research team cannot, *de facto* participate. Such considerations can and do seriously compromise research projects.

Difficulties during the research process

Thoughtful consideration of potential concerns at the outset can minimize the chance that the research will have unforeseen consequences for local authorities and research participants. However, certain issues only become evident during the course of research projects. Researchers have a moral and ethical responsibility to discuss such issues with local authorities and to negotiate an appropriate course of action. Whilst this has always been the case, different interpretations of the legislative framework make it increasingly difficult to anticipate how local authorities will respond to requests for access to specific data items, some of which can only be identified after a project has begun.

For instance, one follow-up study of long looked after children had collected data from legal documents held on case files for over a year before one of the participating authorities queried whether additional permission was needed. It was found that a Privileged Access Agreement, issued by the Lord Chancellor's Department, permitting named researchers to have access was required, although this had previously not been deemed necessary (see Ward *et al.*, 2003).

In another ongoing study, one of the six participating authorities specified that researchers could not have access to completed Assessment and Action Records (AARs) held on case files, although they were able to access all other data. It was considered necessary to trace the individual young people and seek additional permission before access could be agreed. This additional requirement had not been foreseen and so there was insufficient time to seek further consents; as a result, these data could not be collected (see Ward *et al.*, 2004).

Overall, as these examples demonstrate, different interpretations of legislation and different procedures within local authorities make it increasingly hard for researchers to anticipate how they will respond to requests for access to data. Such considerations also influence the willingness of authorities to participate in research, the terms upon which they agree and the extent of data that researchers are permitted to access. The variation in interpretations of the Data Protection Act 1998 undoubtedly raises new challenges and problems for

both parties. Some general debate and agreement as to which circumstances require additional permission, and which do not, would be valued.

Practical difficulties

In addition to the legal and ethical concerns that discourage some local authorities from participating in research, there are also practical difficulties. Researchers need to be aware that project requirements can impose considerable additional work on social services staff. It takes time to locate files, to answer queries and to clarify case material, all of which may be needed in addition to the hour or so allocated for a formal research interview. Experience indicates that despite these impositions, social services staff are generally cooperative, supportive and committed when they are involved in research. However, organizational structure and resource issues can cause difficulties.

Staff retention and shortages continue to have an impact upon research projects, even once authorities have been recruited. In the early stages, it is advisable to identify a liaison person in the authority, who will assist in facilitating the study by acting as a conduit between researchers, practitioners and managers. Difficulties are then encountered if this person either takes long-term sick leave or leaves the employment of the authority. Without a facilitator, research teams can antagonize social services staff as they may fail to appreciate other work pressures and make apparently unreasonable demands, approaching them, for instance, at inappropriate times, such as during audits, joint review or SSI inspections.

Difficulties are encountered if, as frequently happens, practitioners and administrative staff are not aware that senior management have agreed to participation in research projects. This can lead to anxiety or hostility from staff when they are approached to arrange data collection and/or interviews. Furthermore, the audit/research distinction was found to be blurred, either due to a lack of understanding of the different context and purpose of each, or due to a lack of intra-agency communication. Moreover, it is not uncommon to find that administrative staff have not been informed that researchers will be visiting an office. This sometimes means that after travelling significant distances, researchers arrive only to find that the required case files are not available. Further negotiation is necessary and additional time then has to be spent arranging another date to access the required data, resulting in additional delay and therefore costs to the research programme.

After access to files has been agreed, difficulties may still be encountered in obtaining access to the required information. In one retrospective study, access to closed case files was required. In one of the participating authorities, files were 'dipped', i.e. scanned into a computer, once the case was closed. Retrieval of this information from the computer system was extremely time consuming; however, requests for the relevant files to be 'undipped', i.e. re-printed to hard copy, before the researchers arrived could not be met because it would take up

too much administrative time. Consequently, the research timetable was delayed by several weeks (see Ward *et al.*, 2003).

During the course of research projects, many local authorities experience organizational change. As *Safeguarding Children* (Department of Health, 2002) identifies, the scale of change during reorganization means that relationships have to be 're-formed and open communication and trust established' (p. 42). Staff morale is often very low at such a time, as a result of job uncertainty. These issues can exacerbate many of the difficulties noted above. Moreover, the process of locating case files takes longer at such times as there are often delays before new information concerning case allocation is updated on the management information system (Ward *et al.*, 2004).

The delays encountered as a result of these difficulties may make it necessary to employ additional contract researchers to ensure that research projects are completed within agreed time frames. However, additional time must then be spent familiarizing them with the aims of the study, interview schedules and/or databases. Furthermore, employing additional researchers reduces the consistency in database and/or interview data.

Practical difficulties may also arise when seeking to contact individuals for interview. For instance, researchers undertaking a retrospective study of looked after children found that addresses held by local authorities were often out of date. On one occasion, a researcher arrived at an address to find the building had recently been demolished. Even when addresses are correct, this does not guarantee that the interviewee will have remembered the researcher is coming. Such problems increase the time it takes to complete interviews and therefore the costs incurred. Despite these difficulties, there is evidence that children like being interviewed (see Skuse and Ward, 2003). Research investigating the views of young people with a chronic illness or disability who were involved in NHS service development projects revealed that none of the young people disliked the experience. Furthermore, some identified clear benefits, including personal development and 'improved confidence and self-esteem and ... feeling valued and respected' (Lightfoot and Sloper, 2003, p. 283).

Some authorities have raised concerns that vulnerable children are sometimes being approached for interview for more than one study. Attempts to prevent this happening have been made, with different research teams working in the same authority checking the proposed samples prior to the young people being contacted. Although this is a beneficial process, it is also time consuming and requires agreement from the local authority for data to be shared between research teams.

Access to children for interview

Both the Children Act 1989 [section 1(3)] and Article 12 of the UN Convention on the Rights of the Child acknowledge a child's right to participate in decision-making processes that may be relevant to their lives. Morgan and

colleagues (2002) suggest that this legal framework has focused attention on research designed to ascertain children's views. Recently, the Department of Health has taken steps to 'increase the involvement of children and young people in policy making' (Department of Health, 2003c, p. iii). The Social Services Inspectorate (2003) also identified effective consultation with service users as a contributory factor to a council's performance in social care.

Ethical issues in research with children tend to receive particular attention, given the status of childhood and the perceived vulnerability of this group (Morrow and Richards, 1996; Thomas and O'Kane, 1998); these issues have implications for the research process. A number of research studies have attempted to include the views of children and their experiences of being looked after. However, practical difficulties have been encountered in doing so.

Local authorities have differing perspectives on a preferred methodology for seeking informed consent; with regards to the merits of adopting either an opt-in methodology (where subjects agree to participate by formally responding to a letter) or an opt-out approach (where subjects are deemed to have given consent if they do not refuse to participate within a given timescale). The opt-in approach has ethical advantages because consent is actively given by the child/ young person, following consent from a range of adult gate-keepers (see below), and is often preferred by policy makers and social service managers. However, it is problematic for researchers because it leaves them more reliant on the efforts of local authority personnel to facilitate access to data subjects. Given time constraints and personnel shortages, this tends to result in a smaller sample. In one study, the completion rate for interviews in local authorities that agreed to an opt-in methodology was 25 per cent compared with 61 per cent in those adopting an opt-out approach (Ward *et al.*, 2004). Other evidence suggests that many children and young people welcome the opportunity of being involved in research, and that failure to respond to an opt-out approach is often due to their not getting around to returning a reply slip rather than an indication of a genuine reluctance to participate (Skuse and Ward, 2003).

Deciding whether or not it is appropriate for a child or young person to be approached for interview tends to involve a number of gate-keeping procedures. Hepinstall (2000) suggests that seeking access to looked after children is particularly problematic since 'the process requires contacts with social services managers on different levels, social workers, birth parents and foster carers' (p. 868). While from an adult-centred perspective this process may be deemed to be in the child's interests, it may exclude children who would have valued the opportunity to participate. A number of respondents in a recent study of care leavers said they enjoyed taking part because they valued being listened to (Skuse and Ward, 2003). Their involvement in the research provided them with an opportunity to express their views:

> They don't really know do they, how I've been feeling because they have not been to ask me but then they seem to think they know everything. It wouldn't be so bad if they'd said 'Now what's been happening to you'...What they do is act as if they do know (Eliza. Age at entry: 12 years. Age left: 13 years) (Skuse and Ward, 2003, p. 112).

This quotation offers one young person's reflections on the failure of adults to include her in the decision-making process whilst she was looked after. There is a danger that young people's right to be consulted as part of the research process may be similarly constrained. In another recent study (Ward *et al.*, 2004), the research team found that adults often declined the invitation to participate on behalf of children with disabilities because they felt that these young people would not react positively to a stranger or would have difficulties with communication, and/or with a change in their routine (cf. Lightfoot and Sloper, 2003). Our concern that gate-keepers may sometimes unnecessarily deny children the opportunity to decide for themselves whether or not they want to be involved in research echoes that of others (see, for example, Thomas and O'Kane, 1998; Hepinstall, 2000). There is also evidence that these issues are not confined to looked after children. Stalker and colleagues (2004) encountered difficulties in gaining access to children in hospital for social care research. They suggest that ethical monitoring be done in a way which 'enables the *children*, wherever possible, to choose whether or not to participate' (Stalker *et al.*, 2004, p. 382).

A number of 'child-friendly' research methods can be adopted to address adult concerns about children's involvement in research and in order to reflect their different competencies. For example, Marchant and colleagues (1999) used a range of methods in consulting disabled children and young people. Children's views were communicated in a range of ways, including 'speech, sign, symbols . . . drawing' (p. 5). Punch (2002) suggests that a combination of traditional research methods used with adults, alongside 'child-friendly' techniques may be appropriate (p. 330). The techniques adopted should be critically considered in the context of specific research projects. However:

> No abstract and universal prescriptive ethical rules can unthinkingly be followed in empirical social research with children, only guidelines for thoughtful considerations within and about the specific context (Edwards and Alldred, 1999, p. 266).

Facilitating the effective conduct of research

Evidently, different interpretations of legislation since the implementation of the Data Protection Act 1998 have raised new challenges for local authorities and researchers and have influenced the conduct of research. The Department of Health Research Governance Framework and the development of Caldicott Standards in Social Care offer welcome guidance on these issues (Department of Health 2001, 2003a). The responsibilities of researchers to ensure confidentiality, to promote the well-being of participants and to act ethically are now clearly spelled out. It is anticipated that these developments may alleviate concerns in local authorities.

Working together

Researchers need to 'demonstrate to the agencies with which they work that they will respect the rights of service users' (Ward, 2004, p. 348). They need to ensure that the well-being of children takes centre stage throughout the research process. However, they also need to be sure that participating agencies will be fully committed to the research programme and will do what they can to facilitate its successful completion.

At the outset of a research project, it is helpful to draw up formal letters of agreement to clarify the roles and responsibilities of the research team and participating agencies. The responsibilities of agencies will include specific arrangements for approaching potential subjects to seek permission to allow the research team access to confidential data, agreements about the part to be played by agency personnel in locating case files and organizing interviews—and any payments to be made for additional administrative work—and the practical arrangements for accommodating researchers who have to spend time in agency offices. The responsibilities of researchers will include specific arrangements for recording, storing and managing confidential data, as well as protocols to be followed in the appointment and management of staff and the conduct of the research programme, and the extent to which the data may be used in other research projects in which the team are involved.

One major function of a formal letter of agreement is to improve the transparency of the research process. It is, for instance, at present by no means clear to most participating agencies how research staff are appointed and what checks are in place to ensure that they hold the interests of children as paramount. Given current concerns, it is surprising that it is not yet universal practice to make a satisfactory Criminal Records Bureau (CRB) check a condition of any research appointment that may involve access to children. The agreement should also set out arrangements for discussing any concerns regarding convictions for minor offences that do not involve children, in confidence, with a representative from social services who can advise as to whether they are of sufficient severity to render the researcher unacceptable to the agencies in which research is undertaken.

In addition to drawing up a formal agreement, it is also important to ensure that a project liaison officer from each participating agency is identified at the outset. This person should be the first point of contact within the authority. Their role will be to act as a conduit between the agency and the research team. They will contact the research team if the agency is experiencing difficulties in the conduct of the research; they should also be contacted if the researchers encounter any concerns during the course of the study, for example, if a young person discloses or makes allegations of abuse.

Disclosures are occasionally made in the course of interviews. It is therefore vital that a clear explanation of the limitations of the principle of confidentiality

are outlined to participants and the authority before fieldwork begins, both in the letter of agreement and in the preamble to interviews. Disclosures can be discussed, in confidence, with the liaison person to decide upon the most appropriate course of action.

The project liaison officer also plays a valuable role in disseminating information about both the content and the quality of data collected. Researchers should feed back study findings, not only to managers but also to social work practitioners, so as to inform training and practice. This is usually done through seminars organized by the project liaison officer. In addition, a number of anomalies such as disparities in data held on management information systems and case files are often found incidentally in the course of data collection. Agencies often appreciate being alerted to such issues, which are regarded as a valuable side-product of research involvement.

Conclusion

Prior to the implementation of the Data Protection Act 1998, ethical issues in the conduct of social research were often considered and addressed informally by researchers and managers within social services departments, neither of whom were working to formal guidelines. Concerns regarding the exploitation of vulnerable subjects and at times a lack of respect for confidentiality have resulted in a new legislative framework and guidelines, resulting in changes in the way social care research is carried out. Despite this positive move to safeguard vulnerable children and their families, the different perspectives of key stakeholders in the research process have become increasingly apparent. The government continues to request more research evidence to support policy and practice development, yet, legislative change and the new guidelines they have introduced have created additional barriers to the effective conduct of research, leading to time delays and thereby increasing the cost of doing research.

From a research perspective, practical issues, such as time delays and difficulties accessing data and research participants, have come into sharper focus. Clarification of the responsibilities of different parties in the research process is still to be welcomed. However, during implementation of the *Research Governance Framework for Health and Social Care* (Department of Health, 2003a), continued dialogue between the government, social welfare agencies and researchers is essential to ensure that the conduct of effective child welfare research to inform policy and practice is promoted.

Researchers can take practical steps to facilitate the research process, including: CRB checks of research staff; use of formal letters of agreement with local authorities which clearly outline how sensitive data will be collected and stored; regular and open communication with a project liaison office; and clear protocols concerning how disclosures made during interviews will be dealt with. These practical steps not only support the smooth

running of research projects, but also promote moral and ethical research designed to ensure that the well-being of research participants takes centre stage.

Accepted: September 2004

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