Research is essentially all about seeing the world in fresh ways, about searching again or re-searching the same territory and seeing it in a different light. In qualitative research we are particularly interested in how others see and experience the world. This requires us to be very aware of the lens which we bring to the task. Perhaps it is a perceptual impossibility to look at one's own lens at the same time as one is looking through it, but this is one of the many fascinating challenges of qualitative research. The excitement resides not so much in reaching the destination, for we can never completely enter the world of the other, but in the voyage and what might be found on the way. The swampy lowlands await you.

2

Ethics and organisations

The best one can do is to consider the ethical and political issues in asking a particular research question, determine the areas of concern prior to the research, take into account professional standards that have been established and then consider the ethics of the entire research process as an individual case with its own social and political ramifications (Minichiello et al., 1990, pp. 245–6).

It may seem strange to combine ethics and organisational issues, yet in qualitative research in the human services, perhaps more than in any other area of research, doing the right thing by research participants coexists with the pragmatic process of 'getting in, getting on and getting out' of the research setting.

The ethical principles which should guide research are fairly clear. Both professional ethics and research ethics are based on similar core principles, such as beneficence and duty of care, and so one might assume that there will be clear and congruent criteria for determining ethical behaviour in research in the human services. Yet standard research and practice ethics statements let us down simply because they are designed from different perspectives with different ends in sight: the academic development of knowledge on one hand, the delivery of service on the other. They are not designed for the interface of these two domains.

In this chapter it is argued that there are complex issues which arise in research in the human services, particularly when the boundaries between practitioner and researcher roles, and those

between the roles of client and research subject, become blurred. The interconnectedness between the ethics and the politics of research is evident at every stage of the research process with the most fundamental question being 'Who owns the research?'. From how some questions come to be framed as questions for inquiry to the ways in which research findings are disseminated and utilised, the process is shaped by the interests and relative power of the various stakeholders. For example, the interests and power of agency management, service providers and clients may differ. These players also exist within a social and political context. The prevailing orthodoxy can allow certain questions to be asked and not others. The political significance of a social problem will influence the priority given to it in research funding, the manner in which its findings are received and how its recommendations are implemented.

Gaining ethics approval for qualitative research

In the past decade or so there has been an increasing awareness of the complex ethical issues associated with research involving humans and animals. Examples of grossly unethical practices involving human experimentation in medical research led to the development of mechanisms aimed at protecting the interests of participants. Research grants and the permission to undertake research under the auspices of one or another organisation are increasingly subject to processes under which the ethical issues associated with a particular study are screened by institutional ethics committees, sometimes known as ethics review boards. While the core principles governing the decision-making of these bodies are similar, they vary considerably in their operations, requirements and procedures. Prospective researchers should familiarise themselves with the specific requirements of the relevant ethics body very early on when considering a research project.

Human research ethics committees play an important gatekeeping role in all research involving human subjects and are likely to be extra vigilant in their consideration of proposals for research concerning any potentially vulnerable groups of people. Ethics committees have a duty to consider all possible sources of harm and satisfy themselves that the researcher has thought through all the

relevant issues prior to granting permission to proceed. The onus is firmly on the researcher to show that the proposed research will not cause harm and that adequate safeguards are put in place to ensure this. Even when practitioner researchers are experienced in working with a particular group which may be considered vulnerable in the research context, they will still have to demonstrate to an ethics committee that they have the appropriate skills to undertake the proposed research with this group.

While ethical guidelines used in university and medical research settings were originally oriented to biomedical experimentation, as in clinical drug trials, their mandate has now extended to behavioural and social science research. Ethics review boards are often unfamiliar with qualitative research and this can create difficulties for researchers, particularly in the field of health. Attempts are now being made to assist medical and health research ethics review boards to develop a better understanding of qualitative research and its associated ethical issues. For example, in Australia the National Health and Medical Research Council has produced a special paper on ethical aspects of qualitative methods in health research (National Health and Medical Research Council, 1995).

Some of the most common areas of misunderstanding in relation to qualitative research relate to the often small sample size and the lack of specific hypotheses, control groups and predetermined questions, which can lead to the false assumption that the proposed study is not sufficiently rigorous. It is therefore important to address such concerns directly in any proposal.

Institutional ethics committees may also be unfamiliar with the human service field, so those undertaking qualitative research in the human services can encounter a double-layered lack of understanding. Ethics review boards may not appreciate that the study is part and parcel of professional practice, governed by professional ethics and under the auspices of an organisation with its own structure of accountability. Thus, for example, workers who routinely collect feedback from service users may find that the ethics review board is uneasy about such data being collected from people who are dependent upon the service and as a consequence may be seen as constrained in their capacity to give freely their informed consent.

The boundary between a clinical audit or quality assurance project in an agency and 'research' may also appear blurred. In our experience this is less likely to be a problem with medical ethics

review boards than with university-based ethics committees in the behavioural and social sciences, as the distinction is usually better understood in health settings. In university-auspiced research in the human services it is usually necessary to have the permission of both the university ethics committee and the relevant human services organisation(s), with the latter typically being one of the prerequisites for the former.

Outside universities and hospitals the accountability mechanisms for research are still developing and research in some areas remains relatively unregulated. In some human services agencies, there may not be an agency policy or set of guidelines on research and those wishing to undertake research may unwittingly find themselves in an ethical minefield. Other organisations, such as government departments, may be concerned with the potential political ramifications of the research and at times research proposals may be thwarted, ostensibly on ethical grounds.

Some human service agencies are accelerating their efforts to provide guidelines and structures to manage ethical research. An excellent model of how this can be done is that of the Australian child and family welfare agency Uniting Care Burnside. This agency has produced a Research Code of Ethics (Burnside, 2000) which can be copied in its entirety for non-profit purposes. It covers all types of research, including quantitative and qualitative studies, and is particularly focused on safeguards for research with vulnerable children and young people. It takes the prospective researcher through the research process and sets out clear guidelines in relation to designing valid research, obtaining voluntary informed consent, implementing the research, protecting privacy, maximising benefits and disseminating the research results.

Qualitative research in the human services poses particular challenges in relation to ethical considerations. This chapter focuses on three main issues: informed consent; intrusiveness; and confidentiality.

> The characteristics of qualitative investigation seem to generate particular decision-making problems for the investigator who seeks to safeguard the research participant. There are three types of problems, although the categories are loose and overlapping: (a) the participant–investigator relationship itself, within which are divulged many confidences, (b) the investigator's subjective interpretation of the collected data, and (c) the more loosely defined, emergent, design (Ramos, 1989, p. 58).

Informed consent

The capacity of an individual to give freely their informed consent to research is a core principle in research ethics; it is a capacity that can be diminished by a range of factors. One factor that is commonly mentioned in research ethical guidelines is that of incentives. It is common to reimburse research participants for any out-of-pocket expenses in the human services but the notion of voluntary consent is sometimes thought to be diminished if undue enticement exists in the form of payment. On the other hand, some organisations which routinely undertake social research with low-income families, such as the Brotherhood of St Laurence in Melbourne, have a policy of reimbursing research participants on the ground that their time and knowledge is valued. The researcher therefore needs to think through the issue in the context of their specific project and consider what might constitute undue enticement for particular participants.

A central issue in human service research is the complications which arise when the researcher is also the service provider, as the capacity of a client to withhold consent can be diminished by the unequal power and the dependency typically entailed in the worker–client relationship. Even where the researcher is not the client's worker, similar complexities might arise when the research is being undertaken on behalf of, or in association with, the agency from which the client is receiving a service, as the person may be apprehensive about the possible withdrawal of the service if they refuse to participate.

In some instances the agency commissions research and the relationship between the agency and the researcher is governed by a contract. Even if the research is externally funded, the researcher may be located in an organisation such as a university which has close links and an interdependent relationship with the agency. For example, university departments that provide professional education may be dependent upon the agency for the provision of much-needed field placements for their students. Such factors can and do influence the research process, and it is important that arrangements of this kind do not adversely affect the interests of research participants.

Thus, the researcher has a clear obligation to inform potential research subjects that their access to services will not be affected whether they agree to participate in the research or not, and that

they are free to withdraw from the research at any time. Most ethics guidelines require that this be stated in writing and that the research participant signs to the effect that they understand these conditions. For people whose comprehension of English is limited, this agreement should be provided in their own language. Some people, by virtue of their age, cognitive capacity or the fact that they are statutory clients or involuntary patients, have a diminished capacity to give informed consent. These are often the very people with whom human services are involved and whose input to the service providers and managers is sought through qualitative research.

Under conditions in which it is likely that the capacity for freely given informed consent may be diminished, researchers have an additional duty of care to potential participants. For example, subjects should not be asked to give consent to things which could harm them. It has been argued that: 'Regardless of the information divulged, research participants should be able to trust the investigator to protect their welfare. The depth of this trust should increase in proportion to the degree of shared intimacy and respondent vulnerability' (Ramos, 1989, p. 59).

Research subjects, like clients, have a right to be informed of any limitations on the confidentiality of what they may divulge to the researcher. This can raise particularly complex issues for researchers who, as a result of legal requirements, agency policy or professional ethics, might be obliged in certain circumstances to divulge information. For example, the researcher may have a duty of care to third parties such as children in child protection research.

In relation to children, there are additional issues and it is perhaps not surprising that the voices of children have remained largely inaudible as a result. A central issue in any research involving children is to what extent, if any, they are capable of giving informed consent and under what circumstances and to what degree parents can give consent on their behalf. Prospective researchers should be aware of any legislation which relates to minors in their particular context.

> Generally speaking, minors under the age of eighteen cannot enter into binding contracts ... Where children are to be involved in such research and are too young for their consent to be legally meaningful, either or both parents can exercise their powers as guardians to do so (Commonwealth Department of Human Services and Health, 1995, p. 90).

Yet a minor's capacity for informed consent is dependent upon age and individual maturity, and older children and adolescents may well be in a position to express their opinion about participating in research. Parental permission does not justify overriding a child's or young person's opposition to participation, so it may be appropriate for researchers to seek the views of both parents and children. There are limits to which parents can give consent in relation to their children's participation in research, and this is related to the potential harm or benefit which the research might involve for the child.

In medical research, a distinction has been made between 'therapeutic' and 'non-therapeutic research' in relation to children as subjects. Therapeutic research is intended to benefit the research subject directly and has traditionally been regarded as having lower requirements in regard to obtaining consent, and allowing higher levels of risk, than non-therapeutic research, in which there is no direct potential benefit. In regard to research in which the proposed benefit might accrue to those other than the subjects, the question remains: 'Is it ethical to use children in research which is for the "social good", even if parents give their permission?' (Koocher & Keith-Speigel 1994, p. 51).

The US Department of Health and Human Services has stated that research may be acceptable on children under such conditions as long as the research poses 'no greater than minimal risk'.

> Minimal Risk means that the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests (HHS, 1983, quoted in Koocher & Keith-Speigel, 1994, p. 51).

Such a definition is ambiguous and is ultimately a matter of judgement by researchers and ethics bodies. The need to assess the possible risks involved in participating in research applies to adults as well as children, as there is a clear duty to inform potential subjects in research of the possible adverse effects of participation. Yet it is not easy to assess the level of risk, as much depends on the characteristics of the client and the psychological significance of the data being sought.

Communicating the purpose of research to children also requires skilful adaptation of the processes used for adults. In a recent UK study of children who had been adopted when they were five years

or older (Thomas et al., 1999), children whose adoptive parents had given their permission were provided with both a leaflet and an audio cassette explaining the study. The leaflet had photographs of the researchers and used simple language, short sentences, a large typeface and colour graphics. The audio cassette enabled the children to hear the researchers' voices and to form some impression of the people who might interview them, and proved to be particularly useful for children who had limited literacy or who did not enjoy reading. We interviewed Caroline Thomas, and parts of that interview are included in the chapters on tailoring research to specific groups (Chapter 5), data analysis (Chapter 7) and the shift from research back to practice (Chapter 9).

Intrusiveness

Qualitative research methods such as in-depth interviewing and observation can be highly intrusive. People are often interviewed about highly personal matters, sometimes relating to loss and trauma. In some human service fields this applies to almost the entire client population.

> Research on child abuse and neglect generally involves domains that
> are consensually regarded as private. Such work is commonly
> perceived as more intrusive than researchers believe it to be . . .
> Research on child maltreatment may be susceptible to the research
> analogue to iatrogenic effects in treatment. For example, if, as some
> clinicians believe, repeated interviewing about an experience of
> victimisation induces further trauma, there is an obvious conflict
> with the need to gather information for research . . . are the anxiety,
> increased scrutiny, and perhaps even self-fulfilling prophecy that may
> result warranted by the knowledge to be gained? (Melton & Flood,
> 1994, pp. 23–24).

Such risks can be reduced, but not eliminated, by using professionally trained interviewers who are sensitive to the needs of subjects in the way they conduct interviews. However, it may also be necessary to make available to interviewees opportunities to debrief after the research interview, and access to appropriate services should be arranged in the planning stage of the study. Many ethics review boards now regard this as a precondition for approving some projects.

Observational methods can also be very intrusive. The presence of an observer or the awareness that the interview is being observed through a one-way screen or recorded on film can affect the phenomenon under investigation. This is not just a methodological concern—it is also a serious ethical issue. As a result of the observation a service provider may have a heightened performance anxiety which may affect the quality of service offered, or the client's anxiety might affect their ability to make use of what is being provided.

While the intrusiveness of such qualitative research methods is very obvious, even 'unobtrusive' research about which the individual may remain unaware, for instance, the perusal of case files or official records, can constitute a serious violation of privacy. Thus, whenever records are used for purposes other than that for which they were originally intended, it is important to think through the ethical questions involved. Who should have access to this material? Is client permission necessary or will agency permission suffice? Would document-based research be feasible if the permission of all relevant parties had to be obtained?

Confidentiality

At first sight confidentiality seems a fairly straightforward ethical issue, and in the research literature is almost exclusively dealt with in terms of developing data collection and storage systems in which it is not possible to identify the research subjects. Accordingly, research participants are routinely given assurances of confidentiality. But in qualitative research this is not always so simple.

In research that is based on a case study method, whether the case be a community, an organisation or a family, it can sometimes be difficult to disguise the data so that the setting or participants are completely unrecognisable, particularly to those familiar with the field. To reduce the risk of recognition, it is possible to present data in a disaggregated way, such as presenting interviewees' responses to different questions or issues under theme-based headings. One of the dilemmas of reporting qualitative research is, however, that if the purpose of the research is to show the phenomenon in a holistic way, disaggregating the data can weaken its essence.

Should other researchers have access to the data in order to undertake secondary analysis? Being prepared to allow one's

research data to be analysed by others is regarded as an important safeguard against fraudulent research, and secondary data analysis is very useful as it can allow subsequent investigation of valuable data in relation to different research questions. For these reasons researchers are usually required to keep their data for a number of years to enable others to have access to it. In contract research the data typically belongs to those funding the research and thus future access is not controlled by those actually doing the research. This can create problems when applied to qualitative research as 'later use by different researchers may be inappropriate for projects which collected in-depth interviews on sensitive topics' (Commonwealth Department of Human Services and Health, 1995, p. 14).

Even when the researcher 'owns' the data, once the research is part of the public domain the researcher may have little control over how it is used and aspects may be selectively quoted. 'Researchers noted that it was frequently difficult to control the use of reports once they became a part of the public domain. They expressed concerns about simplistic or sensationalist media coverage' (Commonwealth Department of Human Services and Health, 1995, p. 13).

Researchers must therefore be aware that what they write may be used in ways other than they intended. For a research participant to see their words used or, as they might perceive it, misused, in the public domain can be a deeply violating experience even if their identity is not revealed.

To disguise the verbatim quotes of interviewees by paraphrasing them would defeat the purpose of much qualitative research. The challenge then is to disseminate the voices of those previously unheard in the public domain in ways in which privacy is protected. The researchers doing the older adopted children study described above did this in a novel way (Thomas et al., 1999). They tape-recorded other children reading the transcripts of the adopted children's interviews and played the interviews to prospective adoptive parents and social workers during their training sessions to enable them to appreciate the subjective experiences of adopted children in their own words. This protected the privacy of the adopted children while evocatively conveying their experiences much more powerfully than the written word allowed. This example highlights the sensitive and individualised ways in which researchers can apply ethical principles.

Ethical and political complexities of research within organisations

In the past the ethical issues associated with conducting qualitative research within human services organisations tended to be over-looked, yet issues in relation to informed consent, intrusiveness and confidentiality are equally as applicable to organisations and their staff as to their clients. Research has the capacity to harm the legitimate interests of the organisation and the professional and personal reputations of the individuals it employs. Research can also consume valuable organisational resources such as staff time. Traditionally in the social sciences this has been seen as a political issue—the problem of 'getting in, getting on and getting out'. In one study, researchers intent on exposing the practices of staff in psychiatric institutions posed as patients to gain entry, with little consideration given to their obligations to the staff or to the organisation (Rosenhan, 1973).

There is a growing awareness these days of the ethical implications of such research. Doing research in institutions today entails much more careful negotiation of the respective rights and responsibilities of the organisation and the researcher. Human services organisations are increasingly sensitive to the political ramifications of research, perhaps to a degree that will make such research more difficult to undertake in the future. Just as researchers once regarded what are now seen as legitimate ethical issues as merely political issues, there is a risk that some organisations may reframe political issues as ethical issues in order to minimise adverse public exposure as a result of legitimate inquiry.

Few qualitative researchers have described in detail the ethical and political processes of 'getting in, getting on and getting out' of their research settings. Kelley Johnson, who conducted an ethnographic study on intellectually disabled women living in an institution in Victoria in the early 1990s, is an exception. In this case, gaining the approval of staff initially proved more difficult than gaining the approval of senior management:

... formal permission did not really 'get me in'. Staff at the institution had been under frequent attack from the media because of conditions in the institution and were defensive and resistant to the idea of my research. My decision during this time to base myself in the locked unit assisted in the process of 'getting in' ... I was less of a threat to

other staff since most of my time was spent confined in one unit. I was effectively locked away (Johnson & Scott, 1997, p. 29).

'Getting in' is therefore not just a matter of gaining official approval but also of engaging staff at various levels of the organisation. This is perhaps particularly challenging when the research is initiated by the organisation itself or by a funding body for the purpose of evaluation. If it is a pilot program which is being evaluated, staff will often feel a heightened performance anxiety, particularly if the program is experiencing the normal teething problems. It is desirable to delay evaluation until after the initial implementation problems have been solved, but sometimes the funding source requires an evaluation to be built in from the outset. If this is so then an evaluation, be it a process or an outcome evaluation, needs to be placed in the context of its occurrence within the implementation phase of a new program. Even in an established program the staff may be apprehensive and hard to engage, due to their fear that management or the funding body has an ulterior motive and that the future of the program is under threat. Sometimes such fears are well founded.

Given that the interests of management and service providers might be quite different, the ethical question arises as to under what circumstances can the former give consent on behalf of the latter? There is very little in the literature on research ethics to guide the researcher in this territory. We would advise researchers to be honest in their communication with all parties and to develop transparent processes about informed consent, confidentiality and the possible impact of the research on participants.

It is not sufficient just to 'get in'. The researcher must also be able to 'get on' with research participants. From the perspective of staff, researchers can get in the way of people going about their normal work and are a potential source of interference. Issues relating to the degree of access which researchers have in the setting need to be clearly worked out and communicated to all of those concerned. Even where this has been carefully negotiated, events can unfold which threaten the research. While Kelley Johnson was undertaking her research a government decision was made to close the institution.

> Once the decision was made to close the institution, my situation
> became for a short time, more difficult. Staff were angry at the closure
> and instituted industrial action bans which included the exclusion of
> all researchers from the site. The reciprocal nature of my involvement

with the staff in the locked unit and the length of time I had been part of the institution led to a decision to revoke the ban for my research (Johnson & Scott, 1997, p. 30).

Interestingly, in the light of this change, Johnson became focused on the process of deinstitutionalisation, making her research a unique study of the impact of this policy shift on the intellectually disabled women, their families and the staff inside the institution. This brought added challenges, not the least being that the families thus became research participants as well. The researcher also became privy to the conflictual processes within the organisation as staff faced the loss of jobs and the uncertainty of the process of closure.

> . . . many of these families had put their own ambivalence and pain
> behind the walls of the locked unit with their relative. Now with the
> decision to close the institution, these feelings were released, and the
> existing processes of deinstitutionalisation did nothing to resolve
> them . . . the complexity of my study increased. I became involved in
> management meetings and in work with the people closing the
> institution. I found the gap between these encounters and life in the
> unit enormous. Because of the industrial disputes arising from the
> closure decision, I found myself privy to information from groups in
> conflict with each other (Johnson & Scott, 1997, p. 31).

It is fortunate that most qualitative studies in human service settings are not as challenging as Kelley Johnson's turned out to be, but all research conducted in organisations will present some difficulties as organisations are complex and dynamic sociopolitical worlds. Conducting research within such settings inevitably adds to their complexity.

> 'Getting out' also creates its ethical and political challenges. Issues
> about differences in interpretation also arise when feedback occurs
> before the report is completed. While the point of view of participants
> about a social process is important, it is also self-interested and
> embedded in the power relations of the community. The final
> interpretation has to rest with the researcher, except in action research
> in which discussion and negotiation are a part of the research design
> (Commonwealth Department of Human Services and Health 1995,
> p. 12).

Organisational researcher Richard Scott has identified the later stages of a study as being particularly likely to be fraught by such problems.

... misunderstandings between the researcher and his subjects often come to the surface on the occasion when the research findings are published ... even the researcher who does not centre his analysis on deviations (from rules or ideals) of one sort or another may still offend his subjects simply by applying his particular perspective, for he attempts to take an objective and relative view of matters which from the standpoint of his subjects are value-laden and unique. How much and what sorts of things to tell subjects about the research in progress and how much and what sorts of things to put into the published report—these are the kinds of ethical questions to which the open field researcher will find no easy solutions (Scott, 1969, pp. 571–2).

While such issues are relevant in all social research, they are of critical importance in qualitative research in the human services. Feedback loops from the research to policy and practice will often be central to the research, and the tensions which may arise need to be anticipated and managed in an honest and open manner.

Stories from the field

While it is tempting to ask for clearer guidelines to assist researchers in their decision-making about ethical issues, it is illusory to think that there will be simple prescriptive solutions to the complex ethical and organisational dilemmas inherent in qualitative research in human services settings. Ultimately many of the dilemmas require individual judgements based on the characteristics of specific situations. Unfortunately there is a lack of case studies or detailed descriptive accounts of how different researchers have grappled with ethical issues in the research process.

The lack of such accounts may be partly due to the apprehension researchers feel about exposing their decisions 'warts and all' and leaving themselves open to criticism. We hope that the following first-hand accounts of how qualitative researchers have struggled with some of these issues may help others in their endeavours to conduct ethical qualitative research. After all, 'Ethics is not just a nice thing to have; research is fundamentally weak without it' (Deetz, 1985, p. 254).

In the following examples, the complexity and, at times, the interrelationship of ethical issues and organisational issues which can be involved in qualitative research in the human services are highlighted.

Dorothy Scott—Child protection assessment

Dorothy: In looking back on my PhD thesis on child protection assessment what strikes me are the unanticipated ethical and political issues which arose as well as the fact that the issues I had anticipated proved to be more complex and more difficult to handle than I had expected. This was partly because of my close connections with the hospital setting in which the research was conducted yet without those close connections it is unlikely that I would have been able to do the research at all. At the time I undertook the research I was not working there but I had previously acted as a clinical consultant and group supervisor to the unit in which the research was based, and so I had close relationships with many of the staff.

I used in-depth interviews and observation to intensively shadow a small number of alleged child abuse cases through the hospital unit, a statutory child protection agency and the police. I repeatedly interviewed professionals involved with the same families throughout the life of the case, focusing on the factors to which they were attending in their assessment. Where possible I also observed episodes of practice, ranging from observing interviews with children through a one-way screen in the hospital unit, accompanying child protection workers on home visits to attending staff meetings, case conferences and court hearings. I interviewed the parents in their home three months after the cessation of contact with the services.

Obtaining the informed consent of parents proved to be a more complex ethical issue than I had anticipated. At the point at which each case was selected, the parents in this study were in the immediate aftermath of discovering that their child might have been physically or sexually abused. While no parent was a statutory client at the time they gave their consent to the study, several parents became the subject of a child protection investigation and others later expressed their fear of becoming so. Some parents were clearly in a state of crisis. In light of this, I chose

to delay approaching these parents in the immediate crisis in order to avoid seeking parental consent at a time when their capacity for informed judgement might be most compromised. This entailed forgoing the collection of data in the initial phase of the case, thus illustrating the 'trade-off' which can occur between ethical and methodological priorities.

There were other 'trade-offs' of this nature. For example, I decided not to tape-record interviews or to interview parents before their involvement with the various services had finished, both significant methodological sacrifices, because of the risk that parents might divulge information which could be subpoenaed in legal proceedings. The decision not to give parents the option of being interviewed throughout the period of service involvement was seen by some of my colleagues as paternalistic and disempowering. My reason was that it might be very hard for parents to trust the confidentiality of what they might say to me when they knew that I was in close contact and on first-name terms with the professionals they were seeing. This may be an example of 'justified paternalism'.

All of the children in my study were aged ten years or less, and parental permission was sought to observe hospital social workers' interviews with the children through a one-way screen. This was a standard practice in the hospital service and colleagues, trainees and clinical supervisors routinely observed interviews in this way (with the permission of the parent and the knowledge of the child). I did not seek parental permission to interview the children as I felt that interviewing the children could not be justified due to the risk of further traumatisation. While the potential risks could not be quantified, nor could the potential benefits.

However, as the study unfolded, the issue of children's involvement in the research became less clear cut. For example, on several occasions in the follow-up home interviews with parents the children were unexpectedly present for some of the interview although I had arranged with the parents to visit at a time when the children would not be there. As it

happened, the situations were resolved by parents deciding to put the children to bed or arranging other activities, but this does illustrate some of the unanticipated complexities of naturalistic studies involving children.

While I had rejected the possibility of interviewing children because of the potential harm this might cause, I saw observation through a one-way screen as having a much lower level of intrusiveness and risk. In part this belief was shaped by it being routine practice in the hospital for colleagues to view interviews through a one-way screen. It was hard to assess the level of intrusiveness and risk for a particular child entailed in observation. For example, for some children it may have a marked impact on their capacity to express their feelings and make use of the therapeutic opportunity. Just because others were observing the interviews for non-research purposes does not, however, necessarily justify it.

In seeking consent from the parents for the observation of interviews with their child, I informed them that I planned to be present during all the interviews and that if, for some unexpected reason, I was unable to attend, their social worker would tell them of my absence. In relation to the child, however, I accepted the way each social worker generally managed the issue of observation. Some social workers routinely informed the child at the initial interview that sometimes there would be people behind the window and did not mention it again, while others informed the child on each occasion and even showed them the observation room and introduced them to those observing. Although I was uncomfortable watching interviews in which I was unsure whether the child was aware of being observed, it is possible that the more comfortable I felt, the more intrusive the observation may have been and the greater its effect on the interview.

In relation to the informed consent of colleagues, a difference between [my] understanding of what the social workers had agreed to and their understanding

of what they had agreed to emerged late in the study. For example, in relation to the hospital social workers [I] believed that they understood that I would be observing intake meetings to describe how a case and other agencies involved were perceived. Yet when I presented my preliminary findings to the team some social workers expressed concern that I had drawn on all that I had observed and heard during intake meetings while they had believed that I was only at the intake meeting to 'pick up a new case'. I had very openly taken detailed notes throughout all of the intake meetings [that] included negative 'off the cuff' comments social workers and others had made about clients and other agencies. This type of data was very significant to the research questions. This placed me in a dilemma. Should data be used which some subjects believed was obtained under false pretences, even if this was not done so deliberately? Alternatively, was the objection an attempt to restrict academic freedom, and would not using the data compromise the integrity of the research? The matter was resolved, probably not to the satisfaction of either party, by removing the verbatim quotations and substituting paraphrasing of their comments.

Another ethical issue which unexpectedly arose was 'researcher as whistle-blower'—whether it was appropriate for me to intervene in a situation in which malpractice appeared to have occurred. In one case a 10-year-old boy was coercively removed from his family by child protection authorities in a way which appeared both unethical and illegal. While he had already been returned home by the stage I became involved, as the hospital social worker had intervened to secure this, if she had not done so should I have taken on this role? If I had, would I have endangered the study? If I hadn't, would I have been colluding with injustice?

Confidentiality also proved to be a more complex issue than I had originally anticipated. As the research progressed, I become increasingly aware of the difficulty of presenting the findings of research based on an intensive analysis of cases without using illustrations which [might] be recognisable to the staff and/or the clients themselves. The study specifically explored parents' perceptions of the services, and inter-organisational interactions, which meant that much of the data related to the often negative perceptions research subjects had in relation to one another. Can it be said that confidentiality has been preserved when a service provider might recognise a case in which she or he was involved and be able to identify the clients or other service providers whose perceptions about them and their agency are presented? What might be the consequences of this, real or imagined, for future interactions between the participants? My research [thus] generated many questions of an ethical and political nature, some of which cut across both of these categories, but few answers!

Anne Coleman—Five star motels

We introduced Anne Coleman's (2001) study of homelessness in Fortitude Valley in Chapter 1. In her interview with us, Anne reflected on the process of negotiating her entry into that particular community of homeless people. While this is very different from negotiating with a formal organisation, as in the example above, the issue of being an insider and/or outsider was still central. While she was an outsider in the sense that she was not a homeless person, she had lived and worked in the Valley and so was known to many homeless people in that community.

Anne: I lived in the area for about three years and this had overlapped with when I first started to work there . . . I knew that in a sense the insider bit was my entree into that community and I knew that it would probably overcome [problems] . . . there are a lot of documented things in methodologies about work with homeless people, about how tricky they are with outsiders. A fellow who had tried to do some work in the inner city about fifteen years before had actually not been able to do it and he said that he felt the

people were deliberately playing with him. Like they'd tell him one thing on Monday and on Wednesday they would tell him something else that was totally contradictory and he just couldn't negotiate that at all.

I also knew that . . . there were a couple of worries for me in the insider position . . . I was accepted to some extent in that community but I was never a complete insider. For example . . . at one stage someone said, 'Why don't you go and sleep out?' And I thought about it but it seemed almost hypocritical to me because even if I slept out for one night or if I slept out for two months, the reality was that as soon as it got too horrible or I'd had enough I still had a home to go to and I'd just say, 'See you all later fellas', and off I'd go. That not only seemed hypocritical, but also something that they would really call me on.

I guess in the end the only way I could conceptualise it was I had to move a bit past the insider/outsider [dichotomy] and I had to come to . . . a continuum conceptualisation where sometimes I was both of those things and I moved along the line constantly. And although that seems a bit at odds with a lot of what's written in methodology about insiders/ outsiders, my feeling about it was really shored up by work I had done with people . . . I suppose an example of that stuff is that if you work with indigenous people the relationship [between you] can become quite strong and I think an element of that is that you're seen as being a valued person in the community. If you value them [in return] it's a very powerful thing when you work with them. When you do that, the relationship becomes unbelievably close . . . and probably in terms of white social work it would look like a very borderline unprofessional kind of relationship because of that closeness and involvement. At the same time, if you hurt somebody unintentionally, if you stepped on very sensitive ground, if you made a promise that you didn't keep, if you did what people perceived as 'playing games with them', you would immediately be moved—not move yourself—by people along that line from insider

to outsider. So, within a split second you could go from being 'sister' to being 'that white bitch'—it would be that quick and it would be that total and both of those positions would be 100 per cent heartfelt and sincerely held.

So, I guess because I'd worked in that environment for a long time, that idea that I would move along the continuum all the way through this research sat quite well and in fact I think that's probably what allowed me to deal with some tricky stuff sometimes . . . something would happen . . . often not necessarily directly connected with me. It could be somebody had heard that they'd been talked about at a meeting in a derogatory way or I got quite a bit of stick when the Council closed off a set of stairs where Murri homeless people had sat and put up a barricade and then eventually put up a mural, an indigenous mural that was painted by other people. I copped quite a lot of stick around that time . . . people were very angry and there was no one else official to voice that to . . . they knew that I was interested in all of this stuff because that was the topic of my thesis . . . I was seen for both those reasons as being the appropriate person in that case. So, in that case I think it was my insider/outsider status that it was about.

And I think that a lot of what people told me was for that reason too. 'You're close enough for us to trust and we know that you won't let us down badly. We've watched you over ten years, but we also know you talk to those other people and we want you to tell them about this' . . . I think all the way through they were pretty clear that the research per se was for me but I think they probably trusted me that they would get something out of it in the end.

Angelina Yuen-Tsang —Social support networks of Chinese working mothers in Beijing

Angelina is a Hong Kong-based researcher who is investigating social support in mainland China—what constitutes help, and

under what circumstances will people receive help from outside and from their peers and their family members. Her research was published in 1997 as *Towards a Chinese Conception of Social Support: A Study on the Social Support Networks of Chinese Working Mothers in Beijing*. This is a study of individuals and families within a particular community and issues relating to gaining the trust of the community were also central for Angelina. We talk with Angelina again later about her data collection and analysis processes. Here, she talks about how she needed to engage with those holding formal authority as well as make informal connections with people at the local level.

Angelina: I believe in living in the community while doing participant observation, and I feel that if I am not immersed in that particular community's life, I cannot understand their way of thinking. So I had to find a place where I could stay, where I could live and have access to the people that I would like to interview . . . it took about a year to negotiate entry into one particular community . . . I didn't want to rush things because I felt that if I was to do a successful piece of grounded theory research, I had to fit into that community and that community had to receive me . . . And so I looked around in Beijing to try to find the community that was the best fit . . . I visited several communities and talked with the local officials, but I didn't just talk to the high officials. I talked to the middle level and then the front-line level to see whether I could click with them.

I finally decided on the Fuguo community because I found that the local officials received me very well and didn't treat me as an external researcher intruding into their community. They received me very naturally. I found that they were treating me as just an ordinary academic who would like to know more about their community and there was no big deal about my particular research . . . I don't want to be followed all the time and I don't want to be treated as a VIP. I don't want to be given all the cases which are very special . . . cases from the very good families . . .

Yvonne: To what extent were you treated as an insider or an outsider? Were you always an outsider or did you develop more of an insider status over time?

Angelina: I think to the local officials I always remained as an outsider . . . but to the people in the community— because I'm hanging around the community, living in the community, shopping in the community—some of them treated me as a teacher from Hong Kong. So, sort of an insider/outsider because they knew that I was from Hong Kong but they treated me as a friend—a friendly researcher.

Robyn Munford and Jackie Sanders—Working successfully with families

We introduced Robyn and Jackie's research on family support services in New Zealand in Chapter 1. This was a large project, involving academic and community partnerships and a diverse research team of academics, practitioners and community members. In addition to the research reports (Munford et al., 1996, 1998; Sanders et al., 1999), other publications arising from this research include two papers on ethical issues in qualitative research with families (Munford & Sanders, 2000a; Munford & Sanders, 2000b) and a textbook on family support work (Munford & Sanders, 1999). We asked Robyn and Jackie to talk about the composition and functioning of the research team as well as well as some of the ethical and organisational issues they encountered.

Dorothy: Could you say something about your research team— the different roles which people had, the cultural mix, how it evolved and the changes that occurred in the team over time? What it was like for each of you to be part of this research team?

Robyn: Well, I am very clear that this research would not happen without the full-time efforts of a researcher [Jackie's role]. Jackie keeps the team on track and pushes the deadlines—all teams need this. Jackie and I are the longest-serving members of the team and have maintained the consistency as others have come and gone. I believe the secret of the success of the research

is the team and the commitment to team meetings and clarity around tasks. Goals are set and reviewed and members are clear about their roles. We are now fortunate to have on our team community members who are part of the agencies we are researching. We also have a mix of cultures and experience and this adds to the diversity. We continually review our individual contributions to the team and reflect on progress to date.

Jackie: We have been really lucky to have ongoing funding and I think Robyn is right—without someone whose job it is to keep the research going, research like this will often fall by the wayside. There are a lot of challenges, particularly in managing the relationships with service delivery staff and with funders, that really require someone's constant attention. If this is added on to an already demanding job, say in teaching or practice, then it is always going to fall off the bottom of the list. We have really worked on the concept of teamwork and I feel are now at a point where we have a clear understanding of what being a team means. We have three people who are committed to completing the research. By this I mean the research as an activity is a central part of their working week. Two of us are employed part time with research money, and the other one, Robyn, is just amazingly dedicated to this process and has had an ongoing commitment to always contribute to the research despite the fact that she has 'a day job' as well. Her link into the university is really vital and we are more than lucky to have this connection and her incredible commitment. This core of three people do most of the hands-on work, keeping everything linked together and maintaining a focus on both the specific research activity of the day as well as the wider research program of which each project must be a part. We also have three team members who bring differing perspectives in terms of culture, gender, community, end user, and who also from time to time undertake specific research tasks, such as interviewing, running focus groups, assisting with recruitment of

participants, analysis and so on. These other team members . . . have a clear and significant contribution to make in terms of supporting us in the daily work, bringing a range of perspectives to planning data collection, analysis and other activities and to ensuring that we keep the focus on the bigger picture. This seems to work well and provide people with a place to make a really valuable contribution to the ongoing development of the research without having to feel that they need to 'go out there and do some research' or they have not contributed.

Dorothy: Your study involved some particularly complex and interrelated ethical and organisational issues. Can you say something about these issues and the processes you developed for addressing them?

Robyn: We obtained ethics approval early on and have reviewed ethical procedures as necessary. If our research caused problems for the agency and became intrusive we reviewed this and changed our practice, for example, the timing of interviews.

Jackie: The ethical issues related to the range of consents that were required and what happened, for instance, if a worker did not want to participate but a client did or vice versa. There were some related issues around the way that some of the qualitative research strategies could 'mimic' early intervention work because of the emphasis upon building a relationship with participants and talking through the issues that brought them to the agency in the first place. We did not anticipate this issue, although once it happened, it seemed so obvious. In both of these situations, we used a fairly standard approach to problem resolution—being available to talk issues through until all parties were happy that they had been resolved, and being open to modifications to research design so that new information about the impact of the research on practice could be heard and effectively responded to. I think it is important to be aware that in agency research the primary responsibility is to make sure that the intervention takes place—that the client gets the support they need and research does not have a right to undermine that.

So whereas in other research we may just be able to go out there and capture the information we need, in agency research we need to be able to be more responsive to the particularities of each situation we encounter and to modify our plans accordingly. Sometimes this means we get a less than ideal data capture, but that is the way it is and we do not have a right to undermine interventions in the pursuit of good quality data.

Another issue was the potential for research data to be used in staff evaluations. This was one of the reasons that lay behind the decision to set up the research centre as functionally separate from the service delivery arm of the organisation and also for building a strong relationship with the university. We maintained research records really carefully and in fact were never asked to furnish information to the organisation about performance issues. I think the organisation was very aware of this issue and handled the boundaries really well.

Our background in qualitative research helped us to deal effectively with many of these challenges because of the focus on developing and maintaining good research relationships that will sustain intense research. So our work emphasised working with people to find solutions to their concerns that could then be fitted into our methodology rather than simply telling them 'that was the way it had to be'.

Comments

It can readily be seen from the above examples of qualitative research that the researcher is indeed the instrument of their own research and that the interpersonal relationships and dynamics which can emerge are complex and deeply charged for both the researcher and the researched. Such research calls for researchers of the highest personal and professional integrity with a deep capacity for reflexivity.

When we listen to these direct accounts we can see how unique each study is and how guidelines for conducting ethical research

can only ever be that—just guidelines. We can also see how qualitative research, particularly with people who have additional vulnerabilities, can pose serious risks to their well-being.

However, while no research is without risks, the risks must be balanced against the possible gains from conducting such research. It can be argued that it may be unethical not to do research in the human services in which the community invests scarce resources and where professional practice is itself often an untested social experiment with the potential to hurt as well as help individuals and their families. In that sense, research is an essential tool in improving services and making them more accountable. Qualitative research in particular has given groups of people previously denied a voice the opportunity to be heard for the first time. It is a powerful tool and one to be used with care.