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Qualitative Research and Social Practice
Gareth Rees

The growth of research in the social sciences in the UK (as elsewhere) over recent decades has been paralleled by the development of a radically different institutional environment within which researchers work. Paradoxically, rather less attention has been paid by social science researchers themselves to these developments than to the changes taking place in the organisation of other forms of services sector work. The bulk of publication about social sciences research continues to focus on issues of research methodology; essentially, on how research *ought* best to be carried out. Analysis of how research in the social sciences *is* actually conducted tends to take the form of researchers' reflections on their own practices and the institutional environment in which they find themselves. Valuable as these are, there is a need, however, for further systematic, empirical studies of the social practices which constitute social sciences research. The short articles published here exemplify both these latter research genres.

Ben Fincham, Mick Bloor and Helen Sampson summarise some of the results of their study of risks to the well-being of qualitative researchers (the larger report on which they draw is available from Qualiti). They illustrate the kinds of emotional pressures to which qualitative researchers in particular are likely to be exposed; in addition to the physical risks which field-work occasions. They propose that there is a need for greater regulation of research practices, demonstrating that risk management in this kind of academic work lags some way behind that in other, comparable forms of employment.

Roger Penn and Keith Soothill are also concerned with new forms of regulation of social sciences research. However, they conclude that the increasing bureaucratisation of ethical approval of research projects is introducing *unnecessary* regulation. What they see to be the de-professionalisation of social sciences researchers in consequence of the introduction of the regulatory apparatus of ethics committees, codes of practice and so forth, is not, of course, specific to *qualitative* research. However, as they point out, to the extent that the actual practice of ethical approval is based upon a 'scientific' or 'medical' model, the implications of such de-professionalisation will be especially acutely felt by qualitative researchers.

A key aspect of the changing institutional context of social sciences research involves the conditions under which research is used in the development of policies, especially by the state, but also by other organisations too. Qualitative researchers have often felt themselves to be somewhat excluded here, given what has been seen to be a preference for quantitative data and reliance on a 'scientific' model of research more generally. The other two papers in this issue indicate some of the ways in which qualitative research *is* being applied to the development of policy. In particular, they illustrate some of the ways in which qualitative methodologies are being used to articulate the voices of ordinary citizens in relation to policies. Equally, however, they also identify some of the difficulties which arise in achieving this.

Alison Golby and Eva Elliott reflect on their experience of conducting a health impact assessment in relation to a planning application to extend an opencast coal mine in South Wales. What is especially interesting about this study is that it was carried out collaboratively with the residents who would most directly experience the (adverse) effects of extending the mine. It is instructive here that the researchers faced difficulties not only

in persuading the planning authorities of the legitimacy of the full range of their evidence, but also in negotiating the structure and content of the analysis with the residents.

Rob Evans also reflects upon some of the difficulties in constructing 'lay knowledge'. In this case, the context is a study intended to explore the views held by groups with different forms of 'knowledge' about the development of treatments for Type One diabetes. Perhaps its most innovative aspect, however, is the use of a deliberative workshop to attempt to combine views from divergent perspectives to produce an agreed strategy for investment in the development of new treatment. Again, what is most striking is the extent to which eliciting views in this context posed problems, let alone combining different views convincingly.

Evans uses this experience to raise quite basic questions about the appropriate role of the researcher in this kind of social sciences research.

Gareth Rees is a Professor within the School of Social Sciences at Cardiff University and a co-applicant of Qualiti, a node of the ESRC National Centre for Research Methods.

Qualiti (NCRM) Commissioned Inquiry into the risk to well-being of researchers in qualitative research

Ben Fincham, Mick Bloor, Helen Sampson

'As I was walking back to my lodgings a military four by four came screeching towards me across a dusty football pitch and pulled a 180 degree skid in front of me, three plain-clothed armed men got down and told me to get in the truck. They said that they had heard that I needed a lift ... Having no choice I got in the truck, I was returned to my lodgings and told to pick up my bags. I realised that one of the men had obviously been assigned to me as he was following me everywhere.' (*Online submission to the Qualiti Commissioned Inquiry website*)

Introduction
Whilst reports of injury and death are relatively rare in social science research environments, particularly when considering the current intensity of research activity, incidents such as the one described above do occur. The deaths of Myrna Mack, Ken Pryce and Mikhael Sinelnikov (Belousov et al. 2006), to researchers being assaulted (Moreno 1995) or injured in 'accidents' (Fincham 2006), illustrate that fieldwork occasionally puts us in positions where we can be physically hurt (Sluka 1990; Howell 1990; Sanders 2006). In addition to the obvious harm to well-being that being assaulted or forced into a truck at gun point poses, there has been an increase in literature on the emotional impact of certain types of qualitative study – where psychological well-being is compromised (Burr 1996; Scott 1998, Cannon 1989). In recent years the social sciences have responded to the need to protect research participants from potential harm arising from involvement in research, however, there is a feeling that we have been slow in recognising the possibility of injury – both physically and psychologically – to researchers undertaking qualitative research. Qualitative fieldworkers are exposed to particular forms of risks, arising from the characteristic emphasis of qualitative approaches on conducting research in naturalistic settings, however, higher education institutions in particular appear to be ignorant of the implications of such risks – for their employees or themselves.

Establishment of Inquiry
Such concerns prompted Qualiti (ESRC National Centre for Research Methods qualitative research node) to commission an inquiry into the risk to well-being of researchers in qualitative research. Beginning in January 2006 and convened by Professor Mick Bloor the inquiry team was instructed to examine the risk to well-being of researchers involved in qualitative research, produce a report intended to provide an overview of current thinking and practice and to make recommendations for future practice.

From the outset it was clear that there is an important gender dimension to risk and research. Professor Helen Sampson, director of the Seafarer's International Research Centre at Cardiff, agreed to convene a subgroup of the inquiry to address gender and risk issues. Two focus groups on gender issues attended by researchers from across the UK were facilitated by Professor Sampson. As well as the focus groups and a literature survey, the inquiry consists of a variety of interviews with people with cognate institutional responsibilities (such as university insurance managers and chairs of ethics committees) and with people working in institutions where employees run cognate risks (aid workers and journalists). In addition a Phbb 'bulletin board' website was established as a data gathering tool. The website was organised in such a way that contributors from the research community could submit evidence (reports of experiences, or viewpoints, or both) by posting to four website headings, namely physical risk, emotional risk, institutional risk management and gender and risk.

Literature
The review of literature in the Inquiry report covers both professional guidelines and academic literature and it was interesting to note that guidelines, in particular those issued by the Social Research Association (2003; 2006), broadly reflect concerns highlighted in the academic literature – suggesting that the guidelines are not widely acted upon. Whilst, as cited earlier, there is a literature on the physical risks to qualitative researchers, particularly anthropologists, the majority of recent literature concerns the emotional risks that fieldwork presents. The literature on institutional support is much more limited. Safety training is reported to be inadequate. Grantholders and PhD supervisors are frequently thought to be too remote from the immediate dangers of fieldwork. However, there was a striking lack of material addressing institutional responses to the risk to researchers, rather researchers generally reflected on their individual experiences in isolation from their position in institutions or organisations.

Commissioned Inquiry website
The website proved to be a valuable data gathering resource, allowing for submissions by researchers from all over the world, some actually submitting during fieldwork.

Although the site was organised under the four categories – physical risk, emotional risk, gender and risk and institutional risk management – many of the submissions overlapped these artificial boundaries. We found that people were willing to share concerns and experiences from the field. As will be demonstrated, the directness of the accounts was par-

ticularly affecting. The following excerpts indicate the breadth and depth of the material submitted to the website. In the emotional impact section of the site a contributor talked of their experiences interviewing people with severe and enduring mental health problems on locked psychiatric wards:

> … trying to interview people who were so ill was heartbreaking because they were so very unhappy. One spent most of the interview asking me, over and over again, whether I could help him get out; another only wanted to talk about when and how she could see her young children. (*Online submission to the Qualiti Commissioned Inquiry website*)

Another told of the unanticipated stirring of memories in their research on violent men:

> I have found during this first year of research that formerly hazy and 'one off' incidents have formulated themselves into more coherent ones. These memories, when drawn together, effectively form a substantial list of different forms of violences that elicit strong, complex and competing emotions such as anger, outrage, resentment, pain, shame, injustice and so on and so forth. (*Online submission to the Qualiti Commissioned Inquiry website*)

The implications of researching in overtly risky research arenas, particularly in countries foreign to the researcher were discussed by several contributors:

> As I am collecting data on drug trafficking, it was important to find out what the legal implications might be of being in possession of 'dirty knowledge'. This was important given that I was not familiar with my legal rights or responsibilities in [South American country] (*Online submission to the Qualiti Commissioned Inquiry website*)

There was also discussion about institutional responses to risk in qualitative research. One contributor told us of her concerns about risk assessment procedures in a project that involves transporting children from one place to another:

> The university insurers were happy for us to proceed on the basis that we fill in a risk assessment. This is a very difficult docu-

ment to complete for social research. It is almost entirely geared towards physical hazards. This meant that our risk 'score' came out very low, which was reassuring, but possibly quite meaningless in terms of the kind of risks we had identified. (*Online submission to the Qualiti Commissioned Inquiry website*)

Whilst all of the sections of the website received postings, the section on emotional risk was the most heavily used. Many contributions to this section substantiated claims in the literature that there is a particular concern with emotional damage not being adequately attended to – in some cases with projects left unfinished as a result. The methodological implications of utilising this web resource are great: The time cost to the research team was relatively small; the potential amount of qualitative data that could be gathered is large; unlike conventional discussion boards we found that people were more than happy to visit once and post a piece, without feeling as though they were making a long term commitment to disclosing or discussing. Also, reading the submissions, many people had obviously thought hard about what they wanted to say and how they wanted to say it – making for highly considered contributions.

Interviews

Interviews were conducted with a range of people with direct or associated interests in the issue of researcher well-being. The interviewees consisted of university health and safety officers, human resources staff, chairs of university ethics committees, insurers and managers of counselling services. Outside of higher education, people in media organisations with responsibility for journalists' safety and senior aid workers were interviewed to compare the situation in higher education with sectors that involved cognate health and safety risks.

Within higher education, the interviews revealed a lack of coherence in the implementation of safeguards for researchers implied in formal university structures and the (general lack of) usage of such structures by research managers. The situation regarding insurance is a particular cause for concern. It would seem likely that all individual university insurance policies require prior notification of unusual risks, submission of risk assessment and may involve an additional premium, however, the interviews indicate that these procedures are rarely if ever followed – meaning that many researchers may be in the field, particularly

abroad, unaware that they may not be insured.

It seems clear from the literature and postings to the website that, while risk assessments are happening more frequently than in the past, university safety officers have little contact with social researchers. However, it did appear to be the case that research ethics committees were willing to consider issues of researcher safety and would report concerns to PhD supervisors and principal investigators when they deemed it appropriate.

The interviews with media and aid organisations suggested that both sectors had undergone substantial changes in recent years in how risks were responded to. Whilst there are concerns in some quarters that the increasing 'litigation culture' prompts institutions in particular to become over sensitive and over bureaucratic in their management of risks, the changes in media and aid organisations with regards to risk management appears to have been inspired by a genuine realisation that part of the responsibility of researchers'/fieldworkers' line managers is the management of risks to their well-being. A conclusion of the inquiry is that relatively poor institutional management of researcher risk in universities may be a case of 'cultural lag'.

Focus Groups

The focus groups convened by Professor Sampson proved helpful in orienting the Inquiry focus towards issues of gender power relations in research. In particular in recognising that whilst the risks to female researchers may not be distinctive existing fieldwork risks may be amplified for women. The combination of the stress of importance in feminist methods of close and trusting relationships with research participants and traditional gender role expectations we think contribute in part to this amplification.

Panel of experts

The final phase of the Inquiry sought recommendations from a panel of experts from around the world with expertise in qualitative research. A draft of the Inquiry report was sent to each of these people and revisions made as a result of comments received.

Recommendations

The Inquiry has used a variety of methods to provide an overview of current practice. It is clear that there are concerns researchers have about their safety in qualitative fieldwork, and that despite institutional frameworks and professional guidelines current practice is leaving

some researchers feeling exposed to risks. It is bearing this in mind that the Inquiry has proposed a set of recommendations:

Postgraduate research methods course should include research safety in their curricula.

ESRC should consider whether provision of safety training in postgraduate research methods curricula should be a factor in determining whether those methods courses receive ESRC recognition

University in-service training courses for PhD supervisors and principal investigators should include content on researcher safety.

All university departments should be subject to periodic health and safety audits, which would include examination of provision for researcher safety.

All funders should require principal investigators to comply with the SRA (or similar) safety guidelines.

All funders should formally invite referees to comment on researcher safety issues, where salient, as part of their assessment of applicants' research methods.

All research ethics committees should accept formal responsibility for oversight of provision for postgraduate student safety, with safety issues being addressed in the context of a specific question on the application form and of the guidance notes on form completion.

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Ben Fincham is a lecturer in the School of Applied Social Science, University of Brighton and was previously a research associate for Qualiti, the Cardiff node of the ESRC National Centre for Research Methods. He is currently developing projects around non-motorised mobilities - in particular around the Cycling Demonstration Cities initiative. He is also involved with developing qualitative approaches to studying work in unstable employment environments. Ben is the author of the forthcoming book *Lycra Louts?: Risk, work and life in the world of the bicycle messenger* (Lampeter: Mellen).

Ethical Issues in Social Inquiry : the Enemy Within?

Roger Penn, Keith Soothilll

General Issues

There is an accelerating tendency to introduce 'ethical' issues into all areas of social science. This is exemplified by the recent decision of the ESRC to require all their funded research to be approved by appropriate University-based Research Ethics Committees (2005). This has prompted British universities to institutionalize such RECs in response. We consider this to be a misguided and misplaced development. Indeed, we believe this 'ethical' agenda is a deliberate attempt to neuter proper social scientific inquiry and is part of a process of wider de-professionalization in the UK.

It is not our argument that social science has no ethical dimension. We consider social science to be **inherently** ethical and political. However, this means that social science (like all sciences) is a con-

tested terrain. There is no consensus amongst social scientists about appropriate theories, methods, techniques, styles of analyses or even what counts as a significant question. Every academic conference bears testimony to the institutionalized dissensus amongst social scientists.

The new 'ethics' movement is premised upon the opposite. Inherent to its evolution is the notion that a bureaucratic, codified, regimented set of rules can be imposed upon the social science community. This involves a systemic de-professionalization and the substitution of low-trust relations for the previous high-trust model of professional autonomy (see Fox 1974; Friedson 1994). Research is no longer to be based upon individual professional judgements rather it must be subject to external, bureaucratic controls.

Why has this emerged now? Interestingly, there is very little external, lay concern about the ethical behaviour of social scientists in Britain. There have been no obvious scandals such as the Milgram (1963 and 1974) experiments in the USA during the 1960s nor any books like the **Tearoom Trade** (1970). The ESRC itself recently stated that 'almost without exception, social science research in the UK has been carried out to high ethical standards' (ESRC 2005 : 1). Indeed the exact opposite is much closer to reality. Social scientists are making little **critical** impact upon the social world in ways that would upset those in power in contemporary Britain.

What lies behind this 'ethical turn' within the social sciences in Britain? We consider it to be the result of three underly-

ing forces: American hegemony, New Labour authoritarianism and the resurgence of an exclusive natural science paradigm.

A powerful element in the new 'ethical' movement within the bureaucratic control structures of British social science is a conscious emulation of US templates. All US universities have, as a Federal legal requirement, Institutional Review Boards (IRBs) that scrutinize all research proposals – whether by academics or by students – that involve human subjects. No academic social scientific research can be undertaken without the explicit and formal agreement of these IRBs. This has led US social scientists increasingly to adopt a 'safety-first' approach with risk aversion highest amongst their concerns. Students are discouraged strongly from collecting primary data and academics themselves tend to favour analyses of safe secondary data like the US Census or the General Household Survey. This American template has already come to dominate social science in Canada and Australia and clearly Britain would appear to be the next target. This is part of a globalization of McEthics: research that is bland, easy to digest and instantly forgettable!

New Labour has greatly extended the research arm of Government, particularly in areas concerned with education, employment, health, welfare and immigration. However, despite an initial enthusiasm amongst many social scientists for the 'Third Way', it soon became apparent that 'he who pays the piper calls the tune'. Government Departments closely control the output of social scientists to ensure that they remain 'on message' as part of their routine manipulation of information flows.

Lurking behind much of the new 'ethicalization' of research is the natural science 'medical model'. In health all prospective research must be examined by an appropriate research ethics committee. In 2005 the UK's Chief Scientific Adviser convened a working group that developed a 'Universal Ethical Code for Scientists' under the auspices of the Council for Science and Technology. This made two clear assumptions. The first was that one ethical coat should fit all sciences and the second was that the natural science paradigm was that coat. However, there is strong and growing evidence that the medical model is not the solution to the ethical issues in the social sciences. It was set up mainly to deal with issues **specific** to medical trials.

The erection of these bureaucratic hoops within the medical sphere has led to a series of negative consequences that should cause alarm bells to ring within the social sciences. The forms to be completed are voluminous, confusing and off-putting. They are designed to restrict research opportunities to 'insiders' which, in practice, means the medical practitioners who dominate these ethics committees. They involve a requirement that applicants should have the written approval of a 'statistician' for all prospective research irrespective of the actual use of statistics. Their understanding and sympathy towards non-statistical research is almost nil.

Recent developments in the health service have laid considerable emphasis on the need for patient care to be 'evidence-based'. However, in reality any attempt to develop new 'evidence-based' practice has to receive prior approval of the appropriate Ethics and also R&D Governance Committees. There is a great deal of confusion both between and within these committees as to what is 'ethical' and what is 'scientific'. Often issues of research design are subsumed under the aegis of 'ethics'.

The net effect of these contradictory developments has been to deter many non-medical health practitioners from proposing any research at all. It has also pushed much health research with a social scientific angle **underground**. Many health researchers now follow an 'audit' route that avoids the aggravation of dealing with ethics committees.

We consider the medical model to be an inappropriate template for the social sciences. There is evidence that innovation is stifled (see, Langer, 2005). Ethical issues are conflated with questions of research design and there is a development of an 'insider' culture designed to suppress creativity. There is a powerful assumption that the natural science paradigm – 'double-blind' experiments, randomization and conventional parametric statistics – is the only legitimate approach to research.

Worst of all is the powerful tendency nowadays to convert social science 'respondents' into 'patients'. We are particularly concerned with this last development. Most social science involves asking respondents to participate in a 'questioning' milieu. This is voluntary and confidentiality is routinely guaranteed. However, the relationship is essentially egalitarian: the researcher is interested in the opinions and/or behaviour of his/her respondent in an open,

democratic, non-judgmental context. This is very different from a situation where a patient (who is both sick and vulnerable) is asked if he/she wishes to take part in an experiment that might bring health benefits. Reducing the former to the latter is both a category error and a misplaced concern.

Social Science 'Ethics' Examined
There are a series of precepts to be found in the recent ethical codes in the social sciences that underpin the 'ethical turn'. The ESRC announce that 'research should not cause distress or annoyance'. There is no reason given for this pronouncement but we suspect that this is camouflage for a desire for 'safe' research that will not 'rock the boat'. In fact there are a range of circumstances where the **results** of research may well annoy funders or respondents.

The example of one of the author's experience with the Skills Task Force exemplifies this point. Penn (1999a and 1999b) concluded that skill shortages were an **inevitable** and **desirable** feature of advanced economies. Indeed, few outside the narrow world of labour economics would wish to live in a society where individuals made decisions about training and educational tracks based upon the need to optimize future societal returns to human capital formation! Rather than blaming the population for 'failing' to read the 'signals' from the economy, Penn argued that much more effort should be expended on improving rates of pay for most of the jobs where employers claimed there were 'skills shortages'.

This analysis upset the Department of Employment who tried to suppress Penn's Report. Subsequently they tried to air-brush it out of existence by omitting it from their list of Skills Task Force Reports. The Report also annoyed those 'research' Centres in universities that had, and continue to have, a cosy and symbiotic relationship with the Department in terms of a cycle of grants and anodyne Reports. It also angered those consultancy firms who endlessly concluded that every new Government initiative was a great success.

Was the research therefore unethical? According to the ESRC regulations it should indeed have been suppressed and probably never written in the first place. However, our view is that these reactions indicate that there **was** something important to be **debated** and that they also vindicate the importance of a **criti-**

cal sociological stance to the central nodes of political power in contemporary Britain. It was this consideration that led Penn to publish an unexpurgated version of his Report in a subsequent article in **Sociology**, again to the annoyance of the powers that be! We regard this as a professional duty and an essential element of citizenship in a (still just) free society.

The BSA section on 'Professional Integrity' in its 'Statement of Ethical Practice' (2002) argues that 'sociological research contributes to the well-being of society'. This gets to the heart of the matter. Who is to say what this might be? Clearly not sociologists exclusively : this would be akin to Plato's famous injunction that 'philosophers should rule' and would be elitist and anti-democratic. It is evident that ethical debate and disagreement are central both to everyday and sociological discourses. Indeed, given the reliance of the latter upon the former it could not be otherwise. People in general, and sociologists in particular, disagree because they have different ethical principles. The central weakness of all these ethical codes is that they assume that a bureaucratic set of rules can regulate and resolve these fundamental disagreements. In our view they cannot and they should not be allowed to develop.

This line of reasoning reached an apogee in our own University's vacuous 'ethical' principles that 'all proposed research should be worthwhile' and that 'techniques should be appropriate'. Who is to say what is 'worthwhile' and who can possibly lay claim to know what techniques are 'appropriate'? These issues are central to academic debate amongst social scientists and should not (and cannot) be resolved by bureaucratic fiat.

The new ethical codes get themselves completely tied in knots when they attempt to deal with a range of practical issues. Lancaster University's 'ethical' guidelines demand that researchers give a 'full explanation of the study'. This is obviously impossible. If one could do that there would be no need to conduct the research in the first place. More critically, it is also highly undesirable for reasons known since the classic Hawthorne experiment (1939). There is a very strong danger that respondents will try and tell the researcher what respondents think they want to hear and/or that respondents will behave in ways affected by what they have been told by the researchers.

To avoid such response-biases, the BSA provide a 'nicer' compromise. They state that respondents should receive 'appropriate details' about prospective research. This Orwellian language must be designed to give 'ethics' committees something to pontificate upon : otherwise even a moment's reflection would reveal that, as a principle, it is pure nonsense! In practice these issues are matters for **individual professional judgment** and cannot be codified or bureaucratized.

Covert research is generally proscribed within these codes except when it is not (see Becker 1964). Reading these earnest, 'po-faced' axioms is to arrive at the core of the 'Alice in Wonderland' world of the 'ethics' industry. In our view covert research is a matter for **individual professional judgment**. Indeed, one of the authors used covert tape-recordings when researching recruitment policies of major UK supermarket companies. To have provided either a 'full' explanation or an 'appropriate' description would have nullified the research. Covert research was justified in terms of the research hypotheses and, in our opinion, this was **sufficient**.

Strangely, none of the ethical codes deal explicitly with issues of the legality of research. However, we are in no doubt that they would not approve of research that broke the law. We reject this as an axiom. Once again we consider this to be a matter of **individual professional judgment**. When one of the authors was undertaking research comparing the behaviour of spectators in British and Italian football stadia he photographed the policing of fans at games in both countries (Penn, 2005). This is a criminal offence in Italy and so he did it from distance to avoid arrest and the confiscation of his camera! This was justified in terms of both the research hypotheses and the visual techniques used to provide **evidence** for the analysis. Once again we would argue that social scientists should be **aware** of the legal ramifications of their research. However, it is a matter for **individual professional judgment** as to how this should be dealt with.

Conclusions

The issues discussed in this paper are important and crucial to the development of a critically informed social science in Britain over the next decade. The de-professionalization of social scientific research and its replacement by a bureaucratically-massaged, anodyne form of social inquiry has many strands. The ethicalization of all aspects of the research process represents the cornerstone of this counter-revolution in the production of sociological knowledge.

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Roger Penn is a Professor of Economic Sociology and Statistics at Lancaster University. Currently a joint appointment between Sociology and Mathematics & Statistics and one of the co-directors of the Lancaster-Warwick ESRC Research Methods Node researching Statistical Modelling in the Social Sciences. Recently Visiting Professor in the Sociology Department at UCLA. Author of *Social Change and Economic Life in Britain* [2006] and of *Social Statistics* [forthcoming], Sage.

Keith Soothill is Emeritus Professor of Social Research in the Department of Applied Social Science, Lancaster University, UK and is now based in the Centre for Applied Statistics at Lancaster. He has recently been Chair of the Department of Health advisory committee for the R & D programme on Forensic Mental Health. He has co-authored the book, *Making Sense of Criminology* (Polity Press), the monograph, *Murder and serious sexual assault: What criminal histories can reveal about future serious offending* (Home Office) and co-edited, *Questioning Crime and Criminology* (Willan Publishing).

Community participation in a controversial planning application: a challenge for research practice

Alison Golby, Eva Elliott

Photograph: present opencast mine looking from Cefn Cribwr

Introduction

This article describes and reflects on the process of collecting and presenting lay and professional perspectives upon the potential impact on the health of local people of a proposed extension to an opencast mine in south Wales. This opportunity presented itself when a member of the public approached the Welsh Health Impact Assessment Support Unit (WHIASU) at Cardiff University. This paper discusses some of the challenges that were raised by this project, including: managing residents' mistrust, frustrations and emotions; managing residents' participation and contributions; engaging some key stakeholders due to the controversy surrounding the proposed development and reconciling conflicting perspectives on evidence in relation to health risks. The health impact assessment therefore has implications for anyone wishing to engage with local communities, especially as part of a controversial project.

One of the key roles of the WHIASU is to support the development and effective use of the health impact assessment approach in Wales. For the last two years the main focus of its work has been supporting key organisations in statutory, voluntary and community sectors to use this approach as a means of ensuring that the public health implications of their decisions and actions are taken into account. The approach is promoted both as a means of utilising good science in decision-making and as championing participative democracy in recognising the place of both lay and professional forms of knowledge and evidence. Whilst the bulk of the Unit's work has been to support statutory bodies in this case the process was conducted on behalf of local residents who were both the drivers of the process as well as providers of the knowledge and evidence.

The study followed guidance detailed in *Improving Health and Reducing Inequalities* (WHIASU, 2004) and followed the three-meeting process used by the National Public Health Service for Wales (NPHS) in previous work (Lester and Temple, 2004). A full definition of health impact assessment is set out in the above document but quite simply, HIA is a systematic way of assessing who is likely to benefit or suffer from a policy, project or plan, and how. Indeed, HIA considers how local and national policies or initiatives affect the wider determinants of health and how they in turn, may affect people's health.

Health impact assessment and open cast mining

Both qualitative and quantitative methods were used to assess the potential impacts upon local residents living in closest proximity to the proposed extension to Margam Opencast Mine located at Kenfig Hill, Bridgend. These communities are those potentially at greatest risk from pollutants. Local health statistics, published research and monitoring data on noise, vibration, dust and air-borne pollutants were presented alongside qualitative data obtained from focus groups representing a range of local interests. The insights and experiences of local people formed a substantial part of the HIA which, as a cross-boundary planning application, involved two local authorities.

The process presented many methodological challenges to the authors of the report which included managing the contributions made by local residents. Although its purpose is to assist decision-makers, HIA encourages the participation of people likely to be affected by a proposal but there were a number of difficulties in achieving this. Due to the history of the planning application, residents felt betrayed that promises made by local authorities about ceasing opencast working in the locality had not been kept and that their views and concerns had not been taken into account by those making decisions. Beynon et al (2000) point out that although local authorities hold consultation meetings with local communities, local residents can feel that "no-one was listening" to their views (p.153).

Local residents in this particular HIA reported to the researchers at the Unit

that they felt impotent in relation to the whole process and frustrated that some decision-makers were reluctant to take part in the HIA. This may explain their openly hostile conduct at meetings where 'official' representatives were present. For instance, steering group meetings with local authority and local health board representation were often volatile with residents treating them as public meetings at which they expressed their feelings and frustrations in a manner which was difficult to document. The researchers had to frequently act as 'referee' in these meetings, becoming a mediator between the decision-makers and local people. The feeling that the researchers were being pressured to position themselves as 'for' or 'against' a particular standpoint was at variance with the researchers' concern to maintain a neutral role. Mistrust was also sometimes directed towards the two researchers. Indeed, some information residents had collected for the public inquiry was withheld by them, only providing this for inclusion in the report at the end of the process. This created substantial difficulties for the researchers in finalising a report, on behalf of the residents, that fulfilled the dual requirements of including diverse forms of lay, professional and scientific data and the production of a report that would have 'credibility' with the officials who would ultimately decide whether the report provided evidence that was robust enough to decide the fate of the proposed extension.

One way of attempting to overcome the difficulties was by holding focus groups with local residents and different interest groups drawn from the local community. Morgan and Krueger (1993) suggest that focus groups can be very useful when there is a power differential between participants and decision-makers and where historically groups have had limited power and influence. Focus groups were facilitated by one of the researchers and were held in neutral, local community settings. The HIA framework provided a mechanism for the development of a thematic schedule which enabled resident's perspectives to be recorded and analysed. Being surrounded by people who shared similar experiences, participants were also able to express their concerns, feelings and experiences in a non-threatening environment. Focus groups were especially useful for capturing data about the way the whole experience was impacting upon their lives, and well-being.

In the well known sociological studies of examples of 'popular epidemiology', such as in response to accidental poisoning of the water system in Camelford (Williams and Popay 2006) and Phil Brown's study of toxic waste in Woburn Massachusetts (1992) the involvement of residents in collecting evidence and utilising the expertise of sympathetic scientists to make a case for demonstrating a plausible causal link took many years to develop. In this study residents had a limited amount of time and limited access to scientific resources to make a case for the link between existing open-casting and ill-health and deaths as a means of highlighting the increased risk to human health if the open-cast was extended. Local residents had already conducted two lay studies of asthma prevalence in school-age children prior to the HIA commencing. Although the residents' school study and survey of local GP practices have limitations they do reveal some interesting results regarding possible association with childhood asthma and living near an opencast mine. The findings were supported by some recent published research (COMEAP, 2005) which found associations between exposure to air pollutants and health effects, including the greater effects on infants and young children (WHO, 2005).

Encouraged by the findings of the two lay studies residents wanted to conduct a house-to-house survey to collect self-reported ill-health and deaths in the local area. A substantial amount of time was spent explaining the methodological difficulties with this approach, such as collecting reliable statistical data from which any meaningful and robust conclusions could be drawn. Residents were eventually persuaded by one of the report authors that collecting qualitative data was a worthwhile exercise, especially in assessing other effects on human health. Qualitative data on the impact on their quality of life and psychological wellbeing was presented in the report and supported by published research, wherever possible. However, their fears about the extent to which decision-makers would take this type of information into consideration in assessing the planning application were not entirely unfounded.

As well as the two lay studies discussed above, residents contributed to the HIA in other ways, identifying, obtaining and providing relevant information. There were sometimes heated discussions between residents and the report authors about the reasons for not including certain information and residents were still unhappy about some omissions at the end of the process. The authors were concerned about the acceptability of the evidence presented in the report as the study was intended for decision-makers as part of a planning application. Indeed, the authors were reliably advised that those making decisions would only consider certain evidence and also felt pressured to comply with accepted academic practice.

Williams and Elliott (2004) argue that local communities have particular insights. However, these insights and experiences may conflict with professional or scientific 'expert' knowledge thus presenting a challenge for HIA. The perspectives of local residents conflicted with that of local authorities and the company especially. Apart from the physical aspects distinguishing the different perspectives, with managers and workers on site looking up towards the local communities and local residents looking down into a 'big black hole' (local residents' description), each had different agendas. At times, the researchers acted as go-betweens linking local residents, the planning authorities and the company, attempting to put an alternative perspective to each. The advisors on the steering group were frequently exposed to the residents' point of view, and recognised and acknowledged their different perspective. However, attempts to present the perspective of the company to local residents further infuriated them. Indeed, residents were aware of a power differential between themselves and the company, believing that the company had access to more financial resources to assist them with their 'case'. Further conflicts with 'expert' knowledge were also apparent. Residents' experiences ran counter to the results of some monitoring data on dust, noise, vibration and airborne pollutants measured by one of the local authorities.

Conclusion
The conduct of this HIA presented the report authors with a number of challenges. The methodology utilised went some way to managing local residents' emotions and frustrations. The principles underlying health impact assessment include participation, democracy and listening to people views (WHIASU, 2004). The HIA through focus groups allowed the voice of the local community to be heard. Local residents were 'listened to' as part of the HIA process, their contribution was recorded and reported and this was important to them. Building up trust with local people was more problematic, with local residents not expressing their appreciation to the authors until the end of the process. This is perhaps understandable since residents felt excluded from the planning application process, and misled by those making decisions, and this is perhaps indicative

of a failure in the democratic process. This meant that bringing together the different perspectives would always be fraught with difficulties. Attempts were made to overcome problems with obtaining reliable statistical evidence, and the HIA framework enabled the collection of qualitative data to assess the community's health and wellbeing. In some instances lay knowledge challenged 'expert' opinion and evidence but the extent to which this knowledge has been taken into account by decision-makers is unclear.

The HIA report was submitted to both local authorities in December 2005. In November 2006 Neath Port Talbot County Borough Council recommended that the application be refused on three grounds, and the company withdrew its application. Some aspects discussed in the HIA study, such as 'disruption in terms of visual impact, noise, dust thereby causing unacceptable detrimental cumulative impact on local residents', are referred to in the document, *Planning Application Recommended for Refusal* (Neath Port Talbot, 2006). However, greater weight appears to have been given to environmental concerns rather than human health. Health impact assessment has to work within existing structures and accepted conventions which include the framework for assessing planning applications of this nature. This therefore raises a further challenge for health impact assessment, namely to convince those making decisions and formulating planning regulations of the importance of taking account of local community knowledge and insights as well as the wider effects on human health. In such circumstances the burden upon the researcher to 'prove' the validity of findings based on qualitative methods is considerable.

The full technical report is available on the WHIASU website, www.whiasu.wales.nhs.uk.

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Alison Golby is a Research Associate and Eva Elliot is a Senior Research Fellow in the Cardiff Institute for Society, Health and Ethics, based in the School of Social Sciences at Cardiff University.

Participation, Deliberation and Qualitative Research Methods

Rob Evans

Introduction

The Talking Treatments project examined how qualitative methods can contribute to the participatory turn in policy-making. The project grew out of developments in the Science and Technology Studies (STS) literature, which argues that more inclusive policy-making processes are needed if the expertise that exists outside traditionally accredited expert communities is to be recognised. To adapt a metaphor, the argument is that, if the juggernaut of modernity is to be brought under control, then citizens need to be in the cab and not in the back with the cargo.

In this context, qualitative methods have already had a powerful effect. Much of the research challenging the conventional wisdom about science and its public understanding is qualitative. The aim of the Talking Treatments project was to go further and explore the extent to which qualitative methods could be used not just to diagnose the problem by eliciting participant accounts but also use participants to synthesise, reconcile or integrate these potentially divergent perspectives. This shift to asking participants to reconcile different perspectives moves traditional qualitative methods into the more innovative area of participatory research and deliberation. Whilst the ethos of deliberative methods resonates strongly with the interpretive stance of qualitative methods their practice poses a profound challenge for qualitative research.

In what follows, I describe our attempts to organise a deliberative process focused on treatments for Type One diabetes. Type One diabetes was chosen as a focus for the research for a number of reasons. Firstly, stem cell research, which typically lists a 'cure for diabetes' as one of its targets, remains very new and uncertain so any public engagement generated by our research would occur at a relatively 'upstream' stage. This is important because one of the standard STS critiques

of public engagement work is that it occurs *after* the science has been done. Secondly, other treatments for diabetes are possible, so debates about stem cell research take place against a background of other approaches that are also competing for research funds. Finally, within the population, there are groups of people with different experiences of, and therefore expertise about, diabetes. Of particular interest for our research is the distinction between patients, who live with diabetes and have substantial expertise about it; carers, who live with people who have diabetes and thus acquire expertise by interaction rather than direct experience; and people who know very little about diabetes – the genuine lay citizens, as it were.

Research Design
The research consisted of a three stages. We began by conducting in-depth interviews with scientists, clinicians, patient organisations, research funders and social movements. These interviews identified the range of treatments that were being developed for diabetes – i.e. what stem cell science might be seen as competing with – and the arguments that were raised for and against the different options.

The second stage of the research was a set of reconvened focus groups, in which these different treatment options were considered. The groups were composed of patients, carers or lay people and each group met twice, with participants receiving a pack giving further information about each treatment option after the first meeting. At each meeting, the treatment options were ranked against a series of criteria derived from the interviews and other research (e.g. Davies et al, 2003). The aim here was to examine how the different groups prioritised the options and, at the second meeting, to see whether or not the information pack had produced a significant shift in opinions.

The third and final stage of the research was a roundtable workshop attended by participants from both the previous stages. The scenario presented was that a wealthy benefactor wanted to fund a research programme that would make a significant difference to people living with diabetes and needed advice on what treatment to support. The workshop was supposed to consider the different alternatives and provide a recommendation. As explained below, the outcome was a clear recommendation, but not one that was reached in the way we had anticipated. Before discussing the roundtable and the questions is raises about qualitative research more widely, I provide a

brief summary of the interview and focus group stages that preceded it.

Stage One: Interviews
The interviews explored the range of treatment options available for Type One diabetes and asked a range of experts and other stakeholders to identify the main risks and benefits associated with particular treatments. The primary aim of this phase of the research was to identify the treatment options to be discussed in the focus groups and the claims that might be made for and against them. In all, we identified eight types of treatment that could be developed, ranging from improving existing treatments to more speculative approaches based on stem cell and other innovative science.

We also analysed the interview data to see how the uncertainty of stem cell science was discussed (Evans, Kotchetkova and Langer, forthcoming). Like previous science studies research (e.g. MacKenzie, 1993; Lahsen, 2005), we found that the perception of uncertainty did vary as a function of the respondent's social position relative to the research front. The relationship was not linear, however, but more like a U-shaped trough in which uncertainty was highest amongst those closest to and furthest away from the research front and minimised amongst those groups who sit 'one step removed' from the day to day research work. In our case we found that the stem cell scientists were very cautious about the possibility of a breakthrough in the near term, although most felt that progress would be made over the longer term. The uncertainty of the research scientists was matched, or even exceeded, by respondents representing critical social movements. These were typically the most opposed to the genetic paradigm and tended to see stem cell research as creating a wide range of social and technical problems that rendered it impractical in both the near and long term.

Where there was optimism, represented by the belief that a cure or treatment was 'just around the corner', this was to be found amongst the research funders. Whilst this may appear to be a misreading of the science, we did find some evidence that this belief was promoted by the scientists, who were more confident and optimistic in public presentations than they were in the interviews. It is possible, therefore, that this difference in presentation and subsequent understanding is due to the way public debate is often framed as direct lobbying or contrasting speeches, creating settings in which each participant is expected to make a strong

case and defend their position.

Stage Two: Focus Groups
The focus groups were designed to represent the three distinct populations implied in Collins and Evans' (2002) analysis of expertise:

- patients, who have embodied or *contributory* expertise about living with Type One diabetes and the problems it causes;

- carers, defined as close relatives of people living with Type One diabetes, who do not have the embodied experience of living with diabetes but who know enough about the condition to have *interactional* expertise;

- lay citizens, defined as people who have *no specialist expertise* because they do not have diabetes, are not are involved in caring for people with diabetes, and do not have any specialist training in diabetes care or biomedical research even if they do have more ubiquitous experience of health services and other medical settings.

Each group met twice over a 2 week period and, after the first meeting, all participants received an information pack providing further details of the different treatment options. At each meeting, the participants discussed the same question: how should the different treatment options be evaluated and which one should be given priority for funding? Organising the focus groups in this way enabled us to investigate two different influences on opinion. By looking across the groups and comparing patients, carers and lay citizen's perspectives we could investigate the extent to which different kinds of experience gave rise to different evaluations. Alternatively, by comparing the first and second meeting of each group we could investigate the extent to which new information and time to reflect changed options.

If we consider what participants said about the treatment options, we find that many were ambivalent and had mixed views about the different treatment options (Kotchetkova, Evans and Langer, 2007). This ambivalence was present at the first meeting but continued into the reconvened meeting where participants often reported that, although they now had more confidence in their positions, they still might change them later. One finding of particular note from this stage of the research was that stem cell science, despite the priority attached to it by funding councils, was never ranked particularly highly in any focus group.

But what were these opinions based on? As might be expected, most of the participants knew relatively little about many of the treatments. Discussions in the first focus group meetings but also the second often centred on the associations that were triggered by the words, such as 'transplants', 'drugs' or 'prevention', that were used to describe the different treatments. In the case of 'transplants' and 'drugs', the same word prompted different associations within the same focus group. For example, some participants saw islet cell transplants as continuous with other kinds of transplant operations and thus likely to become successful and even routine in the same way as heart or kidney transplants. Others emphasised the risks of organ rejection and need for immunosuppressant regimes that go with such operations and interpreted the option much less favourably. Similarly, some participants saw drug therapies as a non-invasive treatment, and therefore a good thing, whilst others emphasised the risk of dangerous and unpredictable side effects.

The case of prevention was different, however, and here there did appear to be a difference between groups. For lay and carer groups the maxim that 'prevention is better than cure' held true, so that the research aimed at developing a 'vaccine' that would eliminate the autoimmune condition that causes Type One diabetes was seen as the option that deserved the highest priority. In contrast, when the same dichotomy prevention-vs-cure appeared in patient groups, then cure was preferable to prevention because it was more directly relevant to their needs. Whilst patients admitted this view was a selfish one, and not the optimal one for society as a whole, within their focus groups they were clear that, as people living with diabetes *now*, they wanted research funders to prioritise improvements to existing treatments and that would, therefore, make a difference to them.

Stage Three: Deliberative Workshop
Deliberation is a particularly demanding form of discussion that requires participants to set aside any self-interest in order to reason dispassionately towards a common good. In our case, the deliberation consisted of a one-day event in which participants from both the focus group and interview stages of the research were asked to choose between three research programmes: developing existing insulin pumps into an artificial pancreas; developing stem cell science as a source of transplant tissue; and the vaccine research chosen by lay participants

and carers during the focus group stage. As researchers, we were interested in both the outcome of the deliberation (i.e. what treatment option would be prioritised and why) and its process (i.e. the extent to which the recommendation could be seen as the outcome of a deliberative process).

The outcome of the workshop was an overwhelming consensus in favour of the artificial pancreas research. Rather than being based on deliberation about the common good, however, this verdict reflected the hierarchy of authority that emerged in the discussions and which persisted throughout the day. At the bottom of the hierarchy were lay people, who were discursively constructed as being outside the room and, ideally, outside the decision making process. For example, all bar one of the participants who had been selected as 'lay people' defined themselves as 'friends of people with diabetes', with lay people being seen as a largely ignorant and undifferentiated mass, easily influenced by celebrity and media campaigns, and prone to unreasonable panic. Given this, it is not surprising that most participants agreed that lay citizens should not have a powerful voice in decisions such as the one they were being asked to take.

At the other end of the hierarchy were the patients who claimed, and were granted by carers, lay people and experts alike, the right to set the agenda and frame the debate. Once this happened, however, the discussion adopted the short-term perspective that characterised the patients' focus groups and the artificial pancreas emerged as the top priority because it was the one that was closest to being completed. In contrast, stem cell science and vaccines appeared too complex and uncertain even if, in the longer term, eliminating the disease (as lay participants and carers had advocated in their focus groups) might have provided a better solution.

Reflections on Participation
The project raises two challenges for qualitative social science. The first is that doing deliberation is difficult. In our case, for example, maintaining a focus on the 'common good' was difficult. Participants without an obvious stake were effectively shut out whilst those with an immediate need dominated. Finding ways of organising and managing deliberations to prevent this and ensure they achieve their ideals more fully requires further research, something that qualitative researchers are well placed to undertake.

The second challenge is more controversial and questions the subservient role this gives to social science. The problem is that, although it is clear that qualitative social science has a strong affinity with participatory decision-making, deliberative methods take the process one stage further. In traditional qualitative research, actors' categories are the starting point for the development of analytic categories through which the researcher synthesises different views and explains how they are related. In deliberative methods, however, actors' categories and actors' interpretations are all that matters. The researcher is no longer a researcher but a facilitator. The danger, therefore, is that by refining deliberative methods to the point where they can become routine, qualitative social science risks undermining the role of social researchers as specialists in exploring, explaining and integrating different worlds.

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Rob Evans is a senior lecturer in sociology at the Cardiff School of Social Sciences. He worked on the Talking Treatment project with Inna Kotchetkova and Susanne Langer but is solely responsible for the portrayal of the project in this article.

News and Forthcoming Events

Qualiti Events
http://www.cardiff.ac.uk/socsi/qualiti/events.html

Qualitative Research and Ethical Approval
University of Edinburgh
5 December 2007
This one-day workshop will consider the practical implications of obtaining ethical approval for undertaking qualitative research in the social sciences.

Using new technologies in Qualitative Research
City University, London
17 January 2008
This workshop will provide hands-on practical experience in using different technologies and equipment for the collection of qualitative data.

Multi-modal Qualitative Research
Cardiff University
23-25 January 2008
Three-day workshop is primarily based on the combined use of textual, visual and audio data. It will give participants practical insights in to the advantages and disadvantages of different modes of qualitative data. **Please note:** *We are recommending that delegates wishing to participate in this workshop also attend the 'Using new technologies' workshop listed above.*

NCRM Node Workshops

Real Life Methods
Methods Workshop: Researching Ethnicity
University of Manchester
18 October 2007
This workshops introduces approaches to researching ethnicity and will include discussion and debate.

Training Workshop: Real Life Ethics
University of Manchester
14 November 2007
This workshop will explore ethical issues in 'real life methods'.

Methods Workshop: Rethinking the Qualitative Interview: Some thoughts from social psychology
University of Manchester
29 November 2007

For further details about Real Life Methods events:
http://www.reallifemethods.ac.uk/events/index.htm

Other UK events
Introduction to Focus Groups
University of Surrey, Guildford
10 October 2007
This course is an introduction to the methods involved in organising and conducting focus groups and managing and interpreting the data they generate.

Introduction to Qualitative Interviewing
University of Surrey, Guildford
18 October 2007
This course is an introduction to the methods and problems associated with qualitative interviewing.

http://www.shs.surrey.ac.uk/sociology/daycourses/

CAQDAS Networking Project: Software Training Workshops and Seminars
Practical support, training and information in a variety of software programs to assist qualitative data analysis. Various courses and dates available throughout the Autumn.
http://caqdas.soc.surrey.ac.uk/events.htm

Ethnography Beyond Anthropology: Interdisciplinary perspectives on a method gone public
Goldsmiths College, London
8 November 2007
This event explores the ways different disciplines understand and use ethnographic methods in the public arena and examines how they interplay with other research methods, questioning whether this produces a new form of ethnography and with what implications.

SRA Annual Conference 2007 - Learning from others: Innovations in Social Research
Brunei Gallery, London
4 December 2007
Social research is continuously changing and developing, and this year the SRA annual conference will provide an opportunity to reflect upon and consider developments that have taken place throughout social research during the last few years.
http://www.the-sra.org.uk/documents/pdfs/annual_conference_flyer_2007.pdf

Social Selection, Social Sorting and Education
London City Hall
12 October 2007
This conference aims to bring together researchers and research users, including policy makers, to share new research and evidence on these key issues and to consider their implications for policy and practice. We hope that participants will be from a range of disciplines and public policy fields, with interests in different phases and forms of learning and education, ranging from pre-school years to postgraduate provision and adult learning. http://www.the-sra.org.uk/documents/pdfs/call_for_papers_12102007.pdf

BSA Annual Conference 2008: Social Worlds, Natural Worlds
University of Warwick
28-30 March 2008
The theme of this conference invites engagement with contemporary debates about the relationship between the natural and the social and the ways in which the nature-culture distinction is being challenged by developments within both social theory and empirical research.

International conferences and workshops

3rd International Conference on e-Social Science
University of Michigan, USA
7-9 October 2007
The conference will bring together international representatives of the social science and cyberinfrastructure research communities in order to create better mutual awareness, harmonize understanding, and instigate coordinated activities to accelerate research, development, and deployment of cyberinfrastructure to support the social science research community. http://ess.si.umich.edu/index.htm

Editorial Team:
Alex Hillman
HillmanAE1@cardiff.ac.uk

Nicola Ross
RossN1@cardiff.ac.uk

Rachel Hurdley
HurdleyR1@cardiff.ac.uk

Inna Kotchetkova
kotchetkovai@cardiff.ac.uk

Gareth Williams
williamsgh1@cardiff.ac.uk

Editorial Assistant:
Tina Woods
woodst1@cardiff.ac.uk

Correspondence:
Qualiti
Cardiff School of Social Sciences
Glamorgan Building
King Edward VII Avenue
Cardiff CF10 3WT
Tel +44 (0)2920 875 345
Fax +44 (0)2920 874 759

http://www.cardiff.ac.uk/socsi/qualiti
Email: qualiti@cardiff.ac.uk