

DRAFT

**Ethical procedures as ‘research governance’:
the antithesis of research quality and ethical behaviour?**

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Introduction

Social and educational research undertaken in the UK now operates under the dual frameworks of the Department of Health ‘Research Governance Framework for Health and Social Care’ (2001, revised 2nd edition 2005) and the ESRC’s ‘Research Ethics Framework’ (2005). The DoH’s Research Governance Framework is mandatory and legally enforceable for all research conducted within the NHS, including investigations of social care, the social impact of health care, health education, and so on, which might be considered social rather than medical research. The Framework insists that no research can be undertaken within the NHS without prior agreement from a Health Authority Research Ethics Committee (known as Local Research Ethics Committees, LRECs) or a Multi-centre Research Ethics Committee (MRECs) for larger studies. The ESRC Research Ethics Framework insists that ESRC awards will only be made to studies that have been approved by a Research Ethics Committee (REC) of the grant-holding body (usually a university):

“If a research organisation does not have arrangements to ensure...that its research complies with this Framework it will not be possible for it to undertake ESRC-funded research...funds will not flow until the administering institution provides written confirmation that the required ethical approval has been received”
(ESRC 2005, p.2).

Moreover:

“Breaches of good ethical practice in ESRC-funded research...could result in the immediate suspension of the individual projects and other projects based at...the contracting institution and a halt to the consideration of further applications from that institution”
(ESRC 2005, p.2)

These frameworks seem to mark a significant extension into social science of a formal model of ethical review deriving from medicine and, in the case of the ESRC in particular, the formal extension of the powers of a grant awarding body into the internal affairs of universities. Yet social scientists and educational researchers have been debating the ethics and politics of social research in general, qualitative fieldwork in particular, for many years (Becker 1967, Gouldner 1968, Bulmer 1982, Burgess 1989, Simons and Usher 2000). So why have matters been formalised now, and in particular in the imperative language of ‘research management’ and ‘research governance’, rather than scholarly deliberation? This paper will briefly review the background to the emergence

of these frameworks before critically examining some of the detail of what now constitutes 'research governance'.

Ethical issues in social research

Clearly social research can raise ethical issues with respect to whether or not research participants know they are involved in a research study and fully appreciate the potential consequences of involvement. Traditionally, if usually informally, such issues have been addressed by researchers trying to ensure that research participants consent to their involvement, that data is treated as confidential, and reporting is normally done anonymously, often using pseudonyms. The 'informed consent' of participants is usually gained on the basis of their being offered anonymity and confidentiality. These principles derive, at least indirectly, from the general philosophical position adopted in medicine with regard to 'respect for persons' (informed consent, anonymity, confidentiality), 'beneficence' (do no harm), and 'justice' (undertake the cost/disruption of the research for social benefit).

Sometimes gaining more than cursory informed consent is very difficult, even impossible, with every potential participant; for example in studies of deviance including criminal activity (Bulmer 1982, Coomber 2002). But this can also be an issue in less challenging ethnographic contexts where the researcher simply cannot anticipate everyone who will 'enter the field' or become 'part of the case'. In other circumstances formal agreements are sometimes sought with participants; for example in evaluation studies and/or action research which may expose participants to more risk of direct criticism and recognition, especially in professional settings (cf. Walker 1980, Simons 1987, Somekh 2006). Sometimes participants in action research are content to be named and indeed want to be cited as collaborators and co-constructors of the knowledge reported; not to acknowledge them would be to deprive them of their intellectual contribution to the research. So the possibilities for debate in Research Ethics Committees are many and various. Whether they can all be anticipated in advance of an application is a moot point. Many are issues that need to be addressed *in situ*, if and when they arise. Whether RECs will be prepared to tolerate this risk to the reputation of the research institution (and possible disbarment by ESRC if complaints are made), but rather will start to protect themselves rather than research participants by placing caveats on the conduct of research, is a further moot point. The evidence on this from the activities of Institutional Review Boards (IRBs) in the United States is not encouraging (Lincoln and Tierney 2004, Hemmings 2006).

The argument for formal procedure

Still, the question remains, why such formality and why now? In scholarly terms, the argument seems to have arisen in the field of health-related social research as the DoH Research Governance Framework has come to impinge on the conduct of research in health and social care. Health-related social researchers working in fields such as mental health, social care, domestic violence, drug use, looked-after children, and so forth, have been encountering problems with social research designs (especially involving qualitative fieldwork) when applying for ethical review by LRECs. An inappropriate hypothetico-deductive model has often been employed as the norm by LRECs and more open-ended

ethnographic investigations were treated as potentially unethical because the risk to participants and the benefits of the research could not be easily summarised and balanced (Kent et. al. 2002, Truman 2003). Often, there has been insistence on gaining the *written* consent of participants, though this itself may expose them to risk of legal challenge or violence in certain situations (Coomber 2002). The argument developed that what was required were ethical review procedures specific to social research methodologies and, particularly, qualitative research (Kent et al 2002). Furthermore, precisely because many participants in such health-related social research were often members of marginalised or vulnerable groups, particular protection should be afforded them (Smyth and Williamson 2004). This position seems to have been given further impetus by the development of arguments for privileging user perspectives and the participants' 'voice' in social research, and especially children's voice in social and educational research (Alderson and Morrow 2004).

Additionally, the ESRC consultation set up prior to the publication of the Research Ethics Framework drew attention to the increasing multi-disciplinary nature of much social research including investigations of the use and impact of gene technology; the changing European context of research governance (including EU legislation); and the fact that many other countries have such legal frameworks (e.g. the USA and Canada) and the increasing development of international collaborative research will mean some UK social scientists will probably have to satisfy overseas ethics committees that the UK element of a collaborative study has been subject to appropriate review. The conclusion of the ESRC consultation seemed to be that if the medics do it, and other countries do it, then we (i.e. UK social scientists) should do it (Boulton et. al. 2004).

In all of these discussions, which routinely cite each other for support (the ESRC consultation, for example, draws substantially on Kent et. al. 2002), there is little significant debate about first principles (i.e. respect for persons, beneficence, and justice), whether such principles are entirely congruent and complementary in all circumstances, or how contradictory elements might be interpreted in the context of different approaches to social research. Rather these principles are largely assumed to be appropriate and applicable across research activities and contexts (though with some discussion and caveats about working in and with developing countries, Brown et al 2004). Moreover it is the potential harm that research and researchers might do to participants that is the constant touchstone of the various contributions:

“social researchers can intrude into people’s lives, and cause them great distress and embarrassment”
(Alderson and Morrow 2004 p.36);

“...researchers have an obligation to ensure that participants are protected and we *believe* [my emphasis] a process of ethical review could ensure that this happens”
(Kent et. al. 2002, p.14).

Ironically then, in a debate which emerges at least partly from the privileging of users' perspectives and marginalised voices (a debate presumably derived from some reflection on the principles of 'respect for persons' and 'justice') the dominant normative discourse of research ethics assumes that research participants are passive recipients of the

patronising protection of Research Ethics Committees, hardly reflective of ‘respect for persons’. Moreover in all of these various contributions to the debate, there is not a single instance cited of actual harm being caused to participants. Claims are made that involvement in social research *could* harm participants (as cited above) but no actual instances are reported; i.e. there is no evidence that ethical review is actually necessary in social research at all. The case that is routinely cited in these discussions is the Alder Hey Hospital organ retention case, an important and disturbing case to be sure, but hardly relevant to the everyday practice of social research. Of course social research could cause harm, and this possibility and how to minimise it has been the subject of debate for many years, as noted above. But it is not self-evident that the establishment of Research Ethics Committees is necessary or will make a positive difference.

Interestingly, Smyth and Williamson (2004) include evidence of harm done by journalists (Rafferty 2004), and (by implication at least) by social researchers who do not make a difference to people’s oppression (Scruton 2004). They also include evidence of ethical review being used to protect professionals from criticism rather than their clients from harm (Nelson 2004). But they end their review of the field by asking ‘Why should a doctor undergo a third-party review and a social scientist not?’ (Smyth and Williamson 2004, p. 212) and assert in their introduction that ‘Good ethical practice and good research governance are synonymous and interdependent’ (p.8). In other words they reflect the complexity of the debate in their volume but then ignore it. This seems to be a good summary of the currently irresistible totalising discourse of research ethics.

The language of ‘governance’

The establishment of Research Ethics Committees, even if not self-evidently necessary, might still be welcomed as forums for educative debate. However the insertion of the language of management, quality assurance and ‘governance’ into their operation means they are now privileged to control research, not simply deliberate over issues and offer advice. Thus for example the Department of Health’s *Research Governance Framework for Health and Social Care* lays out mandatory procedures for all research conducted in health and social care settings. “It applies to the full range of research types, contexts and methods” (DoH 2005, p. ii) and compliance is monitored by reference to the “Duty of Quality,” which all health care organizations have to meet under legislation (p. 2). The framework claims that “Research Governance...Improves research...by enhancing ethical awareness and scientific quality” (p.1) and that its development and implementation will “assure quality in health and social care research” (p. 5). Moreover the DoH Framework “is offered as a model for the governance of research” more generally, in order to bring “general performance up to that of those at the leading edge” (p. 3). The implication seems to be that no further methodological debate or advance is now necessary, ‘governance’ will suffice.

By ‘governance’ the Framework means a system of processes, procedures and responsibilities which have to be carried out (and audited and complied with) in (managed) research facilities. A diagram used to illustrate the way in which the framework will operate indicates a top-down model, with the “effective management of research to national standards” at its core (p. 5). The impulse to uniformity is clear. One

might well ask why “national” appears to be the key word here—what privileges ‘the nation’ (or perhaps more accurately ‘the state’) in this discourse rather than health professionals, or local communities, or indeed the international scientific community? Interestingly, the answer also seems to concern methodology, since one outcome of the model is claimed to be “dependable local delivery of research” (p. 5) which will “forestall poor performance . . . research misconduct and fraud” (p. 3). In other words, variation in research design and conduct is taken to be *prima facie* evidence of “poor performance” and potential “misconduct”. Within such a taken-for-granted discourse it is a very small step to the elision of ‘high quality’ with ‘single method’, in exactly the way that health researchers seem to have experienced. The Framework goes on to assert, unequivocally, that:

“Research which duplicates other work unnecessarily, or which is not of sufficient quality to contribute something useful to existing knowledge, is unethical” (p.13). So not only might one’s research design be considered flawed if, for example, it cannot define in advance the likely outcomes of an ethnographic study, it will be regarded as immoral. We might also wonder what place replication of experimental work has in this interpretation of research ethics.

Another key feature of the DoH Framework is that ‘quality’ in research and in a research culture seems to be taken to be synonymous with the ‘management’ of research:

“A quality research culture...[with] strong research leadership and expert management is essential if researchers...are to understand and apply standards correctly” (p.15).

Again, the impulse to uniformity in a line-managed ‘command and control’ research environment is clear. The Framework insists that such management includes developing quality-assurance procedures for “detecting and preventing scientific misconduct” (p. 32), “arrangements to archive the data” (p. 33) with all data to be “available at the request of the inspection and auditing authorities” (p. 33). Furthermore “careful attention [must be paid] to monitoring compliance” (p. 37), while “delivery systems [i.e., research organizations] . . . should be designed to facilitate . . . random monitoring and audit” (p. 45). All of these ‘quality indicators’ derive from the logic of having such a ‘quality-assurance framework’ in the first place—once it is assumed and accepted that a standard, uniform framework is appropriate and necessary, then monitoring compliance with its implementation will become a research management responsibility.

Of course, medical research has come in for particular criticism of late with respect to some especially high profile cases of malpractice (Alder Hey in particular). In this respect it is clear from where the impulse to a legislative framework derives and why “scientific misconduct” might figure so prominently. But is such legislation really necessary for social research? Perhaps the most worrying aspect of the Framework is the fact that its underlying assumptions all seem to involve the control of irresponsible or incompetent researchers. Although the framework includes a key role in quality assurance for the scientific community with respect to refereeing proposals and peer reviewing publications (DoH, 2005, pp.13–14), none of the principles or guidelines for the conduct of research are addressed to funders or sponsors (including of course the DoH itself and other government departments) which might wish to exert undue pressure

on researchers to produce particular results or prevent publication of unwelcome results. Thus for example the Framework demands that: “systems are in place to monitor compliance with standards... and deal with... inappropriate behaviour in the conduct of research” (p.17); and that “Universities...are responsible for...having systems to detect and address fraud...[and] complaints... against their employees” (p. 38). Furthermore, when it comes to gaining access to research contexts and participants:

“the chief investigator is responsible for ensuring...the Chief Executive of the care organization(s) involved...are informed...and their permission obtained...[and] When the research involves a service user or carer or a child looked after...under the auspices of the local authority, the agency director...agrees to the person (and/or their carer) being invited to participate” (p.31).

Of course it is perfectly normal for access to research sites to be negotiated with key gatekeepers, and senior managers are likely to be informed and consulted; but the above injunction gives absolute gate-keeping power to precisely the personnel who might in some circumstances want to keep the gate firmly shut. How ethical is that?

Overall, the presumption throughout the Framework is that researchers are at best likely to be incompetent, at worst malevolent, while government, research sponsors and institutional administrators and managers are entirely benign and disinterested guarantors of research quality, without any concerns of their own to protect or advance. Indeed at one point the Framework simply states, without any argument, that “The main research funder plays a critical role in ensuring the quality of the study” (p.33). Thus the political economy and social relations of research are entirely absent from the Framework. Surveillance is consistently downwards, not up, with the processes of research conduct being the object of scrutiny rather than the way in which some investigations get funded while others do not, or the way some research reports get disseminated and acted upon, while others get suppressed or ignored. The Framework also states that “No health or social care research with human participants...may begin before [among other things] the study has received a positive ethical opinion...” (p.39). So presumably, for example, a curious and observant GP who decided to write-up some interesting and/or puzzling case notes for the *BMJ* would be regarded as acting unethically, even though the cases remained completely anonymous. Yet is this really unethical behaviour? On the contrary its prevention starts to smack of state-controlled censorship. How long before teachers are not allowed to reflect on and report some of the interactions which take place in their classrooms? Rather than address such issues however, the Framework defines and enshrines research quality in the processes and procedures of the quality assurance system. Follow the procedures and high-quality (ethical) research will be produced. ‘Governance’ is presumed to supersede judgement and indeed, to take the politics out of ethics.

The ESRC Research Ethics Framework

The production of the ESRC Research Ethics Framework has added to this managerialist view of research quality while clearly deriving some specific features from it. As noted above, social research may carry potential or actual risks to participants’ health and well-being and in principle might benefit from ethical reviews becoming more widespread or even routine. Such developments could have been encouraged by ESRC simply

announcing, as a condition of grant, that social research which the ESRC funds must undergo some form of ethical review external to the research team directly involved, perhaps by the setting up of some sort of advisory group to the project. However the ESRC Framework goes much further than this. It insists that the grant holding institution has responsibility for “appropriate ethical review, approval *and monitoring*” (ESRC 2005 p.1, my emphasis) and furthermore that this should be done by establishing Research Ethics Committees which meet the ESRC’s criteria:

“RECs should be multi-disciplinary and comprised of both men and women. They must include at least one lay member...At least one member must be knowledgeable in ethics...” (ESRC 2005, p.11).

Moreover RECs are required to “establish and publish working procedures and appropriate forms and systems of documentation” (p. 11) including definitions of what constitutes a quorum, what happens if meetings are not quorate, receiving and considering appeals, “monitoring the conduct of research” and “receiving and considering complaints” (p. 12). In turn:

“Universities...[will be] expected to establish and publish working procedures for monitoring...RECs...Regular monitoring of RECs as part of research governance procedures is fundamental to demonstrating the...quality of the decision they take...” (p. 15).

In addition:

“Periodic audit of data storage arrangements at all levels is likely to be necessary to ensure compliance with...good research practice” (p.18).

and:

“Researchers and research organizations should ensure that appropriate research governance procedures and mechanisms are in place to oversee social science research” (p.26).

It is as if academic disciplines and scholarly debate in the social sciences had never existed. The tone, tenor and most importantly language of ‘research governance’ clearly reflects the earlier Department of Health Framework and, once again, “good research practice” is defined in relation to quality assurance processes, procedures, audit and compliance, rather than anything so troubling as the epistemology or methodology of individual research studies.

Substantively, the ESRC Framework also reflects a ‘passive protection’ model of research ethics, rather than any form of active engagement with participants and/or users. Amongst others, “children and young people” are defined as “vulnerable” and thus all research which involves them will be “considered as involving more than minimal risk” (p.8). Thus all educational research will have to undergo full ethical review.

Furthermore, not only is the “primary role of a REC...to protect the dignity, rights and welfare of participants” (p.11) but also to:

“give due regard to the consequences...[and]to the interests of those who do not take part...but who might...suffer from its outcomes in the future” (p.11).

This is an extraordinary statement. Taken to its logical conclusion no social science research will ever pass ethical review because every consequence cannot possibly be foreseen. Perhaps more realistically and more worryingly it provides a perfect excuse for restricting the scope of potentially critical research and indeed of scholarly debate itself.

Could one scholar, whose work is criticized by another, on the basis of new research, complain that such research was unethical because they were ‘suffering from its outcomes’?

One response to such a rhetorical question is that it is absurd. Such a complaint would never be made. We will all act in good faith and with good judgement; we all know that most projects will be properly designed and will be passed by ethics committees without caveat or delay. But will they? If this were to be the case then the very reasons advanced for setting up RECs in the first place would be undermined: there would be nothing to protect participants against. Thus ethical review as posited by the ESRC positions researchers as potentially recalcitrant while at the same time relying on them to be compliant and complacent, operating RECs with routine diligence but not much debate or complaint. To do otherwise would be to create an unmanageable bureaucracy. Yet I suspect that debate and complaint will arise; committees, especially those charged with potentially far-reaching responsibilities, will always find matters with which to take issue and ‘risk management’ can very easily turn into ‘risk aversion’.¹

Conclusion

So what is going on here? Even Research Councils UK (RCUK) now routinely monitor “good research practice” via questionnaires to Vice-Chancellors which seek to ascertain, among other things, whether universities have “policies and procedures in place to ensure good research conduct and the avoidance of scientific misconduct” and whether “an appropriate Research Governance Committee of the institution has received or will receive an annual report on procedures and policies” (RCUK 2007).

At one level we seem to be immersed in some sort of ‘moral panic’ about the behaviour of researchers, putting systems in place which, ironically, infantilise research participants and collaborators, through the passive paradigm of ‘protection’, rather than attempt to engage them in proper debate about the merits (or otherwise) of particular research proposals and indeed the conduct of social research more generally². At another level however, we seem to be faced with a much more self-conscious set of interventions, comprising a determined attempt by the state to control and manage social research and to re-write the parameters of how to define ‘research quality’. Research must now be ‘managed’ and ‘quality assured’ by ‘research governance’. Individual studies, no matter how theoretically and methodologically sophisticated, no matter well designed and how highly rated by peer review, cannot now be considered to be of high quality unless they are also located in a managed research environment and subject to monitoring and ‘governance’. Moreover, the guarantor of quality in this emergent system is no longer

¹ It is also the case that at least one complaint has already been made to BERA about the ‘unethical’ behaviour of one scholar in criticising the work of others. A complaint was made to BERA’s ‘ethics committee’ about Maggie MacLure’s critique of systematic reviewing (MacLure 2005). It was argued that her article showed a ‘lack of respect’ for EPPI-centre researchers. Obviously professors can defend themselves well enough against such interventions but research students who take issue with some orthodoxy may not fare so well.

² For an interesting treatment of this issue see Truman 2003

scrutiny by the scientific community, but rather the procedures embedded in the governance system and the managers who operate it³.

In some respects the emergence and elision of research ethics and research governance is understandable at the present time. A major issue in knowledge production is indeed user engagement and respondent empowerment (cf. Gibbons et. al. 1994, Tuhiwai Smith 2005; Furlong and Oancea 2005) and the scientific community can no longer claim the privilege of acting without due regard to social utility and participant engagement. But equally the state and its agencies, along with research sponsors, cannot be regarded as completely benign and disinterested arbiters of the nation's interests and managers of research activity. Research ethics and governance should be treated as very much a work in progress, not an achieved settlement, particularly with respect to the education of future social researchers. The ESRC Framework in particular assumes a normative stable state of "shared standards and mechanisms" (p.23) for which "training" will be needed "to understand the institution's requirements and procedures review", including:

"training for postgraduates students in local ethics review requirements...[and] training for undergraduate students whose projects may require ethics review"(p.14).

Yet this is exactly what 'research training' should *not* focus on. Requirements and procedures are the least important element of research ethics. We must try to ensure that the debate about research ethics is kept open, both with respect to the role of 'governance' and how this relates to definitions of research quality, and with respect to the treatment of research design, fieldwork and reporting, which produce the actual dilemmas of research activity. Ethical decisions cannot be legislated out of existence and ethical behaviour always requires the exercise of judgement *in situ*. The decision and the judgement should be the focus of our work with future generations of researchers, not compliance with procedure.

³ Interestingly the concentration and management of research resources pervade other elements of government research funding policy (e.g. RAE selectivity, ESRC Research Training Recognition Guidelines) such that quality is now considered a function of critical mass and the management of research across studies. You cannot be doing 'quality' research if you are not conducting it in a selective, managed and quality-assured 'research environment' (cf. Torrance 2006).

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