

Ethics and Governance in Social Work Research in the UK

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Abstract

The application of formal research ethics and governance structures in social work research have lagged behind those applicable in health, although in the UK, social care has been deemed to be covered by those that were used in the NHS. Whilst this link is useful, it does not facilitate researcher involvement in the small-scale qualitative studies that feature in social work more than in health. Our exploration of the subject reveals that the dominance of the natural sciences paradigm in the social science is evident nationally, regionally and internationally. So, in this sense, the UK follows the usual paths that favour quantitative studies. In this article we explore the trajectory of governance structures in social work research in the UK to argue that social work needs its own ethics and governance structures, but that some agreement should be sought with other professions, particularly in those projects that cross professional and discipline boundaries so that social work research does not have to undergo dual processes for ethical approval. This implies a broader recognition of social work research ethics and governance structures than currently exist.

Key words

- professional practice
- discourse
- inter-professional working
- social work and IT
- professional identity

Introduction

Social work research in the UK is being conducted in contexts of increasing public scrutiny and accountability and greater regulation through research governance structures. Yet, social work researchers face key challenges in establishing the discipline at the forefront of research developments. Their relatively recent entry into national debates about ethics and governance is partially accounted for by a lack of recognized national governance structures, an emphasis on small-scale local research projects often undertaken by students and practitioner-researchers with limited research expertise, low overall research capacity (Orme and Powell, this issue) and a poor funding base (Marsh and Fisher, this issue). These weaknesses continue to be addressed, initially by the Theorising Social Work Research (TSWR) Group¹ and now through the Social Work Research Strategy for Higher Education of the Joint Universities Council–Social Work Education Committee (JUC–SWEC). The Research Strategy implementation group has four main thrusts, one of which focuses on recognition and research governance.

This paper considers ethical scrutiny and governance in UK social work research—the ethical basis of research, the policy contexts that impact upon social work research, and issues and processes of accountability between all stakeholders. Social work academics have strong reasons for being proactive in discussion about research governance within the discipline. Historically, significantly lower levels of formal scrutiny than medical and health care research have resulted in a need to raise levels of ‘ethical literacy’ across the board amongst social work researchers. This is not to say that what has gone before constituted poor or unethical practice, but to highlight that social work researchers have to develop and/or deepen understanding of those dimensions of ethical scrutiny and governance that apply to their research and to refine the processes of scrutiny and governance in forms appropriate for their field and types of research. A growing volume of UK research undertaken in social work, spread across a wide constituency of researchers, many of whom are working in relatively isolated situations on small-scale projects, makes a robust and workable system of ethical scrutiny and governance a priority. Moreover, social work researchers should be in a position to influence considerations of the ethical implications flowing from different research paradigms and contribute to ethical debates about research in the medical and social sciences more generally.

In their review of research utilization, [Walter et al. \(2004\)](#) identify two forms of governance: strategic frameworks governing the conduct of research and its use in practice; and policy-making systems that promote the use of evidence-based research tools to influence standards, monitoring and evaluation of practice. We would also highlight the *processes and politics* of governance, to render explicit questions about how research is conducted to empower service users and recognize their contributions to and interests in knowledge creation, analysis and dissemination. Thus, rather than simply focusing on the *structures whereby researchers are held accountable* for their work, this paper conceptualizes governance as a *process of engaging with those who have an interest* in research—who conducts research, how it is carried out; how findings are analysed and by whom, and how findings are used. This foregrounds the power relations in social work research and the inequalities between researchers and the subjects of research ([Dominelli, 2005a](#)). We conclude by calling for action to create nationally recognized structures for social work research ethics and governance, to raise the voice of social work researchers in national research debates, and to involve service users more fully as stakeholders in the entire research process.

The developing contexts of research governance in the UK

The imposition of the Department of Health's *Research Governance Framework* (RGF) onto established procedures for ethical approval in health services (Department of Health, 2000, 2001/2005) and the Economic and Social Research Council's *Research Ethics Framework* for the social sciences (ESRC, 2005) jointly mark the tightening of research governance. The ESRC initiative, which required compliance from 2006, recognizes that social science has paid less attention to ethical scrutiny than health and seeks to cover the range of epistemological and ethical paradigms operating across medical and social sciences. The Department of Health and ESRC have key interests in ensuring that robust structures are in place to improve research quality and safeguard the public. The Department of Health RGF covers the rights and responsibilities of those who participate in and undertake research, and those who host, fund and manage it (Appleton and Caan, 2004). Its stated objectives are to enhance ethical and scientific quality; to promote good practice; to reduce adverse incidents and ensure lessons are learnt; and to prevent poor performance and misconduct (Department of Health, 2000). The Department of Health plan to extend governance to social care research conducted in local authorities was published in 2004, following consultation with stakeholders. The options set out in a discussion paper (Department of Health, 2004) arose out of a review of research governance in social care undertaken by Pahl (2002). This criticized a fragmented system overseen by the now defunct Association of Directors of Social Services.²

The current position must be understood in the context of related professional, policy and philosophical discourses. Professionals raising ethical standards and service users demanding a say in an arena that has excluded them have both shaped the contexts of research. Funders – research councils, governments (locally, nationally and internationally), commercial bodies and voluntary agencies have played key roles in promoting ethical research. Driven by a twin desire to reduce harm caused by unknown interventions on humans in scientific experiments, reduce enormous costs in litigation and compensation, and control individual researcher activity via monitoring mechanisms, funders sought regulatory tools 'fit' for the task. Funder-regulation over researchers shifted from a 'laissez-faire' approach to ever tighter levels of procedural scrutiny linked to performance, outcomes and searches for enforceable codes (Social Research Association (SRA), 2003).

International and regional policy contexts highlight the importance of research governance in ensuring ethical conduct and accountability in research involving people. The Helsinki Protocols explicated in 1964 represent an early international formulation of governance structures for ethical research. These aimed to prevent abuses of research highlighted by Nazis tried at Nuremberg and were dominated by natural science paradigms. They sought 'controls' to test for efficacy in bio-medical research and covered 'randomised trials', 'blind', 'double blind', 'cross-over' and 'placebo' trials (SRA, 2003). Revised in 2000, these protocols retained the primacy of natural sciences-based research models. For several decades, the World Health Organisation (WHO) provided ethical frameworks for bio-medical research in a similar mould, as has UNESCO for social science research. These organizations largely defined 'participation' in research as obtaining 'informed consent' and respecting rights to withdraw from the research. User involvement in research design, implementation, analysis and dissemination did not figure highly in these protocols. Articulated primarily around scientific or bio-medical research, where experimental designs dominate and risk of

harm through untried interventions is difficult to assess beforehand, social scientists should resist straightforward importation and exercise caution in assessing relevance (SRA, 2003).

The social movements of the 1960s also challenged the epistemological and ontological bases of natural science paradigms and their relevance to research about their lives. Many raised issues that feature strongly in the contexts underpinning social sciences research—power, control of research processes and what counts as research. Their concerns about who defines what constitutes research have become more pressing today under the impact of the new technologies, the huge sums involved in research, proliferation of unaccountable independent research consultants, the growing role of commercial interests in research outcomes and both low-level breaches of ethical behaviour reported by one in three scientists in the USA (Shepherd, 2007) and infamous cases of researcher malpractice including the falsification of research findings (e.g. Hwang Woo-suk's claims on cloning, *BBC News*, 2005). These pressures have caused government officials collecting information on behalf of others to rethink researcher accountability and research governance, especially laissez-faire approaches and dependence on peer review processes not subjected to external scrutiny. The absence of a reliable system of ethical governance or review for social sciences in Europe (SRA, 2003) led *Project Respect* to seek a voluntary code of ethics (www.respectproject.org). In the UK, the Research Integrity Office (RIO) set up a helpline in 2006 to facilitate whistle-blowing over misconduct in medical research.

Vulnerable groups like children, older people and disabled people were often 'subjects' covered by these protocols, but their perspectives on research scarcely counted until the mid-1990s. Professionals were assumed to hold the necessary expertise in top-down governance structures based on stereotypical views about research subjects. Children were deemed particularly unable to engage as agents in research. Hull (2000) argued that children are not 'small adults' and suggested conflicts of interests were addressed by obtaining consent from both children and a parent or guardian. He conceptualized obtaining consent as a continuing process, not a one-off occurrence, and harm as a cumulative consequence that could raise vulnerability for a period after interview, not just during interview processes (Hull, 2000, pp. 181–2). Minimizing harm was a complex, formative matter, requiring careful assessment, not a bureaucratic response, with the actual interview process also crucial.

Social work research is a policy-sensitive social science because practice is conducted within nationally based social policies and legislation. International protocols, including the United Nation's Universal Declaration of Human Rights (UDHR), regional ones like the European Convention on Human Rights and European Clinical Trials Directive 2001/20/EO, and national ones like the UK's 1998 Human Rights Act, also impact upon the ethical dimensions of social work research. The realities of globalization and internationalization of social problems provide contexts for collaborative research that cross borders and involve multidisciplinary teams from many countries and inter-sectoral funding. Reaching common understandings over research ethics is crucial in investigations involving international adoptions, people smuggling, the sex trade in children, prostitution, the drug trade, organized crime and armed conflict. These are highly contentious areas and raise ethical dilemmas that pit one set of values against another, such as social justice against physical security.

The ethics and politics of social work research

Research can be configured as a 'political' activity because it raises awkward questions about what research is, who can undertake it, how it is conducted and who uses it, why and how.

Answering these questions engages researchers in power relations that make their work contested and controversial because one person's answer may simply be another's question in ever-expanding circles of reflexivity that are created in and by the research process. For example, the ESRC *Research Ethics Framework* promotes the principle of 'proportionality'—having levels of scrutiny proportionate to risk. Determining risk levels raises questions about who decides what is 'risky' and whose perspectives count. The natural sciences paradigm, which emphasizes the principles of least harm, informed consent, transparency and control of researcher activity through monitoring mechanisms, was highly influential in the consultation undertaken by the Department of Health in its search for a governance framework (Department of Health, 2005). Face-to-face observations and discussions with research 'subjects' on how to conduct research for a deeper exploration of the process issues were not considered avenues for addressing and monitoring ethical dilemmas.

For social work, controversy is basic and embedded in the question 'What constitutes social work research?' (Shaw, this issue). However, the current weaknesses of British social work's research structures (articulated in other papers in this issue) have limited the profession's input into research governance debates. Until 2001, the Department of Health considered that governance structures for National Health Service (NHS) research applied to social work and social care, although NHS research emphasized large quantitative studies and random control trials, while social work researchers and students favoured small qualitative studies. The Department of Health research governance framework (RGFSC), announced in 2001, included an implementation timetable for local authorities undertaking social services research. Revised in 2005, the RGFSC (Department of Health, 2005) set June 2006 as the date for each Council with Social Services Responsibilities (CRSS) to establish clear research governance procedures with one central location to monitor all research conducted under its auspices. This document subordinates social care research to NHS studies. Echoing Pahl (2002), the specific paragraph referring to it states that the same principles apply to health and social care, but that social care: . . . differs in scale, volume and funding, as well as in the mix of stakeholders, the organisational context and the range of academic disciplines. The arrangements and mechanisms for implementing research governance in social care research are likely to have features that are particular to social care (Department of Health, 2005, p. 2).

This reality and the document's assumption that research involves simple 'either/or' dichotomies in decision making present huge challenges for many social work researchers.

Difficulties in controlling and managing social sciences research require constant revision of research governance structures and continuous dialogue amongst stakeholders to retain relevance and currency. England's Central Office for Research Ethics Committees (COREC), reinvented as the National Research Ethics Service (NRES) in 2007, publishes guidance on good ethical practice in NHS research. It has tried to quantify 'risks' that respondents face by participating in research, including psychological, social, physical or economic harm. It considered data storage, retrieval and access under conditions that uphold confidentiality and requirements of the 1998 Data Protection Act regarding disclosure of individual identities. In 2000, Lord Falconer ruled that the Freedom of Information Act did not cover research and that person-identifiable medical data could be revealed without an individual's consent—a stance affirmed by the Information Commissioner in 2002. The 'Caldicott Principles', articulated by the Caldicott Committee in 1997, postulated that person-identifiable data could be given on a 'need-to-know' basis. These were incorporated in s. 60 of the 2001 Health and Social Care Act. Boyd (2003) insists that the 1998 Data Protection Act requires consent only

if there is a more general legal requirement. This interpretation would violate research participants' understandings of 'confidentiality' if these subtleties and limitations are not explicitly explored during initial contact.

Disclosing individual information in exceptional circumstances remains controversial. The Wanless report (2002) addressed confidentiality in research and argued that individual rights to confidentiality had to be balanced against a study's benefits to society, thereby subordinating confidentiality to the requirement for public responsibility. Ethical dilemmas over confidentiality led Dominelli (2005b) to argue that in social work research, *contingent confidentiality* rather than absolute confidentiality is discussed by researchers and participants *prior to* obtaining informed consent. Researchers spell out the precise conditions under which confidentiality would not be maintained, such as reporting to the relevant authorities a criminal offence that is disclosed during interview.

The current higher education environment also generates complications for good social work research practice. There is a tension between the drive for a research-capable workforce, with its implications for social work student training, staff recruitment and development, and the introduction of a tighter ethical and regulatory framework. Typically, social work students undertake small qualitative research studies, often covering 'sensitive' topics with vulnerable populations. The ethical considerations and supervisory needs of inexperienced researchers 'learning on the job' are significant and have received no systematic attention hitherto. The safety needs of student researchers are another key concern. Historically, UK social work courses that involve students in small-scale research projects for qualifying awards have rarely required formal consideration of ethical issues in the ensuing dissertations (see Dominelli (1999) for an exception).

Further tensions are experienced over codes of ethics. Social workers undertaking research are guided by their own professional codes for social work practice and research (British Association of Social Workers (BASW), 2005), but many social care researchers are neither qualified nor registered and do not have this professional foundation. A popular code of ethics used by social scientists in the UK is drawn up by the British Sociological Association (BSA, 2002), but not all social work researchers are familiar with it. As the core profession involved with the users of social care, social work researchers should be centrally engaged in establishing, implementing *and disseminating* an ethics and governance framework that utilizes its knowledge base about vulnerable persons and participatory models of research. Much social work research couples user participation with emancipatory objectives, but leaves its implications for research governance relatively unexplored. The Code of Ethics for Social Work and Social Care Research, published as Butler (2002), illustrates these tensions and is itself subject to on-going revision (JUC-SWEC conference Code of Ethics workshop, forthcoming 2007).

The social work profession emphasizes changing individual behaviour and social structures to enhance well-being and secure social justice (www.iassw-aiets.org; Dominelli, 1997). The concern to promote social justice makes social work research a political activity fraught with debates that spill over into defining its professional boundaries. It begs the question of what constitutes ethical research in social work and whether the concern with social justice as an outcome is as integral a part of social work research as it is for practice.

Social work research seems guided by three paradigms of practice: maintenance; postmodern; and emancipatory. Maintenance privileges professional expertise and assumes certainty,

predictability and effectiveness in interventions (see Davies, 1985). The postmodern presupposes uncertainty and ambiguity (Parton, 1998) in decision making that responds to people's immediate needs. Both say little about service users. The first downplays the validity of lay knowledge and marginalizes the voices of 'subjugated knowledges' (Foucault, 1991). Postmodernists admit service user expertise, but one to be picked from an à la carte menu that places the knowledges and skills of experts alongside those of service users without acknowledging differentiated access to resources and unequal capacity to alter power relations. Emancipatory models link research to social work's commitment to social justice. Humphries (2005) suggests that critical theorists identify social change as an outcome of social work research.

Linking empirically grounded descriptions of social phenomena with outcomes that promote social change separates social work research from some, but not all, social sciences. Feminist approaches place social change at the centre of the research enterprise and are concerned with power relations between researchers and the subjects of research (Stanley and Wise, 1993). However, a sociologist undertaking the same piece of research may have less commitment to changing the situation for respondents than a social worker. Classic interactive ethnomethodologies cover social work terrain without researchers feeling bound to change existing social relations, as is evident in works by the Chicago School (e.g. Whyte, 1940). Critical theorists like Habermas (1988) in the Frankfurt School argue that research should provide evidence to change social inequalities. Postmodernists like Rorty (1989) reject this as entering the political domain and not the remit of the scholar or social scientist whose task is to describe society rather than prescribe for it.

Core issues in social work research governance

These debates coalesce around some key issues in social work research, each of which has implications for the development of a research governance framework which is both appropriate and robust.

Values and ethics

Social work's values and ethics are based on Kantian philosophy and rooted in 'respect for the person' (Banks, 2002). Professional ethics are regulatory codes that guide professional behaviour according to social work's guiding values that highlight social change to achieve social justice and equality (Dominelli, 2002, 2004). As an abstract principle, 'respect for the person' can be deemed a universal value relevant to most contemporary societies. In its application, the particular supersedes the universal with considerable disagreement about how to implement it. For some, 'respect for the person' is an absolute, not to be undermined. Yet 'respect for the person' can conflict with other important values, such as 'human physical security'. Other theorists use the Benthamite idea of 'the greatest good for the greatest number' to deal with ethical dilemmas that arise when the principle of 'respect for life' is contravened by people with limited regard for it.

Codes of ethics that place this principle at their heart have been critiqued as Western-oriented and unable to deal with diversity, difference and collectivity. Asian colleagues voiced these concerns during the compilation of the IASSW-IFSW Ethics Document and Global Qualifying Standards.³ They felt it represented individualistic approaches that contravened collective values around harmonious living prevalent in Asia (Sewpaul and Jones, 2004). Whilst agreeing with the validity of this point, we draw attention to the ethical bases of key

world religions and humanism that cast respect for the person as not primarily individualistic. The process of agreeing the ethics and standards documents amongst IASSW and IFSW members revealed that values can be shared or agreed unanimously as abstract entities, with variations in application and meanings. IASSW and IFSW have embarked on another process of joint review with a committee consisting of experts in ethics from both organizations and representative of all regions in the world to ensure that these issues are fully explored. It will report for a further round of face-to-face consultations with the entire membership at the next meetings of their respective General Assembly in 2008.

Accountability and stakeholders

Ethics, as regulatory codes, can hold professionals to account for their behaviour. Poor performance can produce resistance to future studies amongst respondents and/or gatekeepers. Yet, accountability in social work research is complex and multifaceted. To whom are we accountable? How is accountability exercised? What are the limits of accountability? In situations of multiple accountabilities, is any one primary? Moreover, stakeholding implies that a stakeholder has an interest in the enterprise and a right to an account. Is it only the researcher who is accountable? Is the researcher not a stakeholder also? A shared approach to setting a research agenda, shaping a project, furthering the analysis and disseminating and utilizing the findings begs the question, are not all stakeholders mutually accountable? Further, what is the extent of the representation of legitimate interests amongst major stakeholders?

The evolving field of service user involvement raises other matters for ethical consideration. These include questions about feedback and intellectual property rights. Protocols on feedback to participants suggest that obligations can be discharged with a summary of findings. We are not convinced that this is sufficient in social work research that involves service users throughout the research process. They should participate in deciding what feedback is appropriate, who provides it, when and how. Users pose similar points about intellectual property rights.

The research governance framework driven by central government's (Department of Health, 2005) concern with accountability to and protection of the wider public operates more narrowly to make researchers accountable for the safety and quality of their research practice. This pushes the focus of accountability towards funders, regulators and (traditional) users of research, not the participants and subjects. Svensson (quoted in Emilsson, 2005) suggests that relationships between researchers and participants belong to one of four categories: doing research on; doing research for a cause; doing research on behalf of; and doing research with. Major UK research councils now give prominence to involving service users in designing and delivering research. Yet, the interweaving of multiple accountabilities amongst a range of stakeholders has been barely addressed. How, for example, do the twin notions of accountability and safeguarding operate when learning-disabled people are engaged to conduct research interviews with learning-disabled people?

We do not answer these questions, but suggest a few starting points embedded in our discussion of power relationships. Seeing one's primary accountability as being to the least powerful stakeholder may be a reasonable guiding principle for social work researchers working within a participatory model (Lloyd *et al.*, 1996) and one which is commensurate with social work values. This principle centres on the interests of those with the least voice. Researchers cannot assume that they have discharged their responsibilities to a person with

dementia simply by having the carer on the project steering group. Making explicit both material and social relations in research offers another way into understanding accountability and stakeholding. Material relations are understood as the influence that commissioners and funders have on research agendas and outcomes, and social relations as the interactive processes between researchers, research activity and research subjects (Oliver, 1992; Zarb, 1992). Thus, different stakeholder interests must be first articulated alongside each other and the equal exercise of multiple accountabilities requires a collaborative model of research practice. Clarity about the difference between a participatory and an emancipatory paradigm is essential. Researchers have made little progress on this issue since Oliver first threw down the gauntlet (Oliver, 1992). The key ethical question is whether we include the voice of service users to enhance the quality of research or shift power relations in terms of the quality of their lives. The answer to this question illuminates the issue of for what and to whom are researchers ultimately accountable.

Regulation through peer-review processes and monitoring mechanisms dominate the *Research Governance Framework* announced by the British government. Its proceduralized and bureaucratized governance enables review and monitoring to occur on a virtually continuous basis, using the new information technologies. This development is likely to grow as research ethics committees are urged to approve of projects that encompass more than one discipline and avoid duplication of efforts by requiring submission to discipline-specific procedures. But it counters the flexible local governance structures that activist service users favour for control of research processes to be in their hands. Appeals or complaints procedures at the end of the process exclude preventative or pre-emptive interventions and disempower service users who can complain only after the fact.

Power and control

Power is a contested and complex phenomenon (Hugman, 1991), conceived as a zero-sum entity held exclusively by one party to an interaction à la Talcott Parsons (1957) or complex and interactional created by people interacting on many dimensions of social reality (Foucault, 1980; French, 1985). Researchers' perspectives on power are crucial to relationships formed while conducting research. They are likely to choose and feel comfortable working with approaches whose precepts approximate the values that they hold personally. Power sharing has to be worked for, rather than being presumed as there or readily achieved. An explicit 'politics of research' differentiates it from the implicit stance over power that masks support for the status quo in maintenance models or the indifferent attitude towards the complexities of power in postmodern ones. Emancipatory models focus on equalizing power relations between researchers and the subjects of research, while acknowledging these relationships as 'messy' and power relations contradictory. In reporting a project conducted within a complex partnership framework committed to non-hierarchical research relationships and an emancipatory agenda, Lloyd *et al.* (1996) commented: Paradoxically, in a project designed from the outset as a collaborative venture, it was issues of power, control, expertise, authority and accountability which recurred as key themes in the pursuit of partnership (Lloyd *et al.*, 1996, p. 307).

Nevertheless, emancipatory approaches, configured as more politically oriented than the others, actively respond to marginalised groups' demands for inclusion in research. Disabled people propose 'no research on us without us' (Charlton, 1998); women have created their own knowledge bases and research methodologies (Reinharz, 1992); and black and indigenous peoples have articulated their own specific paradigms (Smith, 1999).

Power issues raise contradictions of significance to social work practice: care–control dilemmas that confront practitioners who exercise power and authority with certainty in curbing unacceptable social behaviour while being non-judgmental in offering care to those in need. The person in need may be the one whose behaviour has to be controlled; for example, a man who sexually abuses children may need help to become a non-abusive human being, but his behaviour has to be stopped. Social work researchers face similar dilemmas in undertaking research into the subject to ensure that children are not harmed and abusive behaviour terminated. Do they, for example, report disclosures of abuse that are not known to other authorities and let the respondent know that this will be done? The principle of minimizing harm suggests affirmative answers, yet its practice is tricky. Researchers would simultaneously have to ensure that intervention is consistent with maintaining the person’s human or civil rights and dignity; consider *contingent confidentiality*; and examine certainty. The researchers in this case are assuming that what a respondent has said is true and can be supported in a court of law if necessary, but they have not carried out an investigation, nor are they entitled to as researchers. Such questions are further complicated by social work’s practice–research interface. Blurring the boundaries between research and practice may compromise the ethics of both, for the practitioner/researcher and the service user/research participant.

Evidence-based practice

Finally, governance procedures are concerned with ensuring that research is fit for purpose. The messiness of practice in social work research undermines claims for certainty (Heraud, 1981) and challenges evidence-based research that presumes fixed or finite measurable outcomes, including uncontested ethical bases for such work. Controversy marks research approaches to the social sciences to a different degree than that evident in the natural sciences whose methodologies social scientists seek to emulate (Sibeon, 1991). Wax slates *uncritical* importation of the epistemological framework and methodological approaches of the natural sciences into the social sciences (Wax, quoted in SRA, 2003). He postulates that besides being unfit for purpose, this mimicry has damaged methodological innovation in the social sciences and borders on unethical practice because it devalues human agency in shaping research processes and their outcomes.

Such a perspective raises questions about the ‘objectivity’ of research and relationship between subjectivity and objectivity; research expertise and who holds it; and power relationships between those doing research and those contributing to data collection, analysis and/or dissemination processes. Some argue for neutrality in social work research, undertaken by experts who can stand above the messiness of practice and pronounce authoritatively on its effectiveness. Formal investigations into what constitutes ‘good practice’ usually assume uncomplicated ways of proceeding, and simple power relations that produce research outcomes that guide policy and inform practice with a considerable degree of certainty. A classic in this is *Child Protection: Messages from Research* (Department of Health, 1995). Official policy research conducted during inquiries to explore failures in practice typifies qualitative approaches that search for definitive answers to ‘what works’ in the messiness of practice. The latest in a long line of these is the Climbié inquiry into the death of Victoria Climbié (see Laming, 2003).

The diversity of research makes it impossible to identify one method as appropriate for social work research (Walter *et al.*, 2004). The value of social work research is measured by its relevance to practice and capacity to answer the question ‘What works?’, especially in social

policies that inform practice and projects funded by government departments like the Home Office or Department of Health. The desire to ensure that social work research has practical relevance has been driven by the current concern for 'evidence-based practice' (EBP), to authenticate claims that social workers only do 'what works' and can demonstrate effectiveness (Macdonald and Roberts, 1995; Davies *et al.*, 2000). Dominelli (2004) suggests that social work is distinctive amongst the social professions in presuming to 'hold', albeit temporarily, definitive answers for intervention to take place, whatever the messiness, contradictions and instabilities of practice. These affect research that aims to capture the temporariness of solutions to complex or intractable problems. Social work researchers may find the quest for definitive answers into 'what works' and 'why' elusive, yet EBP promises certainty in research results, despite its improbability. It ignores the diversity of evidence that exists (Dominelli, 2004) and vast array of knowledge-producing narratives that feature in everyday life (Hall, 1997; Wilde, 2004).

Conclusions

Social work research in the UK has tricky strategic and operational issues of governance to resolve. Key amongst these are to:

- ensure that the voices of social work researchers and their views on governance and ethics are represented and heard in all key research decision-making bodies and funding organizations;
- conduct an audit of current arrangements for research governance in the profession, including those involving practitioner-researchers and students;
- engage service users fully in research processes, including (pre)design stage, data collection, analysis and dissemination, and develop research capacity amongst them;
- create a national research ethics service for social work research (like NRES) to include advice to researchers at all stages of their research career and to receive complaints about misconduct in research.

Setting these as goals and setting about achieving them is likely to be controversial and will require funding. It will involve substantial discussions with and networking amongst a range of stakeholders. Progressing these will involve reaching compromises on researchers' perspectives on research; commitment to linking research to changing social practices and individual behaviours; privileging researchers' knowledge as creators of research products or treating research as shared endeavours with a range of stakeholders; utilizing stakeholder expertise designing research, conducting research, analysing and disseminating findings; and vigilance in the use of research outcomes, often years after a project formally ends. Social work has to gain broad acceptability as a research-led discipline with trustworthy governance structures. Social policies and legislation can facilitate appropriate contexts for conducting or evaluating social work research and safeguarding individual participants' rights, but doing ethical research requires an individual and life-long commitment to observing and upholding the highest standards of probity, integrity and quality research skills.

Governance in social work research is increasingly linked to user involvement and accountability and requires further consideration of and responses to questions like: What is social work research? Who conducts social work research? What constitutes ethical research? Who benefits from social work research? How do service users become fully and more

equitably engaged in research? How can social work researchers be held accountable about how they conduct research and the purposes for which it is used?

Finally, involving social work educators, practitioners and service users in national research arenas can advance the professional objective of raising the profile of social work research and the profession's voice in debates about research. A higher research profile will strengthen social work's claims to developing ethical governance structures that are recognized outside the profession and may contribute to avoiding the double submission process of securing ethical approval from several research ethics committees (RECs) if a project crosses disciplines and/or professions, as occurs when its research includes medical practitioners and practice. Given the time-consuming and costly nature of submission to several RECs, a system of co-approval or mutual recognition might reduce these. It is these immediate and long-term objectives that the recognition and governance subgroup is committed to pursue.

Footnotes

↵1. The Theorising Social Work Research Group (TSWR) was formed during a three-year seminar series funded by ESRC to define and explore the theoretical underpinnings of social work research. Papers produced during its deliberations are available online at www.scie.org.uk/publications/misc/tswr/index.asp (accessed 12 September 2007); the 2002 special issue of the *British Journal of Social Work*; and [Dominelli \(2005a\)](#).

↵2. In 2007, the ADSS was replaced by the Association of Directors of Adult Services (ADASS) and the Association of Directors of Children's Services (ADCS) to reflect the restructuring of social services. Each oversees research governance in its sphere of activities.

↵3. See the Special Issue of *Social Work Education*, October 2004 for details of the processes used by IASSW and IFSW to be inclusive of diversity and views received and the handling of the controversies that arose.

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