Covert research and adult protection and safeguarding: an ethical dilemma?

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Abstract

Purpose This paper considers the contentious issue of covert research in studying the social contexts of vulnerable groups. It explores its potential utility in areas where overt strategies may be problematic or denied; and examines and problematises the issue of participant consent.

Design/methodology. Using a literature-based review and selected previous studies, the paper explores the uses and abuses of covert research in relation to ethics review proceedings governing social research, with an especial focus on vulnerability.

Findings indicate that although the use of covert research is subject to substantial critique by apparently transgressing the often unquestioned moral legitimacy of informed consent, this carries ethical and practical utility for research related to safeguarding concerns. Arguably covert research enables research access to data likely to reveal abusive and oppressive practices.

Research implications. Covert research assists in illuminating the hidden voices and lives of vulnerable people that may otherwise remain inaccessible. Such research needs to be subject to rigorous ethical standards to ensure that it is both justified and robust.

Social implications. Covert research carries comparisons with investigative journalism that has helped to reveal abuses in institutional care. What is required is an ethical touchstone to guide such research rather than to prohibit its use when it may offer much socially beneficial research impact.

Originality/value. Increasingly social research is treated as being as potentially harmful as medical research. Ethics review tend toward conservative conformity, legitimising methodologies that may serve less social utility than other forms of investigation that privilege the safeguarding of vulnerable people.

Introduction

Research ethics represent a moral talisman that is claimed and invoked to secure legitimate membership of a 'righteous' club. Research ethical scrutiny is assumed as a uniform and universal good, and rarely questioned. In earlier research, we considered some of the complicating and problematising issues in developing rigid one-size-fits-all ethical review protocols, and examining the potential consequences of the requirements of the Mental Capacity Act 2005 for social research (Parker et al., 2010; 2011).

This paper explores some of the possible uses, benefits and drawbacks of covert research in situations of adult safeguarding, making some comparisons with undercover journalism, and considering some of the ethical questions these approaches may raise. The development of ethical scrutiny of research is examined in terms of the sociology of organisational legitimacy (Dingwall, 2008; Parker et al., 2010; 2011), and some of the problems with uniform ethical scrutiny are identified.

Research ethics

There is general agreement on the ethical principles that underpin biomedical research and its scrutiny. Beauchamp and Childress' (2009) articulation of biomedical ethics is perhaps the most referred to statement encapsulating the essence of the Nuremberg Trials and subsequent code (1946-7), the 1964 Declaration of Helsinki and subsequent ethical debate. The principles include:

- Respect for autonomy – leading to freedom to make decisions to participate and to withdraw and enshrined within the (contested) concept of informed consent
- Non-maleficence which requires researchers to be mindful of the potential for harm as well as known harms
- Beneficence – concerning the utility of the research in promoting good
- Justice and fairness

In practice, of course, these principles are more grey than black and white; for instance, who weighs up the disparity between potential harm experienced by participants in a study or any societal benefits? Especially pertinent to the present paper, are the debates around informed consent; a concept predicated on the capacity or competence to make a decision, for this to be voluntary and for enough information to be provided for the decision to be freely made. This could exclude groups including people with learning disabilities, who, traditionally, have been marginalised and unheard, whilst assuming the voluntary consent of those who may be participating because of reasons of social desirability or vested interest, which may well include those at risk or people who, if they believed they had a free choice may not wish to participate. Who decides what constitutes enough information? Does this change throughout the research given the organic nature of most research, even the experimental? What of more controversial methods of research such as covert approaches? Are these always to be outlawed? These are important questions in our pursuit of knowledge and social improvement. They are questions that must be addressed as increasingly we seek to work in interdisciplinary ways to safeguard people and we cannot hide behind the prosaic fog of received ethical codes which may stem from one or other particular discipline and may 'abuse' by the imposition of codes restricting potentially protecting research.

The development of research ethical scrutiny

Research ethics review is complex. In NHS-based research the NRES/IRAS procedure is daunting, time-consuming and may channel researchers into areas that are easier to research than others (see Parker et al., 2011; Ashencaen Crabtree 2012). The pathway to these ethical protocols has been charted from the atrocities of the Second World War. The Nuremberg Trials 1946-47 marked a watershed in developing ethical scrutiny designed to protect individuals against biomedical experimental abuses. A refined version was developed in the Declaration of Helsinki in 1964, Article 5 stating that in:

> …medical research on human subjects, considerations related to the wellbeing of the human subject should take precedence over the interests of science and society.

In the UK, further review became necessary after the Bristol heart (Kennedy, 2001) and the Alder Hey organ scandals (Redfern et al., 2001), which contributed, in part, to the Department of Health framework for ethical review, *Research Governance Framework for Health and Social Care* (Department of Health, 2005). The scaffolding of the framework is taken from biomedical research ethics but the implications for social research resulting from increased governance are potentially enormous. The push towards increased review, ‘regulatory creep’ according to one social scientist (Haggerty, 2004), is reflected in the Economic and Social Research Council (2004) code of ethics, bringing review formally into the mainstream of social research practice and challenging the, until then, largely personally regulated ethical behaviour of the social researcher. These changes have been embedded in disciplinary approaches to research ethics in a clamour to maintain positional legitimacy as formalised ethical scrutiny becomes normalised.

The social scientist and ethicist, Robert Dingwall (2008) revises the conventional history of the development of research ethical scrutiny resulting from the Nuremberg Trials in 1946-47 in response to Nazi atrocities. He points out, for instance, that in 1930s Germany there was a rigorous and sophisticated system of regulation which did not prevent abuses and the US had to hastily put together codes of ethical acceptability for the trials given there were no agreed standards at the time, something that Stark (2012) charts in her exploration of the development of Institutional Review Boards in the USA. Dingwall also draws attention to the amnesia of the allies when considering their own involvement in unethical medical experiments. We can note the Tuskegee syphilis study, which began in 1932, as an example (Freimuth et al., 2001).

Dingwall (2008) proposes that ethical review developed as a means of retaining control and legitimacy as researchers as scientists’ status became challenged by past scandals and lack of voice as a focus on people rights began to grow. His argument is not against the ethical regulation of biomedical research but translation of this rigour and its context to the humanities and social sciences in which people are faced with very little risk. Dingwall does not deal with those who lack capacity and the power issues that may arise, but he does draw attention to the need for a voice for many people traditionally excluded from putting their views forward in research; for example, people with learning disabilities, people with advanced dementia or those with psychiatric histories. In an earlier paper, Murphy and Dingwall (2007) question exactly how much power the social researcher has in practice, suggesting that participants can generally withdraw and are likely to stop any research with which they are not comfortable. However, where capacity is an issue, this may not be the case and safeguards are important to protect participants, although it can also be argued that there needs to be greater attention paid to facilitating the involvement of seldom heard groups in research, and promoting decision-making where possible (see Parker et al., 2011; Ashencaen Crabtree, 2012). Cassell and Young (2002) would refine the focus of ethical review still further, arguing that informed consent is important in clinical research but misses the point in broader policy and practice-based health services research. They suggest, rather than individual informed consent, there needs to be an on-going contract of evaluation and development based on practice. While Redwood and Todres (2006) call for the use of 'ethical imagination' in the co-construction of shared epistemology through continued negotiated consent processes. These may offer appropriate ethical approaches to safeguarding research with people made vulnerable by experience and position.

Dingwall (2008) employs the organisational theory of neo-institutional analysis to consider how universities and research organisations pursue legitimacy as a means of competing in the world of research. Universities compete for the symbolic resources of legitimacy and exchange them to build strategic alliances. The pursuit of legitimacy leads to isomorphic convergence around the successful organisations – financially, reputationally and, for this purpose, in terms of research ethics scrutiny. Three processes underpin this drive – coercive isomorphism (involving external pressures and maybe legislation); mimetic isomorphism as a strategy for managing risk by doing what everyone else is doing, and normative isomorphism in which core members of the organisation are concerned with their professional behaviour with members' behaviour sustaining their own legitimacy as researchers; something that de Laine (2000), using Goffman's dramaturgic analysis of social life, refers to as impression management. His criticism is that this isomorphism is relentless and stifling within social sciences which do not sport the same risks as invasive biomedical research. Research ethics regulation can be construed as censorship and control over ideas, and may disrupt the contract between funders and researchers especially were the funder is the government or even NHS itself!

Paradigms of research ethics

Theoretically, there are two dominant paradigms guiding research ethics and its review, although in terms of process the latter is often overtly procedural. The deontological approach requires strict adherence to the codes and guidelines: something which seems to be increasingly favoured by research ethics committees and risk-averse actors. A consequentialist position, on the other hand, sees research as a contingent activity where research outcome may determine the methods employed, but who holds sway in deciding the value or 'rightness' of outcomes against methods is unclear and the power issues are not clarified.

There is a third paradigm that offers an important perspective for social research. 'Situation ethicists' respect the requirements of the codes but interrogate them for contextual appropriateness and are prepared to set aside aspects of the codes in given situations when the benefits outweigh the possible harms, something Hardwick and Worsley (2011) refer to as 'principled relativism'. Using this approach, they argue that covert methods, generally castigated by biomedical researchers, may increase understanding whilst infringing the principles of consent and privacy. For instance, when undertaking research into abuse and safeguarding practices it may be important to collect data undercover, whilst studies of general care practices and organisational practices may lend themselves to more overt participation; where access can be negotiated and overt, informed research will not skew important data concerning patient safety and so on. Situation ethics reach across all forms of social research activity, not just covert or other controversial methods, but when using such an approach, 'it remains an absolute that ethical approval for research must be honestly and properly obtained through the correct channels' (Hardwick and Worsley, 2011: 50).

Qualitative researchers are likely, perhaps, to be drawn to a situation ethics approach. Their studies cannot often be planned to the last detail. Indeed, they are iterative, change and develop throughout the research and in response to the dynamic situations in which data are collected. Thus, the approach to ethics needs to be reflexive and continually thought through (King and Horrocks, 2010) and cannot be forced into restrictive ethical review criteria or a pre-determined map of the research. D'Cruz and Jones (2004) posit that research ethics committee criteria may be seen as abrogating the responsibility of individual researchers from the responsibility of seeing ethics as permeating the research relationship but being time and situation specific, thus removing ethics from its historico-cultural location. This fits the context of qualitative research where abuse and safeguarding are central issues, but this does not necessitate covert approaches.

Covert research

Covert research sits somewhat uncomfortably within current changes in ethical scrutiny. It represents ‘secret’ research being undertaken when an up-front approach is not possible (Hammersley and Atkinson, 2007). It can be undertaken by the researcher entering the field as an everyday actor, such as Calvey’s (2008) research on ‘bouncers’; or by the researcher already being part of that field but not being able to negotiate the research permissions; for example, Holdaway’s (1983) research on the police of which he was, at the time, a member. Hammersley and Atkinson recognise the complexities of negotiating access and that people will, in many cases, grant permissions whilst in others that might appear less problematic they may withhold it.

In covert research, questions of deception over access must be tackled, as must the ability to maintain cover, and to deal with the moral qualms and anxieties this raises (Hammersley and Atkinson, 2007). In all research there are degrees of information and levels that require thought such as ‘who can be told and what should they be told’. Information, however, can skew research and it is argued it may undermine the validity of observations and data at times, especially in care settings in which vested interests may not want everyday practices to be exposed. Boden et al. (2009) argue that reliance on informed consent as a paramount moral safeguard obscures ethical issues regarding potential poor outcomes for participants or their right to withdraw co-constructed knowledge. What is also apparent is that trust in some research relationships, especially those using an ethnographic approach, develops over time and, therefore, information flow and amount, and its timing, must also be considered. However, most researchers would agree that deception should be avoided if that is possible (Fielding, 2009).

Can covert research ever be justified, therefore, in situations where the safeguarding of adults is an issue? On the surface, it appears that such methods are deceitful, underhand and non-participatory, and that those involved in the research may be abused in the process. In practice, matters are less clear-cut and the problems of negotiating access but the importance of knowledge challenge its easy dismissal.

It is often in ethnographic research that covert methods are employed. Ethnography gets underneath social life and considering official and unofficial realities (Fielding, 2009), something that is crucial in dealing with safeguarding and protection so that unofficial histories and practices are uncovered. One of the historical underpinnings of contemporary ethnography, alongside the more well-known, anthropologies of the nineteenth and twentieth centuries, stems from the social reformist tradition of the Chicago School whose social researchers campaigned for the powerless and engaged directly in the worlds of those people being studied (Deegan 2001). Whilst in epistemological terms, ethnography may have moved in different directions, the emphasis on the marginalised and unheard remains. Thus it has a clear alignment with safeguarding research.

In his study of the National Front, Fielding (2009) used participant observation methods to pass as a member, alongside interviews at an overt level with party officials and opponents. His research led him to posit that an element of deception is inescapable in social research whilst recognising that this creates some ethical dilemmas. Where groups may be hostile an amount of covert observation may be necessary if it is judged that the research is important enough to be undertaken. Undertaking covert research, however, demands considerable front management. Fielding's ethnographic approach led him to use naïveté to get people to open up or to get up close/ 'going native', but this is not always easy. His study concerns issues of social cohesion and safety in dealing with a group whose violent prejudices left vulnerable many adults; and exposing realities of their appeal, organisation and impact was important in informing society and by such, albeit secondarily, assisting in its safeguarding.

Yegidis and Weinbach (2002) accept that deception in research may be necessary to study behaviour or emotions that might be unduly influenced or skew observations if the researcher's intent was known. However, this suggests a view of covert research as 'deceptive' first and foremost, which may not truly depict such methods. It may be asked whether there are, in fact, two forms of 'deception' in research; firstly, operating at a negative level in which the iterative research process develops in ways that could not be planned for, considered or information provided to participants. Secondly, where positive deception is an explicit choice: the researcher adopting a cover story in order to be able to access data by joining a group or setting. Other social work researchers believe the latter kind of covert methods always to be unacceptable (Alston and Bowles, 2003). Simplistic judgements may preclude the consideration of such issues as those ethical obstacles that can be put before academic researchers, as opposed to the freedom permitted to investigative journalists examining the same social phenomenon (Gotlib Conn, 2008).

Informed consent is a constant in ethical scrutiny but explaining research and providing information to participants can be especially difficult and problematic in ethnography (Davies, 1999). The foci may shift over time where levels of disclosure deepen or change through developing research relationships, and where the process, consent and the original explanation of purpose may not be always at the forefront of participants' minds. There are also capacity issues to bear in mind over time, and the principles of confidentiality and anonymity are not always wanted or possible, as noted by Galvin and Todres, where a participant seeks to waive the right to anonymity for purposes of strengthening the impact of their perspective in the public domain. Equally, the clandestine use of information gained in a research project, whether using overt or covert methods, raises problems.

In covert research, Davies (1999) draws attention to the ethical challenges of the researcher deliberately concealing their identity as such, hiding their intention of conducting research. However, researchers rarely, if ever, tell everyone involved in their research everything about it, and if they try to do so the research study may become too cumbersome to conduct and the data may be significantly skewed (Hammersley and Atkinson, 2007). Also, decision-making capacity can fluctuate in people who may be precluded from taking part in research by over-zealous scrutiny, or as a result of researchers deciding ethical review is too onerous (Parker et al., 2010; 2011). Finding a way of ensuring that consent can be given at the time of the research may be one way forward, although this does not always address the overt requirements of the Mental Capacity Act, potentially excluding people from valuable participation in research.

Lee-Treweek's (2000) participant observation study in residential care provides an example of an ethically intentioned study to illuminate experiences and contribute to knowledge that may enhance practice and policy. The dangers she experienced, however, were not those that might be expected, focusing rather on the harm that researchers could experience in settings where care was sub-standard and abusive (Lee-Treweek and Linkogle, 2000). The questions arising from this, of course, are legion. The integrity of the researcher is challenged. Should they report poor practice, stand outside of their researcher realm, thus transgressing other ethical agreements and jeopardising their study? If they do not are they complicit in the abuses they have witnessed? (Ashencaen Crabtree, 2012) Immersion into appalling situations has, however, generated study. For instance, Bettelheim's (1943) study of a concentration camp represents a survival technique but also provided an important insight into behaviour under such duress.

Objections to covert research

Examples of covert research are often used to argue for or against its use. The question of values, ethics and morality of method seem to centre on a negotiated settlement of benefits outweighing harm or vice versa, such as Laud Humphreys' (1970) study of men seeking impersonal sex with other men in restrooms, or the controversial covert elements of Milgram's (1963) study of individual compliance to perceived authority implicated in abusive practices.

Covert research in studying mental illness and the psychiatric system has involved researchers using deception, but has been justified by the understandings and social benefits accrued from it (see Caudill, 1952; Rosenhan, 1973). Rosenhan's study used a deliberate feigning of symptoms by eight people to gain entry different mental hospitals. Bulmer (2009, p. 157) states the study violated informed consent, invaded people's privacy and used 'out-and-out deception'. However, Rosenhan's conclusions led to concern for diagnostic accuracy and for dealing with the reported powerlessness and depersonalisation experiences of the researchers whilst in psychiatric care. The ambiguities are evident and a strict absolutist or deontological approach to research ethics may result in the loss of beneficial research, but where the lines should be drawn is important.

There are common objections to covert research such as it compromises social research by deception through which research community reputation can be damaged, and stress and harm caused to participants (Erikson, 1967). Bulmer (2009) acknowledges that this may be questioned when data is anonymised and kept secure and confidential, or when the perceived benefits outweigh the risks of the study. However, he asks who judges this, and posits that covert methods are bad science because they do not account for the complexity of human interaction, falsely suggesting one can fully participate and yet conceal one's purpose from others. He also argues that there are some places which should remain closed to the social scientist. However, Davies (1999, 53-54) believes that there is a 'difficulty in ensuring that even the most open researchers do not with long-term participant observation tend virtually to disappear from their research role as other social relationships established in the field take precedence.' Having said this, she does recognise that covert research can reduce opportunities for data collection because of the non-researcher role assumed and difficulties of maintaining that cover; and she also thinks that access can often be negotiated even into the most sensitive areas. This optimistic stance, however, does not consider the power of gatekeepers to filter access towards sanitised, acceptable data and away from the controversial or problematised.

Davies (1999) raises questions of power that need to be addressed by those defending covert research methods. Covert research is often conducted on relatively powerless groups rather than the powerful; however, in the case of many institutions and organisations the power balance may be significantly reversed in their favour against researchers. Murphy and Dingwall (2007) believe researcher power is over-stated, and that, in most circumstances, participants have greater power to participate or otherwise in social research, and that not engaging in socially beneficial research represents a more significant ethical question. Davies does acknowledge that some forms of covert research are less problematic such as observations of public ritual and performance although argues that some permissions may be warranted and the usual ethical principles of anonymity still remain. Perhaps less problematic too, are retrospective analyses of social settings or research on settings to which the researcher belongs but questions as to whether this needs to be undercover or whether permissions can still be obtained *post hoc* need to be asked.

Contemporary ethics demand attention to normative scrutiny processes, and objections to covert research suggest it undermines trust in the research community concerning transparency, honesty and openness (O'Reilly, 2009) by 'violating the confidence of the people with whom that person is spending … time' (Bulmer, 2009, p. 151). It does not respect privacy and harm is possible to subjects, assuming therefore polarity in this respect with informed consent. However, the real world of research is more subtly nuanced and there are degrees of openness and concealment in all research projects, and the anonymity of participants can be preserved within covert research.

Mark (1996) indicates that the desire to act ethically with informed consent may not always happen, but using undercover approaches are unlikely to be used by social workers unless clear benefits can be shown, suggesting a soft utilitarian approach to ethics but perhaps ignoring what social workers do on a daily basis with the people with whom they work. Although not necessarily research work, social workers do not fully engage service users in discussion concerning the reasons behind what information is being collected and to what purposes it will be used despite intentions and admonitions to do so.

The arguments may suggest that to employ covert methods puts people at risk of abuse although it must be questioned whether this is necessarily the case.

Is there an ethical approach to covert research?

There can still be, and ought to be, scrupulous ethical review when covert methods are employed. This review is two-fold. In the real world of social research formal ethical review is the norm, but it does not need to shy from an approach that acknowledges the need for variation in methods, and to recognise the problems of informed consent. There also needs to be an acknowledgement of the moral compass of the social researcher, often the most rigorous approach to ethics. Researchers do not want to upset the world in which they operate, they do not want to be debarred from future research activities, and social researchers are often motivated by a desire to illuminate the social world and create opportunities for social benefit. Situation ethics provides a practical balance to issues of consent especially when considering abuse and safeguarding isuses. This should look at the specifics of each research proposal rather than applying without flexibility broad and general principles (Fielding, 2009; O'Reilly, 2009).

In respect of informed consent, information sharing is messy and accounting for what might happen in the study and to what purposes the results will be put is not always demonstrable. Robson (2002) believes it may not always be possible to keep everyone informed and to be completely overt about one's roles. Indeed, most research probably lies on a continuum somewhere between overt and covert (Punch, 1994). Robson (2002) asks the wider ethical question that is sometimes forgotten, whether vulnerable groups and captive audiences can ever freely give informed consent. This indicates the talisman of ethical scrutiny requires attention in the round.

Acknowledging researcher power, however, leads to a more reflexive and participatory approach to research and ethics in which power relations are negotiated, participant needs are heard and reflexive dialogue informs the research process (Punch, 1994; Mason, 1996). Whilst many participants will make their views plain to researchers and protect themselves, this may not be the case where there is a degree of vulnerability and addressing other ways may need to be found.

Wolcott (1995; 2010) looks to the ethics of the individual researcher; something that is hard to police or scrutinise but often overlooked. He states that researchers in the field use 'trickery, cunning and artificiality', but have a responsibility to avoid betrayal, and to act responsibly to revelation and deciding what to make public; to be candid but discreet and to reveal accurately but sensitively. Researchers are curious people who observe everything but this is not always deceptive. De Laine (2000) deals with the moral problems of inequality in covert research that 'looks at' rather than 'participates with', especially when acting as naïve sympathiser or learner. She acknowledges that no act of observation is totally dispassionate and the covert researcher takes a deviant role entering the unofficial backspaces Goffman described.

The researcher must deal reflexively with the implications of the work, the impact on people and on research in general (see King and Horrocks, 2010).

Seldom heard voices

The use of covert methods in research does not, by default, imply a lack of ethical scrutiny. Indeed, given the requirements for ethical review that act as standard, where a covert study is planned it would be subject to the same levels of scrutiny and, it must be imagined that the depth would be greater because of the methods involved. Spicker (2011) is clear about the undisclosed reflections on research whether overt or covert that adds to the knowledge of the researchers and could not be easily disclosed to participants.

There are core differences between undercover reporting and research. However, since the Winterborne View case in 2011 (BBC, 2011) and the filmed physical abuse of an older woman with Alzheimer's disease at the Ash Court Care Centre, London, (BBC, 2012), the role of undercover reporting in highlighting social and health care abuses has again risen to the surface, and has underpinned the Levenson Inquiry into media practice (Leveson, 2012). Questions have been raised about the ethics of film-makers in continuing to film abuses once they have been observed, not reporting the incidents and even showing the film which was said to be an invasion of privacy and voyeuristic. Utilitarian perspectives would dictate the virtue of identifying a social problem and the positive outcome of action taken on behalf of the residents and against abusers. Certainly social and individual benefits occurred as a result of the report.

It is debatable whether research should ever be used deliberately to attempt to uncover suspected abuse. However, uncovering the layers of social care, immersing oneself in the worlds in which it is practised is surely a legitimate research focus. It can be argued that this, at times, needs to be covert, especially when the research is post-hoc analysis of a situation in which one was practising or observing, and not to allow this as research, which may positively contribute to safeguarding, may well raise ethical problems itself. Of course, a reflexive researcher would recognise that he/she immediately influences and impacts on the site of research and those involved as soon as he/she enters. But the overt roles one assumes adds tonal qualities to that influence. Research on everyday care practices assist us in developing policy and practice to enhance and improve people’s experiences which may seldom be heard. Undertaking this covertly may help us to identify safeguarding issues that we can address, which may not be accessible through other means. It is no different to highlighting abusive practices when discovered or observed. Informed consent is not sought from people to do this nor is it when managers fail to act and complaints are made higher. We need to be more moral in approaches to research and less pusillanimous if we are to use research skills fully to improve care and safeguarding.

Dementia Care Mapping (DCM), and the Quality of Interaction Scale (QUIS) represent important methods of dementia care evaluation based on observation. There is a distinction made between the evaluative aspects that overtly lend themselves to service delivery and improvement and research, which at times, has a tainted interpretation. It is not always possible to ensure that everyone at the focus of a dementia care evaluation is informed sufficiently or has the capacity to give informed consent and yet, despite the Hawthorne effect benefits from DCM, these can shine a light on poor care practices and safeguarding issues that need to be addressed. The differences between the evaluative focus of dementia care mapping, for instance, and participant observation research at a more covert level is one of degree and should not lead to an automatic disfavouring of the latter. Participant observation lends itself to laying bare everyday care practices. It is most unlikely that everyone could be informed of or would necessarily understand (an integral part of informed consent) the researcher’s role, some of which would, therefore, be covert.

Lee-Treweek and Linkogle (2000) err on the side of caution in respect of covert research indicating that ethical scrutiny has developed because of the ethical complexities of some more well-known studies. Indeed, Lee-Treweek (2000) was able to undertake her ethnography of residential care in a negotiated and overt way and still observed what she found to be psychological and emotional mistreatment, such as ignoring resident buzzers or leaving residents in need of attention, and the use of threats to coerce residents. She reports feeling powerless and constrained in her research, and open to the suspicions of existing auxiliary staff who thought she may be a management ‘plant’, although this was observed as usual when new staff were employed.

The isolation and ‘outsider’ status Lee-Treweek (2000) experienced may well have been similar had she adopted a less overt role. However, Dixon-Woods (2003) believes that clearly obtaining consent is not always easy and introduces risks when undertaking ethnographic research that seeks to make explicit systems of oppression and coercion. She believes that ethnography can interrogate those difficult areas of quality and safety in health care practice that may be missed when more formal methods are employed.

Examples of where covert methods have been used often involve considerable ethical consideration. For example, Anderson and Bissell’s (2004) study of emergency hormonal contraception prescribing by pharmacists involved discussion with pharmacists prior to the study, with no one pharmacy sure or otherwise of taking part. This broader, ‘top-level’ consent is perhaps one way to develop the utility of methods where everyday practices require in-depth elucidation but where it is not possible for these to be undertaken as overtly as one would like. This in turn resonates with the top-level ‘general consent’ permitted to Ashencaen Crabtree in her study of a psychiatric care, enabling her ultimately to observe a range of care practices ranging from good to abusive. This is not unlike Arber’s (2007) study of palliative care team meetings, which involved the wide collection of data, observations within the setting which are unlikely to have been fully captured by informed consent. Indeed, the fluid and dynamic nature of care practices militate against being able to account for all eventualities. It could even be construed that to suggest there will be informed consent, when undergoing ethical review, is misleading at best or manipulative falsehood at worst. It may perhaps be better to acknowledge the problems of change and dynamism in social research and seek broad ethical approval recognising that some data collection is likely to be covert. Doing so would allow research to be undertaken in a way that illuminates the hidden and exposes power to scrutiny.

In our search to amplify seldom heard voices we are seeking to involve people in our research actions, illuminating the world and its everyday practices which are sometimes ugly and distressing. Engaging in covert or semi-covert research, where consent is not always possible, is one way in which we can uncover truths that need to be heard, but may not be heard using conventional methods. What we do need, therefore, is an appropriate ethical touchstone to guide such research. We can find this in situation ethics, personal ethics and the moral autonomy of researchers that accords with current research council approaches that emphasise socially beneficial research impact (whoever and however that is defined). What this does not address, of course, is a situation that suggests no immediate or obvious impact or beneficial outcome. However, if we focus solely on research that has such we lose sight of the serendipity so important to social benefit and scientific advance (Parker and Teijlingen, 2012).

Concluding remarks

Social research needs to be facilitative, to search out creative ways of encouraging participation and the capacity to consent in ways which are ethical and which also promote the undertaking of research. However, there are times when explicit openness is not possible, if one can ever be entirely open in research. It may even be that funders and other interested parties require research and evaluation but the informed and explicit consent of all involved is simply not possible to gain. Philosophically, it is time that social care researchers constructed an ethic for research that built on their own accountability as researchers, which did not allow the restriction of potentially valuable research because it was organisationally and bureaucratically uncomfortable, and that had regard for questions of societal impact and benefit balanced with individualised ethical permissions. When working together with biomedical and health colleagues, these ethical questions require an appropriate level of reflexivity to ensure that research remains ethical throughout but is not restrained and curtailed by over-zealous and rigid ethical review.

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