

Nonsalaried Public Interviewers can collect research data on their own



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Contents

Introduction	1
Underpinning ideas	3
Training	4
PPI payments	6
Develop a Topic Guide	6
Informed consent.....	6
Examples of nonsalaried solo public interviewers.....	6
Collaborative data analysis	7
How this paper is being written.....	7

Introduction

Patients, informal carers and members of the public add value to the processes of selecting, designing and delivering health research when they serve as Public Contributors. Some people with lived experience are employed as researchers and healthcare providers, but this paper focuses upon nonsalaried Public Contributors who may be offered a PPI payment¹. This resource paper searches for published examples of health research where nonsalaried Public Contributors conducted one-to-one data-collection interviews with individual study participants. When acting in this specific role, such Public Contributors are referred to here as Non-Salaried Solo Public Interviewers (NSPIs), in contrast with academic interviewers. It sits alongside neighbouring stages in the coproduction, where Public Contributors add value by engaging in:

- Selection and appointment panels for academic staff posts².
- Data collection interviews where an academic and a Public Interviewer work together to co-interview a single patient, so there are three people in the room³.
- Co-facilitated Focus Groups, where a Public Contributor and an academic researcher work together to collect data from a group of study respondents⁴.

This resource paper has a very precise and narrow focus, as summarised in the table below. We must hastily observe that the practices that are described in the right-hand column are not bad; but simply lie beyond the scope of this resource paper. Further, this paper does not contain much general advice about PPI, qualitative research or interviews, but rather attends to the specific additional things we need to know that distinguish NSPIs from all other activities of Public

Contributors. It should therefore be read alongside earlier outputs, such as *How to involve people as research co-interviewers*.

In focus	Not covered here
Citizens – NSPIs enter their role with no prior status as employees and have no formal contract of employment with the research organisation or Service Level Agreement with a partner organisation which would accept formal responsibility for them and hold legal liability if something went wrong.	<ol style="list-style-type: none"> (1) Qualified and salaried researchers who have lived experience. (2) Salaried staff from patient organisations who join the research team, whether they have relevant lived experience or not. (3) People with lived experience who are recognised members of formally constituted user-led or community organisations that hold employer’s liability insurance and other legal protection required by the contracting process.
Nonsalaried – NSPIs are offered a PPI payment for conducting interviews for the purpose of data collection	People with lived experience who are paid for their activities on the research team through a contract of employment, contract for supply or secondment agreement ⁵ .
Fragments of time – NSPIs are engaged for brief and nonrecurrent tasks, easing the process of stepping into them or stepping down. This opens access to people who would be otherwise excluded, unable or unwilling to accept a contract of employment.	If the Public Contributor is expected to commit time to the project comparable to that of academic staff (a statistician or medical ethics specialist, for example), then they should be offered a contract of employment rather than PPI payments ⁶ . Using the PPI Budget to fund such appointments does not satisfy the goal of this paper.
Public Contributors who conduct interviews	Study participants who contribute data for analysis by the research team. This includes occasions when Public Contributors become the subject of investigation and are interviewed, perhaps to inform a report on the process through which PPIE was carried out.
Communication – the interview may be conducted in via any medium, including in-person, video or telephone.	Other data collection formats carried out beyond the interview conversation itself, such as surveys, observations ⁷ , wearable technology or self-report mechanisms (including patient-reported outcome measurement).
Solo interviewer acting alone	Any data collection activity that puts more than one person into the role of data collector, even if that person (such as an academic researcher) is nonspeaking ⁸ . For the moment, this also excludes personal assistants and carers supporting the interviewer – this is discussed elsewhere ⁹ .
Single study respondent	Focus groups ¹⁰ or any other activity where the interview respondent is accompanied by others, whether they are study respondents, carers, interpreters or other people using the space.

In focus	Not covered here
Interview style – any style of interview, ranging from rigidly controlled and directed through semi-structured to open-ended and participant-led interviews where the topics discussed, agenda, timing and data format are selected by the respondent.	An academic who selects a participant-led interview style and remains in role as the data collector has not met the requirement here, which insists that the role of data collector is transferred to a NSPI.
Data collection – interviews are carried out by the Public Contributors to add to the pool of data for analysis.	Commenting on the interview Topic Guide or piloting the interview to check it is robust and suggest improvements ¹¹ . Talking to people to inform them about the study, gain their informed consent, recruit them to the study and screen them for eligibility ¹² . Participating in analysis and interpretation of the data which is gleaned from the interview. Participating in an interview panel for the purpose of recruiting, selecting and appointing staff.

Multiple factors may be impeding the adoption and deployment of NSPIs, as follows:

- **Yesterday's News.** Some of the innovative work on engagement and support for NSPIs was carried out twenty years ago, and the findings are perhaps not considered applicable to today's managerialist and risk-averse organisational culture.
- **Duty of Care.** Distress Protocols need to be broadened to encompass NSPIs, especially where they are stereotyped as vulnerable. A solution has been proposed¹³.
- **Procedural impediments.** The UK National Health Service has specific concerns about the safety of its patients and therefore regulates access to patients. This system (DBS checks, Letter of Access etc) is not currently designed to ease the process by which approved Public Contributors may meet with patients for data collection purposes. Advice about this complex technical matter is available¹⁴, much of which is applicable to NSPIs, but these solutions are not well known or implemented.
- **Too informal.** Risks to the organisation are managed through recruitment and human resources management (but NSPIs are not employed), training (but NSPIs are not qualified in research), regulation (but NSPIs are not a regulated profession guided by clear standards) and the procedural systems mentioned above.
- **Weaker versions are available.** Expectations regarding PPIE may be satisfied by recruiting a qualified researcher who also has lived experience rather than engaging nonsalaried persons, forming an advisory group rather than engaging NSPIs, inviting Public Contributors to design the interview topic guide or analyse the data rather than conduct the interview, sending out surveys rather than meeting the study respondent in person, or chaperoning the peer rather than permitting them to collect data on their own.

Finding examples

Step 1: On 1 January 2026, Google scholar was alerted to send me a note each time a paper was published which contained a reference to PPIE (Public and Patient Involvement and Engagement).

Papers were searched for the term 'interview' and surrounding text reviewed to see whether this paper described the engagement of NSPIs. Interesting material was incorporated into this report. Step 1 continues as Google Scholar continues to notify me of new papers.

Step 2: Each paper found in Step 1 that revealed the deployment of NSPIs was used in a further cycle of exploration. The 'citations' button was utilised to generate a list of more recent papers that referenced the initial paper. Checking the 'search within citations' box permitted the addition of 'NHS "peer researchers"' to the search criteria. Step 2 is currently underway.

Findings: To date, 365 papers have been checked, of which 19 show that NSPIs were engaged in the study (publication dates range from 1999 to 2026). Together, these studies appeared to engage 160 NSPIs who conducted 1452 interviews. This shows that the deployment of NSPIs is uncommon but not novel. However, academic reporting of these practices is often vague and difficult to interpret, so some people who appear to be NSPIs may in fact have been employed and salaried rather than being offered a PPI payment, while some interviews may have been chaperoned by an academic or be otherwise ineligible for this resource paper. Unreported practices are unlikely to improve.

Underpinning ideas

Data collection interviews carried out by NSPIs lie at the confluence of several streams of thought in health research. The most significant here are *Patient and Public Involvement and Engagement* (PPIE) which aims to coproduce research with Public Contributors, *Insider Research* which assumes that respondents form an exclusive community and culture that can only be fully understood by people with membership through lived experience, and *Community-Based Participatory Research* (CBPR) which aims to shift the research out of the university and into the community. A starting point for this paper is therefore to search Google Scholar using the search terms 'CBPR, PPIE' and then follow the leads that arise from papers published in the Open Access press.

It also helps to name approaches that neighbour our topic yet are distinct from it. These include:

- **autoethnography** where researchers have, by accident or design, lived through the experience under scrutiny and then written about it. An early example arose in the USA when Madeleine Z Doty got herself imprisoned so that she could write and subsequently publish a diary of her incarceration¹⁵.
- Martin et al's research¹⁶ invited women in prison to collect **self-reported data** and these were analysed by the research team. These are, of course, alternatives to one person interviewing another.
- Public Contributors sometimes help by **piloting the interview**¹⁷ and suggesting improvements to the topic guide, but this practice run is not the same as NSPIs collecting data which is used for research purposes.

Benefits of Nonsalaried Solo Public Interviewers

"I felt her [NSPI's] warm personality and humour shone through, and this made it very easy to build up a rapport with her quickly, and therefore make more effort to contribute. There was careful and gentle questioning, never intrusive, and she encouraged me carefully to

think of other things I might have missed. Throughout the interviews I have had with her, I felt I was a real person and not an object of research.”¹⁸

Potential benefits have been suggested as follows:

- Improving access to seldom engaged groups who consider the peer to be an ‘acceptable face’ of the research study¹⁹
- Reducing perceived power over participants compared with academic interviewers²⁰
- Gaining trust and rapport²¹ which enhances disclosure and so provides fuller and more honest responses from respondents²²
- More checking of understanding, meaning and significance of what is said²³.

Clark et al²⁴ engaged two ‘client researchers’ and two staff researchers and then randomly assigned 120 mental health patients between these two groups, finding that patients were more likely to report dissatisfaction with services to the clients.

Training

The requirement to include lived experience means that the workforce of fully qualified research staff must include people with lived experience. Barriers to higher education, recruitment, induction and promotion need to be lowered until the workforce is representative of the wider community. Such staff need to be supported by a work environment that accommodates the needs of disabled employees. Whilst all this is true, and advice is available²⁵ to support these endeavours, this paper goes further by showing how nonsalaried Public Interviewers are included as data collectors for research purposes.

Training must be relevant to the task. In the UK, many academic researchers are required to complete the *Good Clinical Practice* training course, but this is explicitly noted within authoritative guidance as generally unnecessary for Public Interviewers²⁶.

Julie Repper reported²⁷ on a training course for carers who were engaged as interviewers on ten sites to collect data for research purposes. Golijani-Moghaddam and colleagues²⁸ trained three Patient Partners were trained to conduct feedback interviews with study participants. The Patient Partners were involved in other steps of the research journey too - the interview transcripts were independently coded by researchers, including the trained Patient Partners, with regular team discussions to support reflexivity and consistency.

Dewa and team²⁹ used a three-step process to build skills and confidence in their young co-researchers who were investigating mental health service provision, as follows:

- The academic led the first interview with the co-researcher observing and then they talked to each other about their reflections on the interview
- The co-researcher led the second interview with the academic observing. Again, mutual feedback afterwards was intended to develop skills and insight
- The co-researcher conducted the third interview alone, with the researcher in the next room for support if needed, along with a psychiatrist on site and available for back up if required.

PPI payments

NSPIs should be offered PPI payments for any training or other preparation they need prior to conducting data collection interviews as well as for the time involved in the interview itself.

Develop a Topic Guide

Before the interview starts, a topic guide needs to be developed and piloted. This is beyond the remit of this paper, save for briefly highlighting a few examples where the topic guide was developed in partnership with Public Contributors.

Choice, control and consent

If some study participants are to be interviewed by a NSPI and others by an academic, then each study participant may like to choose, rather than the academic team randomly assigning them.

Examples of nonsalaried solo public interviewers

In-person interviews

- 23 care leavers aged 18-25 interviewed 65 care leavers³⁰.
- 10 peers interviewed 201 sex workers³¹.
- 7 community researchers carried out recruitment and follow up interviews with respondents in their first language³².
- 4 illicit drug users conducted 52 interviews as they had 'privileged access' to this group³³.
- 2 peer researchers with experience of homelessness carried out 49 in-person interviews, although in some of them, the peer was "accompanied by a research team member for support"³⁴
- One PPIE-Partner conducted 15 interviews with working people who live with chronic pain³⁵.

Telephone interviews

- 4 members of a PPI group conducted 13 interviews with other members of the group and staff associated with the study³⁶.
- 3 patient partners interviewed 15 participants using an interview guide they developed. The researchers interviewed all participants alone³⁷.
- 2 PPIE co-applicants and one carer completed a total of 17 interviews³⁸.

Also

- Three peer researchers carried out 'check-in' interviews with 15 carers to augment data provided via other research methods³⁹.

Collaborative data analysis

This resource paper is relentlessly focused on NSPIs who conduct data collection interviews, so this section only briefly acknowledges that the next step – collaborative data analysis – can also be coproduced. Reed et al⁴⁰ engaged 35 lay people to conduct data collection interviews (mostly 1:1 interviews) for their research, interview notes were passed back to the interviewee for confirmation, and the large numbers created interesting challenges for collaborative data analysis.

How this paper is being written

The investigation that generated this paper is driven by simple curiosity. The work is unfunded and is conducted as a piece of citizen science rather than under the control of any organisation.

Accountability is achieved by following the *Writing in Public* framework⁴¹. I am grateful to the people⁴² who have contributed to this evolving resource but bear responsibility as author for the text appearing here⁴³. Please send your suggestions for further improvements.

Weaknesses of the approach taken in this exploration include the lack of prospective ethics oversight from a Research Ethics Committee, which would offer an independent opinion before commencement, the absence of a formal confidentiality and anonymity protocol, and prior informed consent from participants about attribution and how their contributions will be presented. These matters could be repaired if an academic team took up the challenge of investigating payments for Patient Authors.

¹ https://peterbates.org.uk/wp-content/uploads/2017/04/how_to_make_sense_of_our_payments_offer.pdf.

² <https://peterbates.org.uk/wp-content/uploads/2023/11/Short-How-to-involve-the-public-on-staff-appointment-panels.pdf>. Most citizens interpret the term ‘recruitment’ as the way in which an employee finds a suitable employee, while researchers take it to mean finding eligible and consenting study participants.

³ <https://peterbates.org.uk/wp-content/uploads/2019/12/How-to-involve-people-as-research-co-interviewers.pdf>.

⁴ <https://peterbates.org.uk/wp-content/uploads/2017/04/How-To-co-facilitate-a-focus-group.pdf>.

⁵ Croft and team describe a four-year project that employed people with lived experience as peer researchers. See Croft B, Ostrow L, Italia L, Camp-Bernard A, Jacobs Y. Peer interviewers in mental health services research. *The Journal of Mental Health Training, Education and Practice*. 2016 Sep 12;11(4):234-43. Also Devotta et al describe a project where they employed 3 people with lived experience of homelessness, drug use or problem gambling who then conducted 30 interviews. Devotta K, Woodhall-Melnik J, Pedersen C, Wendaferew A, Dowbor TP, Guilcher SJ, Hamilton-Wright S, Ferentzy P, Hwang SW, Matheson FI. Enriching qualitative research by engaging peer interviewers: a case study. *Qualitative research*. 2016 Dec;16(6):661-80.

⁶ Advice on appointing mental health service users to a dedicated post in the research team is provided by Delman J, Lincoln A. Service users as paid researchers. Chapter 10 in *Handbook of service user involvement in mental health research*. 2009 Apr 17:139-51.

⁷ Edgren et al engaged 41 community members and trained them before they made home visits to 331 families where a child had asthma. They carried out allergy skin-prick testing, maintained atmosphere testing machines, collected survey data and a sample of dust, walked through homes to assess the environment, but did not conduct a traditional interview. Edgren KK, Parker EA, Israel BA, Lewis TC, Salinas MA, Robins TG, Hill YR. Community involvement in the conduct of a health education intervention and research project: Community Action Against Asthma. *Health Promotion Practice*. 2005 Jul;6(3):263-9.

⁸ The following example is ineligible for inclusion in this resource paper. “One PPI contributor (co-researcher) undertook two of the telephone interviews from her home with the researcher in attendance for support. The academic researcher is quoted: “I saw myself primarily as support for the technical equipment and listened to the conversation but did not take part...very occasionally [the PPI contributor] turned to me for clarification but otherwise their interview was a two way conversation.”” Mathie E, Wythe H, Munday D, Rhodes G, Vicary P, Millac P, Jones J. Regional working in the East of England: using the UK National Standards for Public Involvement. *Research involvement and engagement*. 2018 Dec 6;4(1):48.

⁹ See [How to involve people as research co-interviewers](#).

¹⁰ Taylor et al use the language of ‘interview’ and ‘peer interviewer’, but the study design consisted of Focus Groups where the academic was present but did not take part. Taylor J, Rahilly T, Hunter H, Bradbury-Jones C, Sanford K, Caruthers B. [Children who go missing from care: A participatory project with young people as peer interviewers](#).

¹¹ Public Contributors piloted the interview in Madden M, Morris S, Ogden M, Lewis D, Stewart D, McCambridge J. Producing co-production: reflections on the development of a complex intervention. *Health Expectations*. 2020 Jun;23(3):659-69.

¹² A community member was trained by research staff to recruit and screen participants – but not conduct the interview itself – in Areán PA, Alvidrez J, Nery R, Estes C, Linkins K. Recruitment and retention of older minorities in mental health services research. *Gerontologist* 2003; 43:36-44. doi:10.1093/geront/43.1.36. The same work is also reported in Areán PA, Gum A, McCulloch CE, Bostrom A, Gallagher-Thompson D, Thompson L. Treatment of depression in low-income older adults. *Psychology and Aging* 2005;20:601-9. doi:10.1037/0882-7974.20.4.601.

¹³ <https://peterbates.org.uk/wp-content/uploads/2021/06/How-to-respond-to-distress.pdf>.

¹⁴ <https://peterbates.org.uk/wp-content/uploads/2025/01/How-to-get-approval-for-Public-Contributors-to-interview-NHS-patients.pdf>. Also Bowness B, Bates P, Chauhan A, Osman Y, Shlovogt T & Lawrence V (2025) Public co-researchers in research: approved in principle, undermined in practice? *Research Involvement and Engagement* 11, 63 (2025). <https://doi.org/10.1186/s40900-025-00708-0>

¹⁵ Doty MZ. *Society's misfits*. Century; 1916.

¹⁶ Martin RE, Murphy K, Hanson D, Hemingway C, Ramsden V, Buxton J, Granger-Brown A, Condello L-L, Buchanan M, Espinoza-Magana N, Edworthy G & Hislop TG (2009) The development of participatory health research among incarcerated women in a Canadian prison. *International Journal of Prisoner Health*, 5(2), 95–107.

¹⁷ Koniotou M, Evans BA, Chatters R, Fothergill R, Garnsworthy C, Gaze S, Halter M, Mason S, Peconi J, Porter A, Siriwardena AN. Involving older people in a multi-centre randomised trial of a complex intervention in pre-hospital emergency care: implementation of a collaborative model. *Trials*. 2015 Jul 10;16(1):298.

¹⁸ Wilson P, Mathie E, Keenan J, McNeilly E, Goodman C, Howe A, Poland F, Staniszewska S, Kendall S, Munday D, Cowe M. ReseArch with Patient and Public invOLvement: a RealisT evaluation-the RAPPORt study. *Health services and delivery research*. 2015;3(38).

¹⁹ Elliott E, Watson AJ, Harries U. Harnessing expertise: involving peer interviewers in qualitative research with hard-to-reach populations. *Health Expectations*. 2002;5:172-178

²⁰ Lushey CJ, Munro ER (2015) Participatory peer research methodology: an effective method for obtaining young people’s perspectives on transitions from care to adulthood? *Qualitative Social Work*. 14:522-537.

²¹ Taylor J, Rahilly T, Hunter H. *Children who go missing from care: A participatory project with young people as peer interviewers*. NSPCC; Quarriers; 2012. Also Devotta K, Woodhall-Melnik J, Pedersen C, et al (2016) Enriching qualitative research by engaging peer interviewers: a case study. *Qualitative Research*. 16:661-680.

²² Croft B, Ostrow L, Italia L, Camp-Bernard A, Jacobs Y. Peer interviewers in mental health services research. *Journal of Mental Health Training, Education and Practice*. 2016;11:234-243. Also Fleming J, Goodman Chong

H, Skinner A (2009) Experiences of Peer Evaluation of the Leicester Teenage Pregnancy Prevention Strategy. *Children and Society*. 23:279-290.

²³ Thomson J, Lanchin S, Moxon D. *Be real with me: Using peer research to explore the journeys of young people who run away from home or care*. London: The Railway Children; 2015.

²⁴ Clark CC, Scott EA, Boydell KM, Goering P. Effects of client interviewers on client-reported satisfaction with mental health services. *Psychiatric Services*. 1999 Jul;50(7):961-3.

²⁵ https://peterbates.org.uk/wp-content/uploads/2017/04/how_to_take_your_lived_experience_to_work.pdf. **Also** <https://peterbates.org.uk/wp-content/uploads/2022/12/Capability-Adjusted.pdf>.

²⁶ [UK Policy Framework for Health and Social Care Research](#) paragraph 9.16.

²⁷ Repper J. (2008) Carers of people with mental health problems. Chapter in Brooker, C. and Repper, J. (Eds) *Mental Health: From Policy to Practice* Edinburgh: Bailliere Tindall.

²⁸ Golijani-Moghaddam N, Dawson DL, Evangelou N, Turton J, Hawton A, Goodwin E, Law GR, Asghar Z, Roche B, Rowan E, Burge R. Feasibility and acceptability of Strengthening Mental Abilities with Relational Training (SMART) for cognitive difficulties in multiple sclerosis: a randomised controlled trial. *Research Square*.

²⁹ Dewa LH, Lawrence-Jones A, Crandell C, Jaques J, Pickles K, Lavelle M, Pappa S, Aylin P. Reflections, impact and recommendations of a co-produced qualitative study with young people who have experience of mental health difficulties. *Health Expectations*. 2021 May;24:134-46.

³⁰ Lushey CJ, Munro ER. Participatory peer research methodology: An effective method for obtaining young people's perspectives on transitions from care to adulthood? *Qualitative Social Work*. 2015 Jul;14(4):522-37.

³¹ Benoit C, Jansson M, Millar A, Phillips R. Community-academic research on hard-to-reach populations: Benefits and challenges. *Qualitative health research*. 2005 Feb;15(2):263-82. **Also** Benoit C, Millar A. [Dispelling myths and understanding realities: Working conditions, health status, and exiting experiences of sex workers](#).

³² Mehay A, Box L, Manning K, Lodder A, Patel TB, Clutterbuck D, Butt J, Watt RG. From tokenism to transformation: lessons from the TOGETHER study for building inclusive and equitable research. *Research Involvement and Engagement*. 2026 Mar 30.

³³ Elliott E, Watson AJ, Harries U. Harnessing expertise: involving peer interviewers in qualitative research with hard-to-reach populations. *Health Expectations*. 2002 Jun;5(2):172-8.

³⁴ Page 22 of Crane M, Joly L, Daly BJ, Daly B, Gage H, Manthorpe J, Cetrano G, Ford C, Williams P. Integration, effectiveness and costs of different models of primary health care provision for people who are homeless: an evaluation study. *Health and social care delivery research*. 2023 Oct 6;11(16):1-217.

³⁵ Blake H, Abbott-Fleming V, Greaves S *et al*. Five years of patient and public involvement and engagement (PPIE) in the development and evaluation of the Pain-at-Work toolkit to support employees' self-management of chronic pain at work. *Research Involvement & Engagement* **11**, 81 (2025). <https://doi.org/10.1186/s40900-025-00757-5>

³⁶ Hovén E, Eriksson L, Månsson D'Souza Å, Sörensen J, Hill D, Viklund C, Wettergren L, Lampic C. What makes it work? Exploring experiences of patient research partners and researchers involved in a long-term co-creative research collaboration. *Research involvement and engagement*. 2020 Jun 19;6(1):33.

³⁷ Battista S, Parker J, Ching A, Culley J, Long S, Heard A, Hammond A, Radford K, Holland P, O'Neill T, Walker-Bone K. WORKWELL process evaluation: qualitative data analyses of the participant interviews at 12-and 36-month follow-ups. *Rheumatology Advances in Practice*. 2025;9(2):rkaf034.

³⁸ Wilson P, Mathie E, Keenan J, McNeilly E, Goodman C, Howe A, Poland F, Staniszewska S, Kendall S, Munday D, Cowe M. ReseArch with Patient and Public invOLvement: a RealisT evaluation-the RAPPORt study. *Health services and delivery research*. 2015;3(38).

³⁹ Jin H, Green R, Sanders F, Penn A, Moschoyiannis S, Carneiro G, Chen T, Gage H, Touray M, Nicholson C. The Care-Full Study: assessing the feasibility of a mixed-method longitudinal data collection approach for unpaid carers of people with multiple long-term conditions. *NIHR Open Research*. 2026 Feb 16;6:14.

⁴⁰ Reed J, Pearson P, Douglas B, Swinburne S & Wilding H (2002) Going home from hospital – an appreciative inquiry study *Health and Social Care in the Community* **10**(1), 36–45

⁴¹ Bates P (2024) [How-to-write-in-public.pdf \(peterbates.org.uk\)](https://peterbates.org.uk/how-to-write-in-public.pdf).

⁴² Feedback was gratefully received from nobody yet.

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