Hunting the Snark #3: Using familiar apparatus

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Contents

1. Introduction

In a pair of previous papers, I explored the precedents and problems with engaging Solo Public Interviewers. *Hunting the Snark: Have Public Contributors collected research data on their own?* described my review of 100 papers where Solo Public Interviewers may have been deployed. These are people with lived experience who are not formally qualified as researchers and have no contract of employment, yet they conduct one-to-one data collection interviews for research purposes on their own. That investigation found over one thousand people who met some or all of these criteria and who had interviewed over 16,000 people.

Despite these large numbers, the practice is extremely rare (like the mythical Snark!) and there are many reasons for this. Two possible explanations I have investigated before are (i) the labyrinthine procedure for granting permission allowing the Public Interviewer to meet NHS patients[1], and (ii) a failure to take seriously the difference between solo and 2:1 interviews[2]. A further eight items which increase the risk status of the SPI - no contract of employment, limited education, low status, no witnesses, vague interview structure, personal contact, private venue and sensitive topic – are elaborated in *Hunting the Snark: Must we abandon all safeguards?* Taken altogether, these ten issues suggest that hesitancy over deploying SPIs may be driven by fear that things will go wrong and there will be no way to stop the ensuing harm.

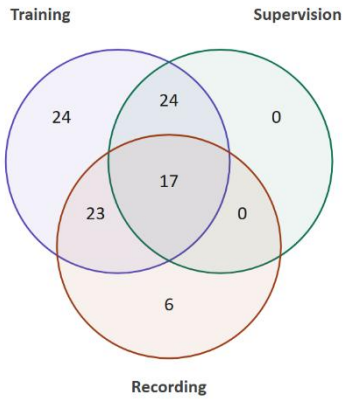
Here, in the third paper in the *Snark* series, I propose three old, familiar and well-proven processes that might be used to restore a measure of safety to the SPI role and then seek insights about them from the 100 papers.

2. Three common practices

Based solely on my experience, I here propose three common practices which could be adapted from the management of employed professional researchers and applied to SPIs to reduce the risk associated with deploying Solo Public Interviewers. These practices are training, recording and supervision. Training equips the SPI to perform well, recording provides evidence that it has been done well and supervision provides feedback, addresses wellbeing and supports the SPI to do even better next time.

Critics might warn that using these three practices could professionalise the SPI and thereby reduce their distinctive contribution to evidence gathering. This is a fair point, and it challenges research institutions to create a culture and managerial practice that will uphold the integrity of the SPI role. The details of how to blend accountability and integrity are beyond the reach of this paper, which merely offers a few places to start the discussion.

The following paragraphs reflect on the use of these three practices by the study teams reported in my sample of 100 papers. As already stated, the selection of these three practices was made by me, based on experience and intuition, not by attempting to summarise the recommendations of the 100 papers. Instead, I propose the practices and then allow them to interact with the papers. Some practices will be common amongst the 100; others less so. Even if no examples appear in the 100, my proposal will not fall. This is partly because I suspect that the ideas set out here have not been much considered, and partly because I think that a lot of detail has been left on the cutting room floor and not made it into the published papers. A later project could test whether my proposals have any empirical basis, but that is not what is attempted here.



The Venn diagram shows how many papers in our sample of 100 show evidence of these three common practices. Six of the papers made no reference to any of these three items, so do not appear at all, while 17 papers reported on all three practices. Further details and discussion are offered below.

3. Training

The practice of offering training to peer interviewers is almost universal, with 88 of our 100 papers reporting that they had done so. However, as we shall see below, there appears to be no consensus on syllabus or duration, although individual studies did build some useful elements around the course itself. These include the following:

- MacKinnon et al[3] conducted a training needs analysis before designing their training programme.
- Ajayi et al[4] engaged an academic who also has lived experience to deliver the training, while Milton and colleagues[5] engaged an experienced peer training team. In almost every other case, academics delivered the training.
- Five studies[6] used an accredited training course.
- Johnson and Richert[7] brought academic researchers and SPIs together to attend the same training.

- Gross and colleagues[8] note that "Debriefings took place after each training session to check whether the content was relevant and if it had been understood".

3.1. Training duration

In her seminal guidance published in 1971, Eve Weinberg[9] observed that "the amount of time actually spent…. in formal training sessions ranged from ten to over fifty hours... we recommend from thirty to forty hours of group classroom training". In contrast, our 100 papers shows training for peer researchers lasting half a day (six studies), a day (eight studies), two days (six studies), about a week (ten studies) and more (six studies). The remainder did not specify.

3.2. Training syllabus

The table below lists the topics which were reportedly addressed in the training offered by one or more of our 100 study teams. The length and complexity of this list suggests that there is little consensus, and the perils of choice will be exacerbated where training is very brief. Training will only build accountability if behavioural requirements are set out, and if it is summative, so that only those learners who have demonstrated competence are allowed to move into role as interviewers.

Topic	Examples from the 100 papers
Understand research	Basic and conventional research, interview and other data collection methods (such as focus groups or photovoice). Qualitative methods. Randomisation procedures. Interview skills and techniques. Conceptual research skills. Different types of interview questions. Ethnographic interviewing and other interview models and methods.
Lived experience research	Participatory and peer research. The history of peer research. PPI and the critical friend. The insider position of the peer researchers. Disclosing, discussing and using personal experience. Role of peer researcher and peer interviewer.
This study in context	The health condition or circumstances under study. Earlier research findings that inform the aims of this study. Information about the overall project, aims, objectives and work plan. Teambuilding. Local policies and procedures (such as lone worker policies) as well as specific protocols for the current study. Community development and health promotion. Other mandatory training (e.g. Good Clinical Practice, Data protection)
Design the interview	Planning the interview, design the interview schedule and topic guide. Interview techniques. How to develop interview questions. How and when to probe. Preparing to go into the field. How to use recording equipment and skilled notetaking.
Engage respondents	Approaching and recruiting participants. How to mobilise interest in the study. How to support the recruitment of patients. The information given to respondents. Building rapport. Listening and communication skills.
Administer the interview	How to conduct the interview and any specific instruments that are being used. Fieldwork protocols. Interview techniques and in how to apply these to the specific interview. Asking the questions as they are printed and in proper order. Questioning and probing. How to remain neutral and non-disclosing, to probe, to question factual inconsistencies, and to be reliable and unbiased. How to implement the interview guide.
Ethics	Principles of social research. The personal qualities needed to conduct the interview. Anonymity, appropriate behaviour, best practices in managing bias

Topic	Examples from the 100 papers
	and the importance of maintaining a neutral stance during the interview. Boundaries (not offered counselling skills training as we did not want peer researchers to take on this role).
Safeguarding	Protection of human subjects. Managing difficult or sensitive topics. Responding to distress during the interview. Child protection and adult safeguarding duties and protocols. Disclosure and reporting expectations. Available community resources. Personal boundaries and safety procedures. Confidentiality, Consent processes and forms. Data protection. Addressing the support needs of the peer interviewer.
Develop Interviewer skills	Developing a sociological eye. Writing field notes. Responding to feedback and critique of performance. Supervision arrangements. Reflexive practice.
After the interview	How to end the interview. Data collection, transcription and input. Validation and qualitative data analysis. Identifying themes and creating recommendations. Co-authoring reports and publications.

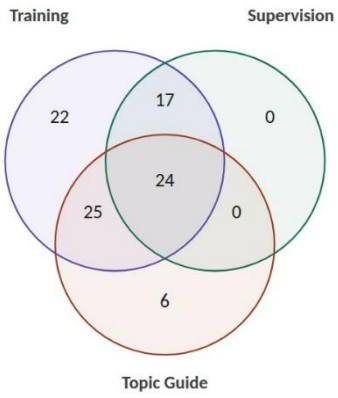
4. Recording

Checking that SPIs have competently conducted the interview relies on evidence being available from the private meeting. In most cases, this will be in the form of an audio or video recording. Only 46 of our 100 studies reported that a record had been made of the interviews conducted by SPIs. As has already been mentioned, the others may have recorded the work but failed to declare the fact in their paper.

The research team may review the recording for the following purposes:

- To transcribe the content for subsequent analysis
- To gain reassurance that data have not been fabricated, biased or obtained under duress
- To consider the interviewer's performance and provide coaching
- To subject data to secondary analysis.

Only six of the 100 studies reported that recordings had been reviewed and findings used in feedback to the SPI. Holbrook and colleagues[10] found evidence that some interview data had been falsified and so dismissed the interviewer, while Griffiths et al[11] checked recordings prior to approving payment to the SPI, as well as providing feedback to the interviewer on their performance. The hardline approaches of withholding payment and dismissal for misconduct are much easier to administer with an SPI who is a Public Contributor rather than an employee. Whilst ethical standards of evidence, justice and kindness must apply to such decisions, the availability of such control mechanisms can ameliorate the risks inherent in the SPI role.



5. Supervision

Forty-one of our 100 studies mentioned that they supervised the SPI. This could involve the following elements:

- First, both the SPI and their supervisor must know what is required. Fifty-five of the 100 studies reported that an

interview Topic Guide or schedule had been prepared, but only 24 also provided training and supervision to SPIs. This means that only a quarter of our studies had the opportunity to use a study guide to help in designing their training and supervising the peer interviewers. Whether it was actually used in this way is beyond the reach of this literature review.

- Second, the supervision session needs to include some data about the SPI's performance. One way to access this is by reviewing the recording, as we have seen.

- Third, the supervisor needs to express their general concern for the welfare of the SPI since, as Eve Weinberg commented, "Interviewing is often lonely work, requiring resourcefulness, stamina, perseverance, punctuality, alertness, interest in others, and attention to detail." Fifty-five of the 100 studies mentioned support and most of these provided some examples, as shown in the following table.

Theme	Examples of support from the 100 papers
Role	Clear boundaries and choice to engage as much as we want. Experienced SPIs mentor novices or SPIs work in pairs for mutual support. SPIs meet to discuss emerging ethical issues. Talking about what went well builds confidence and morale that "encourages greater production, higher cooperation rates, and better quality interviews." Swift payment.
Bonding	Both formal and informal SPI-only meetings. Social activities help SPIs form a supportive group and share their experience. Connections and friendship opportunities with supportive groups in the community. Celebrations to recognise success. Shared sense of responsibility for the project. Pastoral support along with WhatsApp and text messages. Healing Circles and Action Learning Sets.
Respect	Non-exploitative relationships with academics. Scanning for risks such as re-traumatising people or renewing unhelpful contact with chaotic respondents. Regular pre-meetings ahead of formal sessions to explain terms, clarify expectations, and process concerns.
When interviews get tough	Especially where there are similarities between the interviewer and respondent's stories, hearing the interview can leave the peer researcher feeling angry, sad, responsible for asking upsetting questions, burdened with the disclosure and reluctant to say goodbye. Offer a debrief form or a check-in about emotions after each interview. It can be hard to ask for support. After tough day, fund a meal with a friend.
Help	Individual support plans address fluctuations in well-being. Help with booking appointments and permitting people to co-interview with a peer SPI or an academic. Put a professional onsite who is available during interviews. Spot when people are struggling. Closeness to some participants can create emotional and ethical tensions requiring careful support.
Sign-posting	Offer information and personal links to health and social care services, helplines and community resources. Future dreams and goals. Development of a peer network. SPIs may take time out (with pay) to help a colleague. Access to guidance on safeguarding and referral to professional help when needed.

- Fourth and yet perhaps most importantly, supervision offers an opportunity to develop reflexivity in the SPI. Through a largely internal process, their peer researcher evaluates their personal performance and sets personal goals rather than being told what to do by the supervisor. Thirty of our 100 papers referred to reflexivity or reflection by the SPI. Jin et al[12]

created a reflexive guide to aid reflection and journaling while Jones et al[13] use an interview feedback form for the same purpose but also explicitly state that the content of the forms provides a starting point for supervision. Giles and colleagues[14] underlined the point by stating that their field notes were used as a debriefing tool and not added to the evidence stack or analysed by the study team.

The circle is completed by Lin et al[15] who reported that the debriefing notes also shaped the ongoing training programme.

Some study teams aimed to use their meetings with a group of SPIs to trigger reflection and practice development discussions, but this is rather different to an individual supervision session.

6. Conclusion

I believe that the familiar apparatus used by qualified and employed researchers – training, recording and supervision – is eminently suited for Solo Public Interviewers. Used well and reported clearly, I think that it can serve to reassure funders, Ethics Committees and both academic and clinical colleagues that deploying SPIs is both practical and safe. My review of studies where SPIs have been deployed has found that these approaches are not commonplace. Further, I have found no evidence in support my belief that using this apparatus will improve outcomes in terms of data quality or utility of findings as this was far beyond my reach in this paper. The *Snark* continues to elude me.

7. 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* framework[16]. Several people have been approached for comment[17] and I am grateful to those[18] who have responded to my inquiries. This is an evolving resource which I bear responsibility for as author of the text appearing here[19]. 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 the absence of 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 the role of SPIs.

[1] Bates P (2024) *How to get approval for Public Contributors to interview NHS patients for NIHR-funded research*.

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[6] Bulutoglu & Whyte refer to accreditation from the Institute of Community Studies – see Bulutoglu K, Whyte S. Discomfort, Dissatisfaction & Disconnect: Exploring local economic perceptions through peer research. Fleming et al used 'Understanding Research Interview Procedures', which is accredited by the Open College Network – see Fleming J, Goodman Chong H, Skinner A. Experiences of peer evaluation of the Leicester teenage pregnancy prevention strategy. Children & society. 2009 Jul;23(4):279-90. Rowe used a 10-week Open College Network accredited course 'A Community Survey' led by a tutor from the local Adult Education Lifelong Learning team - see Rowe A. The effect of involvement in participatory research on parent researchers in a Sure Start programme. *Health & Social Care in the Community.* 2006 Nov;14(6):465-73. Milton et al (op cit) adapted an accredited programme called 'An introduction to peer support'. Meyer and colleagues offered the "Mujer Sana, Comunidad Sana" Lay Health Promoter/Peer Researcher training that was accredited by two half-credits from Carleton University's School of Social Work, plus a certificate from Algonquin College in Lay Health Promotion. See Meyer MC, Torres S, Cermeño N, MacLean L, Monzón R. Immigrant women implementing participatory research in health promotion. *Western Journal of Nursing Research.* 2003 Nov;25(7):815-34.

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[11] Griffiths P, Gossop M, Powis B, Strang J. Reaching hidden populations of drug users by privileged access interviewers: methodological and practical issues. *Addiction*. 1993 Dec;88(12):1617-26.

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[13] Jones A, Jeyasingham D, Rajasooriya S. *Invisible families: The strengths and needs of black families in which young people have caring responsibilities.* Policy Press; 2002 Apr 3.

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[16] Bates P (2024) *How-to-write-in-public.pdf (peterbates.org.uk).*

[17] Email inquiries have been sent to a number of corresponding authors of relevant papers.

[18] Feedback was gratefully received from – nobody yet.

[19] Readers engage with the contents of this paper at their own risk and undertake not to hold the author liable for any injury, loss, or damage arising through reading or acting on its contents. Whilst every reasonable effort