***‘Good practice in the conduct and reporting of practitioner research:***

***Reflections from social work and social care’***

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This paper examines two distinct forms of practitioner research and makes tentative suggestions around what may constitute good practice in their conduct and reporting, and for the *genre* of practitioner research as a whole. We also explore their potential benefits and limitations within the wider set of research approaches. Discussion is informed primarily by an earlier review of practitioner research in adult social care and supplemented by knowledge and experience of wider activities related to practitioner research. Discussion is organised in three parts. First, we explore what are generic good practices around all forms of practitioner research. Second, we move to identify particular forms of good practice within what we call Type 1 and Type 2 practitioner research, situating them alongside a practitioner research matrix of stakeholder benefits. Third, we consider the implications of such discussion for how we best stimulate these types of practitioner research.

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**Introduction**

The general term ‘practitioner research’ hides diverse forms of research that take place across education, social and health services. Informed by our review of practitioner research in the social care field with adults (see Shaw *et al*., 2014) we suggest two broadly different approaches to such research according to six dimensions: occupational roles of researchers; nature of the working relationship between researchers; focus of research questions and problems; research methodology; extent to which research benefits and utilisation are addressed; and the writing ‘voice’ adopted in the published outputs. These differences are so marked that we should be cautious when adopting a common term for both types of inquiry.

This paper examines these two forms of practitioner research and makes tentative suggestions around what may constitute good practice in their conduct and reporting, and for the *genre* of practitioner research as a whole. We also explore their potential benefits and limitations within the wider set of research approaches. Discussion is informed primarily by the review of practitioner research in adult social care (Shaw *et al*., 2014) and supplemented by knowledge and experience of wider activities related to practitioner research, including UK, New Zealand and Danish developments (see Lunt *et al*, 2011 for a review). This includes the evaluation of central and regional initiatives supporting practitioner research networks, where participants work (individually or in small groups) on different aspects of a shared theme or agenda. Given the ‘stock-taking’ nature of this article, we have been more self-referencing than normally we would prefer.

Discussion is organised in three parts. First, we explore what are generic good practices around all forms of practitioner research. Second, we move to identify particular forms of good practice within what we call Type 1 and Type 2 practitioner research, situating them alongside a practitioner research matrix of stakeholder benefits. Third, we consider the implications of such discussion for how we best stimulate these types of practitioner research.

First we recap on differences in how, what we term, Types 1 and 2 are conducted and reported across adult social care and social services more broadly. These types emerged inductively during our systematic review of practitioner research in the social care field for adults (Shaw *et al*., 2014).

**INSERT Table 1: Configurations of Practitioner-formed research**

**Generic good practice: *Thinking – doing – sharing***

Before distinguishing the distinctive practice implications of each form of practitioner research, we suggest there are generic good practice conclusions shared by all such studies. However, there are prior considerations before we assess reliability, credibility and transferability of research outcomes. Traditionally, social work and social care research has adopted a somewhat singular focus on the value of research outcomes, with knowledge production underpinned by reliable techniques but with relatively little emphasis on how the research process may involve additional, direct and indirect, benefits. Looking across all practitioner research we suggest that engagement by professionals with the process of inquiry promises to deliver significant benefits that arise from simply beginning to think about research. These include:

* Reflecting on practice puzzles;
* Considering the current evidence-base including contemplating information search and retrieval;
* Becoming familiar with social research methods;
* Developing hunches about efficacy and considering how to identify impacts;
* Communicating with colleagues around practice issues.

For this part of the argument we draw on studies that involved on fieldwork with participants in practitioner research projects. Our experience of New Zealand and Scottish (CHILDREN 1st) practitioner initiatives (Lunt *et al.*, 2008; Lunt *et al.*, 2009)[[1]](#endnote-1) points to the most consistent theme in project topics being a commitment to improving practice – either individual or that of the team or agency. For example, a practitioner researcher in the CHILDREN 1st project valued: ‘Having an opportunity to do research that would impact on services and ultimately on those people who would receive those services’ (Gillian[[2]](#endnote-2)) (see Lunt *et al.,* 2009). For some practitioners this practice interest emerged from ‘practice puzzles’ such that their research was often a lens that enabled them to focus on deeply held, but sometimes partly unrealized, and long contained career-life issues. A focus group member from the CHILDREN 1st described the operation of family plans, observing:

I find that plans are not followed by various groupings and so … I wondered why that was and was that something we could really work on. So irritation prompted me really. But it was something that you could really use and I think I really thought that too (Lunt *et al*., 2009).

We believe that the importance of such personal commitments, puzzles and investments may be underestimated in broader deliberations about establishing and delivering practitioner research projects (Shaw and Lunt, 2011).

Such thinking undertaken within the scope of traditional research studies is seen as ‘problem conceptualisation’ and plays a supporting role to data collection and evidence gathering. For practitioner research such activities may themselves offer indirect/secondary outcomes and practice contributions. Thus contemplating research puzzles that develop out of practice, irrespective of whether the study is undertaken, carries some measure of good professional practice of the kind often advocated in terms of reflective practice. Whilst benefits such as these are more likely to be individual or local, they are benefits nevertheless.

The doing phase of activity whereby a study takes place carries a categorical imperative that conduct *do no harm* – fieldwork must accord to sound principles or guidelines (Lunt and Fouché, 2010). In our review of adult social care literature (Shaw *et al.*, 2014) we noted that overall papers were fairly comprehensive in their coverage of research practice and ethics (see Table Two for summary of research problems addressed across the 72 studies). Forty-two of the 72 papers provided some details regarding what consideration had been given to ethics in the research process. Many papers had explicit discussion of the process that they had used to ensure research participants had given their informed consent. Thirteen projects were said to have been submitted to a range of institutional review boards – most typically local university and/ or local research ethics committee, but also involved reference to other guidance and gatekeepers: Research Governance Managers, Ethical Review Committees, professional and disciplinary codes of ethics. In some studies there were fewer detailed ethical reflections (e.g. Gascoigne & Mashhoudy, 2011; Halfpenny-Weir, 2009). For example, in Lau & Ridge (2011) there was no detail on permissions to cite case study details, nor about anonymization or confidentiality. Similarly, Blacher (2003) said little about access, confidentiality, anonymity, and it remains unclear who undertook the interviews and how. For some studies it was not possible to determine access, confidentiality or anonymity and it is unclear whether this reflected *lacunae* in reporting the study or actual research practice. In some papers it is reasonable to assume that fundamental ethical processes such as the consent process took place but were simply not reported.

What can be said about generic good practice of reported studies regardless of whether they are Type 1 or Type 2 practitioner research? It is likely that there is a significant difference between Type 1 and 2 in that studies without an academic lead accustomed to writing for mainstream academic audiences are less likely to translate into journal outputs. Confident estimates of the scale of such research are hard to come by, but practitioner research in social care probably occupies a major part of the total volume of research activity in the field. For example, an incomplete audit by one of the authors of projects from 1999 to 2002 in South East Wales yielded 42 projects. A conservative extrapolation for numbers of current or recent such projects in the UK would be well into four figures – a number well above estimates of the number of social care research projects taking place in British universities for the same period.

In assessing studies that are published what is the balance to be struck between their methodological rigour and the substantive contribution? Here our approach to appraising the studies is premised on the longstanding academic assumption that good research entails a certain form of writing, and an expectation that researchers will set their work in a scholarly tradition and context – including methodological justification and detail. The questioning of scholarly conventions such as through more personal and reflexive forms of writing does at least suggest that we should leave open the question of whether good practitioner research should be open to more diverse and perhaps innovative forms of writing.

**INSERT Table 2: Research Problems Addressed Across the 72 Papers.[[3]](#footnote-1)**

Assuming that wider claims to knowledge are being made it is reasonable to demand methodological transparency. Most papers in our 2014 review were explicit about the methods that had been employed, providing detailed information on design rationale, data collection and analysis. The practitioner research shows considerable methodological range, but comparing the two types of practitioner research there are differences with Type 1 having a higher percentage of structured methods, and a greater proportion of mixed method studies. Across the 72 studies, 35 fourteen drew on more than one method – 117 methods choices were made across the 72 studies. Whilst there methods were predominantly semi-structured interviews, there were also instances of syntheses, focus groups and group interviews, narratives/autobiography, visual diaries, sleep diaries, observations, records and organisational documents, action research, and personal records (White & Lemmer, 1998; Birch, 2005; Green *et al.*, 2005; Welch & Dawson, 2006; Pipon-Young *et al.*, 2012).

Whilst it was not the case that all studies reported details clearly and unambiguously, in general the descriptions of study design, development of instrument, or search strategy, were clear. The quality and robustness in design and write-up was evident for some pieces (e.g. Connolly *et al.*, 2009; Furminger & Webber, 2009; Welch & Dawson, 2006). This was less clear in Godfrey’s (2004) reflective account of the journey and learning achieved in the process of undertaking research. Whether the description provided encompasses all aspects of the study, is not clear.

Designs and approaches were diverse, although they were typically cross-sectional and involved data being collected at one point in time. We found a small number of examples of a quasi-experimental design including Gascoigne & Mashhoudy (2011) who examined the mortality rate of a group of residential home residents who had experienced involuntary relocation, and compared them with that of a group within their first year of residential care who had not experienced relocation.

Many of the studies took place in a particular bounded locality, whether a health trust, a defined area, a city or otherwise bounded site. The studies adopted sampling approaches that included purposive, self-selecting, convenience, random stratified, random/simple probability. There was also an attempt at achieving full-census within a borough (Slack & Webber, 2007). Variable levels of reflection on research processes were evident (partial exceptions where there were higher levels included Godfrey, 2004; McKay *et al.*, 2011, McWilliams, 2005; and Welch & Dawson, 2006). Data was typically viewed in realist terms, and, despite some interest in reflective practice in social care, there appeared to be limited awareness of, and engagement with, reflexivity. However, here practitioner researchers may not be markedly different from academic social care researchers in these respects.

Among papers that that stood out as providing comprehensive and clear detail were those studies that had been undertaken in partnership with academics (e.g. Kane & Bamford, 2003; Mitchell *et al.*, 1998; Slack & Webber, 2007). It may be that academics undertake a role of supporting authors to ‘scholar up’ the original research for publication. This functional support may have been more common in those Type 1 studies where the practitioner and academic roles are less clearly differentiated.

There were occasional studies that highlighted sampling limitations, rating reliabilities or methods to enhance reflexivity. However, in some studies further details on the implications of their samples (e.g. Blacher, 2003; Gormley & Quinn, 2009; Mulhall, 2000) or the method that they had used (Godfrey, 2004) may have been informative. For other papers it was sometimes difficult to appraise their reliability or dependability due to a dearth of information on the design of the studies or lack of clarity in reporting their findings. Part of the explanation for this was that findings perhaps had been under-analysed. Gaps in reporting were most apparent regarding the samples that studies had used – the sampling frames, their rationales, sampling methods, and, where relevant, sampling attrition. Because of gaps in this information it could be difficult to appraise the reliability and transferability of the findings.

However, on a more positive note, even where discussion of methodologies used provided limited detail, the context-rich descriptions that were provided by most studies gave a sense of credibility or authenticity. There were studies where chosen scales were adopted because their reliability and validity had been established in previous studies (Holmes, 1998; Knox & Menzies, 2005; McWilliams, 2005; Goodacre & Turner, 2005). Many studies emphasised the importance of piloting prior to data collection proper (e.g. Jepson, 1998; Melton, 1998; Goodacre & Turner, 2005). A high proportion of the studies were exploratory and descriptive in nature, with only a few studies attempting to develop explanatory accounts. Most studies were careful to avoid overstepping the conclusions that they drew from their research, aware of the limitations of sampling and reliability. These were often situated within discussions stimulating reflection on practice or identifying issues where further inquiry was required. Some papers were explicit about the limits surrounding the transferability or generalisability of their findings. Lillywhite & Atwal, for example, conclude ‘The findings of this study must be interpreted with caution, as the study may not be representative of community occupational therapists working across the UK’ (Lillywhite & Atwal, 2003, p. 135). These are not the only studies that reflect on interpretive limitations (cf. Archibald, 2001; Atwal *et al.*, 2003; Godfrey, 2004; Gormley & Quinn, 2009; McAlynn & McLaughlin, 2012; Sutton, 1998). For Welch & Dawson (2006), ‘While the research does not seek to provide generalisable findings, themes that emerged are potentially transferable to other areas of practice’ (p. 232). However, in a small number of studies this was not clear. Given the characterisations of Type 1 and Type 2 research, differences in the coverage of design and approach within the articles are perhaps unsurprising.

**Utility, capacity building and value for people**

A wider question for practitioner research relates to the contributions made by such activities (see Lunt *et al.*, 2011). Our 2014 review involved an appraisal of the utility of the research studies. This included consideration of their contribution to knowledge, their relevance and accessibility, their concern for enabling impact and the extent to which research process contributed to building capacity. Here the differences between Type 1 and Type 2 studies were most apparent. To some extent these factors are interlinked given enabling impact is dependent upon contributing to knowledge, being relevant and accessible and can be linked to contributing towards building capacity. For some studies, this was achieved in a conventional way through linking the reporting of research findings to clear recommendations but more broadly there was less attention or explicit mention of clearly established dissemination processes, utilisation and impact pathways. In only a few papers, it was clear that the authors had sought to disseminate findings as widely as possible. For example, Mulhall (2000) with respect to community mental health service users perspectives reported that: ‘The dialogue is now open on many channels with people who have the capacity to change. The findings of the study are being actively used and discussed’ (p. 34).

In other papers, interest in enabling utilisation went beyond the publication and dissemination of their research findings. For example, Welch & Dawson’s (2006) use of action research models entailed embedding these considerations as an integral part of the research process. For others, it was incorporated into the research process due to their close links to a practice base including managers/practice (Connolly *et al.*, 2009; Keady *et al.*, 2007). In some cases pragmatism was apparent whereby authors took advantage of opportunities for links and openings that emerged during the process to affect some level of change. Sometimes such opportunity was the result of partnerships being developed between the practitioner-researchers and other practitioners or between practitioners and service users.

An overarching strength of all papers was their plausibility from a practitioner’s perspective, and that they promoted self-reflection and self-development. Many of the studies were situated within a clearly, defined practice context and drew on description and analysis to explore practice dilemmas or problems (e.g. Archibald, 2001; Carson *et al.*, 1998; Lau & Ridge, 2001).

Some authors made reference to research having impacted on their own experience or through the relationships formed during the course of the research (providing some support for the thinking – doing – sharing distinction made above). In these cases the practitioner-researchers’ perceptions reflect a sense of empowerment and of the possibility of change.

This doing of research activity (listening to users and carers, colleagues and managers, as well as reviewing data; revisiting practice puzzles etc.) has the potential to provide additional benefits, generating insights and evidence that are valuable of themselves and which also hold promise of practice change. Difficulties are that such experiences, insights and evidences are individual or local, rather than more widely shared. Activity that is the sum of thinking, doing and sharing opens up further opportunities, with the potential for research benefits that are indirect *and* direct, immediate *and* longer term, local *and* non-local.

We do not suggest that each practitioner study will (or indeed, should) result in the full range of potential impacts/benefits (Table 3). The table is an exemplar typification, identifying a wide range of stakeholders groups: individual practitioner researchers undertaking studies, colleagues within the team or site, the broader agency, a wider professional context, service users, and academic partners. Identified benefits and what we judge to be the likelihood of their development (weak, moderate or strong) are outlined along four dimensions: skills development, impacts on delivery, communication improvements, and theoretical developments.

**Insert Table: 3 Matrix of potential benefits arising from Types 1 and 2 practitioner research (weak, moderate or strong likelihood) about here**

There are drawbacks to acknowledge, particularly regarding the limits that an article format places on the detail that authors are able to provide around conducting the studies, and the limited detail about methods and samples. Studies that included broader comments about utilisation and implementation of findings were relatively unusual across the 72 articles. We recognize that the questions posed and methods used in practitioner research are likely to reflect the resources available to practitioner researchers, in terms of time, money and access to other expertise. It is perhaps to expect too much of these small scale studies to achieve in terms of utility and impact what wider ‘academic’ research studies typically fail to accomplish.

**Stimulating Type 1 and 2 practitioner research**

There is an agenda, both nationally and internationally, around building research capacity within social work. Powell and Orme (2011) report an ESRC-funded Researcher Development Initiative (RDI) for social work, arguing for a 'social practices model' that emphasises context and situated learning that complement more traditional methods of research training. Established collaborative models are reported including within health-based social work (Joubert and Hocking, 2015) that, for example, led to a range of clinically focused research studies and growing research engagement and confidence amongst practitioners. There is increasing recognition of how effective strategies must be underpinned by understanding the organisational context and social workers’ practice (Harvey *et al*., 2013). There is also attention to the role of services users within collaborative projects involving academics and practitioners (e.g. Fleming *et al*., 2014).

Within our own review the size of studies varied considerably reflecting in part different research cultures in health and social care agencies. A distinction may be drawn between ‘cottage industry’ research (Type 2) and (often larger) more organisationally sponsored and supported endeavours (Type 1). This is not a watertight distinction. For example, the work of Knut Ramian, referenced elsewhere, falls into what we call Type 2 studies, but has enjoyed modest funding (Lunt *et al.*, 2011). Nor are these an evaluative pair of categories and we are wary of assuming an ideal model of research, that would lead to invidious distinctions of naïve versus mature; small versus large; practitioner versus practitioner + academic models of practitioner research.

Having identified the potential benefits of both Type 1 and Type 2 Practitioner Research what kinds of factors prompt and sustain practitioner engagement in research? Once again we turn to earlier research that entailed direct fieldwork with participants. Our earlier research on practitioner research initiatives (Lunt *et al.*, 2008; Lunt *et al.*, 2011) leads us to suggest that there is a combination of three factors that stimulate activity per se:

* Personal *motivation*.
* Personal and professional *capacity* to carry forward the research.
* Timely *opportunity*

While one or other of these may exist in isolation, without the conjunction of all three it is unlikely that practitioner research initiatives will take place, or at least carry through to completion. Each is necessary but none is sufficient and the combination of all three will ensure that practitioner research activity is completed.

Working in a close team environment such as with networked initiatives (as in some instances of Type 2 research) or practitioner research within larger teams (Type 1) offers a number of advantages to the research process, including providing motivation, organisational ability, research skills and presentation skills. Within small groups an individual charged with keeping the project on track and typically undertaking a range of functions is an important ingredient in maintaining motivation and completing projects. In a Type 1 project this may be the grant or research contract-holder.

Six key types of support may be offered by mentors and tutors: directing and teaching on research methods; assisting with design and implementation; support around practicalities; providing opportunities to discuss dilemmas; emotional support; and ensuring participants are kept to timescale (Lunt *et al.*, 2008).

Needs around time management, forward planning and maintaining motivation can be effectively managed by providing a *framework of opportunity*. This is less likely to be a concern in funded projects (perhaps typically Type 1). A close-ended commitment with project milestones become effective markers to allow individuals to benchmark progress and optimise their own ideas, skills, and energies. The role of the employing organisation is important if practitioner research projects and practitioner research more broadly are to be nurtured (Type 2). Organisations need to help build teams and encourage networking of appropriate resources within agencies.

Participants in the CHILDREN 1st project (Lunt *et al*., 2009) had much to say on the themes of the worth, meaning and value of the initiative such as ‘It’s a fantastic opportunity and it’s a great thing’. Practitioner research does however carry risks for participants given initiatives are something in which large hopes may be invested. Social workers who, by their own standards, fell behind were unlikely to be forgiving of themselves. As one practitioner researcher said: It’s no excuse for me, he’s as busy as I am. Have there been advantages taking part? It doesn’t feel like it at the moment, it just feels like a millstone to be honest’ (Lesley).

Alongside the strength of feeling about a project unfinished, the sense that a wider agency program had been foregrounded at the expense of the individual projects is also potentially problematic. As two comments from Focus Groups within the CHILDREN 1st study (Lunt *et al*., 2009) support:

‘I really wanted something for the kids who took part in that, you know this wasn’t really necessarily something for me but it was more about the kind of process that they took part in and that feels like that’s kind of disappeared and that it has been something more corporate’.

‘I ended up somehow presenting my research project three times to a public audience which I’m really, I am not really sure why. I kind of got into this situation where I did it at a staff conference and two other kinds of conferences and that felt like it... it lost meaning for what it was about.’

This may reflect a failure on the part of some senior agency staff to fully appreciate the significance of the projects for practitioners in terms of ownership and interest. A further disconnect was reflected in the ways that the academic standpoint was sometimes viewed by practitioners as marginalizing real world understanding. As well as a feeling of having muted voices or becoming invisible, following completion of projects, there was frequently a sense of ‘what now?’, which those who were delivering the initiatives were only partly able to address through assistance with dissemination and presentation. Research implications are always a part of conflicting priorities in the politics of the agency. A comment from that same focus group will serve. “It feels like it’s been a major piece of work for me – for me. I think, I look at and I think I can’t believe I actually did that but it feels like it’s disappeared into the air somehow” (Lunt *et al*., 2009)

To these potential pitfalls may be added tensions across teams, where a shared project is planned – frustration, disillusionment and disappointment with self, colleagues and the practitioner research process are all real possibilities. In future practitioner research development it is important to begin to understand more about these unintended outcomes of initiatives – their occurrence and how they might best be navigated.

**Conclusion: parallel models or synthesis**

Rather than see Type 1 and 2 as schisms they should be viewed as potential opportunities within practitioner research and knowledge generation. Simply, there is no one best way and there are advantages and drawbacks for both variants. The problems of developing practitioner research are often unhelpfully framed in a ‘deficit’ way - that practitioner researchers lack skills, time, support etc. Practitioner research may best be understood as a distinctive social form and culture of inquiry containing Type 1 and Type 2 variants.

These practitioner-as-researchers possess a sociality outside, or at least on the margins, of both research and practice – an uncomfortable but creative marginalization with an identity that is not research or practice. As a result practitioner research is both rewarding and isolating, especially for those engaged in Type 2 projects. This probably supports the value of networked linking of projects.

Following from this, the perspective has consequences for how practitioner research can best be: i) ‘taught’ and learned; ii) organised iii) assessed as outputs. If there is substance in the view that practitioner research should not be viewed as a form of research added on to everyday social work practice, this leads to a position in which support and facilitation for practitioner research are not simply about providing information on methods and techniques. A process such as practitioner research that has an intrinsic emergent quality to it cannot be reduced to a set of prior rules or textbook mantras, and as a form of learning cannot nor ought to be reducible to individual skill-acquisition (see also, Harvey *et al*., 2013; Powell and Orme, 2011). Practitioner research should not be seen as something of an add-on to everyday core practice, but as a multiform activity that questions the taken-for-grantedness of practice, mainstream academic research, management and, in all likelihood, the experience of receiving services.

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**References**

Archibald, C. (2001) ‘Resident sexual expression and the key worker relationship: an unspoken stress in residential care work?’, *Practice: Social Work in Action*, 13 (1): 5-12.

Atwal, A., Owen, S. & Davies, R. (2003) ‘Struggling for occupational satisfaction: Older people in care homes’, *British Journal of Occupational Therapy*, 66(3): 118-124.

Blacher, M. (2003) ‘The Autonomous Practitioner? Out of Hours/EDT practice and ‘mainstream’/daytime practice: some points of divergence’, *Practice: Social Work in Action*, 15 (2): 59-70.

Birch, M. (2005) ‘Cultivating wildness: three conservation volunteers experiences of participation in the Green Gym Scheme’, *The British Journal of Occupational Therapy*, 68 (6): 244-252.

Carson, G, Clare, I.C.H. & Murphy, G.H. (1998) ‘Assessment and treatment of self-injury with a man with a profound learning disability’, *British Journal of Learning Disabilities*, 26: 51-57.

Connolly, M., Grimshaw, J., Dodd, M., Cawthorne, J., Hulme, T., Everitt, S., Tierney, S. & Deaton, C. (2009) ‘Systems and people under pressure: the discharge process in an acute hospital’, *Journal of Clinical Nursing*, 18: 549-558.

Fleming, J., Beresford, P., Bewley, C., Croft, S., Branfield, F., Postle, K., Turner, M (2014) Working together - innovative collaboration in social care research, *Qualitative Social Work*, 13 (5): 706-722.

Furminger, E. & Webber, M. (2009) ‘The effect of crisis resolution and home treatment on assessments under the 1983 Mental Health Act: An Increased Workload for approved social workers?’ *British Journal of Social Work*, 39: 901-917.

Gascoigne, M. & Mashhoudy, H. (2011) ‘Involuntary relocation from residential homes: Quantitative analysis of mortality, research review and relevance to practice’, *Practice: Social Work in Action*,23(2):83-94.

Godfrey, M. (2004) ‘More than 'involvement'. How commissioning user interviews in the research process begins to change the balance of power’, *Practice: Social Work in Action*, 16 (3): 223-231.

Goodacre, L. & Turner, G. (2005) ‘An investigation of the Effectiveness of the Quebec User Evaluation of Satisfaction within Assistive Technology via a postal survey,’ *The British Journal of Occupational Therapy*, 68 (2): 93-96.

Gormley, D. & Quinn, N. (2009) ‘Mental health stigma and discrimination: The experience within social work’, *Practice; Social Work in Action*, 21(4): 259-272.

Green., A., Hicks, J., Weekes, R. & Wilson, S. (2005) ‘Cognitive-behavioural groups intervention for people with chronic insomnia: an initial evaluation,’ *The British Journal of Occupational Therapy*, 68 (11): 518-522.

Halfpenny-Weir, E. (2009) ‘The experience of working in an early intervention in psychosis team’, *Advances in Dual Diagnosis*, 2(4): 18-23.

Harvey, D., Plummer, D., Pighills, A. and Pain, T (2013) Practitioner Research Capacity: A Survey of Social Workers in Northern Queensland, *Australian Social Work*, 66 (4): 540-554.

Holmes, M. (1998) ‘An Evaluation of Staff Attitudes towards the Sexual Activity of People with Learning Disabilities’, *The British Journal of Occupational Therapy*, 61 (3): 111-115.

Jepson, J. (1998) ‘Study into the Equipment Needs of People with Restricted Growth’, *The British Journal of Occupational Therapy*, 61 (1):22-26.

Joubert, L. and Hocking, A. (2015) Academic Practitioner Partnerships: A Model for Collaborative Practice, *Australian Social Work*, 68 (3): 352-363.

Kane, D. & Bamford, D. (2003) ‘A review of education/support groups for adult survivors of child sexual abuse: A qualitative analysis’, *Practice: Social Work in Action*, 15 (4): 7-20.

Keady, J., Ashcroft-Simpson, S., Halligan, K. & Williams, S. (2007) ‘Admiral nursing and the family care of a parent with dementia: using autobiographical narrative as grounding for negotiated clinical practice and decision-making’, *Scandanavian Journal of Caring Science*, 21: 345-353.

Knox, V. & Menzies, S. (2005) ‘Using the measure of processes and care to assess parents' views of a paediatric therapy service’, *The British Journal of Occupational Therapy*, 68 (3): 110-116.

Yin-Har Lau, A. & Ridge, M. (2011) ‘Addressing the impact of social exclusion on mental health in Gypsy, Roma and Traveller communities’, *Mental Health and Social Inclusion*, 15(3): 129-137.

Lillywhite, A. & Atwal, A. (2003) ‘Occupational therapists' perceptions of the role of community learning disability teams’, *British Journal of Learning Disabilities*, 31: 130-135.

Lunt, N. and Fouché, C. (2010) ‘Practitioner research, ethics and research governance’, *Ethics & Social Welfare*, 4 (3):219-235.

Lunt, N., Fouché, C. and Yates, D. (2008) *Growing Research in Practice: Report of an Innovative Partnership model*, Wellington: Families Commission.

Lunt, N., Shaw, I.F. and Mitchell, F. (2009) *Practitioner Research in CHILDREN 1st: Cohorts, Networks and Systems*, Report prepared for The Institute for Research and Innovation in the Social Services. Edinburgh.

Lunt, N., Ramian, K., Shaw, I., Fouché, C. and Mitchell, F. (2011) ‘Networking practitioner research: synthesizing the state of the ‘art’’, *European Journal of Social Work*, 15 (2): 185-203.

McAlynn, M. & McLaughlin, J. (2008) ‘Key factors impending discharge planning in hospital social work: An exploratory study’, *Social Work in Health Care*, 46(3):1-27.

McWilliams, S. (2005) ‘Developmental coordination disorder and self-esteem: do occupational therapy groups have a positive effect?’ *The British Journal of Occupational Therapy*, 68 (9): 393-400.

McKay, K., McLaughlin, C., Rossi, S., McNicholl, J., Notman, M. & Fraser, D. (2011) Exploring how practitioners support and protect adults at risk of harm in the light of the Adult Support and Protection (Scotland) Act 2007, University of Stirling, STORRE: Stirling Online Research.

Melton, J. (1998) ‘How do Clients with Learning Disabilities Evaluate their Experience of Cooking with the Occupation Therapist?’ *The British Journal of Occupational Therapy*, 61 (3): 106-110.

Mitchell, F., Ralston, G., McInnes, J., Crilly, E. & Anderson, J. (1998) ‘Supporting relatives of adults with chronic mental illness in the community: a comparative evaluation of two groups’, *Practice: Social Work in Action*, 10 (4):15-26.

Mulhall, J. (2000) ‘Using community mental health services: asking users’, *Practice: Social Work in Action*, 12 (4): 27-36.

Pipon-Young, F. E., Lee, K. M., Jones, F. & Guss, R. (2012) 'I'm not all gone, I can still speak: The experiences of younger people with dementia. An action research study.' *Dementia,* 11 (5): 597-616.

Powell, J. and Orme, J. (2011) ‘Increasing the Confidence and Competence of Social Work Researchers: What Works?’ *British Journal Of Social Work*, 41, (8): 1566-1585.

Shaw, I. F., Lunt, N. and Mitchell, F. (2014) *Practitioner research in social care: a review and recommendations*, London: NIHR School for Social Care Research. (Methods Review; no. 18)

Shaw, I. and Lunt, N. (2011) ‘Navigating practitioner research’, *British Journal of Social Work*, 41 (8): 1548-1565.

Slack, K. & Webber, M. (2007) ‘Do we care? Adult mental health professionals’ attitudes towards supporting service users’ children’, *Child and Family Social Work*, 13: 72-79.

Sutton, S. (1998) ‘An Acute Medical Admission Unit: is there a Place for an Occupational Therapists?’ *The British Journal of Occupational Therapy*, 61 (1): 2-6.

Welch, A. & Dawson, P. (2006) ‘Closing the gap: collaborative learning as a strategy to embed evidence within occupational therapy practice’, *Journal of Evaluation in Clinical Practice*, 12(2): 227-238.

White, E. & Lemmer, B. (1998) ‘Effectiveness in Wheelchair Service Provision’, *The British Journal of Occupational Therapy*, 61 (7): 301-305.

1. Growing Research in Practice integrated research support, peer support, teamwork, mentoring and partnership into a funded programme that set a framework and timeline to achieve these outcomes. Groups of practitioners were required to conceptualize, design, undertake and disseminate their own research and projects drew support from methods experts, mentors and peers, thus allowing groups to benchmark progress. Six workshops, were spread over a 12 month period and mentors met regularly with teams in the workplace and e-mail was used to communicate throughout.

The practitioner initiative of CHILDREN 1st – a large voluntary agency in Scotland in Scotland – and the Glasgow School of Social Work, aimed at supporting individual practitioners to develop and undertake their own small-scale research projects. The Project sought impact at three levels – individual, team, and organisation – and two cohorts of practitioners were recruited, in 2006 and 2007. Each cohort took one to two years to complete projects. The entire fieldwork, analysis and write-up for each individual study were conducted by the individual practitioners. The provision of training consisted of a series of structured, face-to-face training days with ongoing one-to-one support provided by an academic tutor via contact by telephone and e-mail throughout. [↑](#endnote-ref-1)
2. All participant names are pseudonyms. Further details of the research approach can be found in Appendix 1 of Lunt *et al*., 2009. The study adhered to principles of confidentiality, anonymity and informed consent. [↑](#endnote-ref-2)
3. A number of studies addressed more than one problem. The percentage figures are the same as the numbers. [↑](#footnote-ref-1)