‘Forms of Practitioner Research’

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**Abstract**

The aim of this paper is to draw on evidence to identify distinctions within those forms of research which are to significant degrees practitioner engaged. The research review on which this is based took place in the fields of health, social care and social work. We suggest there are different forms of practitioner research, and that using a blanket term for all instances of such inquiry may confuse rather than enlighten. Drawing from the data we characterize these as ‘practitioner-led’ and ‘academic partnership’ research. We set out a range of distinctions with regard to the occupational roles of researchers, research relationships, writing relationships, the focus of the research questions and problems, research methodology, the extent to which benefits and utilisation are addressed, and the writing ‘voice’ in published outputs. We conclude that the policy and practice implications ought not to be cast in stone through any regulatory framework, but should be seen as implying a flexible and enabling reference point. Practitioner research should not be petrified in ways that suit the dominant identity of this or that professional community.

**Key words**

Practitioner research. Practice research.

**Introduction**

The aim of this brief paper is to draw on evidence to identify distinctions within those forms of research which are to significant degrees practitioner driven. It is one of two strands of writing from a report for a UK government funder (Shaw, Lunt and Mitchell, 2014). One strand focuses on the practice implications of the review (Lunt and Shaw, forthcoming) and the challenges it raises for research commissioner and agencies (Lunt and Shaw, with Leung, 2015). The second strand, as represented in the present article, develops a proposed conceptual framework for understanding practitioner research. The contextualization is common to each article.

Research planned and conducted in substantial ways by practitioners occurs in fields as varied as education, adult social care services, diverse health sector occupations, social work with children, clinical psychology, pharmacy, and probation practice. Practitioner research possesses elements of both practice intervention and inquiry. It is embraced, sometimes without question, as an element of good practice within a profession.

Drawing on research by other and ourselves, practitioner research has been characterized as including the following five characteristics:

1. Direct data collection and management, or reflection on, existing data.
2. Professionals are substantially involved in setting its aims and outcomes.
3. It has intended practical benefits for professionals, service organisations and/or service users. These hoped-for benefits are often expected to be immediate and ‘instrumental’.
4. Practitioners conduct a substantial proportion of the inquiry.
5. The research focuses on the professionals’ own practice and/or that of their immediate peers.

These characteristics only take us so far. For example they include words like ‘usually’, ‘substantial’ and ‘typically’. Within this list a distinction can be made between research carried out by people as part of professional training programmes and research undertaken within one’s own employing agency, perhaps with the support of the agency. In addition an interesting development in the last decade, for example in New Zealand (Lunt, Fouché and Yates, 2008), Denmark and the UK (Lunt, Ramian et al, 2012), has been the sponsoring of practitioner research networks by central or regional government agencies, where participants sometimes work (either individually or in small groups) on different aspects of a shared general theme or agenda.

In an earlier study we also included the following additional features:

1. It is typically small scale and short term.
2. It is self-contained, and not part of a larger research programme.
3. Data collection and management are typically (but not always) carried out as a lone activity. (Shaw, 2005)

However, more recent work (Shaw*,* Lunt and Mitchell, 2014) suggests that there are different forms of practitioner research, and that these last features will not apply to all practitioner research. In ways that challenge aspects of our earlier work we have come to conclude that using a blanket term for all instances of such inquiry may confuse rather than enlighten.

When seeking to understand the nature of practitioner driven research it can be located in relation to both core professional and occupational services and wider forms and practices of social research. The nature of this relationship raises a series of interrelated questions, including:

* *Practice closeness* - how close to practice, in its purpose, conduct and consequences is or ought such inquiry to be?
* *Social scientific nature* - how close to rigorous research, in its purpose, conduct and consequences is or ought such inquiry to be?
* *Practice intervention* - Are there ways in which practitioner inquiry – research or evaluation – is or ought to be in itself a form of practice intervention?

There is a fourth question regarding the o*rganisation of such research activity* - is or should such inquiry be primarily planned and purposed as part of a larger picture, by contrast with initiatives that are more bottom-up and in some cases ‘spontaneous’? While we touch on this later in the article (and have explored it elsewhere [Lunt et al, 2012; Lunt and Shaw, forthcoming]), it is less central to the primary question of the forms such research takes.

The focus and research material that we utilise in this article are restricted both substantively and analytically. Substantively, the research projects under consideration are drawn from the fields of health, social care and social work. The main literature that has informed our thinking comes from the fields of social work with children and adults and from more general health and social care projects with adults who are receiving some form of social care provision. While this arena is wide, how far generalizations may be drawn to practitioner research in other professional and occupational domains remains a moot point. Second, analytically we are concerned primarily with *practice closeness* and the *social scientific nature* of the practitioner research that we examine, further particularized by the descriptive (‘this is how research is conducted’) and normative (‘this is how research should be conducted’) threads that run throughout our exploration. We draw from and further develop a systematic review of practitioner research in social care (Shaw, Lunt and Mitchell, 2014).

**Practice research and practitioner research**

*How close is practitioner research to practice or to mainstream science?*

How close is such inquiry to practice, in its purpose, conduct and consequences? Ways this has been addressed in the last decade in the social welfare, human services and social work fields have been through on the one hand the idea of ‘practice research’ and, on the other, ‘practice-near research’. Work on practice research has been undertaken in Europe, particularly in Nordic countries, and through overlapping international groupings resulting in the Salisbury Statement – the product of a seminar in the UK some years ago - (Practice Research, 2009), and associated successor statements. The authors of this statement are cautious regarding exact definition, though they say:

‘A major problem is a mainstream assumption that research leads practice. But research also needs to be practice-minded in order to better study and develop knowledge which emerges directly from the complex practices themselves. Practice research, involving equal dialogue between the worlds of practice and research is important as a concept, since it seeks to develop our understanding of the best ways to research this complexity.’ (Salisbury Statement, 2009: 4-5)

There is also activity in the USA through, for example Irwin Epstein’s work on clinical data mining (Epstein, 2001, 2010). The idea of ‘practice-near research’ was first developed, we believe, by Briggs, Chamberlayne, Cooper and Froggett (e.g. Cooper, A. 2009; Froggett, L. and Briggs, S., 2012). Nordic and British work has interacted through various conference settings, as illustrated in Ruch’s discussion within a Helsinki blog (Ruch, 2012). Practice research developments have been generated from different origins. In Finland, for example, it was driven a decade or so ago by the success of academics and the social work community in persuading the national government of a distinctive identity and funding basis for social work research. In the USA the context relates more to professional and academic debates regarding the nature of any scientific qualities in social work and research. In the UK the concept of ‘practice-near’ research came from local success in gaining funding for a seminar series from the leading social science funding body. Finding common cause across national boundaries has been important in making the whole more than the sum of its parts.

In Finland the notion of practice research has been deployed as a vehicle to secure government recognition of social work and social welfare research agenda. In the USA it has been developed partly to counteract the dominant intervention research tradition which embraces mainstream assumptions regarding scientific foundations for practice evidence. There has been a strong United States tradition that positions practice research close to rigorous research, in its purpose, conduct and consequences. The American social work literature is replete with discussions of ‘empirical practice’, research-based and linear models of social work intervention, together with research on task-centred practice and Research and Development approaches to intervention. Witkin has usefully poked holes in some aspects of the enthusiasm for practice research, for example by problematizing in an interesting way the unquestioned assumption that there is a ‘gap’ between practice and research (Witkin, 2009).

Uggerhøj has given one of the more lucid expositions of practice research (Uggerhøj, 2011a, 2011b). He distinguishes two approaches to practice research. He refers to what he calls Approach A – ‘where the focus is on the framework, goals and outcomes of the research process’ (Uggerhøj, 2011a p. 49). The Salisbury Statement – the product of a seminar in the UK some years ago – is placed by Uggerhøj in this category, where it is not crucial who collects data or performs the analysis, but is ‘best done by practitioners in partnership with researchers’ (Salisbury Statement, Q 49). The focus is not on who conducts the research but on its content.

He sets this apart from ‘Approach B’, where research, evaluation and investigation are conducted by practitioners. He quotes and provides his translation from Ramian’s work in Denmark as holding this position – as ‘a phenomenon that occurs when practitioners commit themselves to something they call research in their own practice while they, at the same time, practice social work’ (see also Lunt, Ramian et al. 2012). In this case the practice setting is the home for the research, not the university. Both distinguish research and practice but ‘while in approach A the differences are seen as natural and inspiring parts of the collaboration and the research process, in approach B they appear to be locked irreconcilable positions…’ (p. 49)*.* He distinguishes them calling Approach A ‘practice research’ and Approach B ‘practitioner research.’ While this probably overstates matters, his argument does in general terms resonate with the case put forward in this article.

*Do practitioner research and practice share the same form?*

If practitioner research is close to practice, are there ways in which practitioner inquiry may be regarded as a form of direct practice intervention? While this question lies largely outside the scope of this article, our general stance on this question follows in logic, if not in form and substance, with a clearly conveyed distinction by Bill Reid:

Historically, the influence of science on direct social work practice has taken two forms. One is the use of the scientific method to shape practice activities, for example, gathering evidence and forming hypotheses about a client’s problem. The other form is the provision of scientific knowledge about human beings, their problems and ways of resolving them. (Reid, 1998: 3)

Reid’s reference to ‘the use of the scientific method to shape practice activities’ suggests an important but largely neglected way in which research may be akin to or even in some sense a part of practice. In comparable but distinct ways Riemann starts from the ‘strong affinities between practical professional and social scientific “case orientations”’ (Riemann, 2011: 263). ‘When future professionals like students of social work (a) become familiar with interpretive or qualitative approaches and procedures of data collection and analysis and (b) do their own research projects, they acquire skills of case analysis, i.e. competencies for the analysis of single and collective cases’ (p. 284). He argues that ‘acquiring competencies in different approaches and procedures in qualitative or interpretative social research provides a strong foundation for case analysis in professional social work practice’ (Riemann, 2005: 87), although he acknowledges

‘Of course, there is a difference between case analysis within professional practice and case analysis in the social sciences; social science analysis is not subject to the practical pressures of constant and consequence-laden decision-making that characterize work with social work clients. Case analysing by professional practitioners is a complex epistemic process of gaining insight while at the same time being ‘entangled’ in work with clients’ (p. 89).

He wishes to ‘encourage students to make their practice strange and to create learning environments in which this can be achieved’ (p. 265), for example through writing ethnographic practice memos. In conclusion he says ‘I think that the appeal of this kind of work derives from the fact that *the boundaries of professional self-reflection and research are blurred*.’ (p. 285 Italics in original. A partly developed example has been attempted influenced from a critical psychology context, also in Germany, Fahl and Markand, 1999).

The Finnish practice research strand also has yielded instances of a similar nature. For example, Yliruka has written about the introduction, feasibility and development of the reflective Kuvastin (Mirror) method of self- and peer-evaluation. Her work presents a research-based method of reflective self- and peer-evaluation of social work which members of an organisation can use together to examine and develop their work as well as to create practice-oriented organisational innovations (Kivipelto and Yliruka, 2012).

Our conclusion from this extension of the discussion of the nearness of research and practice is that the form of inquiry of practitioner research and some forms of research methodology more generally may lend themselves to a blurring of the boundaries, without simplistically treating them as one and the same. One of us has offered an extended exemplified argument for this broad approach through ‘qualitative social work’ (Shaw, 2011).

**Configurations and Practices of Practitioner-engaged Research**

Our own research over the last decade has endeavoured to respond to several of these issues by taking an approach that:

* Is empirical rather than immediately prescriptive
* To some degree suggests that practitioner research may be regarded as a distinct *genre* of research rather than something that is a typically rudimentary form of mainstream research.
* Has become increasingly informed by the difficulties of generalizing regarding the character of practitioner research. For example we have emphasized the need to avoid placing practitioner research in a hierarchy of good and less good instances, based on mainstream scientific criteria.

It is this last point – insufficiently emphasized in our own and others’ accounts – that we develop in this article. Commissioned by the National Institute for Health Research School for Social Care Research, we undertook a review of practitioner research in the social care field with adults in the UK, part of the brief for which was ‘to review and set out the purposes of practitioner research in social care.’ 74 papers published in English 1990-2012 were analysed by affiliation and country of researchers (i.e. the four home countries of England, Scotland, Wales and Northern Ireland), research problem, research participants, inquiry methods employed, attention to research quality, attention to research ethics, reported benefits, and evidence regarding research utilization (see Shaw, Lunt and Mitchell, 2014). The date boundaries and limit to the four home countries of the UK were set by the contract with the research funders.

Drawing on criteria for systematic reviews in social care (Coren and Fisher, 2006), we designed a search strategy that incorporated several stages and elements. Designated search terms and databases were used. The search results obtained were then screened to determine which references were relevant to the review. Two levels of screening were undertaken. The first involved scanning the abstracts returned in the searches, and the second involved scanning the full papers in cases where it was not possible to determine their relevance from the abstract. This process resulted in the final inclusion of 74 studies for review. The review took the form of a systematic extraction of data, aided by guidelines and a pro forma, which produced information that could be analysed to explore the type, nature and quality of (published) practitioner research. Searches were limited to studies published since 1990 to the date of the search (September 2012) and to studies published in English.

We focus on evidence from the study that suggests there are two very different kinds of practitioner research. We refer to these in a shorthand way as Type 1 research, characterized by a partnered arrangement between practitioner and academics, and Type 2 research which is more directly practitioner-led. Type 1 and 2 forms of practitioner research differ in six ways (summarised in Table 1). The differences in how these forms of practitioner research are conducted and reported across adult social care and health services more broadly emerged inductively during our systematic review (Shaw *et al*., 2014). We consider later in the article how the differences in orientation of academic partnership research and practitioner led research can be seen as running parallel to difference between Enlightenment and Romantic styles of thought.

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

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| --- | --- | --- |
|  | **Type 1 ‘academic partnerships’** | **Type 2 ‘practitioner-led’** |
| **Occupational roles of researcher participants** | Majority of the projects undertaken within a health service context  Researchers predominantly drawn from clinical psychology, psychiatry, and occupational therapy. Further large number in associated academic posts. | Stemmed primarily from work delivered in community-based social care agencies.  Led by those largely working in social work agencies and community-based social care agencies. Few in academic posts. |
| **Research relationships**  **Writing relationships** | Typically a small research team that included, and sometimes was led by, researchers.  Projects predominantly authored jointly. Those with primarily practice identity did not hold lead in many of studies, and often were not first authors. | Primarily under the control of the practitioner-researcher, often working alone.  Projects predominantly authored jointly. Practitioner/s took clear lead and majority position. Role of academics as support and resource. |
| **Focus of the research questions and problems** | Leans towards understanding or explaining issues related to risk, vulnerability, identity, coping, challenging behaviour, loss, and disability. | Leans towards understanding, developing, assessing or evaluating social care practices, methods or interventions, or addressing similar questions at the level of services. |
| **Research methodology** | Greater weight to quantitative methods and measurement scales. | Predominantly qualitative in approach |
| **Extent to which benefits and utilisation are addressed** | Almost no reported active steps to work with practitioners or service users to develop the practice implications of research. | Explicit attention to questions of how practitioner research may be utilized were present, but to varying degrees |
| **Writing ‘voice’ in published outputs** | The writing style and voice were similar to mainstream academic articles in tone and structure. | Less conformity with mainstream academic style. Active practitioner voice. |

**Practitioner-led and Academic Partnership Research**

Reflecting on the comparison in Table 1, what we call here ‘practitioner-led’ research was marked generally by all of the eight characteristics listed earlier. Type 1 academic partnership studies were different in various ways. For example, in terms of *research methods* employed, reporting of active steps to work with practitioners or service users in relation to the *practice implications* of the research, and the *writing style and voice*, where ‘academic partnership’ articles were similar to mainstream academic articles in tone and structure. The minimal engagement with wider professional or citizen audiences similarly reflected conventional academic writing.

Academic partnership studies have possible similarities to work in other sectors – notably health in the United States – where some identify a shift towards practice research based networks whereby ‘Small, unrecognized groups of enthusiastic family doctors and researchers working on a “shoestring budget” were gradually joined by well established, multidisciplinary teams of health professionals from a variety of countries filling large conference rooms’ (Nagykaldi, 2014: 725). We focus here on those characteristics where the variations and dissimilarities were most significant.

With regard to the *occupational roles* of researcher participants, in Type 1 studies a majority of the projects were undertaken within a health service context, often informed by an established culture of audit and accountability, while others stemmed primarily from work delivered in community-based social care agencies. Researchers were predominantly drawn from clinical psychology (28), psychiatry (5), and occupational therapy (32), with 30 authors in associated academic posts. The two largest groupings of studies were those by researchers working in the fields of dementia and of occupational therapy. Type 2 studies were led by those largely working in social work agencies and community-based social care agencies, with few in academic posts. The significance of these differences as explanatory factors is to some extent conjectural. However, the extensive presence and professional status of health service roles that combine clinical and academic roles probably enhances the influence of ‘normal science’ practices. Further, a culture of audit and accountability, at least in the way it appears to operate in health service contexts, may well reward the production of operationalized measure of service output and outcome, and thus quantitative measures more than qualitative.

In terms of the *working relationship between researchers*, both Type 1 and Type 2 projects were predominantly authored jointly. Only eight of the 27 Type 2 studies were lone authored and just ten of the 47 Type 1 studies. However, Type 2 joint studies appeared to reflect arrangements where the practitioner/s took a clear lead and majority position. The role of academics was rather like that of support and resource. By way of contrast, in Type 1 studies the person or people having a primarily practice identity did not hold the lead in many of these studies, and often were not first authors. The question of occupational role and working relationships probably are connected, in that the clinical role in health may entail joint ‘academic’ and ‘practice’ functions. For that reason the practitioner/academic distinction may make less sense.

Turning to *research methodology*, Type 1 studies gave greater weight to quantitative methods and measurement scales, while Type 2 were predominantly qualitative in approach. Nineteen of the 27 Type 2 studies employed solely qualitative methods. The contrast was not absolute, in that the picture from Type 1 studies in the dementia field was not very dissimilar to Type 2 studies. Ten of those studies were solely qualitative and four only quantitative. But in the occupational therapy studies only seven were solely qualitative, while 11 adopted only quantitative methods, with an obvious presence of the use of measurement scales, and 11 studies employed mixed qualitative and quantitative methods. In making sense of this difference, we suggest that wider professional and disciplinary cultures play a predisposing role in methods choice, in ways that probably reflect established career paths in the fields of medical and health services, though this generality calls for further understanding.

It might be assumed that practitioner research will frontline concerns regarding the *application of the research*. Explicit attention to questions of how practitioner research may be utilized were indeed present to varying degrees in Type 2 research. There were a number of examples where careful attention had been given, although these were a minority of the studies as a whole. However, turning to Type 1 studies almost no-one reported any active steps to work with practitioners or service users in relation to the practice implications of the research. Among the dementia studies none mentioned actual dissemination, feedback or utilization. No-one made direct claim to any evidenced benefits of the study, although there were some discussions of what the authors thought were the potential benefits. Among the occupational therapy studies just three made reference to application or utilization.

Finally, it will have been noted that the focus of research varies between the two kinds of practitioner research. Academic partnership studies tended to focus on understanding or explaining issues related to risk, vulnerability, identity, coping, challenging behaviour, loss, and disability, whereas practitioner-led studies leaned towards understanding, developing, assessing or evaluating social care practices, methods or interventions, or addressing similar questions at the level of services. How might these compare with the concerns of service user researchers? Evidence from a national network of user-led mental health studies in the UK suggests that service user are likely to prioritise coping, identity, information needs, support needs, self-help, carers, women’s issues, and rights and opportunities (Shaw, 2012).

**Inferences and Directions**

How might we understand and interpret the diversity of forms elaborated in this article?

Are there ways in which the questions prompted by the results of this review illuminate wider questions within social work? We believe so. First, forms of practitioner research mirror diverging forms of social science and *social work writing* that are found more generally. Second, the existence of Type 1 and Type 2 practitioner research points to diverse understandings concerning the nature of *professional practice*.

*Writing ‘voice’ in published outputs*

The general invisibility of practitioner research, perhaps especially when it is practitioner-led, calls for further reflection on why this may be the case, and whether there are further implications. Type 1 academic partnership studies generally conformed to the mainstream scientific writing voice. The more prominent roles of researchers in academic-linked positions were consistent with the general writing style and voice of the academic partnership articles. The articles – even the brief ‘punchy’ ones stemming from occupational therapy practice – were similar in tone and structure to mainstream academic journal articles. Literature reviews and efforts to locate the significance of the research in the light of previous research figured almost universally. The minimal engagement with wider professional or citizen audiences similarly reflected the canons of writing for conventional academic audiences. In so doing these studies find a more comfortable home in journals, for

‘Only offerings that are deemed sufficiently plausible are accepted for publication in scientific journals… Such decisions are based on fundamental convictions about the nature of things and about the method which is therefore likely to yield results of scientific merit… These beliefs and the art of scientific inquiry based on them…are, in the main, tacitly implied in the traditional pursuit of scientific inquiry’ (Polanyi, 1966: 64).

The journal paper has almost unquestioned status. Academic writing includes recognition of ways such writing is associated with a tradition and a community, with a distinctive style, and forms of expression and vocabulary. The characteristics of this distinctive style when evident in mainstream academic writing include exactness, clear linkages between different aspects of what is written, seriousness of tone, and transparency, for example through the notion of replicability. Published reports of Type 1 partnership research studies generally respected and adhered to these traditions.

Type 2 practitioner-led studies encompassed a mix of writing styles, but in general they gave less attention to mapping their research into academic conceptual, theoretical or methodological frames of reference. The authors of practitioner-led studies spoke with a more self-aware practitioner voice. While they were writing in a different context, Saurama and Tukiala’s understanding of one form of practice research well describes practitioner-led research:

‘Practice research was seen neither an administrative inquiry nor an academic pursuit; it makes use of social theory and well-known and recognized research methods but its goal is to improve social work practice. The criterion of adequacy is its relevance for the field work’ (Saurama and Tukiala, 2009)

While we would not wish to exaggerate or over-interpret the association, there are reflections within parts of the social sciences and social work, where established forms of academic writing are being reimagined, and knowledge and evidence being presented in different ways (e.g. Staller, 2007; van Maanen, 2011)*.* Sociologists also have engaged with the question of writing voice (e.g. Becker, 2007), and perhaps the most influential characterization of shifts in this field is Van Maanen’s *Tales of the Field* (Van Maanen, 2011). His distinction between realist and confessional tales has entered the literature. Alternative writing forms have begun to emerge especially in sociology and social work. Developments in forms of writing – by virtue of the fact that they challenge mainstream writing – may at least suggest that practitioner-led ways of writing possess authenticity and do not necessarily sidestep critical questions of social work scholarship.

*Orientations to professional practice*

The review brings us full circle to an early question regarding how far there is kinship between practitioner research and social work practice. Recognizing that practitioner research is not a homogenous form runs in parallel with the wider realization that *practice* itself and practitioner orientations thereto are likely to be varied. Fargion, in a valuable application to social work of ideas from the sociology of knowledge, identifies two cultures among practitioners engaged in fieldwork, seen as ‘embedded in different world views’ (Fargion, 2006: 257), and relates them to Mannheim’s work on styles of thought. Drawing her argument from fieldwork with social work practitioners, Fargion’s contribution cautions against both generalization about the way professionals think and practice, and also against simplistic distinctions between, for example, modern and post-modern worldviews. Fargion follows Mannheim’s distinction between the positions of the Enlightenment and Romanticism, who labelled them as ‘natural law’ and ‘conservative.’ An important feature of this argument is that what defined and distinguished these styles of thought was ‘not so much, or exclusively, their content as the way of thinking’ (p. 257). Thus Mannheim said ‘Conservatism did not want to think something different from its liberal opponents; it wanted to think it differently.’ Thus while enlightenment thinkers wanted to present things in a coherent and rational framework, ‘the conservative mentality is…intrinsically resistant to strong systematization’ (p. 258).

While we would not wish to over-interpret this argument, it is not implausible to think of the differences in orientation of academic partnership research and practitioner led research as running parallel to the difference between Enlightenment and Romantic styles of thought. Romantic thinking focuses on concrete, material reality – ‘the present and the spatially circumscribed…as they appear directly to the observer’ (p. 258). Romantic thinkers are ‘sceptical towards science, and they interpret generalizations and laws as contingent products of our culture.’ By contrast ‘natural law thinking privileges the abstract; it transcends the actual present and focuses on abstract possibilities… [E]vents are perceived as epiphenomena, as if they were…accidental manifestations of an essence seen as independent from the context and history.’ ‘From this ensues the unconditional trust placed in science and scientific methods’ (p. 258).

When associated with how practitioners vary in valuing theory or practice, romantics give priority to being over thinking, practice to theory. ‘In a sense, even within a conservative style, thinking is just a kind of practice which is complementary, and not superordinate, to other practices’ (p. 259f.). By contrast in natural law enlightenment systems, thinking and being, theory and practice, are ‘different sorts of “things”’ (p. 260). Theory and thinking are typically given a superior place over being and practice. It would be crass to suggest a simple cross-matching of Type 1 academic partnership research with Enlightenment, natural law standpoints and Type 2 practitionar-led research with Romantic positions, but the general plausibility of underlying coherence seems credible.

How might strong practitioner research of either kind be promoted? While there are wider implications that would follow from issues not addressed in this article (for example, what is the nature of the practitioner research experience for those involved), we suggest that a collective responsibility exists for a number of commitments:

1. Ensure a ‘framework of opportunity.’ Reflecting on a networked practitioner research initiative that had support from a university, Lunt and colleagues concluded ‘(O)verall our contribution is perhaps more appropriately seen as providing a *framework of opportunity* for projects.... Whilst at times cultural expertise is required there was – within what we call the ‘framework of opportunity’ – a broader sense of cultural ‘permission’ and affirmation being given to groups. This support allowed them to forge ahead with their work and maintain a belief that what they were doing had value’ (Lunt et al, 2008).
2. Commit to an understanding of practitioner research that does not set it in a deficit model as a rudimentary or ‘thin’ version of academic research. It lies in an interesting position somewhere between research and practice. In saying this, we do not wish to adopt a sentimental or romantic picture of practitioner research.
3. Practitioner research should not be seen as a homogenous form of inquiry. Consequentially, we would resist too straightforward distinctions of naïve versus mature; simple versus complex; and even practitioner-led versus partnership models of practitioner research. In organisation terms we value *diversities* of practitioner research, in respect of solo and team projects, the significance of intra-team relations, and the written form and outputs. This includes methodological diversity.
4. Whatever the form of practitioner research, we urge the establishment of *appropriate* dissemination and utilization plans for each project. While journal articles remain significant, they are deeply inadequate, even for partnership projects, and reliance only on traditional outputs contributes to an invisibility problem. Alternative forms of dissemination and utilization plans should include practice conferences, the development of online resources, and fostering networking.

In this article we have set out the empirical evidence for suggesting that practitioner research in the fields of health, social care and social work can be distinguished into two general kinds *viz.* research that is more or less entirely *practitioner led* and research that typically is fashioned after mainstream research and is a *co-operative* venture between academics and practitioners, or those whose occupational role combines aspects of each. In closing, and notwithstanding this characterization, our own developing understanding through work with social work practitioners has been that the nature of practitioner research is something that emerges from the action, rather than something that prescribes the form of the practice in advance. It is only in the doing of practitioner research that the significant recurring challenges posed by practitioner research take shape (e.g. Shaw and Lunt, 2011 and 2012). Insofar as this argument holds up, it suggests that the policy and practice implications for our typification of practitioner-led and co-operative practitioner research ought not to be cast in stone through any regulatory framework, but should be seen as implying a flexible and hopefully enabling reference framework, and for avoiding petrifying practitioner research in ways that suit the dominant identities of this or that professional community.

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