
Practitioner Research in Social Services: a Literature Review

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Social Services

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Note on the report

This report was submitted to IRISS in 2008. It is accompanied by a [summary of the literature review](#), an [evaluation of practitioner research in Children's 1st](#) and a [podcast about practitioner research](#) (by Ian Shaw).

Since producing this report and the evaluation of practitioner research at Children 1st, the authors have published a range of articles based on this work, listed below.

Mitchell, F., Lunt, N. and Shaw I. (2010) 'Practitioner Research in Social Work: a Knowledge Review' *Evidence and Policy* 6 (1): 7-31

Lunt, N., Shaw, I. and Fouché, C. (2010) 'Practitioner research: collaboration and knowledge production' *Public Money & Management*, special issue 'The Politics of Co-Produced Research' 30 (4): 235-242.

Shaw, I. and Lunt, N. (2011) 'Navigating Practitioner Research' *British Journal of Social Work* 41 (8): 1548-1565

Lunt, N., Ramian, K., Shaw, I., Mitchell, F. and Fouché C. (2012) 'Networking practitioner research: the state of the art' *European Journal of Social Work* 15 (2): 185-203.

Shaw, I. and Lunt, N (2012) 'Constructing practitioner research' *Social Work Research* 36, (3): 197-208

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1

Introduction

A far-reaching review of social work in Scotland, which reported in 2006, identified research as an area for development. It identified the current evidence base as weak, reflecting a lack of research in social work practice, and that where evidence does exist that it is not accessible to practitioners in a way that it can inform their practice. Consequently, the review called for a “national research and development strategy for social work services, which not only develops new evidence but presents existing evidence in a way that informs practice and develops the expertise in the workforce to use it and evaluate its impact” (Scottish Executive, 2006; PAGE). Preliminary work on the research and development strategy has highlighted the need for activities that work towards: embedding research within social services organisations; the creation of an infrastructure for social services research; and an increase in research capacity and capability. Increasing the generation of practitioner research in social services has been identified as an activity that can have a bearing on the aims of the research and development strategy as a whole (Skinner, 2007).

This review of practitioner research, therefore, comes at an opportune time. Its aims are to establish a wider context for practitioner research and to explore its impact on practice. With these aims in mind, we considered that there are two distinct forms of literature that would further an understanding of context and impact. First, there is literature that conceptualises, theorises, researches or evaluates practitioner research. Secondly, there is literature that *is* practitioner research. Consequently, we adopted an approach that would allow us to undertake an appraisal of both bodies of literature. The review was undertaken and is reported in two parts, with a third section drawing together a series of questions that we feel have emerged from the review.

The first part builds on previous work undertaken by the authors to update and extend on a narrative analysis of the literature that conceptualises, theorises, reviews or evaluates practitioner research. Systematic search of a range of databases provided articles that were discussions of practitioner research initiatives, reviews, and of barriers

and facilitators for the conduct of practitioner research. This aspect of the search also made use of websites, social work research and education networks and discussion groups, and personal contacts from both within the UK and internationally. Material was primarily focused on social services but also took account of developments in primary health care and community development.

The second part reports on a review of practitioner research studies. It involved the systematic identification and analysis of practitioner research studies undertaken within a social services context (see the methodology section for more detail).

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The context to social work research

Throughout its history, social work has sought to develop a distinctive identity and to advance an accepted and effective model of intervention. Central to this has been ongoing debate regarding the place of research within social work preparation and decision-making.

There is no single understanding of social work research. Alongside calls for research “by” social workers, there are calls for research “for”, “on” and “with” social work: including evaluations of national initiatives and research that contributes towards theory building within the discipline. There is a mosaic of social work and research with social workers as potential consumers or producers of research, and potentially owners or assistants in knowledge creation. Complicating the relationship of social work and research are shifting understandings of social research itself. Social work research has been buffeted by broader currents that include empirical activity and the quest for ‘effectiveness’ from the 1960s, the 1990s evidence-based practice movement, and collaborative and grass-root models of enquiry of recent decades (see Lunt, Fouché and Yates, 2008).

Within the last decade there has been a debate, influenced by developments in medicine and related professions, about the role of evidence based practice and social work. As a process, evidence-based practice involves:

- (1) Having a research question (i.e. a question that is driven by client need)
- (2) Engaging in a systematic review of existing evidence and search databases
- (3) Assessing evidence
- (4) Considering the results with a client

(5) Drawing conclusions and intervening appropriately

(Gambrill, 2003; Gilgun, 2005).

Across the field of social work, as across other human services, opinions are divided about the value and feasibility of evidence-based practice. For some, its purported emphasis on transparency offers a welcome challenge to social work as an authority-based profession (Sheldon, 2001; McDonald, 2003). Such writers suggest evidence-based practice appeals for reasons of professional ethics, ensuring efficiency and client-focus. Whilst such evidence-based practice may not point unequivocally to 'what works', it may be able to ensure that ineffective and dangerous practices are weeded out (Witkin and Harrison, 2001).

Some are concerned that qualitative methodologies and other useful sources of insight will be lost in a rush to consolidate evidence around models inherited from medicine. Those more sceptical, and indeed some outwardly critical of evidence-based practice, are concerned it has a restrictive definition of knowledge and subverts the critical role of social work. Humphries (2003) argues for a range of learning to inform practice and to move beyond a fixation on what can be measured to consider structural and environmental dimensions and transformation. In a stinging rebuke Stephen Webb (2001) critiques what he sees as the narrow evidence-based practice focus on ends-means and its ideological underpinnings.

Trends within individual countries are also influenced by the organisational culture, education, and funding. The British research tradition is a fairly eclectic one that includes qualitative and narrative developments, action research and evidence-based practice. The United States on the other hand has placed more emphasis on the scientific practitioner movement and single system design.

Within social work, an emerging aspiration has been to identify expertise that challenges traditional hierarchies between those who are researching and those who are researched, and which gives people (both social workers and clients) opportunities to problem solve. Such approaches question traditional concepts of what constitutes expertise, research processes, and ownership, and have a commitment to changing practice as a result of findings. Action research, collaborative and partnership models, as well as practitioner research and reflexive practitioner-based enquiry all fit under this umbrella. Debates include discussions about practitioner reflection and practice wisdom; attempts to foster research-mindedness and literacy; and small-scale practitioner research activity.

Practitioner research

A practitioner or group of practitioners may carry out enquiry in order to better understand their own practice and client groups and to improve service effectiveness. These, typically small and localised, studies, have the potential to be shared with colleagues working in similar environments.

Practitioner research in social care probably occupies a major part of the total volume of research activity in social care (Keane et al, 2003). An incomplete audit of projects from 1999 onwards in South East Wales yielded 42 projects. The authors suggest that a conservative extrapolation would put the numbers of current or recent such projects across the UK well into four figures. This suggests that there are probably many more practitioner researchers active at any one time than there are mainstream social work mainstream researchers (Shaw 2005, p. 1236).

Shaw (2005) recognises the difficulties of defining practitioner research through methodological and epistemological routes and his grounded definition suggests that practitioner research has characteristics of: direct collection or reflection on existing data; professionals setting aims; involving practical or immediate benefits; hands-on collection of data around own practice and/or peers; time-limited and small-scale studies. There is variety and diversity around topic, design and methodology. The drive and context for practitioner research activity may emanate from the requirements of tertiary study, agency imperative, or practitioners themselves (Shaw, 2005).

The potential of these practitioner research ideas for social work was demonstrated by Fuller and Petch (1995) in their four-year exploration around practitioner research. They believe practitioners are often better placed than academic researchers to develop collaborative relationships at all stages with professionals and service users. Advantages include a research agenda driven by knowledge of context and service users needs; the ability to draw upon and value practice skills when used in the context of research activity; and knowledge of how agency data is collected and its robustness (Fuller and Petch, 1995, p.10). Such studies may have secondary benefits – for example “greater team cohesiveness and greater clarity and consistency about social work interventions and desired outcomes” (Epstein, 2001, p. 26). Similarly, Joubert (2006) identifies individual, consumer and organisational benefits of research-focused practitioners.

Potential pitfalls of practitioner research include the ability of practitioners to offer a strong enough critique of their own definitions and ways of working; lack of skills in formulating research questions, and less focus on direct process; and their ability to balance competing accountabilities: clients, team and organisation, profession (Fuller and Petch, 1995, p.11).

Shaw (2003) notes the quality of some practitioner research may be variable and highlights the importance of continuing to raise the overall quality (see also, Joubert, 2006).

Barriers to research activity

Whilst there is much interest and enthusiasm amongst social workers for conducting practitioner research numerous barriers exist. These can be categorised as resources, professional identity, organisational system and cultural constraints.

Resources

- Lack of time, research confidence and expertise including growing workloads and difficulties in arranging cover are recurring themes (Fuller and Petch, 1995; Sidell et al, 1996; Cook et al, 2002; Fook, 2003).
- Cook et al (2002) suggest there is “A continuing shortage of practical support for social service research activity” (p. 43). Some also voice concern about the ability to utilise support as and when it is required (McCrae et al, 2005).
- Few qualifying courses are focused on social worker research and there is a dearth of publications targeting practitioner research.
- Research is often externally activated and in those instances academic collaboration is required (McCrae et al, 2005). As Fawcett (2000) cautions, “Experienced researchers often forget how difficult it can be for practitioners, managers, and service users to initiate an evaluation” (p. 40). Practitioner-researcher partnerships are also often neglected at the problem-formulation stage (Soyden, 2002).

Professional identity

- Self image may act as a barrier, with social workers viewing themselves as helpers rather than intellectuals. “Becoming research-minded in this context is as much a process of identity construction as acquisition of competence” (Orme and Powell, 2007, p.16; also Cooke et al, 2002). Such a view may be perpetrated within multidisciplinary organisations, preventing research being seen as a professional role or part of a clear career path.
- For Epstein (1996) the requirements of doing rigorous studies on individual clients may ‘directly conflict with the professional culture

and values of social work' and 'the practice norms of most practitioners'.

- Practitioners often question how research knowledge fits with other sorts of knowledge including intuition, experience, authority, and policy (Dudley, 2005, p. 3; Klein and Bloom, 1995).
- When engaged in research practitioners may put such research aside for more short-term work demands (Lunt, Fouché and Yates, 2008).

Organisational system and culture

- Many of the difficulties experienced at the individual level are caused or exacerbated by organisational system and culture: workload, role expectation, and lack of support.
- Management support for practitioners undertaking research is key and may involve time to be ring-fenced, a flexible workload and recognition and status being given to research from within the organisation (Lunt, Fouché and Yates, 2008; Gibbs, 2000)
- Lack of moral support is often seen as a barrier to research as social work is regarded as lonely and unpredictable work that needs regular supervision or consultation.
- Lack of adequate facilitation is identified as a key organisational barrier. As Roper (2002) notes, learning is not a technical process but something that occurs in context (p. 340) and draws upon resources, motivations and capacities.
- Approaches to fostering research that adopt hierarchical and directive strategies do not necessarily build a research culture throughout the organisation.
- There are issues of scale, with social workers often in small, isolated agencies and settings.

Professions, such as nursing and teaching, experience similar barriers in developing practitioner research. Factors that constrain nurses from research participation include lack of time, lack of peer support and limited knowledge, skills and access to resources (Roxburgh, 2006; Watson et al, 2005; Davies et al, 2002). Barriers are therefore organisational, educational, and practice-related. Within teaching, again, the barriers are familiar ones: time, support, and expertise amongst others (Burnaford, 2001).

Practitioner research developments

A number of writers have suggested models and frameworks for practitioners working at the micro-meso levels. These have included:

- “The practitioner-evaluator” (Everitt et al, 1992);
- Critical action research models (De Poy and colleagues, 1999);
- Data mining and practice-based research (Epstein, 2001);
- Practitioner networks in Denmark (Balleby and Ramian, 2003);
- Action-oriented research (Small and Uttal, 2005);
- Practitioner evaluation (Gibbs, 2000);
- Action evaluation (Fawcett, 2000);
- University based initiatives, including those at the University of York (Whitaker and Archer, 1989); the University of Stirling’s ‘Practitioner research Fellowships’ (Fuller and Petch, 1995); the Practitioner Research Training Programme at Queens University Belfast (McCrystal, 2000); and the Southampton Practice Research Initiative Network Group (SPRING) at the University of Southampton;
- Research-focused practitioners (Joubert, 2006);
- Growing Research in Practice (Lunt, Fouché and Yates, 2008).

These examples are drawn from across all four home countries, Australasia, United States and Denmark. Some are discussed in more detail below.

Sidell et al (1996) describe how the Social Work Services Department in a university teaching hospital, Ohio, successfully adopted a team approach to practitioner-research despite recognition that “Few successful collaborative models are highlighted in the literature” (p.101). Goals included to understand research, ensure participation, select participants, support practitioners, and setting specific research goals.

Fawcett (2000) advocates a model of Action Evaluation that encourages local, practice-focused activity. In developing an action evaluation culture, Fawcett stresses involving users and being small scale. She identifies that research should be grass-roots driven that puts practice/social workers at the centre, possibly involving case studies, programme evaluation, interventions or consumer studies.

Gibbs’ (2000) Practitioner Evaluation is a ‘systematic study of own practice’ (p. 29) and has the potential to use information on practitioners’

work with clients to make research an “ongoing and integrated activity into daily lives of practitioners” (p. 29). There are many forms the partnership can take: researcher-led, practitioner-led, or joint activities. She emphasises the need of managers to support such developments, with practitioners perhaps working as a team. She asks the key question: “How might staff and researchers be encouraged to work collaboratively with such limited time and resources available for evaluation” (p. 31). Answers to this question would contribute to developing a ‘culture of practitioner evaluation’.

Epstein (2001) within the US context notes the amount of data collected by mental health social workers as part of their routine activity – around clients, interventions, and responses. He encourages the better use of this data and develops a mining metaphor and active programme of support for what he sees as rich potential practice-based-research resources. He distinguishes between research-based practice (deductive, positivist, standardised and collaborative) and practice-based research (inductive, non-experimental, process and outcome, methodological diversity, collaborative). He has been an inspiration for colleagues in Australia who have also undertaken clinical data mining (Macdonald et al, 2005).

Mullen (2002) notes the American Center for Study of Social Work Practice was established to bring together faculty with practitioners to conduct practitioner research. Each of the participants – agency, university, practitioner, manager – is likely to have their own specific interests. The practitioner questions are grounded in immediate practice concern and use. Writing within the UK context, Shaw suggests there would be real value in developing a university-based centre supporting the development of practitioner research (2005, p.1241).

Knud Ramian (Balleby and Ramian, 2003), in Arhus County, Denmark, has been engaged in facilitating a series of practitioner research networks on shared themes, with project funding¹.

Small and Uttal (2005) promote action-oriented research for doing research with practitioners and community partners. They note the pressure on universities to be responsive and relevant. The research is intended to be critical and about fostering change. “Action-oriented research can address an array of eclectic research questions and may utilise almost any type of research methodology” (p. 938). Once again, the collaboration is developed between university and community partners. While information is not generalisable it is about informing particular practice situations.

¹ <http://www.ceps.suite.dk/enginfo.html>

Bryar (2003) reports on the appointment of clinical fellows within a primary health care project (Teamcare Valley, Wales). The aim was to support the development of research skills for a range of 35 primary health care practitioners. Long-term clinical fellows were appointed for 3-years, while short-term clinical fellows were seconded for a day a week over the life of the project. The five year follow up suggested that the skills developed by short-term clinical fellows had not always been used since.

Meyer et al (2003) reports of a 3 year study involving the appointment in one London area of lead R & D nurses for facilitating research on older people. The project was conceived to support the nurses in developing action research projects, and the practitioner could choose whether their contract was with the NHS or the University. Those appointed were offered one-to-one support and day release, and participated in project meetings and cross-project forums.

Owen and Cook (2004) discuss how primary care research networks (e.g. Trent Focus Research) were extending to social care practitioners working at the health/social interface. Initiatives include Support Research Training Programme which is a 10 day course delivered over a year. It involves an academic supervisor and local coordinator offering research support to participants throughout. A third of participants were drawn from social care.

Joubert (2006) at the School of Social Work, University of Melbourne developed a mentoring model of practice for research collaboration to assist health social workers to be 'research-focused practitioners'. Practitioners were able to collect fresh data or utilise routine information; no project was considered too small and there were no time constraints on projects. The importance of balancing the demands of the workplace with research rigour was acknowledged. She notes the lack of information on academic partnerships in social work.

Lunt, Fouché and Yates (2008) developed a partnership programme Growing Research in Practice (GRIP) in New Zealand. It sought to work with nine social service agencies to have them explore research questions that were of immediate concern to practitioners. Projects involved groups of practitioners in conceptualising, designing, undertaking and disseminating research. Practitioner research was nurtured within a learning set; whereby projects learnt from and were supported by experts, mentors and peers and were able to benchmark progress. GRIP sought to put key concepts (support, peer support, teamwork, mentoring and partnership) into a funded programme that set a framework and timeline to achieve these outcomes. Six workshops, spread between 2006/7, allowed broad cover of the research process.

Broader observations of practitioner research models and practice

- Whilst much of the literature suggests that there are barriers to practitioner research, there is also a great deal of activity and enthusiasm (Lunt, Fouché and Yates, 2008; see Tanner and Hale, 2002 for a perspective from nursing).
- There is a great deal of advocacy of 'models', processes and frameworks for practitioner research but less focus on the experience of using such approaches and longer-term follow-up (see McCormack, 2003).
- Many developments are University-driven initiatives.
- Most developments are local initiatives that are creative in achieving the required funding despite the lack of a dedicated fund.
- Collaboration and partnership lie at the heart of many initiatives; however writers identify a lack of literature around these issues and practitioner research.
- Initiatives involve both the use of routine information and collection of fresh data.
- Mentoring is core to most of the initiatives, although the precise understanding of mentoring varies.
- Initiatives may be one-off and pilot commitments, or commitments that recruit for a number of cycles.
- Initiatives target interested individuals rather than being blanket approaches to developing practitioner research culture.
- Most initiatives are time-limited.
- Social work may be the sole focus of the initiative or part of a shared agenda (e.g. health and social care, or included in the primary care interface).
- Focusing on research active practitioners may help better understand how practitioners successfully negotiate barriers (e.g. Tanner and Hale, 2002) and the mindsets and coping strategies individuals adopt around participation.
- Lunt, Fouché and Yates (2008) suggest that success factors may include: working in close team environment (i.e. small teams of practitioner researchers or forms of peer support) with group ownership and passion for the practice focus of their projects;

project milestones to address time management, forward planning and maintaining motivation; support of the employing organisation.

3

Findings from the practitioner research studies reviewed

The following section reports on a review of a sample of 23 practitioner research studies. All of the references identified in the search and screening process were studies published as journal articles, and will be referred to as papers in the following analysis. See Appendix A for a detailed overview of the criteria used for identifying a sample of papers and for their review and Appendix B for an overview of the main characteristics of the studies reviewed.

Practice base and roles of practitioner-researchers

There was considerable diversity in the practice base and roles of the practitioner-researchers involved in the studies reviewed. These included social workers/support workers working in statutory and voluntary sector contexts, in both children and adult services. The practice areas that they were working within included generic and specialist areas. Some worked within assessment teams, including social services emergency duty teams, a hospital admissions team and child and family services based within schools or social services departments. Others worked within ongoing assessment and support teams that focused on child protection, family support, looked after children or young people leaving care, adult mental health, or dementia services. A few of the social workers were working in more senior roles, as senior practitioners or team leaders/managers.

The studies were most often undertaken by sole-researchers. Fifteen out of the 23 papers were single-authored and made no reference to other participating researchers. Among the eight that had more than one author, it was quite often the case that a practitioner or a group of practitioners had worked on a study together with an academic. For example, one team (Mitchell et al, 1998) consisted of two senior social

workers, a clinical psychologist, a community psychiatric nurse and an academic while another consisted of a social worker, a nurse and an academic (Freedman et al, 2005). In other cases it appears that practitioners had been supported during the course of the research and in many of these instances the studies were undertaken as part of postgraduate training/study. Joint authorship in these cases seemed to reflect the supervisory or support role provided by an academic (e.g. Chrystal and Ward, 1998; Whitfield and Hardwood, 1999). However, not all studies undertaken as part of postgraduate study were joint-authored (e.g. Archibald, 2001; Sweeney, 1999; Walton, 1999). A total of seven authors noted that the research had been undertaken and submitted as part of study for a Masters or Doctoral qualification. One other study was undertaken while the author was on a practice placement (Mulhall, 2000). It may be the case that more studies were undertaken as part of postgraduate education/training but that the authors did not state this in their papers.

Research focus of the studies undertaken

The review included a classification scheme that was developed by Shaw and Norton (2007) following a review of social work research. This scheme operates with two dimensions, one focusing on the primary research focus in terms of the subjects of the research (i.e. the people being researched) and the primary research focus in terms of the problems or issues being explored. The predominant primary research focus of the 23 practitioner-research studies reviewed was upon actual or potential service users, and the primary issue or problem focus was on understanding/evaluating social work/social care services and understanding/strengthening user involvement in social work, through partnership or empowerment.

A total of 16 focused upon people as actual or potential services users. This included practitioners researching: children, families, parents or fosters carers (11); young people (1); adult offenders or victims (1); people with mental health problems (2); older people (1); people with health problems/disabilities (1). The other studies focused on carer populations (2) and social work practitioners/managers (5).

In order of frequency, the groupings in relation to the primary issue or problem focus of the research studies were:

7 which aimed to understand/evaluate/strengthen social work/social care services, including voluntary services/independent sector

6 which aimed to understand/assess/strengthen user/carer/citizen/community involvement in social work, partnership, empowerment

3 which aimed to understand/develop/assess/evaluate social work practices, methods or interventions

3 which aimed to understand/explain issues relating to risk, vulnerability, abuse, resilience, challenging, behaviour, separation, attachment, loss, disability or trauma

2 which aimed to understand/promote the nature and quality of informal care, carer activity, volunteering and their relationship to formal care

1 which aimed to understand/explain/promote good practice in social work/social care organisations and management

1 which aimed to understand/address issues of gender, sexism, the role of women, the role of men.

Methodological use and rigour

The content of the papers was appraised to describe the methodology used in the practitioner-research studies and to judge its rigour. Appraisal of the studies' rigour was carried out using a checklist which covered the fundamentals of research. The papers were appraised in relation to their: consideration of how the study was linked to existing knowledge; stated aims and objectives; consideration and application of ethical research practice; considerations of how authors accounted for the quality, rigour and trustworthiness of their studies.

Consideration of how each study linked to existing knowledge

The overwhelming majority of the authors situated their studies within the context of existing knowledge. Without recourse to a considerable range of topic-based knowledge, it was not possible to appraise the accuracy of their conclusions but it was possible to consider the approaches that they took to doing this. The ways in which they did this differed.

Some were in keeping with more conventional research practice – in that they introduced the research topic and questions with an appraisal of existing research evidence. Among those, some appeared to be stronger than others in this respect - as they provided more detailed descriptions of previous research studies and identified key gaps that cut across them (e.g. Slack and Webber, 2008; Freedman et al, 2005). For example, one study (Chene, 2006) provided a detailed account of how it contributed to fulfilling a gap in focus and methodology in research relating to dementia

care. Other papers were less detailed or systematic but did make reference to previous studies and how the study that was reported on in the paper linked to overarching themes emerging from the literature (e.g. Troester, 2000). In papers that did not adopt such a conventional approach, authors made reference to practice knowledge that had led them to the research topic or questions that had formed the focus of their studies. For example, both Chrystal and Ward (1999) and Walton (1999) were preoccupied by research questions that were driven by their own practice experience and professional knowledge.

The methodologies used

The papers varied in how explicit they were about the methodologies that had been adopted. Some provided only cursory information leaving the reader to interpret how the information had been collected and analysed from the discussion within the paper, while others provided detailed descriptions of the design of the studies.

From the information available, however, it was clear that the overwhelming majority of studies adopted qualitative methodologies. Eighteen out of the 23 were identified as qualitative studies. These ranged from studies that incorporated a descriptive case study approach (to understanding individuals, teams, interventions) which drew on pre-existing data or practitioners own reflections and experience (e.g. Swenson, 2004; Adams and Welsby, 1998), to studies that collected data from individuals (service users or practitioners). Data was most often collected through qualitative unstructured or semi-structured interviews (e.g. Blacher, 2003; Kane and Bamford, 2003), but some studies included data collection through focus groups (e.g. Howes, 2005; Mulhall, 2000; Walton, 1999).

Only two studies (Slack and Webber, 2007; Freedman et al, 2005) adopted purely quantitative methodologies, although the research tools used in both cases also allowed for open-ended qualitative responses. Both studies were undertaken by small teams that involved an academic.

Three papers drew on both qualitative and quantitative approaches to data collection and analysis. One of these drew on data from an existing information systems for the purposes of the study (Loftus, 2003). A second study involved a survey of a stratified random sample of care leavers within one authority (Sweeney, 1999). The third was predominantly a qualitative study but drew on validated scales to undertake some measurement of carers' well-being (Chene, 2006).

Consideration and application of ethical research practice

Papers were appraised in relation to their general consideration of ethics, and specifically in relation to consent, anonymity and confidentiality, protection and evidence of independent scrutiny. Overall, the papers

were quite minimal in their consideration of ethical research practice. From the information given, it was not possible to determine whether this reflected a weakness in reporting or in the actual research practice.

Thirteen out of the 23 papers provided no details or insufficient details to determine what consideration had been given to ethics in the research process (e.g. Freedman et al, 2005; Adams and Welsby, 1998). This extended to issues of informed consent, with 10 papers having no explicit reference to the process that they had used to ensure research participants had given their informed consent. In some cases, these appeared to be omissions given the topics that were being researched. For example, one paper (Durham, 2003) emphasised the sensitivity of its research topic and the position of vulnerability that the research participants existed within but made little reference to how this was managed or mediated in the research relationship. In another paper the author (Loftus, 2003) notes that the data that she has used is exempt from public scrutiny even by those on whom it is held, but gives no account as to how or why she has had access to it.

On the basis of the information available, it appears that nine of the studies had adhered to basic ethical principles during the process of the research. In these papers, there was explicit reference to gaining access to potential participants, obtaining consent, and to working to guard anonymity and confidentiality. Some of these studies had undergone independent ethical scrutiny, either by the organisations within which they were working (e.g. Fearnley, 2004) or by health trusts that governed the organisations that they used for sampling (e.g. Slack and Webber, 2007).

Few papers gave any considerations arising from potential or actual dilemmas relating to their dual roles as practitioners and researchers. One made reference to the fact that “it is possible to overcome the methodological problems inherent in researching one’s own practice in a group care setting, although external support mechanisms and reference points will be essential” (Chrystal and Ward, 1998, p. 74). Yet, provided no further detail on what those problems may be or the essence of the support mechanisms and reference points. Another (Mitchell et al, 1998) noted the use of a ‘buddy’ system of co-investigators (which they attributed to Fuller and Petch, 1995) to allow for practitioners from different aspects of a service to evaluate each other’s projects. In some cases consideration of dilemmas or boundaries would have been more pertinent than others, as some were researching within teams and services in which they were also practitioners but not all. Nonetheless, overall, this is perhaps a surprising omission.

One paper was not judged on the basis of the ethical research practice criterion, as it provided a descriptive account of the development of an information system (Redmond, 2003).

Making sense of reliability, credibility and transferability

The review incorporated a consideration of how the papers had accounted for and/or appraised and/or demonstrated their reliability or dependability, their credibility or authenticity, and their external validity or transferability. There was considerable variation in whether and how different authors had done this.

Most often authors did not make an explicit appraisal of their studies' reliability or dependability. However, for some it was possible for the reader to make a judgement on this as the papers provided sufficient detail on the research design, process and findings. On the whole those studies appeared to demonstrate a level of rigour in the approaches that they adopted, the samples that they drew, and in the reporting of their findings (e.g. Sweeney, 1999; Swenson, 2004). It is perhaps notable that among those that stood out as providing comprehensive and unambiguous detail were papers that reported on studies that had been conducted in partnership with academics (e.g. Slack and Webber, 2007; Kane and Bamford, 2003; Chrystal and Ward, 1998; Mitchell et al, 1998). There were some studies that would have benefitted from closer scrutiny on the implications of the samples that they had achieved (e.g. Howes, 2005; Fearnley, 2004) or the method that they had used (e.g. Loftus, 2003).

For other papers it was often difficult to appraise their reliability or dependability due to significant omissions on the design of the studies or in the reporting of their findings (e.g. Lai, 2000; Troester, 2000). This was most often noticeable in relation to the samples that studies had used. Many of the papers lacked details on the sampling frames used, including what they were as well as their rationale for use, and on the method used to select a sample. For example, Durham (2003) provides no information on how he identified or selected the 7 young men who participated in his study of the lived experience of sexual abuse in childhood. Similarly, Smith (2006) notes that he interviewed 60 social care workers and 12 counsellors on their experiences of fear but gives no detail on how they were identified or selected. Such omissions make it difficult to appraise both the reliability and transferability of the findings.

However, on a more positive note, even where there were limited details on the methodologies used, most studies provided context-rich descriptions that gave a sense of credibility or authenticity. Many of the studies were exploratory and descriptive in nature, with only a few studies attempting to explain the occurrence of a particular phenomenon. Most studies were measured and cautious in the conclusions that they drew from their research. These were often situated within discussions stimulating reflection on practice or identifying the issues as offering scope for further inquiry. Some papers made explicit reference to the limits on the transferability or generalisability of their findings, often,

appropriately restricting it to the characteristics of the team or service that the findings referred to.

Utility, capacity building and value for people²

The review included some appraisal of the utility of the research studies reported on. This included consideration of their contribution to knowledge, their relevance and accessibility, their concern for enabling impact and how the research process contributed to building capacity. The latter, as others have acknowledged, is difficult to capture in the research appraisal process as it has roots in ethical concerns and tacit, situated knowledge (Shaw and Norton, 2007). However, being mindful of these has helped to gain some perspective on the utility of the papers reviewed. To some extent each of these factors are interlinked. Enabling impact is dependent upon contributing to knowledge, being relevant and accessible and can be linked to contributing towards building capacity. Therefore, it is used to organise a discussion of the papers here.

The papers demonstrated concern for enabling impact in different ways.

In some, this was done in a conventional way with respect to linking the reporting of research findings to clear recommendations (e.g. Whitfield and Harwood, 1999). In a few papers, it was clear that the authors had undertaken to disseminate as widely as possible. For example, Mulhall (2000) noted with respect to community mental health service users perspectives 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, concern for enabling impact went beyond the publication and dissemination of their research findings:

- For some, working to action research models, it was an integral part of the process. Howes (2005) followed up on a recommendation from previous research to research and develop children and young people’s understanding of and participation in child protection conferences. She appears to have involved all key stakeholders in keeping up to date throughout the conduct of the study. She demonstrated through the research process that children and young people can and want to participate, as well as through its outcomes with the production of resources (developed

² The categories for the review were adapted from Shaw and Norton (2007) and Furlong and Oancea (2005).

by young people for young people during the research process) and clear recommendations from the research.

- For others, it became part of the research process due to their close links to a practice base. Fearnley (2004) notes that the process of his study prompted “regular discussions with management, staff and services users” and that “A surprisingly high level of interest was generated and, as a consequence, this raised the profile of working with men” (p. 61). The staff teams later requested training on understanding the relationship between fathers’ roles and child development, and on engaging with men, which Fearnley sees as a significant attitude shift in the organisation.
- It was evident in some cases that the authors seized opportunities for links and openings that emerged during the process to affect some level of change. Sometimes this was the result of the development of partnerships between the practitioner-researchers and other practitioners or between practitioners and service users. Walton (1999), for example, was involved in assisting her research participants (a group of mothers who had been service users) to form a support group, develop an information leaflet, to lobby on the development of other services and present the study’s research findings on the experiences and needs of mothers of children who have been sexually-abused.

The papers demonstrated strength in their ‘plausibility’ from a practitioner’s perspective, and in their promotion or permission of ‘self-reflection, self-development and expansion of control over acting opportunities’. 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. Swenson, Archibald, 2001). It also appears that some of the studies did contribute towards building capacity, via the partnerships that were formed and the research processes involved. Some authors made reference to the impact that the process had had on their own experience or through the relationships that were formed in the course of the research. In these examples the practitioner-researchers perceptions reflect a sense of empowerment and of the possibility of change:

Practitioner research is of special value in group care settings, where so much of traditional academic research has served to inform ‘outsiders’ rather than ‘inspire’ practitioners (Chrystal and Ward, 1998)

Becoming a researcher provided an opportunity to try to bring about changes which she [the author] had not been able to achieve as a social worker. These concerned trying to find ways of working

which promoted partnership with mothers of children who had been sexually abused rather than alienating them in her efforts to protect children (Walton, 1999, p. 12)

Data mining as a research activity encouraged joint team activity, which further promoted the collaborative learning opportunity and the opportunity to reflect on the model of care developed by the team members (Freedman et al, 2005, p. 213)

Our experience of working together in this research process gave us a sense of unity as practitioner and consultant... always receiving your own experience read back to you, and seeking to change your behaviour in response... you never arrive and you commit to yourself being open to change indefinitely (Adams and Welsby, 1998)

4

Key questions emerging from the review

The nature, quality and utility of practitioner research studies

- The review of practitioner research studies raises some questions regarding the nature and quality of practitioner research:
- What frameworks and guidance are available to practitioners to guide them in the ethical review and documentation of their studies?
- What consideration should be given to the dual roles occupied by practitioner-researchers, and the potential and/or actual dilemmas these may bring?
- What are the minimum methodological standards that we would expect a practitioner research study to meet?
- How do we balance considerations of quality (methodological rigour) alongside utility?
- How can the impact of practitioner research studies be maximised? Both with reference to their findings but also with reference to their learning and achievements regarding collaboration and partnership.
- These considerations are not necessarily distinct from those that might occupy us with regard to social science research in general.

Strategic

- Should practitioner research be driven and controlled by funding source, network, organisation, agency, service users or University?
- Will national frameworks and research funding stimulate or stymie practitioner research?
- Is practitioner research best left as a bottom-up development or does it require strategic direction? Can practitioner research initiatives be better coordinated? What would be the benefits of doing so?
- How can practitioner research best include service users' views and collaboration (see Shaw, 2005; also McCrae et al. 2005, Cook et al, 2002)?

Organisational

- How can networks, collaborations, learning circles, learning committees and Communities of Practice contribute to our thinking around practitioner research (e.g. Orme and Powell, 2007)?
- How are such developments best set in motion and supported?
- How can all levels of an organisation be influenced to ensure the development of practitioner research? (cf. Farmer and Weston, 2002)
- Is practitioner research best nurtured at the level of profession, organisation, geographical site, or field of practice?
- Is it important to create alternative career structures that still manage to link the practitioner -researcher?

Programmatic

- What is the best form of supervisory relations: academic, clinical, mentorship, external, appraisal, action learning? (McCormack, 2003)
- The complementary strengths of academic-practice partnerships

- Given growing emphasis on the importance of partnerships and collaborations do the various forms need clarification? (Lane et al, 2004; Allen-Meares et al, 2005)
- How are questions best developed? Fisher (2002) calls for more empirical descriptions of problem formulation in researcher-practice partnerships in social work research, an essential but little understood process of generating research - are there implications for practitioner research?
- What is the appropriate content and delivery mode for training and seminar support?
- What is the place of postgraduate study in facilitating research skills and their application within a practice context?
- What is the most appropriate model of mentoring (Lunt, Fouché and Yates 2008)?
- Can practitioner research initiatives ensure that completed individual projects are adequately disseminated?

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Appendix A

Methodology used for review of practitioner research studies

Search strategy and results

A search strategy was designed that incorporated a number of 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 stages of screening were undertaken. The first involved scanning the abstracts returned in the searches, and the second involved scanning the full papers of references for which it had not be possible to determine their relevance from the abstract. The screening of abstracts and papers was guided by exclusion and inclusion criteria that aimed to identify a reference as one that reported on a practitioner research study. This process resulted in the identification of 23 reports 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. Each of these elements are described below, together with a summary of the total numbers of references found, excluded and reviewed.

Designated search terms

Dual searches were undertaken on each of the databases. These consisted of the search terms:

- (1) 'practitioner research' and 'social work'
- (2) 'practitioner' or 'social worker' AND research or evaluation AND social work.

These were chosen in attempt identify social work research and evaluation undertaken by practitioners or social workers. The searches returned 2270 references although only a small proportion of them were relevant to the review.

Exclusion and inclusion criteria

What constitutes 'practitioner research' is open to debate and discussion. Fook, for example, defines it in such a way as to include research in which practitioners were invited by an academic team to discuss critical incidents in their practice (Fook, 2001; 119f,129f). However, for the purposes of the review, we needed to construct a definition of 'practitioner research' that would allow for a systematic approach to the screening of the literature identified through our searches. Such a definition needed to be focused, clearly defined and relevant to the Children 1st and Glasgow School of Social Work initiative. This led us to draw on some previous work (Shaw and Faulkner, 2006; Shaw, 2005) to establish a number of parameters. Namely, that practitioner research is likely to include some, though not necessarily all, of the following characteristics:

- "Direct data collection and management, or reflection on, existing data.
- Professionals setting its aims and outcomes.
- Having intended practical benefits for professionals, service organisations and/or service users. These hoped-for benefits are usually expected to be immediate and 'instrumental'.
- Practitioners conducting a substantial proportion of the inquiry.
- Focusing on the professionals' own practice and/or that of their immediate peers.
- Being small scale and short term.
- Usually self-contained, and not part of a larger research programme.
- Data collection and management typically carried out as a lone activity. It is one kind of 'own account' research" (Shaw, 2005, pp. 1235-1236).

These characteristics were grouped into inclusion and exclusion criteria. The above list was divided into two separate categories – one category was linked to the role of professionals or practitioners in the conduct of research (see 'scope 1' in table 1) and the other was linked to the nature of the research inquiry undertaken (see 'scope 2' in table 1). These were applied alongside additional criteria that reinforced our commitment to identifying research that was undertaken as *practitioner research* within a *social work context* (see 'scope 3' in table 1). This proved challenging in that we needed to use criteria that would distinguish between research

that was undertaken by ‘professional’ researchers (i.e. social work academics or ‘professional’ researchers studying social work topics) and practitioner researchers, and also between practitioner-researchers operating within a social work context and those operating within other practice contexts (such as teaching, nursing etc). Other criteria were selected to limit the focus of the review to ensure it was manageable with the time and resources available. These include limits in the date (1998-2007), language (English only), and type of publication (studies that had been produced as bound dissertations and theses were excluded). The rationale for the latter criterion was informed both by resource limitations and a consideration that dissertations and theses were unlikely to be widely available (i.e. they are often only available in the library in which they are deposited). Studies that had been undertaken for education purposes were not excluded if they were published elsewhere – e.g. available online, published within journals.

Table 1: Inclusion criteria applied to search results

Scope 1: To be included a report must report on a piece of research that has involved ONE of the following: (a) professionals setting its aims; (b) practitioners conducting a substantial amount of its inquiry; (c) focuses on the professionals’ own practice and/or that of their immediate peers; (d) has intended practical benefits for professionals, service organisations and/or service users.
Scope 2: To be included a report must be clearly identifiable as research into a social work topic, and include TWO of the following: (a) direct data collection and management, or reflection on, existing data; (b) self-contained, and not part of a larger research programme; (c) data collection and management typically carried out as a lone activity; (d) be small scale and short-term.
Scope 3: The research must have been undertaken by a social work practitioner. A social work practitioner is someone who is currently working within a social work or social care area (i.e. has a role that involves direct practice with service users). Social work is defined as work carried out by professionally qualified staff who assess the needs of service users and plan the individual packages of care and support that best help them. Social care is defined as helping people with their lives, particularly through the provision of practical support. <i>A social work practitioner does not include counsellors, therapists, clinical psychologists, nurses, teachers. If a practitioner’s role is unclear but s/he is practising in a social work or social care context, then the output has been included.</i>
Location: Studies included if carried out in the UK or internationally
Date of publication: 1998-2007
Language: English
Report status: Studies included if produced in a format other than a postgraduate dissertation or thesis. Studies published as only

postgraduate dissertation or thesis will be excluded.

In the initial stages of the screening, it became apparent that ‘scope 3’ had to be clarified further. These adaptations are included in italics in the above table. Overall, the criterion used establishes boundaries that are fixed and to some extent artificial. They do not necessarily reflect the real world environment of social work practice where boundaries between professional roles may not be so clear cut. However, we felt it was necessary and appropriate to construct such tight constraints in order for us to be systematic in our screening and to be focused in our analyses.

Search and screening results

The searches were undertaken by one researcher, and both the screening of the abstracts and the full papers were undertaken by the same researcher. In the screening of abstracts, the application of the first two inclusion criteria (scope 1 and scope 2) was relatively straightforward, as it was usually possible to tell if the papers met the minimum criteria required. The application of the third inclusion criteria (scope 3) was more problematic. Sometimes it was possible to exclude papers on the basis that the authors were clearly identifiable as social work academics, due to the abstracts noting their titles and/or job positions. Similarly, sometimes abstracts made clear reference to authors’ roles as professionals or practitioners. However, this was often not the case. Therefore, in order to reduce the time spent on obtaining and screening full papers, the screening at this stage was supplemented by internet searches for the authors of papers where it was not possible to distinguish their role from the abstracts or detail provided in the search. Searches were conducted using a combination of the authors’ names, contact details, and publication details. Using this approach was helpful - it often identified the authors as academics, teaching and researching within university social work departments, and eliminated the papers from the next stage of screening. If the author’s role was ever unclear, or any doubt existed, the reference was included at the next screening stage. At that stage, it was usually possible to clearly distinguish whether the paper met the criteria for scope 3. In only one case it was not possible to tell and this paper has been included in the review.

The results of the screening process are reported in Table 2.

Table 2: Search results and total numbers of papers excluded and reviewed

Search 1

Database searched	Search results	Numbers of papers excluded	Number of papers to review
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		As duplicated in	On abstract	As papers were	On reading of paper	
ASSIA & Social Services Abstracts	36	1	27	1	3	4
Web of Science & ISI Proceedings	97	2	87	2	5	1
IBSS/Ovid Journals	10	-	9	-	1	0
Child Data	5	1	4	-	-	0
WebSpirs (includes social care online)	26	7	19	-	-	0

Search 2

Database searched	Search results	Numbers of papers excluded				Number of papers to review
		As duplicated in	On abstract	As papers were	On reading of paper	
ASSIA & Social Services Abstracts	1265	4	123 7	6	10	8
Web of Science & ISI Proceedings	327	3	318	3	3	2
IBSS/Ovid Journals	504	1	490	2	9	2
Child Data	0	-	-	-	-	0
WebSpirs (includes social care online)	0	-	-	-	-	0

Additional internet searches were undertaken using Google and Google Scholar resulting in no relevant references for review. A hand search was undertaken of the British Association of Social Workers journal – Practice – as it was identified as a vehicle for practitioner publications. This resulted in 9 possible references, with 6 of these deemed to be relevant following a reading of the papers.

In total the search and screening process resulted in 23 papers for review.

Data extraction and analysis

Guidelines and a pro forma were designed for the extraction of data from each of the papers included within the review. The aim of this was to

appraise the research as it is reported in the paper, as well as to gather descriptive details about the practitioners undertaking the research, the topic and focus of their studies, and any information that they present on the process and experience of undertaking the research. With regard to the appraisal of the research, the data extraction method allowed for judgements to be made in relation to the methodology of the studies, the study's utility, and the study's role in 'capacity building'. These three dimensions were adapted from and informed by guidelines on systematic reviewing (Coren and Fisher, 2006) and a number of recent relevant studies on the nature and quality of social research, either within a social work context or relating to practitioner research (Shaw and Norton, 2007; Furlong and Oancea, 2005; Marsh et al, 2005; Pawson et al, 2003). See Appendix B for a copy of the proforma used.

Reflections on the strengths and limitations of the methodology used

One of the aims of the literature search and review was to identify (and explore) studies that are practitioner research. Adopting such an approach has its strengths and limitations:

- Its main strength is that it allowed us to identify a sample of practitioner research studies for analysis. As outlined above, this sample has been determined by a number of factors. First, it is drawn from a sampling frame of publications present in indexes and databases or websites that are 'searchable'. Second, it has been drawn by means of the search terms used. These terms are relatively open and are likely to be inclusive of most practitioner research studies. Third, it has been de-limited by the inclusion/exclusion criteria used. It could be argued that we have used narrow criteria. However, the criteria used are informed by previous mapping studies of practitioner research and closely replicate what we understand to be the nature and scope of the practitioner research studies undertaken as part of the Children 1st initiative. Defining the sample in this way has ensured that our methodology is rigorous and replicable and that the scope of the review explicit.
- The methodology that we have used in this review does not allow us to draw conclusions about the overall prevalence of practitioner research, as not all practitioner research is likely to be published. For the same reason, it does not allow us to generalise from the findings of the review - what we have identified in the course of this review is not necessarily representative of all practitioner research. However, what it does do is provide us with some insight into the extent, nature and scope of *published* practitioner research (as defined by the inclusion/exclusion criteria).

- The conclusions drawn from the review are based upon an interpretation of the data included in the publication of the studies. This is a valid approach, as it is appraising the information that is available to a reader who wishes to understand or learn from the information provided by the practitioner researcher. However, such publications do not necessarily provide us with a clear and comprehensive picture of the conduct and outcomes of practitioner research. The reporting of a research study is a subjective process. Authors may be selective in what they report dependent upon the perceived audience. Their choice of content may also be influenced by the guidelines and reviewing processes used by the journals that they are submitting to. Therefore, the findings of the review of the paper are based upon what is reported in relation to the studies which does not necessarily reflect what has *occurred*.

Appendix B

Pro forma used for review of practitioner research reports

1. Publication details

- Author(s):
- Year:
- Title:
- Source of Publication:

2. Details on practitioner researcher

3. Background on research

- Aims:
- Method used:
- Sample:
- Any methodological issues noted:

4. Research topic and focus

Primary research focus		Classify
Actual or potential service user or carer groupings	[1] Children, families, parents, foster carers	
	[2] Young people [not offenders]	
	[3] Young offenders/victims	
	[4] Adult offenders/victims	
	[5] People with mental health victims	
	[6] Older people	
	[7] People with health problems/disabilities [including learning disabilities]	
	[8] Drug/substance users	
Citizen, user and community populations	[9] People as members of communities	
	[10] Service user, citizen or carer	

	populations	
	[11] Women/men	
Professional and policy communities	[12] Social work practitioners/managers	
	[13] Social work students/practice teachers/university social work staff	
	[14] Policy, regulatory or inspection community	
	[15] Members or students of other occupations	
Not applicable	[16] e.g. theorising that crosses categories; methodology	

Primary issue or problem focus of the research	Classify
[1] Understand/explain issues related to risk, vulnerability, abuse, resilience, challenging behaviour, separation, attachment, loss, disability or trauma	
[2] Understand/explain issues related to equality, diversity, poverty and social exclusion	
[3] Understand/assess/strengthen user/carer/citizen/community involvement in social work; partnership; empowerment	
[4] Understand/promote the nature and quality of informal care, carer activity, volunteering and their relationship to formal care	
[5] Describe, understand, explain, or develop good practice in relation to social work beliefs, values, political positions, faiths or ethics	
[6] Understand/develop/assess/evaluate social work practices, methods or interventions	
[7] Understand/evaluate/strengthen social work/social care services, including voluntary services/independent sector	
[8] Understand/explain/promote good practice in social work/social care organisations and management	
[9] Understand/address issues of ethnicity, racism	
[10] Understand/address issues of gender, sexism, the role of women, the role of men	
[11] Demonstrate/assess the value of inter-disciplinary approaches to social work services	
[12] Demonstrate/assess the value of comparative, cross-national research	
[13] Develop theorising	
[14] Understand/appraise/develop the practice and quality of social work research (including user/carer involvement in research; feminist research; anti-racist research methods)	
[15] Understand/promote learning and teaching about social work or related professions	

5. Appraisal of methodology used as made explicit by the author

Minimum generic criteria		
	Y;N;NA	Notes
Does the study make explicit its contribution of knowledge?		
Is there explicitness in the design and reporting of the study? [i.e. care, reflexivity and systematic attention to detail evident]		
Does the study adhere to ethical principles? [general; consent; confidentiality; protection; evidence of independent approval]		
Did users and carers participate in the design of the study?		
Was consent to participate obtained from the study participants?		
Was the purpose of the study explained honestly to the participants?		
What was the sampling strategy used? And sample achieved?		
Were all people recruited into the study present at the end of the study?		
Is an account given of people who discontinued participation and their reasons?		
Generalisability – does the study assess the relevance of their findings to the wider population and/or context?		
Were data collected by persons independent of the service or intervention delivery?		
Were data analysed by persons independent of the intervention delivery?		
Have authors reported on all outcomes defined at the outset of the study?		
Have authors declared any interests they may have in the results of the study (eg financial or professional gain from the intervention)?		

Minimum (additional) criteria for qualitative data		
Strength of design – does the study report material relevant to the research question?		
Centrality of user/carer perspectives – does the study report their views?		
Quality of reporting and analysis – does the study give enough depth and detail to give confidence in their findings?		
Minimum (additional) criteria for quantitative data		
Were enough participants recruited to answer the study question robustly?		
Did all participants have an equal chance of being recruited to the study?		
Are enough data presented for results to be valid (on all variables: dependent/independent/outcomes?)		
Are enough data presented for results to be useful (on all variables: dependent/independent/outcomes?)		
If there is a comparison or control group, are they similar enough to the intervention group to be comparable?		
If there is a comparison or control group, were they treated similarly in the study? If not, was any attempt made to control for this?		
If there is a comparison or control group, how were participants allocated to groups, and by whom?		

6. Utility

Value for use		
	Y;N; NA	Notes
Does the study fulfil its specification or stated outcomes?		
Does the study respond to the needs of its users? Is it accessible?		
Does the study demonstrate concern for enabling impact? [e.g. evidence of active dissemination, closer links between researchers and pracs,		

recruiting expert and peer leaders)		
Does the study provide links and openings that allow its findings to operationalised in the development process? [remember dependent on context – nature of research question, level pitched, characteristics of intended users and audience]		

7. Capacity building and value for people

Capacity building and value for people (practitioners)		
	Y;N;NA	Notes
Is there evidence of partnership, collaboration and engagement in and with research?		
Is the study plausible from a practitioner's perspective?		
Does the study permit 'self-reflection, self-development and expansion of control over acting opportunities'?		
Is the study receptive to the practitioners' viewpoint?		

8. Any details on process of undertaking the research

- Inception of project
- Anything that aided the process
- Anything that hindered the process

9. Any details on perceived impacts of the project/value attributed to it

- On individual as a participant in undertaking the research
- On organisation
- On profession
- On anyone else

10. Any further notes/observations

Appendix C

Overview of practitioner research studies reviewed

Author	Research subject	Sample	Method
Adams and Welsby 1998	Decision-making models for children in care	Case study analysis – 2 team contexts	Qualitative. Reflection on participation in processes, observation of process, consultation with children and adults involved
Archibald 2001	Exploration of how sexual expression by residents in residential settings impacts on the key worker relationship	One key worker-resident relationship.	Qualitative. Draws on interviews undertaken as part of a larger study (no details given).
Blacher 2003	Exploration of differences between out of hours work and 'mainstream' practice	16 practitioners interviewed; convenience sample drawn from range of local authority areas in England	Qualitative. Semi-structured interviews. Part of a large study.
Chene, 2006	Exploration of dementia carers' lived experience when they have relinquished full-time care	20 primary caregivers, recruited from 2 medical care units	Mixed, mainly qualitative with use of validated scales to measure well-being
Chrystal and Ward, 1998	Exploration of the effects of operating with a child protection mandate on the success of therapeutic processes within a family centre	7 parents supported by the family centre	Qualitative. Semi-structured interviews.
Durham, 2003	Exploration of the experience and impact of child	7 young men who had experiences of being sexually	Qualitative. Open interviews.

	sexual abuse	abused between ages of 15 and 24	
Fearnley, 2004	Explore father's needs, experiences and views on early years services	31 fathers and 5 grandfathers, drawn from those with contact at centre and 3 local infant schools	Qualitative. Structured schedule with open and closed questions
Freedman et al, 2005	Evaluate a hospital team's care co-ordination in relation to designated outcomes defined for a particular programme	209 assessments undertaken during a specified period; compared with a control group of matched referrals made during the same period	Quantitative. Adapted assessment tool to work as an audit tool; data mining from hospital database
Howes, 2005	Identify effective ways of consulting children and young people participating in child protection conferences	8 young people participated in group/focus work; 11 young people were interviewed	Qualitative. Task based focus group work to explore ways of facilitating participation; Interviews to explore experiences and views
Kane and Bamford, 2003	Identify whether support programme met needs of adult survivors of sexual abuse	12 adults who had participated in the programme	Qualitative. Semi-structured interviews
Lai, 2000	Exploring mental health provision for black and minority ethnic groups	6 managers; 6 workers; 7 service users.	Qualitative. Semi-structured interviews.
Loftus, 2003	Exploration of children's knowledge about their birth circumstances when adopted by a step-parent	219 case records	Mixed. Audit/analysis of case records to draw out qualitative and quantitative data.
McKean and Rouf, 1997	Evaluation of group support for Asian women	-	Qualitative. Drew on own experiences and reflections as practitioners, and feedback from participants.
Mitchell et al, 1998	Evaluation of group work with relative carers of adults with	19 out of 20 attendees; 7 out of 10 drop outs	Qualitative. Semi-structured interviews

	mental illness		
Mulhall, 2000	Exploration of service users views and experiences of community health service	12 people	Qualitative. Focus groups.
Redmond, 2003	Evaluation of the process and development of an information system to support practice	-	Qualitative. Review of inception, process, development and outcomes from perspective of practitioner-coordinator and designer.
Slack et al, 2007	Identify the attitudes of mental health professionals on supporting their service users' children	91 professionals in one local authority	Quantitative. Survey using self-complete questionnaire.
Smith, 2006	Exploration of practitioners' experiences of and responses to fear.	60 social care workers; 12 counsellors	Qualitative. Interviews (no further information given).
Sweeney, 1999	Exploration of the effectiveness of different models of leaving care support	34 young people supported by one local authority	Mixed. Semi-structured questionnaire, with open and closed questions, administered by researcher. Used validated psychological measures.
Swenson, 2004	Exploration of lived experience of caring for a relative with dementia	One case	Qualitative. Analysis of her personal diary originally kept for her own purposes.
Troester, 2000	Evaluation of parent support group operating in a special education setting	10 parents gave feedback	Qualitative. Seems combination of authors experience of participating in groups and analysis of feedback obtained from parents
Walton, 1999	Exploration of the emotional impact upon mothers following allegations of sexual abuse of their children	4 mothers who were participating in an existing support group	Qualitative. Focus groups.
Whitfield and Harwood, 1999	Exploration of how parents experience child protection conferences	13 parents whose children had been the subject of S47 inquiry	Qualitative. Semi-structured interview, using open and closed questions with all. Unstructured second interview with 4 parents.

