

Practitioner research in social care: a review and recommendations

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Methods Review 18

Improving the evidence base for
adult social care practice



The School for Social Care Research

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ABSTRACT

Attention has helpfully been given to understanding and promoting the contribution of strong forms of participatory and user research and evaluation, and aspects of this work have increasingly been mainstreamed in the UK. However, little attention has been given to understanding practitioner research in social care as a distinct form of research practice, or to related good practice principles and procedures.

This review explores practitioner research in social care, critically assessing its value as both a source of knowledge that can be applied to practice and as a template for how practitioners might conduct similar inquiry. 72 practitioner research studies of adult social care were identified for inclusion and a systematic extraction of data was undertaken, aided by guidelines and a pro forma to explore the type, nature and quality of published practitioner research.

Our aims were to:

1. review and set out the purposes of practitioner research in social care;
2. to assess the challenges, strengths and limitations of practitioner research in social care;
3. review existing and advisable methods of data collection and analysis for practitioner research in this field;
4. review existing and advisable forms of training and support for practitioner research, including the roles of universities and social care agencies;
5. suggest how best to understand and develop the relationships between practitioner research and other forms of inquiry such as user research, academic research and policy inquiry; and
6. draw together recommendations for good practice.

RECOMMENDATIONS

- Practitioner research should be implemented as a research approach in its own right and not only as a simpler version of academic research.
- Practitioners, managers and commissioners should recognise the heterogeneity of practitioner research in social care.
- As part of that diversity, it is recommended that good practitioner research should address issues of both local application and general interest.
- Practitioner choice of study approaches should be widened to include a more extensive palate of studies including intervention research by practitioners.

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- Training workshops in the application of such methods should be supported and resourced in coordination with skilled and experienced practitioner researchers and with strong library access.
- Modest funding streams are required to facilitate a coherent organisational environment for practitioner research.
- The development of supporting material around the experience of doing practitioner research is recommended.
- It is recommended that the NIHR School for Social Care Research, and other interested bodies, embed support functions for practitioner research within organisational roles.
- While articles in refereed journal may be one form of knowledge exchange, recognition needs to be given to the impact of a range of other approaches, whether contributing towards seminars, producing practitioner and agency-facing utilisation documents, or talking to fellow practitioners, service users and managers. In seeing research in its wider context it is important for practitioners to develop a knowledge exchange and utilisation plan for each project.

KEYWORDS

Practitioner research, practitioner writing, training, methods, impact, social care

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INTRODUCTION

The NIHR School for Social Care Research (SSCR) has within its structures various mechanisms to support the representation and voice of service users, carers and social care practitioners. These interests are reflected in recognition of how different sources and kinds of knowledge pose, to some degree, specific questions of research designs and methods. The School's recent work reflects an acceptance that different *sources* of knowledge – the policy community, service users and carers, organisations, practitioners and researchers – are likely to differ, to some partly known degree, in the *nature* of that knowledge, the *methods* by which it is developed and rendered explicit, and the implications for how best practice is manifested. This review explores practitioner research in social care, critically assessing its value as both a source of knowledge that can be applied to practice and as a template for how practitioners might conduct similar inquiry.

Aims and objectives

1. Review and set out the purposes of practitioner research in social care;
2. Assess the challenges, strengths and limitations of practitioner research in social care;
3. Review existing and advisable methods of data collection and analysis for practitioner research in this field;
4. Review existing and advisable forms of training and support for practitioner research, including the roles of universities and social care agencies;
5. In so doing, to suggest how best to understand and develop the relationships between practitioner research and other forms of inquiry, such as user research, academic research and policy inquiry;
6. Draw together recommendations for good practice.

In addressing these aims, we also:

1. Consider the experiences of those undertaking practitioner research in social care;
2. Discuss the links between practitioner research and changing/improving practice in adult social care;
3. Assess the strengths, limitations and challenges of this approach to research. We mention the fields within social care where such research has developed and where it appears to be absent;
4. Refer to the feasibility of different and emerging methods and review recent initiatives in several countries to promote sponsored networks of practitioner researchers.

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Why now?

Attention has helpfully been given to understanding and promoting the contribution of strong forms of participatory and user research and evaluation. Aspects of this work have increasingly been mainstreamed in the UK through attention from the Economic and Social Research Council (see for example Frankham 2009, Lewis 2010), the Joseph Rowntree Foundation (Hanley 2005) and the SSCR (Beresford and Croft 2012). Paradoxically, however, little attention has been given to understanding practitioner research in social care as a distinct form of research practice, or to related good practice principles and procedures. This is perhaps due to an often unspoken assumption that practitioner research is a 'thin' and perhaps rudimentary form of mainstream academic research. This is a 'deficit' model of practitioner research that sometimes appears to include an assumption that it is of limited interest. The main practitioner research textbooks have by and large been written by academic researchers and seem based on this premise.

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METHOD

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; the second involved scanning the full papers in cases where it was not possible to determine their relevance from the abstract alone. This process resulted in the final inclusion of 72 studies for review. The review took the form of a systematic extraction of data, aided by guidelines and a pro forma (see Appendices 1, 2 and 3), which produced information that could be analysed to explore the type, nature and quality of (published) practitioner research. Each of these stages is described below, together with a summary of the total numbers of references found, excluded and reviewed (see Appendix 4).

Identifying a sample of studies for analysis

Practitioner research focused on social care will involve practitioners from different disciplines – the focus is on practitioner research about social care rather than research by those working in designated social care roles. Hence searches were undertaken of multiple databases and with different search categories. Search terms were chosen in order to identify research and evaluation focused on ‘social care’ that had been undertaken by practitioners (including, for example, social care workers, social workers, teachers, nurses, clinical psychologists, and allied health professionals). In saying ‘undertaken by’, we include studies where non-practitioners were also involved but in a secondary or supporting capacity. The search terms consisted of:

- (1) ‘practitioner research’ AND ‘social care’
- (2) ‘practitioner’ OR ‘social worker’/‘teacher’/‘nurse’ AND research OR evaluation AND social care.

All searches were limited to studies published since 1990 to the date of the search (September 2012) and to studies published in English. Twenty-two years is a somewhat arbitrary period but was chosen to allow a relatively long lead-in period in a field where we anticipated a relatively small number of inclusions. The results from the searches were screened to identify if they met the criteria for inclusion.

Despite the general definition given above, what constitutes ‘practitioner research’ is open to debate and discussion. For example, the respective influence of practitioners and university-based researchers is less transparent in some studies located in health-services where clinical and academic roles appear more fluid and interwoven. For the purposes of the review, and drawing on our previous work (Mitchell *et al.* 2010, Shaw and Faulkner 2006, Shaw 2005), we adopted a definition of ‘practitioner research’ that would allow us to operationalise as clearly as possible our screening of the literature identified through

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our searches. We initially used a definition of practitioner research that had been developed inductively from previous reviews of practitioner research in the general field of social work. This included:

- Direct data collection and management, or reflection on, existing data;
- Professionals setting the research 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, rather than university-based researchers, conducting a substantial proportion of the inquiry;
- Focusing on the professionals' own practice and/or that of their immediate peers;
- Being relatively 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.

These criteria retain an element of helpful discretion (e.g. 'usually', 'substantial proportion') but worked adequately as filters for screening and decisions regarding inclusion and exclusion. More generally, the criteria relate *either* to the role of professionals or practitioners in the conduct of research (see 'Scope 1', Table 1), *or* to the nature of the research inquiry undertaken (see 'Scope 2', Table 1). These were applied alongside additional criteria that limited inclusion to research that was undertaken as *practitioner research* within a *social care context* (see 'Scope 3', Table 1).

This proved challenging in that we needed to use criteria that would distinguish between research that was undertaken by 'professional' researchers (e.g. academic or independent researchers studying social care topics) and practitioner-researchers.

It became apparent that some particular areas of social care activity – including dementia and occupational therapy – were not fully captured by the range of search terms. There were significant examples of practitioner research activity that were conducted in these practice fields. To ensure an appropriate coverage of these, we selected two key journals and undertook detailed hand searches to identify articles of interest. The journal *Dementia: The International Journal of Social Research and Practice* was hand searched for the period 1990–2000, and the *British Journal of Occupational Therapy* for the two years of 1998 and 2005 for relevant articles. As a result, a further 17 articles from *Dementia: The International Journal of Social Research and Practice*, and 28 from *British Journal of Occupational Therapy* were included. The latter was restricted to sample years. The numbers of such studies in occupational therapy is very extensive. A full extraction was

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both beyond the scope of a modest grant and would have skewed the profile of practitioner research in ways that would have made the profile 'top-heavy' without, we believe, adding to the understanding of the diversity and character of such research. Together this gave an overall sample of 72 articles for detailed review.

Forms of practitioner research in social care

In reading through this review, it will be apparent that the general term 'practitioner research' hides diverse forms of research and, in this respect, the criteria listed above apply very closely to what we call below Type 2 practitioner research, but hardly at all to what we call Type 1 practitioner research. This difference is so marked that, as we will subsequently suggest, a common term for both types of inquiry ought always to be adopted with extreme caution. One of the more significant differences is associated with the professional and occupational roles of the authors and the relationships between joint authors. For example, a majority of the projects reviewed in this report 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. The latter corresponded more exactly to the characteristics of practitioner research that we list above. The former were in almost every case marked by collaborative activity in which university-based researchers played at least as influential a role as the practitioners. Indeed, this way of expressing the point is inadequate. In many cases, those involved were not *either* practitioners *or* university-based researchers but occupied roles that included both service provision and scholarly activity. These differences were associated with quite different styles and content of writing. By way of shorthand, in parts of the report we refer to the former as Type 1 practitioner research and the latter as Type 2 practitioner research. Single practitioner research was relatively unusual and was typically related to a study requirement for a university. Partnerships were more common, usually a practitioner and academic or specialist research role. There were also practitioner activities undertaken within larger group endeavours.

There are other differences, according to whether the research found its origins in agency initiatives or university programme requirements, and whether the project was a self-contained 'one-off' study or part of a planned network of studies. We develop and illustrate these distinctions later in this review.

Our approach to reporting the studies reflects these 'same but different' identities of the projects covered in the review. When giving figures for questions, such as the research problems or methods used, we generally refer to the full set of studies. When developing the characterisation of the research, we tend to maintain these category distinctions.

Studies were restricted to those undertaken in the UK and also available in the public domain. One conservative estimate of the number of practitioner research studies in the social work and social care field suggested that at any one time there would be well in excess of 1,000 studies in the UK (Shaw 2005). Over a period of twenty years or so, this would suggest there are a very large number of potentially relevant studies. In the light of

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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) practitioners setting its aims; (b) practitioners conducting a substantial amount of its inquiry; (c) focuses on the practitioner’s own practice and/or that of their immediate peers; (d) has intended practical benefits for practitioners, service organisations and/or service users.
Scope 2	To be included, a report must be clearly identifiable as research into adult social care, 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 practitioner. A practitioner is someone who has a role that involves direct practice with service users. It can include counsellors, therapists, clinical psychologists, nurses, teachers, social workers, and unqualified staff. If a practitioner’s role is unclear, but s/he is practising in a social care context, then the output has been included. This criterion applies in a looser sense to Type 1 practitioner research.
Location	Studies included if carried out in the UK (not internationally).
Report status	Studies included only if produced in a public domain format. Studies published as only postgraduate dissertations or theses were excluded.

this, studies produced as dissertations and theses were excluded. The UK limitation reflects how the term ‘social care’ is an elusive category, as we mention below, and not easily mapped on to ‘human services’ (in the US) or fields like social pedagogy in some European countries.

The first and third of these cumulative criteria were relatively easy to apply, although often time consuming. For example, it was difficult to determine whether a study was about social care services or practice with adults. For research in health services, we included studies if the focus was on aspects of social care (e.g. psychosocial aspects or seeking to facilitate independence) or on the health interface with social care/social work services. For example, we excluded instances where the focus was solely on health-based/medical assessment and intervention (e.g. social work assessment of need for compulsory treatment under mental health legislation) but included them if they were about medical care and the interface with social care. We also included studies about holistic practice rather than specifically focused on acute health issues or clinical practice.

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Data extraction and analysis

The following pages describe the appraisal of the research as it is reported in the articles, and associated information about the practitioners undertaking the research, the topics and focus of their studies, and any information that they presented on the process and experience of undertaking the research.

The data extraction method allowed for review judgements to be made in relation to the methodology of the studies, the study's utility (including its relationship to changing and improving practice), and the study's role in 'capacity building' (see Coren and Fisher 2006, Marsh *et al.* 2005, Oancea and Furlong 2007, Pawson *et al.* 2003, Shaw and Norton 2007 for sources that shaped our approach, and Appendix 1 for the *proforma* categories and guidelines).

Reflections on the strengths and limitations of the methodology used

Given the very small proportion of practitioner research studies that enter the public domain*, there are questions regarding the kinds of studies likely to be published. Influences will include encouragement by academic supervisors to publish (of the 72 papers, 33 involved statements about academic support or partnerships, and there were a significant number that were explicitly described as stemming from postgraduate study). Practitioners may have various motives to publish, including a wish to move towards a research career, to share findings as widely as possible and personal/professional development. However, the studies referred to above probably represent those regarded – at least by the academic community who mentor graduate students or edit journals – as drawn from the most publishable of such studies. Insofar as this is true, they offer a useful resource from which to suggest good practice.

Our 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 of social care. Widening the scope of the study to include social care research, *whatever the professional identities of the practitioner*, yielded a significant proportion of health based studies.

Third, it has been delimited by the inclusion/exclusion criteria used that allow comparisons with previous mapping studies of practitioner research (e.g. Mitchell *et al.* 2010). This helps ensure that our methodology is rigorous, transparent and replicable.

* In the case of occupational therapy, the proportion may be higher. By way of comparison, a recent study of doctoral research in the USA concluded that almost 29% of doctoral dissertations were published (Maynard *et al.* 2014).

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However, the operations of the academic publishing market mean that the inclusions in our review almost certainly do not typify the range and practice of practitioner research. In addition, such publications do not necessarily provide us with a clear and comprehensive picture of the conduct and outcomes of practitioner research. Alongside the initial search terms, we added, as mentioned above, further professional domains and fields of practice – dementia and occupational therapy – to ensure we had a broad sample of social care research.

The reporting of a research study is a discriminating and interpretive process. Authors may be selective in what they report dependent upon the perceived audience. Their choice of content and style will also be influenced by the guidelines and reviewing processes used by the journals to which they are submitting or the guidance offered by academic mentor whose priorities and interests may differ from those of practitioners. We illustrate how such interactions may work below. Therefore, in addition to the ‘top-slicing’ of studies that are seen as publishable, the findings of the review of the paper are based upon what is reported in relation to the studies, which may not reflect what has occurred.

ANALYSIS AND DISCUSSION

Practice base and roles of research-practitioners

The review identified 72 relevant papers focussed on practitioner research and social care. Within the 72 papers, joint authorship was common and only 18 studies were sole authored. The kinds of social care practitioners involved within the 72 studies were heavily weighted towards social workers, clinical psychologists and occupational therapists. With the exception of three studies where the professional identities of the author/s were not identified:

- 16 involved social workers
- 21 involved occupational therapists
- 4 involved nurses
- 3 involved a service manager
- 3 involved mental health practitioners
- 14 involved clinical psychologists
- 3 involved psychiatrists
- 7 studies involved hospital and health professionals (including GPs).

In terms of the practitioners' research agency, 54 studies were undertaken by practitioners based in the NHS; nine studies by practitioners based in local authorities; and three by practitioners in voluntary agencies (three studies did not clarify location and one study was joint NHS/local authority). Where the location of the research was clearly stated (in five instances this was not clear), the studies were predominantly carried out within England (56) with seven in Scotland, three in Wales and one in Northern Ireland.

Who and what is researched?

In conducting this study, we have applied a relatively new framework for categorising social work research (Shaw and Norton 2007, Shaw and Ramatowski 2013). This framework operates along two dimensions: one centring on the primary research focus in terms of the people being researched; the second on the kind of research problem being explored.

The predominant primary cluster of subjects of the 72 practitioner-research studies reviewed was upon actual or potential service users (68), although professional and policy communities were also well represented (24) (see Table 2). Of the 68 focused upon people as actual or potential services users, these included: adult offenders or victims (3); people with mental health problems (14); older people (10); and people with health problems/disabilities (25).

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Table 2: Who are the participants or subjects of social work practitioner research?*

Actual or potential service user or carer grouping total 68	Children and families	12
	Young people (not offenders)	2
	Young offenders/victims	0
	Adult offenders/adult victims	3
	Adults with housing, homelessness, education or employment difficulties	1
	People with mental health problems	14
	Older people	10
	Adults/children with health/disability difficulties (including learning disabilities)	24
	Adults/children who are drug/substance (mis)users	0
	Equal focus on two or more different user and/or carer groups	2
Citizen, user and community populations total 6	People as members of communities	1
	People as service users, carers	5
	Women or men	0
Professional and policy communities total 23	Social work/social care practitioners/managers	11
	Social work/social care students	1
	Members or students of other occupations	2
	Policy, regulation or inspection communities	1
	Jointly social care and other professional communities/agencies	8
	Not applicable. For example, theorising that crosses categories; methodology	1

* There are a number of dual classifications.

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Primary research problem

The most frequent research problems were those seeking to 'understand, develop, assess or evaluate social work practices, methods or interventions' (27) and those that sought to 'understand, evaluate or strengthen social work/social care services, including voluntary services/independent sector' (20) (see Table 3).

There was a diverse set of research aims, perhaps best understood in terms of how they related to different points in the intervention cycle or were focussed to a greater or lesser extent on specific techniques and skills.

Referring to the wider classification scheme, our review did not identify studies of participants in the criminal justice system or research focused on substance misuse. This probably makes sense given the social care focus of the study. But there was also a less explainable but almost complete absence of studies centred on user, citizen, or carer populations.

We cannot say with any confidence at this point how far this is similar to or different from the research problems addressed by, for example, social work and social care academic researchers, or by users and carers. The numbers are small and conclusions are not simple to elicit. However, it does seem reasonable to infer that the focus of problems is more likely to fall on issues relating to direct service delivery and less on underlying questions of the nature, scale and experience of problems by actual or potential service users. In this respect, practitioner research probably differs from both academic research and user/carer research. For example, a UK-wide programme of user research in mental health, 'Strategies for Living', sponsored by the Mental Health Foundation*, yielded a series of studies where the key themes at a national meeting of the grant holders for this project were:

- Coping
- Identity
- Information needs
- Support needs
- Self-help
- Carers
- Women's issues
- Rights and opportunities.

* www.mentalhealth.org.uk/?view=Search+results&search=Strategies+for+Living

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Table 3: Research problems addressed by practitioner researchers*

Understand/explain issues relating to risk, abuse, challenging behaviour, loss, separation, vulnerability, trauma	14
Understand/assess/strengthen user/carer/citizen/community involvement in social work, community organisation, partnership, empowerment	13
Understand/explain issues related to equality, oppression, diversity, employment, housing, education, poverty and social exclusion	2
Understand/promote the nature and quality of informal care, carer activity, volunteering and their relationship to formal care	3
Understand/develop/assess/evaluate social work practices, methods or interventions, including their recording/documentation	26
Understand/evaluate/strengthen social work/social care services, including voluntary services/independent sector	21
Beliefs, rights, values, ethics, faith	2
Understand/explain practice or promote good practice in social work/social care organisations and management	5
Ethnicity, race, racism	0
Understand/respond to issues of gender, sexism, the roles of men, women	0
Understand/respond to issues about the form, significance and challenges to the family	3
Demonstrate/assess the value of inter-disciplinary or inter-professional approaches to social work services	4
Understand/promote learning and teaching about social work or related professions, and entry to career	6
Demonstrate or assess the value of comparative research	0
Development of theorising about social work	0
Understand and assess the quality of social work research	0
Total	99

* A number of studies addressed more than one problem. The percentage figures are the same as the numbers.

Motivation, capacity and opportunity

What kinds of factors prompt and sustain practitioner engagement in research? In the following paragraphs, we have drawn primarily on the studies in the review but also from recent research on practitioner research initiatives that sheds light on the analysis. Taken together, this leads us to suggest that we can helpfully think of this as stemming from a combination of three factors:

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

While one or other of these may exist in isolation, without the conjunction of all three, practitioner research initiatives will not take place, or at least will rarely carry through to completion – each is necessary but none is sufficient. By way of clarification, we do not believe that the presence of all three factors will be known and recognised in advance or that all will be evident to a marked degree.

Motivation

Ten of the studies were explicitly described as completed as part of obtaining qualifications (for example, graduate taught or research degrees and professional qualifying requirements). This is likely to represent a significant underreporting, and this figure may be far higher – perhaps one-third of the overall sample given what is implicit in the wider articles. It can reasonably be inferred that all studies included some form of personal motivation given that publication never appeared to be required as part of the graduate degree or the professional requirements of their social care role. Research questions seemed motivated by the immediate experience of practitioners or issues arising within an organisation/agency – a problem to be solved. Personal motivation included, in one case, that of challenging/informing decision-making regarding occupational therapist roles (Lillywhite and Atwal 2003). For others, motivation arose from reflection and consideration of their own practice experience – for example, to address social exclusion experienced by gypsies, Roma and travellers (Yin-Har Lau and Ridge 2011). Similarly, Sutton (1998) aimed to examine the contribution of an occupational therapist in an acute mental admission unit. Another study took place as a response to an identified 'problem' for services and to develop actions to improve the use of a practice 'tool' and respond to challenges of dual diagnosis – recommendations that had subsequently been partially taken on board (Halfpenny-Weir 2009). Some motivations were explicitly around drawing on service users' experiences and perspectives to inform service development (Bostock *et al.* 2009, Kane and Bamford 2003, Melton 1998, Birch 2005, McWilliams 2005). In the case of Welch and Dawson (2006), the particular approach (action research) was seen to encapsulate many of the attributes and concerns of occupational therapists: to realise humanistic values – for research to be emancipatory – and for a collaborative form of enquiry rooted in reflective practice. Perhaps similarly, for Keady *et al.* (2007), the study was said to demonstrate the 'reflexivity of the practitioner'.

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Formal statements in journal articles may not do justice to practitioner motivation. Recent research illustrates in a more embodied way how motivations are experienced and expressed:

It does require the individuals to be hugely motivated, hugely proactive really.

I want to make sure it's a good piece of work so I will work really hard to do that, I won't just produce any old thing, that's how I feel, that's just about me about my personality (Shaw and Lunt 2011, p.1554).

Capacity

In ten cases, authors explicitly stated that they had had access to training, although this is unlikely to convey the extent either of existing capacity or capacity-building provision. Three considerations come into play: the nature of pre-existing capacity; the role of academic support; and the capacity significance of clusters of related projects.

On the whole, we suspect that individual capacity may not be recognised in advance and, indeed, will often be latent, waiting, perhaps, to be illuminated by the conjunction of motivation and opportunity. Interest, ability and relevant experience may come to the fore as someone engages with a new research-opportunity context.

Regarding the question as to whether there is something about the relationship between academics and practitioner researchers that is important, the articles yield little – perhaps because the culture of journal writing includes demonstrating intellectual autonomy rather than dependence. Academic support is a given for university mandated dissertation work. This may work in different ways, and not necessarily in forms that practitioner researchers find constructive. For example, while academic advisors may engage in a process of moderating interests that open up unexpected ways of seeing the world, they may also steer a project in directions more detached from initial practitioner interests.

One of the more important developments in the last decade or so has been the sponsoring of networks of practitioner research projects, whether these are projects funded through a given programme, initiated by a practice agency, or part of a national or regional development. This development poses fresh questions. How do larger teams of practitioners come together and manage in working together in research (e.g. Connolly *et al.* 2009, Hackett *et al.* 2005, Pison-Young *et al.* 2012)? How far does it make sense to think of such projects as part of a team? What motivates these teams in terms of organisational or professional cultures? What facilitates achievement?

Opportunity

The presence of an 'opportunity' may seem obvious, but we suspect not. Opportunities are as much made as given, and what may seem an opportunity to one person in an organisation may be interpreted differently by someone with different interests in the same organisation. So what comes to count as an opportunity may at the time seem loose

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and ill-defined. These processes are typically invisible in published studies, but may be heard when listening to practitioners recalling how they became involved in a given study:

We got an e-mail saying 'Oh, there's an opportunity to do some research' and I wrote back saying 'Oh, sounds interesting, keep me posted'. That was it. And then I got, 'You've been selected to do research' so to talk about going into it blind - that was absolutely it (Shaw and Lunt 2011, p.1555).

Capacity and opportunity are inter-related, especially in those cases where capacity-building provision plays an important role and where individual capacity is latent rather than recognised 'up front'. This was illustrated explicitly in a study of a network of practitioner research projects in New Zealand where Lunt and colleagues (Lunt *et al.* 2008) talked about a 'framework of opportunity'.

We encountered a striking instance of external supports providing a framework within which the small-scale practitioner research could be developed. For Gormley and Quinn (2009), who used semi-structured interviews, the schedule design was informed by an 'expert reference group of researchers, advocacy workers and public health specialists' (p.262).

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Methods and methodological rigour

In addition to the subject and problems of the research, the content of the papers was appraised to describe and tentatively assess the methodology. The methods were classified using a categorisation of social research recently developed by one of the authors. The papers were appraised in relation to how the study was linked to existing knowledge; its stated aims and objectives; consideration and application of ethical research practice; and consideration of how authors accounted for the quality, rigour and trustworthiness of their studies.

Linking to existing knowledge

The great 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, providing more detailed descriptions of previous research studies and identifying key gaps that cut across them (e.g. Abrahamson 1998, Hignett 1998, Birch 2005, McWilliams 2005, Bostock *et al.* 2009, Gormley and Quinn 2009, Slack and Webber 2008). For example, Gormley and Quinn (2009) outlined the pre-existing literature on stigma, including a section on the ‘social work contribution’ and suggest their study addresses a gap:

What appears to be lacking from the literature is the contribution of social work to an analysis of the prevalence of stigma and discrimination within social work practice and how social work practitioners and users of social work services can both play a part in addressing this problem (p.262).

Similarly, Blacher (2003) notes the dearth of research into out-of-hours practice; Clarke and Rugg (2005) highlight the lack of data around toileting and stroke survivors; McKeown *et al.* (2006) summarise what was already known about their topic and what their paper is said to add. For McAllynn and McLaughlin (2012), the evidence gap was around the locality itself:

no empirical studies have been undertaken in Northern Ireland to ascertain what hospital based social workers perceive to be the factors that affect or negatively impact their practice in the discharge planning process (p.3).

Other papers were less detailed or systematic. For example, the apparently predetermined length of articles in the *British Journal of Occupational Therapy* proscribed lengthy literature coverage. But virtually all 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. Sutton 1998, Holmes 1998, Hignett 1998). In Lau and Ridge (2011), there is

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an underdeveloped description of the approach to identifying and reviewing of literature, the services discussed and case studies.

Our approach to reviewing the studies is, of course, premised on a traditional academic assumption that good research entails a certain form of writing and an expectation that researchers will set their work in a scholarly tradition and context. There has been a persistent challenge to these conventions through, for example, the manifestation of more personal and reflexive forms of writing. While we did not detect any traces that the authors of the articles under review had been influenced by these debates, the questioning of scholarly conventions does at least suggest that we should leave open the question of whether good practitioner research should follow in their footsteps. In papers that did not adopt the 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 Carson *et al.* (1998) and Lillywhite and Atwal (2003) were preoccupied by research questions that were driven by their own practice experience and professional knowledge.

Research methods

Turning more specifically to the research methods employed, the following Tables 4a and 4b give both broad and detailed pictures.

There were 18 quantitative studies (Furminger and Webber 2009, Gascoigne and Mashhoudy 2011, McAlynn and McLaughlin 2008, Ridout and Mayers 2006, Slack and Webber 2007, Sutton 1998, Craik 1998, Goddard Blyth *et al.* 1998, Boucher and May 1998, Hignett 1998, Cox and Findlay 1998, Payne and Howell 2005, Goodacre and Turner 2005, Wales and Waite 2005, Gilmour *et al.* 2003a, Cross *et al.* 2008, Duffy *et al.* 2009, Scott *et al.* 2011). While Ridout and Mayers (2006) consisted of a very small survey, the scale of Gascoigne and Mashhoudy (2011) and Furminger and Webber (2009) was much larger, drawing on pre-existing data within their studies. Sutton (1998) and Payne and Howell

Table 4a: Overview of methods used

Methodology	Number	Percentage*
Quantitative	18	24
Qualitative	35	47
Mixed qualitative and quantitative methods	17	23
Systematic reviews	4	5

* Rounded to nearest whole percentage

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Table 4b: Details of methods used

Research methods	Original 27 studies	Dementia studies	BJOT studies	Total
One2one interviews	15	11	10	36
Narratives, life history, (auto)biography, naturally occurring talk	1	0	0	1
Focus groups and group interviews	3	1	0	4
Observation and ethnography	2	1	2	5
Action research and participatory cycles of research	1	1	0	2
Visual methods	0	0	1	1
Personal records and documents – diaries, journals, letters	1	0	2	3
Historical and archival methods	0	0	0	0
Records and organisational documents	2	0	4	6
Internet research	0	0	0	0
Case studies: of organisations; individuals; events; communities; or social groups.	6	2	1	9
Sample survey	3	3	12	18
Repeat and longitudinal studies	0	1	1	2
Experiment or quasi-experiment	1	0	4	5
Measurement and rating scales	1	6	4	11
Syntheses, meta-analysis, systematic reviews and secondary analysis	4	0	0	4
Total				117
Missing data	1	0	0	1

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(2005) also drew upon pre-existing data. Administrative data sometimes offers good opportunities for practitioner research – given it is contained, context specific, grounded in practice with potential for evaluative type-research and allowing the exploration of relationships within service system.

Most papers were explicit about the methods that had been employed, providing detailed information on design rationale, data collection and analysis. Fifteen different methods were used across the 72 studies with 35 drawing on more than one method. To express this differently, 117 methods choices were made across the 72 studies. While comprising predominantly semi-structured interviews, there were also instances of syntheses, focus groups and group interviews, observations (White and Lemmer 1998, Birch 2005), narratives/autobiography, visual diaries (Birch 2005), sleep diaries (Green *et al.* 2005), records and organisational documents, action research (Welch and Dawson 2006, Pison-Young *et al.* 2012), and personal records. Compared with previous studies, this provides a picture of considerable methodological range, a higher percentage of structured methods, and a greater proportion of mixed method studies.

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

Designs and approaches were relatively heterogeneous, although they were typically cross-sectional and data was collected at one point in time, especially in Type 2 studies. There were a small number of examples of a quasi-experimental design, including Gascoigne and Mashhoudy (2011) who examined the mortality rate of a group of residents who had experienced involuntary relocation of residential home and compared them with that of a group within their first year of residential care who had not experienced relocation. These findings were set alongside three other sources of knowledge about relocation drawn from the literature, qualitative research and critical reflection in social work practice. There were eight instances of case studies of organisations, individuals, events, communities or social groups. Finally, there were two examples of an action research project to investigate collaborative learning as a catalyst to increase therapists' competence and confidence in consuming research and to explore the transition to evidence-based practitioners (Welch and Dawson 2006), and the study by Pison-Young *et al.* (2012) involved an action research methodology across three phases, one of which was designing a leaflet for other people with dementia.

We considered whether single system designs showed up in the review. In the US, and to a limited extent in the UK, single system designs have been advocated and practised in social work and social care research (see Kazi and Wilson 1996). However, we found only

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two examples that included the simple form of baseline followed by intervention (AB-type design) as a method for examining the effectiveness of interventions. Boucher and May (1998) incorporated a small scale pre- and post- design, and Urwin and Ballinger (2005) utilised an A-B-A design for an intervention delivered over one month to five individuals with 24 measurements being taken. There were a handful of studies using control groups in their designs (such as Gascoigne and Mashhoudy 2011, Goddard *et al.* 2005, Trott and Fisher 2005), but beyond this, there were few clear accounts exploring similarities and differences in samples, or limitations in knowledge of factors that could potentially influence outcomes.

The majority of studies adopted qualitative methodologies: 35 of the 72 were identified as solely qualitative studies, and these were frequently very small scale. They ranged from studies that incorporated a descriptive case study approach to understanding individuals, teams, interventions, practice processes, drawing, for example, on pre-existing data or practitioners' own reflections and experience (Archibald 2001, Lai and Ridge 2011) to studies that collected data from service users or practitioners (Furminger and Webber 2008). There were also examples of single client cases presented in autobiography and client case studies (Atwal *et al.* 2003, Carson *et al.* 1998, Keady *et al.* 2007, Rosier *et al.* 1998). Data was most often collected through qualitative unstructured or semi-structured interviews (Bostock *et al.* 2009, Kane and Bamford 2003, Lai 2000), but some studies included data collection through focus groups (Connolly *et al.* 2009, Mulhall 2000, Noncorrow and Mackey 2005) and through couple interviews individually or jointly (Pearce *et al.* 2002; Koppell *et al.* 2007, Molyneaux *et al.* 2012)

In a rare exception to cross-sectional studies, Welch and Dawson (2006) and Sutton (1998) collected qualitative data at two points in time. For Sutton, this was mainly to allow a process of checking and discussing initial data collection. For Welch and Dawson's action research of a collaborative learning group, they undertook formative (n=5) and summative (n=5) semi-structured interviews. Their findings also utilised reflective diary and field notes collected by the researcher throughout the collaborative learning group.

There was one example where data collection was not undertaken by the authors (practitioner researchers) themselves. Godfrey (2004) planned semi-structured interviews with service users, using a recruited service user (trained by the author) to conduct the interviews.

There were 18 studies (e.g. McAlynn and McLaughlin 2012, Ridout and Mayers 2006, Slack and Webber 2007, Holmes (1998)) that adopted solely quantitative methodologies (in each case surveys), although the research tools in a number (e.g. Slack and Webber 2007, Ridout and Mayers 2006, Holmes 1998) allowed for open-ended qualitative responses). Sixteen papers drew on both qualitative and quantitative approaches to data collection and analysis (such as Furminger and Webber 2009, Gascoigne and Mashhoudy 2011). Gascoigne and Mashhoudy (2011) drew on data from existing information systems for the purposes of the study and supplemented this with a quantitative study. They employed

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administrative data, case records, and contacts with social workers to clarify information and to obtain quantitative data on characteristics of individuals, their moves and dates of death. Drawing two samples (a study group $n=71$, and a control group $n=412$), these were then followed-up 12 months after moving (via case records and contacts with social workers) to identify mortality. The quantitative analysis was supplemented with analysis of findings in the literature to explore themes and trends and to explore qualitative research into older peoples' experiences and views. They provide five case examples constructed from using critical reflection.

Four of the studies involved systematic reviews of the literature/synthesis as either a primary or a secondary approach. These studies were marked by their use of a systematic approach to search, screen and review material.

Many of the studies sought to sample in a particular bounded locality, whether a Health Trust, a defined area, a city or otherwise bounded site. For three of the studies, the sample was a single individual case (autobiography and detailed case analysis) (Carson *et al.* 1998, Keady *et al.* 2007, Archibald 2001).

The authors' diverse approaches to sampling included purposive (Atwal *et al.* 2003, Nancarrow and Mackey 2005), self-selecting (Connolly *et al.* 2009, Gormley and Quinn 2009), convenience (Blacher 2003, McAlynn and McLaughlin 2012), random stratified (Furminger and Webber 2009); random/simple probability (Gascoigne and Mashhoudy 2011), and attempts at achieving full-census within a borough (Slack and Webber 2007).

Two observations may be made. First, there were variable levels of reflection on research processes (partial exceptions included Godfrey 2004, McKay *et al.* 2011, McWilliams 2005, and Welch and Dawson 2006). There was a tendency to treat data in too confidently realist terms, and, despite some interest in reflective practice in social care, there was limited apparent awareness of and sensitivity to matters of reflexivity. However, practitioner researchers may not be markedly different from academic social care researchers in these respects.

Second, we were struck by the way the size of studies varied considerably. We suspect this may in part reflect different research cultures in health and social care agencies. We would distinguish these, in part, as one between 'cottage industry' research and (often larger) more organisationally sponsored and supported endeavours. We stress that this is in no way an evaluative pair of categories. We are wary of assuming an ideal type thereby making invidious distinctions of naïve versus mature; small versus large; practitioner versus practitioner+academic models of practitioner research.

Ethics in practitioner research

We reviewed how practitioner researchers dealt with issues of consent, anonymity and confidentiality, protection and evidence of independent scrutiny. Overall, the papers were fairly comprehensive in their consideration of ethical research practice: 42 of the 72 papers

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provided some details regarding what consideration had been given to ethics in the research process. This extended to issues of informed consent with many papers (e.g. Gormley and Quinn 2009, Keady *et al.* 2007, McAlynn and McLaughlin 2012) having explicit reference to the process that they had used to ensure research participants had given their informed consent. In some papers, it is reasonable to assume that the consent process took place but was simply not reported because there were a total of 13 projects that were said to have been submitted to a range of institutional review boards. These review board processes included:

- **Local University:** Atwal *et al.* (2003), Gormley and Quinn (2009), Lillywhite and Atwal (2003), MacKay *et al.* (2011), Scott *et al.* (2011), Birch (2005), Hoyland and Meyers (2005), and Ridout and Mayers (2006);
- **Local research ethics committee:** Atwal *et al.* (2003), Connolly *et al.* (2009), Furminger and Webber (2009), Gormley and Quinn (2009), Ridout and Mayers (2006), Mulhall (2000), Slack and Webber (2007), Duffy *et al.* (2009), Clarke and Rugg, (2005), Urwin and Ballinger (2005), Trott and Fisher (2005), and Welch and Dawson (2006);
- **Research Governance Manager of Trust:** Keady *et al.* (2007);
- **Social services ethical review committee:** McAlynn and McLaughlin (2012);
- **British Association of Social Workers Codes:** Godfrey (2004);
- **British Sociological Association code of ethics/Scottish Social Services Council Code of Practice:** MacKay *et al.* (2011).

A smaller number of authors more generally mentioned that issues of anonymity and consent had been submitted to ethical review. There were studies where consideration was given to the sensitive nature of the study (e.g. Kane and Bamford 2003), or to issues about potential harm through the process of action research (Welch and Dawson 2006).

Some studies had engaged within institutional processes and had been advised that the nature of the proposed study (e.g. audit or service evaluation) did not require institutional ethics approval (e.g. Hackett *et al.* 2005, Hammond and Klompenhouwer 2005). Some studies contained fewer detailed reflections (Gascoigne and Mashhoudy 2011, Halfpenny-Weir 2009). For example, in Lau and Ridge (2011) there is no detail on permissions to cite case study details, or about anonymisation or confidentiality. Similarly, Blacher (2003) said little about access, confidentiality, anonymity, and it remains unclear who undertook the interviews and how. For some studies, it was not possible to determine access, confidentiality or anonymity and it is unclear whether this reflected lacunae in reporting the study or actual research practice.

Some papers gave little consideration to potential or actual dilemmas relating to their dual roles as practitioners and researchers. One (Mitchell *et al.* 1998) noted the use of a 'buddy' system of co-investigators (which they attributed to Fuller and Petch 1995) to

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allow for practitioners from different parts 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. Also, there were few examples of reflections on ethical dilemmas (see Godfrey 2004).

Making sense of reliability, credibility and transferability

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

Most often authors did not provide an explicit appraisal of their study's reliability or dependability. However, for some it is possible for the reader to make a judgement on this from the detail on the research design, process and findings. On the whole, those studies appeared to demonstrate a contextually adequate level of rigour in their methodology, sampling and reporting of findings. It is perhaps significant 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. Kane and Bamford 2003, Mitchell *et al.* 1998, Slack and Webber 2007). Indeed, we wonder if academics supporting authors had sometimes functioned to 'scholar up' the original research for publication. This may have been more common in those Type 1 studies where the practitioner and academic roles are less clearly differentiated. Atwal *et al.* (2003) identified limitations related to sample size, being restricted to one site, lack of a representative sample, the need for more in-depth qualitative work to enhance understanding and the use of a particular rating tool. There were isolated attempts, however, to assess inter-rater reliability in study (e.g. Unwin and Ballinger 2005) and to introduce great reflexivity via the use of a 'critical friend' (Melton 1999).

There were some studies where further details on the implications of their samples (e.g. Blacher 2003, Gormley and Quinn 2009, Mulhall 2000) or the method that they had used (Godfrey 2006) may have been informative. For other papers it was sometimes difficult to appraise their reliability or dependability due to significant omissions about the design of the studies or in the reporting of their findings. Part of the reason for this was that findings perhaps had been under-analysed. Gaps in reporting were most often noticeable in relation to the samples that studies had used – the sampling frames, their rationales, sampling methods, and, where relevant, sampling attrition. Such omissions make it difficult to appraise the reliability and transferability of the findings.

However, and 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. There were studies where chosen scales were used because they previously had been tested for reliability and validity (Holmes 1998, Knox and Menzies

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2005, McWilliams 2005, Goodacre and Turner 2005). Many studies emphasised the importance of piloting prior to data collection proper (e.g. Jepson 1998, Melton 1998, Goodacre and Turner 2005). A high proportion of the studies were exploratory and descriptive in nature with only a few studies attempting to develop explanatory accounts. Most studies were measured and cautious in the conclusions that they drew from their research, acknowledging the limitations of sampling and reliability. These were often situated within discussions stimulating reflection on practice or identifying issues that suggested scope for further inquiry. Some papers made explicit reference to limits on the transferability or generalisability of their findings. Lillywhite and Atwal (2003), for example, conclude 'The findings of this study must be interpreted with caution, as the study may not be representative of community occupational therapists working across the UK' (p.135). These are not the only studies that reflect on interpretive limitations (Archibald 2001, Atwal *et al.* 2003, Godfrey 2004, Gormley and Quinn 2009, McAlynn and McLaughlin 2012, Sutton 1998). For Welch and Dawson (2006), 'While the research does not seek to provide generalisable findings, themes that emerged are potentially transferable to other areas of practice' (p.232). However, there were a small number of studies where this was not clear.

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Utility, capacity building and value for people

The review included an appraisal of the utility of the research studies. This included consideration of their contribution to knowledge, their relevance and accessibility, their concern for enabling impact and how the research process contributed to building capacity. These factors are difficult to capture in the research appraisal process, as they are rooted in ethical judgements and tacit, situated knowledge. Also, their consequences may not become apparent until some time, even years, after the event. In addition, the matters dealt with in this section were among those where the differences between Type 1 and Type 2 studies were most apparent.

Earlier in the report, we distinguished different forms of practitioner research associated to a significant extent with differences in the professional and occupational roles of the project researchers. We foreshadowed that when giving figures for questions, such as the research problems or methods used, we would generally refer to the full set of studies, while when developing the characterisation of the research, we would tend to maintain these category distinctions. This is how we organise this section.

To some extent, 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. In some studies, this was done in a conventional way with respect to linking the reporting of research findings to clear recommendations; but in general, there was less attention to or mention of clearly established dissemination processes and utilisation pathways. In only 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 utilisation went beyond the publication and dissemination of their research findings. For example, for Welch and Dawson (2006), using action research models entailed embedding these considerations as an integral part of the research process; for others, it became part of the research process due to their close links to a practice base, including managers/practice (Connolly *et al.* 2009, Keady *et al.* 2007). It was evident in some cases that the authors took advantage of 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.

The papers all demonstrated strength in their plausibility from a practitioner's perspective and in their promotion of self-reflection and self-development. Many of the studies were situated within a clearly-defined practice context and drew on description and analysis to explore practice dilemmas or problems (e.g. Archibald 2001, Carson *et al.* 1998, Lau and Ridge 2001).

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Some authors made reference to the impact that the research had had on their own experience or through the relationships that were formed in the course of the research. In these cases, the practitioner-researchers’ perceptions reflect a sense of empowerment and of the possibility of change.

Drawing these strands together, it seems possible to suggest a framework within which practitioner research benefits can be considered by setting them against different kinds of potential benefit and different possible beneficiaries. We have attempted this in Table 5 and included cell texts which are there as examples rather than as exhaustive scenarios.

Table 5: Matrix of potential benefits arising from practitioner research

Stakeholder benefits	Skill development	Delivery	Communication	Theory
Individual practitioners	Understand methods and research process, question framing	Improved intervention and delivery	Identify hidden issues	Affirm ways of working e.g. challenge assumptions
Team/site colleagues	Raised awareness of research	Improved practice if learning is shared and fed back	Requirement for teams to exchange, e.g. to recruit sample	Affirm ways of working
Agency	Highlighting challenge of organisational learning	Evidence-informed organisation		Situated developments
Profession	Raising level of research mindedness	Challenge of role diversification	Awareness of role challenges	Practice-reflection-theory
Service user	If collaborative	Benefits of improved delivery, but hard to evidence	Practitioner sensitivity to service user ‘voice’	
Academic collaborators	Potential new understanding of research and practice relation	Challenge of delivering appropriate teaching and learning formats	More grounded links with practice	Theorising research/practice relation

Source: Lunt *et al.* (2011)

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We do not suggest that each practitioner study will (or indeed, should) result in the full range of impacts/benefits; rather, the table is offered as an exemplar typification identifying stakeholders groups of individual practitioner researchers undertaking studies, colleagues within the team or site, the broader agency, a wider professional grouping, service users, and academic collaborators. The benefits themselves are presented along four dimensions: skills development, impacts on delivery, improvements in communication and wider theoretical developments.

Individual practitioner benefits

For individual practitioners in the review, there appeared to be a benefit – sometimes stated but more typically left implicit – of skills development, given that a number of the practitioners were undertaking the research as part of a university qualification or they were gaining academic support and development. Even those for whom there were fewer formal arrangements in place to support the research were likely to have benefited from a range of ‘on-the-job’ forms of improvement – from carrying out data collection, through background reading about the studies of others, and through the process of reflection that occurs in getting an article into print.

In addition to this broader and more inferential argument, there were some authors who outlined particular benefits gained from undertaking the study. For one author: ‘Whilst this was only a very small scale study undertaken by a practitioner researcher, it changed the way I think about user involvement’ (Godfrey 2004, p.225). The impact in this case was of more than one kind – thinking differently about research and practice as a skill development, discernible impact on delivery, and the potential to contribute to ongoing theory development. There was also an instance of the identification of practical tools that can then be used to support individuals’ planning for engagement in occupations (Atwal *et al.* 2003). In rather similar ways, another study outlined clear recommendations (changes to a practice ‘tool’, and training to build confidence in its use when working with substance misuse) as a result. The impact noted was: ‘Since this study was completed, the screening tool has been modified and feedback from the study has been incorporated into the new design’ (Halfpenny-Weir 2009, p.22). One study did mention diffusion of findings through practice teaching/training (Smith 2006), but in general there were few references to findings being disseminated in ways other than through the articles – although feedback and informal presentation of findings may occur but be unreported, and impact may ensue but not be fully captured.

The team, the site and agency colleagues

A number of authors referred to claims regarding the consequences and impacts of their study for their teams, the practice site or the agency as a whole (see Box 1).

One perhaps needs to treat these claims with a certain degree of caution. The tone is frequently aspirational, and even when unambiguously affirmed, the evidence may need to be taken on trust. Indeed, more generally, while authors make suggestions for practice

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Box 1: Examples of use claims

Problem response: In response to a 'problem' for services there were actions to improve the use of a practice tool and in doing so respond to challenges of dual diagnosis - recommendations that have been partially taken on board (Halfpenny-Weir 2009).

Aspirational impact – dealing with hospital discharge: 'The insights provided by this study regarding the pressures surrounding the process of discharge from hospital will inform relevant service improvements' (Connolly et al. 2009, p.557). Discussion of the findings in relation to internal difficulties, external difficulties, and repercussions for patients and carers led to the identification of actions needed within the study site: viz support for staff development and training and for multi-disciplinary working.

Aspirational impact – key worker roles: The author expressed hopes that 'these insights might help to inform practice and help in developing an understanding of some the issues around for staff when residents express sexual feelings and intent' (Archibald 2001, p.5). It is suggested that some staff may require longer follow-up after an incident involving sexual expression by residents, and that this may influence key worker/resident relationships.

Active use and consequences: A project manager had acted on findings and brought change as a result of recommendations: 'The dialogue is now open on many channels with people who have the capacity to instigate change. The findings of the study are being actively used and discussed' (Mulhall 2000, p.34).

'Testing' practice intervention models: For some studies the models underling ways of working were affirmed or challenged in ways that can be seen as contributing towards practice development. Despite the limitations of study, one author wrote that the research had endorsed the group work programme and encouraged further development (Kane and Bamford 2003). One study noted that research had informed the further development of two service delivery items (Jepson 1998).

and note how these would, if introduced, improve delivery and practice, it is typically unclear as to the take-up of these suggestions. Writers typically expressed the consequences of their work in the way Furlonger and Webber (2009) speak of how their study 'provides valuable insight into how new CRHT [Crisis Resolution and Home Treatment Team] services work alongside existing ASW [Approved Social Worker] services' (p.914). In similar tone, Blacher (2003), discussing his study of out-of-hours social work, suggests that if the issues he identified were tackled, there would be potential to improve the availability of up-to-date information. This could be achieved, he suggests, with a minimum level of resources (e.g. emergency placements). It would assist in the promotion of practice and in the embedded review of access or availability of supervision for out of hours practice. Bostock *et al.* (2009) conceive of the outcomes of their project in agenda-setting terms and suggest that the value of their study lay in the insight their account had

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given and the identification of system issues to be addressed. They explain that implications from their findings had been fed into a local strategy to improve services for people experiencing domestic abuse and had been incorporated into regular training for health and social care staff. There was also an occasional hint that recommendations were part of an author's advocacy strategy and less obviously grounded in empirical data (e.g. Lai 2000).

Team and agency Impacts

Consequences of the research for team and agency often overlap. There were several plausible instances where this had been thought through and was demonstrated (see Box 2).

Box 2: Examples of clear positive benefits and impact

'The outcomes of this work have certainly been important and have been very valuable not only for the service concerned but also for the clients of that service. The evaluation of the service has led to a number of service development initiatives and has been greeted positively by the various stakeholders involved. Importantly, the evaluation successfully demonstrated that such an approach was compatible with occupational therapy and could be completed by occupational therapists with an interest in research' (Salmon 2003, p.311).

'At the time of the completion of this study, I had finished my placement at The Project. However, reflecting on issues with the Project Leader some three months later I asked whether user views had influenced service provision at The Project. Changes had been made to meal provision and to the groups that are available. The project's future is being discussed and further clarified with agency partners... The project leader has met with other service leaders in the network and discussed the findings... Finally, the project is reviewing the possibility of extending its opening hours' (Mulhall 2000, p.34).

For Sutton (1998), the results of the study are said to support the agency claim for the pilot to continue.

Lillywhite and Atwal (2003) provided a coherent account of findings and clear recommendations for practice:

'The study developed out of a desire to ascertain whether occupational therapists perceived that they were able to make a unique contribution to enable persons with a learning disability to improve their own quality of life. It was thought that this research was needed as in one trust, occupational therapists' roles had been replaced by generic workers' (p.131).

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Drawing on lessons from a literature review rather than immediate empirical data, Yin-Har Lau and Ridge (2011) identified existing service initiatives that appeared to have been successful in overcoming barriers. They name individuals, services and additional documentation that could be followed up by others. Addressing managers and those responsible for strategic development of services, McAlynn and McLaughlin (2012) identify implications for social-services employers in the fields of training, practice and continuing professional development (CPD). Addressing direct practice, they recommend that social workers document what facilitates and impedes discharge planning. They also commend the value of induction and mentoring for less experienced staff, working to engender peer support and motivation to reduce emotional exhaustion, and partnerships between employers and educational institutions to expand or adapt CPD provision.

Furminger and Webber (2009) identified a gap in knowledge for what were then called Approved Social Workers (ASWs) working under the Mental Health Act (MHA):

The effective placement of ASWs, either within CRHT teams or adjacent to them, may ease workload pressures, aid communication and assist in decision making about the need for assessment under the MHA (p.915).

Incidentally, this quotation illustrates a recurring point regarding underlying apparent assumptions in the language 'voice' of many practitioner research articles. They are typically written to insiders – not only to a UK audience, but to those who are participants in the same practice area.

Professional roles

Similar caveats apply to other areas of potential impact. Thus, in terms of impact on the how professional roles are defined and carried out, there are recommendations rather than examples of consequences for the social care profession. The following illustrates how these were typically expressed:

- Training programmes on sexual abuse, its impacts and consequences are needed in both hospital and community settings;
- These should not be the sole remit of certain key professionals or therapists;
- The procedures for admission to psychiatric hospital for adult survivors require review;
- Community alternatives to hospital incorporating a less clinical or medical environment with suitably trained staff should be considered;
- A group-work programme explored in the study should be recognised and supported as an integral part of the provision of services for adult survivors of sexual abuse and should be extended to other areas (Kane and Bamford 2003).

Mitchell *et al.* (1998) conclude how their study illustrated that a variety of interventions was required to meet the varying needs of relatives following from results showing how

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two groups set up with the same purpose evolved to manifest differences in membership and orientation.

Consequences of practitioner research for service users

A previous study of practitioner research across social work and social care suggested that the influence of user research on practitioner research – either its focus or its methods – has been very limited (Shaw 2005). However, in the present review, there were isolated examples of collaborative processes, for example where Godfrey (2004) planned semi-structured interviews with service users using a recruited service user (trained by the author) to conduct his interviews.

Evidence of user participation in the dissemination of findings was variable. Quoting Godfrey (2004) again:

Following the research, I ensured that all participants were provided with a copy of the findings and conclusion. I provided a report to the local authority, to MIND and to the local carers' organisation, and gave a presentation at a carers' group meeting (p.228).

He also articulates a wider argument for user involvement.

A slightly less direct but significant instance is given by Bostock and colleagues (2009) where their findings contributed to the development of a self-help booklet about domestic abuse. A third example is provided by Gormley and Quinn (2009). They provide clear recommendations for ways in which social work departments and educational institutions can participate in addressing stigma and discrimination. In this process, they foresee a key role for service users (e.g. in the use of narratives as part of training for mental health practice).

Consequences for academia

Throughout the review, we have touched on the links between practitioner researchers and academia. The location of social work within the academic and university world has always been a point of tension lying close to the surface. The tendency to understand practitioner research in deficit terms as a rudimentary, small-scale version of 'proper' academic research contributes to the perpetuation of such tensions. This way of thinking presents challenges to conventional ways of seeing the research/practice relationship as one where the latter is the beneficiary of the former. We regard this as risking an unduly rational view of the world and suggest that practice – in this case the work of practitioner researchers – may equally well pose challenges back to the world of research and academia.

One interesting strand in the current review, albeit limited in volume, exhibited recognition of how practitioner research may be of interest not only as a source of conclusions and recommendations that can be applied to and implemented in social care

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services. In a way rather different to this conventional way of thinking about research and practice, several comments were made by authors regarding how the 'method' of practitioner research may itself yield patterns and motivations for the development of social care practice (see Box 3).

Box 3: Practitioner research and practice methods

'It is important for practitioners to undertake research to develop their own professional skills, enhance the standing of social work as a profession and ensure that a research base exists that is supportive of social work values' (Godfrey 2004, p.225).

Salmon (2003) urged the necessity to 'encourage further debate and exploration of the pluralistic evaluation approach within the occupational profession' (p.311).

Welch and Dawson (2006) identified a model for combining research and collaborative learning as potentially transferable to other professions, interdisciplinary groups, or domains of learning;

'Collaborative learning began to act as a catalyst for praxis that integrated theory, practice, experience and critical reflection. Nevertheless, the move towards EBP [evidence based practice] practitioner requires long term investment beyond the scope of this project' (p.235).

HALLMARKS OF TYPE 1 PRACTITIONER RESEARCH

The sometimes quite marked differences between our models of Type 1 and Type 2 practitioner research can be spelled out more fully. Roughly speaking, we can distinguish six fields where Type 1 research was often distinguished from Type 2 research. These fields are:

1. Occupational roles of researchers;
2. The nature of the working relationship between researchers;
3. The focus of the research questions and problems;
4. Research methodology;
5. The extent to which questions of the benefits and utilisation of the research are addressed;
6. The writing 'voice' adopted in the published outputs.

Occupational roles

The two areas where the majority of Type 1 research was conducted were those of dementia care and activities related to occupational therapy. In the first case the researchers were predominantly drawn from clinical psychology (28), psychiatry (5) and associated academic posts (17). The broadly occupational therapy studies, of which there were thirty, took place in the fields of mental health and disability. The largest group of researchers were occupational therapists (32) with a further 13 in associated academic posts. A smaller number of clinicians and therapists also were named. Expressed more generally, almost all were working within the health field or in linked academic posts.*

Researcher relations

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. But there were important differences. Type 2 joint studies appeared from the authorship 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.

This was not the case with Type 1 studies. We have noted earlier that the practitioner/academic distinction makes less sense where many of the researchers held roles that crossed traditional practice and academic boundaries in ways that probably reflect established career paths in the fields of medical and health services. However, the person or people having a primarily practice identity did not hold the lead in many of

* We have explained in the Introduction that Type 1 research studies are not listed exhaustively in this study.

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these studies. To illustrate, in Martin and Edwards' (1998) study of practice learning, the first author is a university lecturer and the second author a head of OT services; in Frazer *et al.* (2012), the authors were two clinical psychologists and an academic clinical psychologist; in Pearce *et al.* (2002), the three authors were clinical psychologists and two held academic posts. These differences suggest that the research culture in each type of practitioner research is likely to be rather different.

Research questions and problems

Generalisations are less straightforward when the research problems addressed by Type 1 research are considered. In the field of dementia care, nine of the 17 studies sought to understand or explain issues related to risk, vulnerability, identity, coping, challenging behaviour, loss, disability and related issues, whereas only one of the studies in the fields where OTs practised was primarily focused on this area. Those studies were heavily focused on questions of understanding, developing, assessing or evaluating social care practices, methods or interventions, or were addressing similar questions at the level of services. Eighteen of the 28 studies were of this kind.

Research methods

Type 1 and 2 studies contrasted sharply in terms of research methods employed. We have noted earlier that 19 of the 27 Type-2 studies employed solely qualitative methods. The picture from studies in the dementia field was fairly similar. Ten studies were solely qualitative and four only quantitative. But in the 'OT' studies, only 7 of the 30 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*. These differences may be explainable in rational terms regarding the match of problems and methods, but we suggest that wider professional and disciplinary cultures play a predisposing role in methods choice.

Research utilisation, dissemination and beneficiaries

Explicit attention to questions of how practitioner research may be utilised is, as we have seen, 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. The picture for Type 1 research is more clear-cut. 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 utilisation. 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.

* We use the term 'mixed methods' in a particular sense in this review to refer to studies where both structured (usually quantitative) and less structured (usually qualitative) methods are both employed. Needless to say, studies that employ, for example, observation and interviews are also using a mix of methods.

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Likewise in the occupational therapy studies, the rare exceptions were three studies where some attempt to develop the practice and service implications was reported. This conclusion should be read in conjunction with the next and final point about writing 'voice.'

Writing 'voice'

While this final point is more general and less tangible, it may illuminate a broader way of characterising differences between Type 1 and Type 2 practitioner research. The more prominent roles of researchers in academic-linked roles were consonant with the general writing style and voice of the Type 2 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 locating the claimed significance of the research in the light of previous research figured almost universally. The minimal engagement with wider professional or citizen audiences similarly reflected conventional academic writing. We do not take an evaluative position on this issue beyond suggesting that it raises questions as to how plausible it may be to describe some of these studies as practitioner research – practice research more broadly, but less clearly practitioner research in the terms we set out in the early part of this review.

CONCLUSIONS

Our review of practitioner research studies of social care selected 72 articles that we assessed on the methodology of the studies, the study's utility (including its relationship to changing and improving practice), and its role in capacity building. As outlined above, the findings of the review of the paper are based upon what is reported in relation to the studies, which may not fully reflect what had occurred. This is important to acknowledge when examining utility, for example, because the articles focused on reporting studies and findings and were not presented by their authors as primarily (or indeed at all) relating to implementation or utilisation.

There were several strengths of the studies that we identified, including the detailed attention to ethics and the wide range of methods that were used. The topics for the research were also seen to be those that were important to frontline practice and the priorities of social care professionals.

Drawbacks could be seen as the limits that an article format imposed on the detail that could be given around the process of conducting the studies, and the limited detail about methods and samples. Studies that made broader comments about utilisation and implementation of findings were of particular interest but were relatively unusual across the 72 articles. We recognise that the questions posed and methods used in practitioner research are likely, to some degree, to be a result of the resources available to practitioner researchers in terms of time, money and access to other expertise. It is perhaps to ask a great deal to expect these small scale studies to achieve in terms of utility and impact what wider 'academic' research reports typically fail to accomplish.

RECOMMENDATIONS

- We recommend an understanding of practitioner research that does not set it in a deficit model as a rudimentary or 'thin' version of academic research. The academic writing 'voice', for example, will not always be appropriate. This will have implications for ensuring that fittingly pitched support is available to capture the enthusiasm, interest and priorities of social care practitioners without inappropriate 'academising' of the product. This may include advice and mentoring to assist with the completion of written and published pieces of work. Journals (and good practice article banks) may generate and maintain identity among present and future practitioner researchers and their target audiences.
- We also recommend that practitioner research in social care should not be seen as a homogenous form of inquiry. We distinguished between such research as a 'cottage industry' and more professionalised endeavours that may be larger. We re-emphasise that we wish to resist invidious distinctions of naïve versus mature, small versus large, and practitioner versus practitioner+academic models of practitioner research. These distinctions are premised on an unquestioning academisation of practitioner inquiry.
- Practitioner choice of study approaches could be widened to include a more extensive palate of studies, including intervention research by practitioners. Single system designs offer one means of developing intervention practitioner studies. However, they are not a panacea, and we recommend the value of methodological diversity. There have been interesting developments in the counselling field where Elliott and McLeod have developed what they call 'hermeneutic single case efficacy designs' as a way of bringing a more nuanced interpretive standpoint to single case studies (McLeod 2010, McLeod and Elliott 2011, Stephen *et al.* 2011). Training workshops in the application of such methods are recommended.
- We commend the value – while appreciating the potential pitfalls – of practitioner research outside the context of dissertation or thesis work for degrees that takes place through different kinds of networks, including funded networks and informal partnerships.
- In terms of the organisational and funding environment for practitioner research, we recommend a modest funding stream – modelled perhaps on the Mental Health Foundation's earlier 'Strategies for Living' project – which might apply to both user/carer research and practitioner research. The sustained and carefully co-ordinated example of Danish work led by Ramian is a further example that offers fertile ground for the UK in terms of both funding and networking (Lunt *et al.* 2011).
- We emphasise the importance of understanding the experience of doing practitioner research. We recommend the development of supporting material should be made available of this kind. We do not think there are major fault lines between practitioner research in social care with adults and that with children, so such material

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could be drawn from and applied more widely. We have referred in this context to our own work in this field over the last decade.

- There are understandable obstacles that lie in wait for those who, having completed strong practitioner research dissertations for a social work or social care qualification, are advised to, or wish to, turn it into a publication. We recommend that the SSCR, and other interested bodies, embed support functions for such tasks within organisational roles. Practitioner research – as with all research – should be considered as an apprenticeship and craft model. Learning techniques will themselves not be enough and a wider set of supports are required – including around writing and publication. Enabling practitioners to understand the nature of exemplar practitioner studies, even when completed under circumstances different from their own, would be beneficial. We commend the potential value of a resource bank covering decisions about question choice, method, fieldwork, reporting, utilisation and capacity-building. These would be helpful, alongside eliciting accounts that document the journey from practitioner researcher to practitioner-writer.
- The forms in which practitioner research is written up for publication should perhaps be distinct from mainstream research in, for example, the way that practice contexts and problems are set out. However, we recommend that good practitioner research should address issues of both local application and general interest. The language of some articles in this review was sometimes rather parochial and would have benefited from viewing the transferability of knowledge in less localised ways.

Alongside these recommendations, we must also accept that practitioner research involves an element of measured risk taking. It is important to acknowledge the wide range of benefits flowing from practitioner research – of which completed reports are only one. Articles in refereed journals may be one form of gold standard dissemination, but we recommend recognition of the impact of a range of other approaches, whether contributing towards seminars, producing a summary document, or talking to fellow practitioners, service users and managers. As the American evaluation scholar Lee Cronbach (1980) advised long ago, be around, be present and available, talk briefly and often, tell stories, and give defensible justifications for programme recommendations. In seeing research in its wider context, it is important for practitioners to develop a dissemination and utilisation plan for each project.

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APPENDIX 1: PROFORMA CATEGORIES AND GUIDELINES

Category

- [1] Full reference
- [2] Practitioner researcher – role

Background on research

- [3] Research aims
- [4] Sample
- [5a] Primary focus
- [5b] Primary issue
- [6] Methods

Appraisal of methodology used as made explicit by the author

- [7] Does the study make explicit its knowledge?
- [8] Is there explicitness in the design and reporting of the study? (i.e. care, reflexivity and systematic attention to detail evident)
- [9] Does the study adhere to ethical principles? [general; consent; confidentiality; protection; evidence of independent approval]
- [10] Did users and carers participate in the design of the study?
- [11] Was consent to participate obtained from the study participants?
- [12] Was the purpose of the study explained honestly to the participants?
- [13] What was the sampling strategy used? And sample achieved?
- [14] Were all people recruited into the study present at the end of the study?
- [15] Is an account given of people who discontinued participation and their reasons?
- [16] Generalisability – does the study assess the relevance of their findings to the wider population and/or context?
- [17] Were data collected by persons independent of the service or intervention delivery?
- [18] Were data analysed by persons independent of the intervention delivery?

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- [19] Have authors reported on all outcomes defined at the outset of the study?
- [20] Have authors declared any interests they may have in the results of the study (e.g. financial or professional gain from the intervention)?
- [21] Strength of design – does the study report material relevant to the research question?
- [22] Centrality of user/carer perspectives – does the study report their views?
- [23] Quality of reporting and analysis – does the study give enough depth and detail to give confidence in their findings?
- [24] Were enough participants recruited to answer the study question robustly?
- [25] Did all participants have an equal chance of being recruited to the study?
- [26] Are enough data presented for results to be valid (on all variables: dependent/independent/outcomes?)
- [27] Are enough data presented for results to be useful (on all variables: dependent/independent/outcomes?)
- [28] If there is a comparison or control group, are they similar enough to the intervention group to be comparable?
- [29] 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?
- [30] If there is a comparison or control group, how were participants allocated to groups, and by whom?

Utility

- [31] Does the study fulfil its specification or stated outcomes?
- [32] Does the study respond to the needs of its users? Is it accessible?
- [33] Does the study demonstrate concern for enabling impact? [e.g. evidence of active dissemination, closer links between researchers and practitioners, recruiting expert and peer leaders]
- [34] Does the study provide links and openings that allow its findings to be operationalised in the development process? [remember dependent on context – nature of research question, level pitched, characteristics of intended users and audience]

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Capacity building and value for people

- [35] Is there evidence of partnership, collaboration and engagement in and with research?
- [36] Is the study plausible from a practitioner's perspective?
- [37a] Does the study permit 'self-reflection, self-development and expansion of control over acting opportunities'?
- [38] Is the study receptive to the practitioners' viewpoint?

Practitioner research process

- [39] Details on PROCESS of undertaking research [inception; anything aided; anything hindered]
- [40] Details on PERCEIVED IMPACTS/VALUE ATTRIBUTED to it [on individual as a participant undertaking the research; on organisation; on profession; on anyone else]
- [41] Did practitioner researcher have access to training?

APPENDIX 2: METHODS CLASSIFICATION

	Code
One2One interviews, incl. telephone, couples interviews, co-interviews	1
Narratives, life history, (auto)biography, naturally occurring talk	2
Focus groups and group interviews	3
Observation and ethnography	4
Action research and participatory cycles of research	5
Visual data. Photography, drawing, film	6
Personal records and documents – diaries, journals, letters	7
Historical archival research	8
Records and organisational documents [not archival documents]	9
Internet research	10
Case studies: of organisations; individuals; events; communities; or social groups	11
Sample survey	12
Repeat and longitudinal surveys.	13
Experiment or quasi-experiment	14
Measurement scales	15
Syntheses, meta-analysis, systematic reviews and secondary analysis	16
No data	0

APPENDIX 3: PRIMARY RESEARCH FOCUS (PEOPLE AND ISSUE)

Primary research focus (people)	Code
Actual or potential service user or carer grouping	
Children, families, parents, foster carers	1
Young people (not offenders)	2
Young offenders/young victims	3
Adult offenders/adult victims	4
Adults with housing, homelessness, education or employment difficulties	5
People with mental health problems	6
Older people	7
Adults/children with health/disability difficulties (including learning disabilities)	8
Adults/children who are drug/substance users	9
Equal focus on two or more different user and/or carer groups	10
Citizen, user and community populations	
People as members of communities	11
Service user, citizen or carer populations	12
Women/men	13
Professional and policy communities	
Social work practitioners/managers	14
Social work students/practice teachers/university social work staff	15
Social work and/or other researchers	16
Policy, regulatory or inspection community	17
Members or students of other occupations	18
Jointly social work and other professional communities/agencies	19
Not applicable	
For example, theorising that crosses categories; methodology	20

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Primary research focus (issue)	Code
Understand/explain issues related to risk, vulnerability, abuse, identity, coping, challenging behaviour, separation, attachment, loss, disability or trauma	1
Understand/explain issues related to equality, oppression, diversity, employment, housing, education, poverty and social exclusion	2
Understand/assess/strengthen user/carer/citizen/community involvement in social work; community organisation; partnership; empowerment	3
Understand/promote the nature and quality of informal care, carer activity, volunteering and their relationship to formal care	4
Describe, understand, explain, or develop good practice in relation to social work beliefs, values, cultural heritage, political positions, faiths, spirituality or ethics	5
Understand/develop/assess/evaluate social work practices, methods or interventions, including their recording/documentation	6
Understand/evaluate/strengthen social work/social care services, including voluntary services/independent sector	7
Understand/explain practice or promote good practice in social work/social care organisations and management	8
Understand/respond to issues of nationhood, race, ethnicity, racism	9
Understand/address issues of gender, sexism, the role of women, the role of men	10
Understand/respond to issues about the form and significance of the family	11
Demonstrate/assess the value of inter-disciplinary or inter-professional approaches to social work services	12
Demonstrate/assess the value of comparative, cross-national, cross-cultural research and of cultural distinctiveness/awareness	13
Develop theorising	14
Understand/appraise/develop the practice and quality of social work research (including user/carer involvement in research; uses of research; practitioner research; scientific practice; feminist research; anti-racist research methods)	15
Understand/promote learning and teaching about social work or related professions, and entry to career	16

APPENDIX 4: INFORMATION GATEWAYS AND DATABASES: SEARCHES AND RESULTS

Psychinfo	PsycINFO® is an electronic bibliographic database providing abstracts and citations to the scholarly literature in the psychological, social, behavioral, and health sciences. PsycINFO® provides access to journal articles, books, chapters, and dissertations.
[Web of Science] Social Sciences Citation Index	A multidisciplinary index to the journal literature of the social sciences. It fully indexes more than 1,725 journals across 50 social sciences disciplines.
[ProQuest] Applied Social Sciences Index and Abstracts (ASSIA)	This database is designed to meet the information needs of the caring professions, and spans the literature of health, social services, psychology, sociology, economics, politics, race relations and education. The database abstracts and indexes over 500 journals, from more than 16 countries.
[ProQuest] British Nursing Index	The British Nursing Index (BNI) is a UK nursing and midwifery database.
[ProQuest] ERIC	ERIC provides access to more than 1.4 million bibliographic records of journal articles and other education-related materials.
[ProQuest] SSA	Social Services Abstracts provides bibliographic coverage of current research focused on social work, human services, and related areas, including social welfare, social policy, and community development. The database abstracts and indexes over 1,300+ serials publications and includes abstracts of journal articles and dissertations, and citations to book reviews.
CINHAHL	CINAHL indexes English language journals in the area of nursing and allied health. Selected journals in related fields are also indexed together with books, dissertations, and conference procedures.
AMED	AMED indexes a selection of journals in complementary medicine, palliative care, and several professions allied to medicine.

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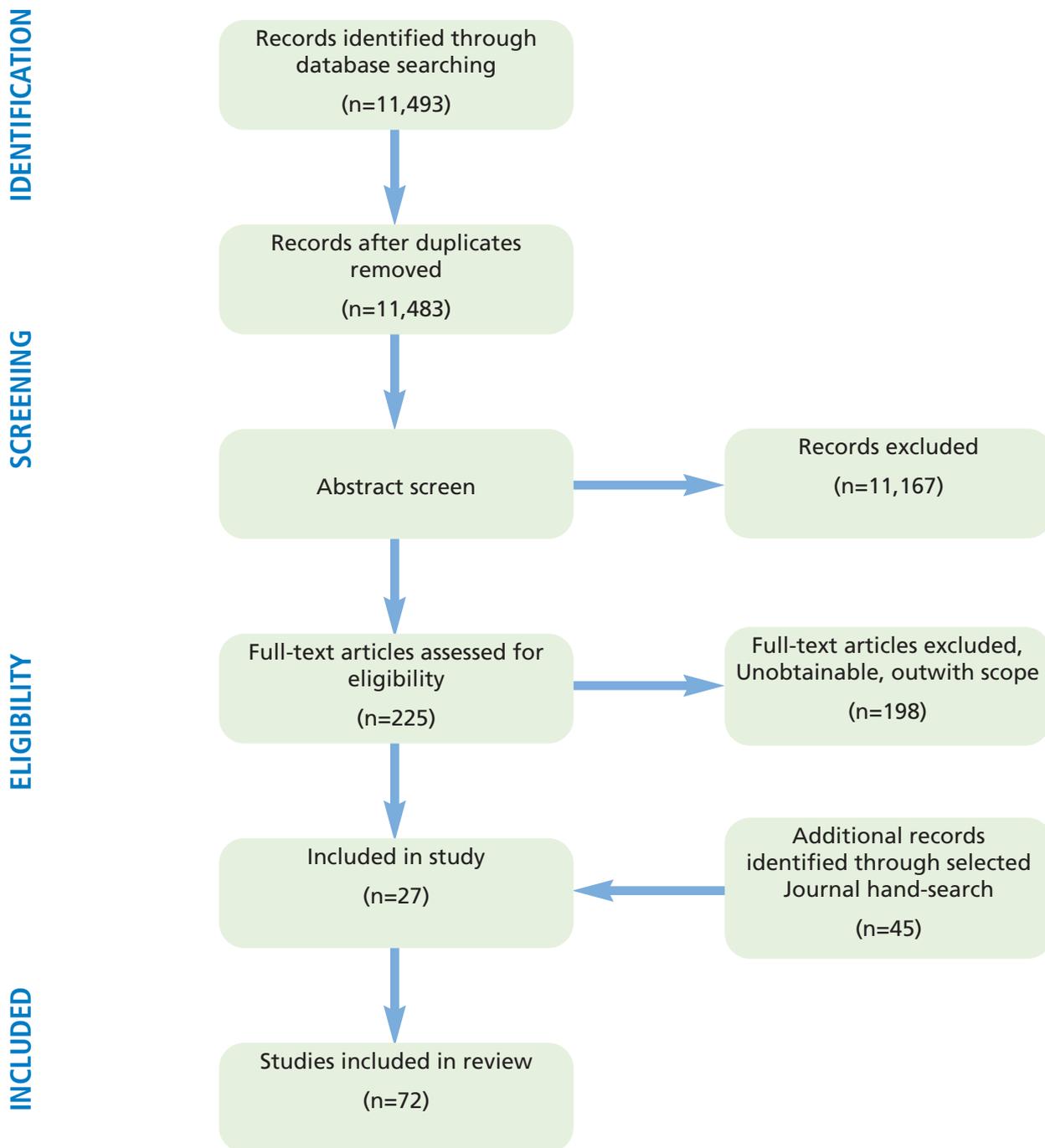
Combined terms	Results	Search date	ABSTRACT SCREEN		FULL PAPER SCREEN			REVIEW
			Excluded	Included	Excluded	Included	Unobtainable	
"social worker" AND research OR evaluation AND "social care"	889	4.9.12	882	7	0	7	0	7
practitioner AND research OR evaluation AND "social care"	376	4.9.12	368	8	0	5	3	5
nurse AND research OR evaluation AND "social care"	361	4.9.12	359	3	2	1	1	2
teacher AND research OR evaluation AND "social care"	71	4.9.12	71	0	0	0	0	0
"social care worker" AND research OR evaluation AND "social care"	3	4.9.12	3	0	0	0	0	0
therapist AND research OR evaluation AND "social care"	40	4.9.12	39	1	0	1	0	1
professional AND research OR evaluation AND "social care"	505	4.9.12	502	3	1	1	2	1
"practitioner research" AND care	21	4.9.12	21	0	0	0	0	0
"social worker" AND research OR evaluation AND "social care"	900	4.9.12	788	112	82	22	8	22
practitioner AND research OR evaluation AND "social care"	31	4.9.12	21	10	9	0	1	0
nurse AND research OR evaluation AND "social care"	96	4.9.12	87	9	8	0	1	0
teacher AND research OR evaluation AND "social care"	3	4.9.12	2	1	1	0	0	0
"social care worker" AND research OR evaluation AND "social care"	28	4.9.12	24	4	3	1	0	1
therapist AND research OR evaluation AND "social care"	4	4.9.12	3	1	0	1	0	1
professional AND research OR evaluation AND "social care"	357	4.9.12	335	22	16	3	3	3
"practitioner research" AND care	1697	4.9.12	1689	8	6	1	1	1
"social worker" AND research OR evaluation AND "social care"	336	3.9.12	330	6	0	6	0	6

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Combined terms	Results	Search date	ABSTRACT SCREEN		FULL PAPER SCREEN		REVIEW	
			Excluded	Included	Excluded	Included		Unobtainable
practitioner AND research OR evaluation AND "social care"	1335	3.9.12	1323	11	0	9	2	9
nurse AND research OR evaluation AND "social care"	2272	3.9.12	2168	4	0	1	3	1
teacher AND research OR evaluation AND "social care"	581	3.9.12	581	0	0	0	0	0
"social care worker" AND research OR evaluation AND "social care"	5	3.9.12	5	0	0	0	0	0
therapist AND research OR evaluation AND "social care"	387	3.9.12	386	1	0	0	1	0
professional AND research OR evaluation AND "social care" (adult not child)	558	3.9.12	557	2	0	1	1	0
"practitioner research" AND care	593	3.9.12	592	1	0	1	0	1
"social worker"AND research OR evaluation AND "social care"	1	2.9.12	0	1	1	0	1	0
practitioner AND research OR evaluation AND "social care"	3	2.9.12	0	3	0	3	0	3
nurse AND research OR evaluation AND "social care"	6	2.9.12	4	2	1	1	0	0
teacher AND research OR evaluation AND "social care"	0	2.9.12	0	0	0	0	0	0
"social care worker" AND research OR evaluation AND "social care"	0	2.9.12	0	0	0	0	0	0
therapist AND research OR evaluation AND "social care"	2	2.9.12	1	1	0	0	0	1
professional AND research OR evaluation AND "social care"	31	2.9.12	25	4	2	2	2	2
"practitioner research" AND care	1	2.9.12	1					0
	11493							68

27
included

Flow Diagram for Searches *



* This reporting follows the PRISMA 2009 format. See www.prisma-statement.org/statement.htm for details.

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