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# Comparative Analysis of Practice Research in Australia and the UK: The Shift to Practice-driven Research

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## Abstract

Australia and the UK share many historic connections. These connections have influenced developments in welfare systems, and the bi-directional migration of social work practitioners between Australia and the UK has helped to support the sharing of knowledge in social work education, research and practice. However, developments in practice research in both countries has largely been influenced by local activity rather than cross-national collaboration, though there have been similar growth trajectories. This article uses a comparative case study methodology to analyse the development of practice research in Australia and the UK since the Salisbury Statement on social work practice research. Each case study explores and provides examples of the nature of the relationship between practitioners and academic researchers; how practice questions are generated; how methodologies are selected; how data are collected within social work practice and the impact of practice research on practice in both countries. The comparative analysis provides a unique insight into how local, and often small, projects provide a more significant narrative about the creation of knowledge in social work practice. These insights have the potential to inform and stimulate the development of practice research in other countries which are earlier in the journey towards practice-driven research.

**Keywords:** Australia, comparative case study, connecting people, practice research, time-use audit, UK

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The professional association for social work and social workers
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## Background

The Salisbury Statement on practice research in social work (Fook and Evans, 2011) was the first in a series of statements (Julkunen *et al.*, 2014; Epstein *et al.*, 2015; Sim *et al.*, 2019; Joubert *et al.*, 2023), through which the recent evolution of practice research in social work can be observed. The meeting in Salisbury from which it originated identified some of its key features and defining characteristics, though there was no definite consensus on the meaning of the term. However, a key outcome of this meeting was the establishment of a series of international conferences bringing practitioners and researchers together to discuss social work practice research. Subsequent discussions focused on, amongst other matters, theoretical and methodological frameworks (Julkunen *et al.*, 2014); inter-disciplinary activities (Epstein *et al.*, 2015); extending practice research to different contexts (Sim *et al.*, 2019) and the collaboration of practitioners and researchers (Joubert *et al.*, 2023).

By definition, practice research originates within practice, often addressing questions of local origin and concern. The series of international conferences on practice research in social work have brought together researchers and practitioners who are predominantly undertaking local research, connecting people in discussion about common issues and themes. Although contexts and topics for discussion are disparate, the unique character of practice research—such as the relationship of researchers and practitioners, and the practice-focus of the research, for example—establishes a sense of coherence. Further, the recent publication of a multi-authored international handbook on practice research in social work (Joubert and Webber, 2020) illustrates how diverse and local practice research studies can be brought together as a coherent body of work.

International meetings in the UK (in 2008) and Australia (in 2021) have bookended this series of international conferences. This in itself is of limited significance, though there are notable connections between the two countries. Australia and the UK share many historic connections which have influenced developments in welfare systems, though different national and local contexts have played a significant role in shaping these (such as personal budgets for people with a disability, for example, Needham and Dickinson, 2018). Further, the bi-directional migration of social work practitioners between Australia and the UK has helped to support the sharing of practice knowledge, reinforcing international connections in social work education, research and practice (Hakak *et al.*, 2021). However, developments in practice research in both countries

have largely been influenced by local activity rather than cross-national collaboration, though there have been similar growth trajectories. In Australia, for example, the development of academic–practice partnerships in Melbourne was stimulated by the Mount Sinai Medical Centre exchange programme in New York (Joubert, 2006). Whereas in the UK, in contrast, practice research has developed somewhat organically with no apparent external stimulus.

This article aimed to explore if an analysis of examples of practice research from the UK and Australia can help us to deepen our understanding about the shared or unique characteristics of practice research in diverse contexts. The choice to use examples from the UK and Australia was pragmatic, as they are drawn from the authors' own experience. It was equally possible to use examples from other countries such as Norway (Johannessen and Eide, 2015), the USA (Austin *et al.*, 1999), Finland (Saurama and Julkunen, 2012) or Denmark (Uggerhøj, 2014), for example. However, the largely separate development of practice research in the UK and Australia provides an opportunity to identify if disparate examples can be synthesised to develop a model of practice research in social work which could have international applicability.

## Methods

This article used a comparative case study design to explore similarities and differences in practice research in the UK and Australia. Yin (2018) suggested that if a proposed pattern is replicated across different cases, then it provides a valid explanation for the phenomenon being investigated. In the example of practice research in social work, if common features can be detected in diverse cases in the UK and Australia, it is possible that the commonalities may have a broader resonance to inform future developments in practice research in other countries.

The selection of cases was pragmatic. Each author chose an example of practice research known to them. Each case was not selected as representative or typical of practice research; merely that they were conducted separately in the UK and Australia, respectively. Other examples of practice research can be found in these countries, which may produce different results when compared, but our focus here is on exploring the processes involved. There is no intention to compare contexts or to claim that the cases are representative; they are pragmatically selected to enable the authors to provide an insider's perspective on how the research was conducted. Each co-author selected what they considered to be the best example from their own work that they were able to reflect on in some depth from an internal perspective. Each case was not an individual piece of practice research, but a programme of studies or collaboration which provided rich opportunities for data extraction and analysis.

They were selected as examples of the collaboration and engagement of practitioners and researchers in the research process. As such, these cases involve many people over a period of time, which lends them some credibility. Their difference in terms of focus, scale and context is intentional so that the analysis was not restricted to one type or form of practice research, but captured diverse experiences in order to extract some common elements.

To provide similar information about the cases to facilitate their comparison, each author provided a brief introduction to practice research in their country followed by a description of their case using five headings:

- nature of relationship between practitioners and academic researchers;
- generating practice questions;
- finding feasible methodologies;
- data collection from within practice; and
- impact on practice.

The authors selected these headings as they were sufficiently generic, whilst being specific to practice research, so that they could be readily applied to different cases. The headings are also indicative of central tenets of practice research; if they are readily observable in the two cases, then it would facilitate comparison.

The authors wrote the case studies independently and then exchanged them for analysis. The process of analysis involved mutual discussion of the two cases to identify common and discordant elements, with the aim of establishing if there were sufficient similarities to enable the creation of a model which could characterise the essential elements of practice research in social work. The two cases are reproduced in full below.

Ethical approval was obtained for the research referred to in the case studies, the details of which can be found in the papers reporting the research.

## Case study 1: Connecting people (UK)

In the UK, there are increasing opportunities for practitioners to engage in research via capacity-building networks (e.g. The Curiosity Partnership led by the University of York), evidence implementation centres (e.g. IMPACT led by the University of Birmingham) or non-governmental organisations promoting evidence-informed practice (e.g. Research in Practice or the Social Care Institute for Excellence). However, practice research is mostly conducted by practitioners within a formal programme of study, either at the Masters or PhD level. It is usually for a qualification or a means of transitioning to an academic or research role rather than contributing to a dual career as a practitioner researcher. There are very few opportunities

available for practitioners to remain in practice part-time alongside a research position in a University, though collaborative research with practitioners is becoming more common.

The case study provided here is an example of one led by a researcher but conducted in collaboration with practitioners and people who use services. It includes a series of three studies funded by the NIHR School for Social Care Research which explored the development, evaluation and implementation of a social intervention in England, Connecting People (Webber, 2022). The findings have been published in a series of papers which report the intervention development (Webber, 2014; Webber *et al.*, 2015, 2016), evaluation (Webber *et al.*, 2019) and implementation (Webber *et al.*, 2021). This case study will draw upon experiences from the three studies.

## Nature of relationship between practitioners and academic researchers

The principal investigator of these studies is a qualified and registered social worker with experience of working with adults with learning disabilities and mental health problems. He led researchers who developed good working relationships with practitioners, which facilitated data collection and informed the projects on an on-going basis. The nature of these relationships varied according to the requirements of the projects at particular points in time, but there were periods of intense collaboration, and others when contact was minimal. Two examples of co-production involving practitioners and researchers illustrate how practice wisdom has played an important role in these projects.

The first was through a series of focus groups and workshops held at the end of the two data collection phases in the first, qualitative, study (Webber *et al.*, 2015). This study used interviews and observations of practice to explore how practitioners support people to make new social connections. These groups—with both practitioners and people who use services—helped the researchers to interpret the findings which were drawn from multiple contexts and involved diverse experiences of human relationships. The discussion of the themes with practitioners led to the development of the intervention model. Through successive iterations, practitioners connected the elements of the model so that it made sense to them and their practice. This led to the intervention model being positively received by practitioners when it was subsequently used in practice.

Secondly, we used workshops with practitioners and service users in the third study to co-design an intervention toolkit for practitioners to use to implement Connecting People in their teams (Webber *et al.*, 2021). Together, we re-designed practice guidance and co-developed a

training manual, an implementation guide and a leaflet for practitioners to use to explain the intervention model to people who use services. Working with a design company to create a professional image, the resulting toolkit provided an accessible and engaging way to understand and apply the intervention model in practice. Co-production with practitioners in these examples was crucial to the success of these studies; power was shared to ensure practitioners were able to direct the intervention development and toolkit design processes. Decision-making was led by practitioners as their practice expertise was required to guide these processes. Researchers led other processes such as research design and data collection. However, collaborative relationships were maintained throughout in advisory groups and site meetings to ensure decisions were made collectively.

## Generating practice questions

The origin of the Connecting People studies was in the practice experience of the principal investigator. He observed in his practice how important having a resourceful social network was for people: to assist recovery from mental health problems, or to get on, and get ahead in life, for example. However, at that time, there was no guidance on how best to support people to develop their networks and a limited evidence base for social interventions which could help. As it appeared to be an important task due to social isolation and loneliness increasing the risk for mental health problems and hampering recovery from them (e.g. Beutel *et al.*, 2017; Butter *et al.*, 2017), he set out to develop an intervention model.

Practitioners were largely not involved in writing the research proposals, though were consulted throughout. They were often unable to get more involved because of the pressure of their practice roles, and their lack of research expertise also limited their contributions. However, the practice questions emerged through conversations with practitioners during and after the studies. Practitioners were also involved in the proposal review process at the NIHR School for Social Care Research, which provided further opportunities for practitioners to help shape the research questions.

## Finding feasible methodologies

The initial questions addressed within the Connecting People studies required qualitative methods, as they were largely exploratory in nature. Ethnographic methods, such as non-participant observation, unstructured and semi-structured interviews, provided researchers with an opportunity

to observe and understand social work practice. However, the presence of the researcher within the agencies had to be continually negotiated, and relationships with the practitioners had to be fostered to ensure the methods were feasible.

The later questions around effectiveness—of the model and of its implementation—required experimental methods. However, a randomised controlled trial was not possible as the intervention first needed to be piloted and then its differential implementation needed particular exploration, as it was not being implemented with high fidelity in all sites. Quasi-experimental methods proved to be a necessary, though effective, compromise. Both the pragmatic control group in the pilot study and the selected control group in the implementation study facilitated the comparisons which were needed to be made. However, the lack of randomisation meant that it was beyond our control that the control group in the implementation study appeared to be in a stronger position to implement the intervention than the intervention group.

Qualitative methods were embedded within the two quasi-experimental studies to explore the experiences of practitioners and people who use services. They answered sub-questions, but were ultimately of high importance as they helped us to better understand the barriers and facilitators of Connecting People in general, and its implementation with high fidelity in particular.

## Data collection from within practice

Practitioner research usually involves a practitioner collecting and analysing their own data. This might be through a case file audit or conducting interviews with other practitioners or people who use services, for example. In funded practice research projects, such as these Connecting People studies, data collection was undertaken by post-doctoral researchers. In the first study (Webber *et al.*, 2015), which involved some ethnographic fieldwork with a researcher observing practitioners' work, it was particularly important for the researcher to establish a good rapport with practitioners to enable them to feel sufficiently comfortable to have a researcher accompany them on their appointments with service users. In this instance, data were collected from both practitioners and service users. In the latter two studies (Webber *et al.*, 2019, 2021), though, data were predominantly collected from service users, who were commonly accessed through the practitioners. We were largely reliant on their goodwill and co-operation to facilitate participant recruitment.

Data collection was significantly more straightforward in agencies which had a strong interest in the study and a willingness to fully embed Connecting People in their routine work. This was particularly evident in some of the small voluntary sector agencies where there were fewer

layers of bureaucracy or management between the researchers and practitioners. Conducting practice research in the NHS, though, is substantially more complex and bureaucratic, and it was not always easy to develop relationships with practitioners. In both the evaluation and implementation studies, we worked with some teams which were ambivalent about implementing Connecting People, and we encountered practitioners who were not interested in the research. Although expected in practice research, as the domains of practice and research do not always neatly align, difficulties in building relationships with practitioners certainly impeded data collection.

## Impact on practice

Practice research has the potential for a meaningful impact on practice as it directly addresses questions arising from practice. In the case of Connecting People, the research has developed a practice model which provides practitioners with clear steps to take to support people to make new social connections and enhance their social networks. Full implementation of the model is associated with improved outcomes for people, including increased access to social capital, social inclusion and improved mental well-being (Webber *et al.*, 2019). However, achieving high fidelity has been found to be challenging, particularly in NHS community mental health teams who have many competing priorities (Webber *et al.*, 2021).

This raises questions about its impact on practice. If the model is easier to implement in more conducive contexts, perhaps these teams are already producing positive outcomes for people and Connecting People does not significantly enhance what they are already doing? Although experimental designs are required to test this question, we know from evidence gathered in the course of these studies that the model provides practitioners with a structured method of supporting people and enhances the legitimacy of this area of practice which generally lacks guidelines and evidence (Webber *et al.*, 2021). Further, the intervention model training has been provided to over 1,000 social work students who have received support and encouragement to implement it in their practice. It has been adapted for use in Sierra Leone, Nepal and the USA where training has also been provided.

The drivers of social work practice research impact in the UK are the expectations of the Research Excellence Framework (primarily in the form of peer-reviewed papers and impact case studies) and of practitioners that the research will inform their practice. Practitioners involved in the Connecting People studies reported that the model impacted on their practice by providing structured guidance about supporting people to engage more with their communities. However, they also felt disempowered when it came to changing systems which would enable them to

practise in this way. This indicates that perhaps practitioners, managers, commissioners and researchers need to collaborate more to facilitate research impact processes. Although the measurable impacts of the research on practice are difficult to discern, the considerable interest in Connecting People has been noticeable.

## Case study 2: A co-designed audit of health and mental health social work in Victoria, Australia

The state of social work research in Australia has been succinctly described in an editorial in Australian Social Work (Simpson, 2020). Whilst mentioning a dearth of ongoing research in areas such as disability, child protection and ageing, the editorial used the results of *Advancing Social Work Research* (Tilbury *et al.*, 2017), the Excellence in Research for Australia (ERA) and other metrics to highlight an upward trajectory for social work research in Australia. Simpson referred to a new direction in social work pedagogy, where undergraduates are taught research methodologies and provided with placements in both community and hospital settings. In evaluating the impact of research in Australia, Tilbury *et al.* (2017) emphasised the need for the development of partnerships and engagement with end-users and practitioners, from conceptualisation to the dissemination stage in a dynamic partnership. The authors stated that for research to be meaningful, there must be a two-way process with an exchange of information and bi-directional feedback. These statements resonate with the diverse methodological descriptions and evaluations of Practice Research studies as documented by multiple international experts in the *Routledge Handbook of Social Work Practice Research* (Joubert and Webber, 2020).

### Nature of relationship between practitioners and academic researchers

The case study described here has emerged from a growing practice research culture in the health social work context in Melbourne. In 1998, the Second *International Conference on Social Work in Health and Mental Health* was held in Melbourne and was instrumental in promoting practice research as integral to the practice of health social workers. Reporting on the conference, Lymbery (1998) noted that it came at a time of debate about the future direction of social work in health and mental health. He identified three key themes that emerged from the conference: (i) the search for a viable future role for social work; (ii) the development of patterns of multidisciplinary and interprofessional

collaboration and (iii) the need to identify measures demonstrating the effectiveness of social work.

At the conference, Prof Irwin Epstein argued for research which was more inductive and derived from the nature of the clinical practice that was under examination, using a flexible set of research tools. Following this, political, funding and organisational contexts have continued to drive practice research undertaken by health social workers in Melbourne. In the early 2000s, directly as a result of Mount Sinai Medical Centre's leadership and pioneering work, many health social work departments in Melbourne actively took steps to build research capacity through the establishment of academic–practice research partnerships with the University of Melbourne. Health social workers doing research in the community, expressed the wish to work with a mentor who had the expertise to assist them in designing projects and guide them in practice research activities.

The growing field of health social work research has emphasised the importance of academic–practitioner partnerships which provide a reciprocal sharing of expertise between academic researchers and practitioners around reflection, identification of research issues and questions, with support in implementation and feedback into both new knowledge and practice innovation. This approach to health social work practice research supports social workers to engage in a health service discourse that is increasingly data driven and focused on effective practice which demonstrates quality care for people. The model of active mentorship allows practitioners to introduce research skills as part of existing practice. The partnership narrows the distance between research and practice, contributing to a body of evidence-based and evidence-informed knowledge for health social workers (Joubert, 2006). The collaborative model is characterised by critical reflection, a co-created decision-making process followed by a pragmatic paradigm that examines the implementation and impact of interventions.

The aim of the partnership explored in this case study was to audit the practice of health and mental health social workers from fifteen services across Victoria over a twenty-four hour period at five-minute intervals. The focus was on understanding the complexity and diversity of health social work practice through their individual audit of practice against co-developed codes of practice. The data set reflects the 'actual' practice of social work.

## Generating practice questions

The case study described here was defined by the need for health social workers to quantify their scope of practice in a health and mental health service setting. The question driving this multisite study was 'What are

the discipline-specific competencies of social work in a hospital setting?' The study engaged fourteen health social work managers in a state-wide collaboration to advance understanding of the nature of social work in a hospital setting (Joubert *et al.*, 2022b).

It was felt that the study should address key functions such as patient-specific clinical interventions, non-specific patient attributable activity, non-clinical intervention, theoretical approaches, models informing social work interventions and the mode of patient intervention. In particular, the study question sought to clarify the practice of social work as integral to the interdisciplinary team within health services. The study was in response to the need for health social workers to be able to provide a quantitative explanation of the diverse roles that they were carrying out on a daily basis and to use this analysis as a means to demonstrate the extent of their practice and contribution to improved quality of care for patients.

## Finding feasible methodologies

The methodology aimed to capture the activities of social workers in 'real time' as they audited the range of their activities over a twenty-four hour period. The methodology was pragmatic and based on the acceptability of social workers to record their activities whilst they practised during a 'usual' day. The study brought together social work managers and seniors from fourteen health services who met over a period of four months to extend the process of co-creation developed initially within the collaborative partnership between the University of Melbourne and the Peter MacCallum Cancer Centre as the original, primary partnership. The study methodology was defined within a democratisation of research paradigm.

In essence, the democratisation of research implies that 'research can be done by everyone irrespective of the design and with the mentorship of an experienced researcher'. This research is underpinned by principles of democratic dialogue between all actors and participatory equality for all those involved in setting agendas for and practising research. The study methodology drew on the work of Bagele Chilisa and colleagues who developed an African-based relational approach to community engagement in the research process utilising oral traditions and processes (Edwards and Brannelly, 2017). The development and decision about the choice of *coding themes* were undertaken by the health social workers used to audit a twenty-four-hour working day in five-minute intervals. The latter was chosen by the social workers as they perceived that a large number of their activities were brief and conducted sequentially to respond to a diverse range of issues presented by service users. The coding process identified interventions implemented by social workers and

documented the models and theoretical frameworks informing them. The codes also captured activities related to the service user, and most importantly, defined the link to relevant community resources.

## Data collection from within practice

The methodology was developed so that data collection occurred from within the practice of health social workers who began completing the audit capture tool immediately as they started work until they finished work on that day. Individual audit sheets were collected at the end of the day by a nominated site champion. Upon completion of the audit, staff were given the voluntary opportunity to provide feedback on their experience of participating via an online survey link. Study data were collected and managed using REDCap electronic data capture tools hosted at the University of Melbourne. Data from the fourteen participating sites were aggregated and quantitatively analysed. Social work students who were on placement participated in this shared practice research activity in both the data collection and analysis phase (Joubert *et al.*, 2017).

## Impact on practice

The study has had far reaching impact in strengthening the interest of health social workers in participating in a shared democratic process of research. This resulted in a request to repeat the study and to compare the impact of changes in health policy developments, post-COVID-19 changes to online practice and resource allocation, with the previous audit (Joubert *et al.*, 2022a). The major findings have been presented descriptively and inferentially and through a consensus process of the participating managers with conclusions reached about primary outcomes and the development of an evidence-informed model. The findings have summarised statements about a professional scope of practice and identity within the health setting, and how this discipline adds value to hospitals and health systems, that is, though contributing to patient and carer well-being and advocating for positive change, reduced bed days and increased health literacy. Data from the audit undertaken for the study informed the development of a model of care for social work in health and mental health with defined professional competencies and social work interventions, which not only focused on provision of services to the patients but simultaneously considered and engaged with the social context of the patient. Through this study, social workers have been able, in a very detailed fashion, to identify their role in health from a resilience and strengths perspective in responding to patients, their families and

carers from a social, interpersonal, family and community perspective. The study highlighted the need for the 'patient and family voice' and to adopt co-created services through prioritising patient and carer needs. This involves utilising brief, evidence-based approaches such as solution-focused and task-centred interventions within an eco-systemic framework in response to service user needs. Above all, health social workers were able to put 'numbers' to their description of their workload with data analyses that described eighty-eight different types of issues presented to health social workers, twenty-nine different types of interventions, which included linking with twenty-seven different community services across the fourteen services in one day. The study has been favourably received by state departments in Australia as well as international colleagues. The methodology has been repeated in a Finnish study, with collaboration between departments and colleagues across multiple hospital departments.

We have found that interest in practice research grows when social workers in the field collaborate because of the pragmatic significance of the research questions and having the confidence that the results will impact favourably on service provision and create new platforms of knowledge to strengthen service provision. Importantly, the methodology should always be relevant to practice, and the data collection should be accessible as part of routine social work but with the added potential for rigorous analysis and write-up.

## Analysis

Despite both these case studies being conducted in different social work contexts, there are core similarities that inform their process and outcome. Central to both is the importance of the academic–practitioner collaboration based on mutual respect for each other's expertise and potential for relevant and significant engagement around practice relevant research. This process occurs from critical reflection on the choice of practice issue for research, to the development of the research question, appropriate methodology and data collection that takes place *from within* practice and which will generate results *of relevance* to practice. Case study 2 had a specific question to start off with as well as a clearly defined research methodology. However, in both case studies, the process of co-development and co-creation within a democratisation of research context generated additional questions, which emerged as the process of implementation unfolded. We propose that these questions are critically important in a practice research context as they reflect the ability of the practice researcher to respond to emerging issues of relevance in practice. This can only occur within a lateral collaborative

relationship such as the one we propose in our model (Figure 1) described below.

The strength in both case studies has been the implementation of the findings, which have had impact in ways, often unexpected, for academics, practitioners and service users engaged in the shared research space. Another key feature is the methodological rigour and accurate data analysis, which were common in both cases. Finally, practice research remains subject to the dictum of co-creation 'with', rather than 'imposed on'. Both case studies include features of co-design. Although researchers led the development of the methods used, in case study 2, the details of coding and request for participation were initiated by the practitioners. In case study 1, the design of the intervention and the intervention materials were led by practitioners and service users.
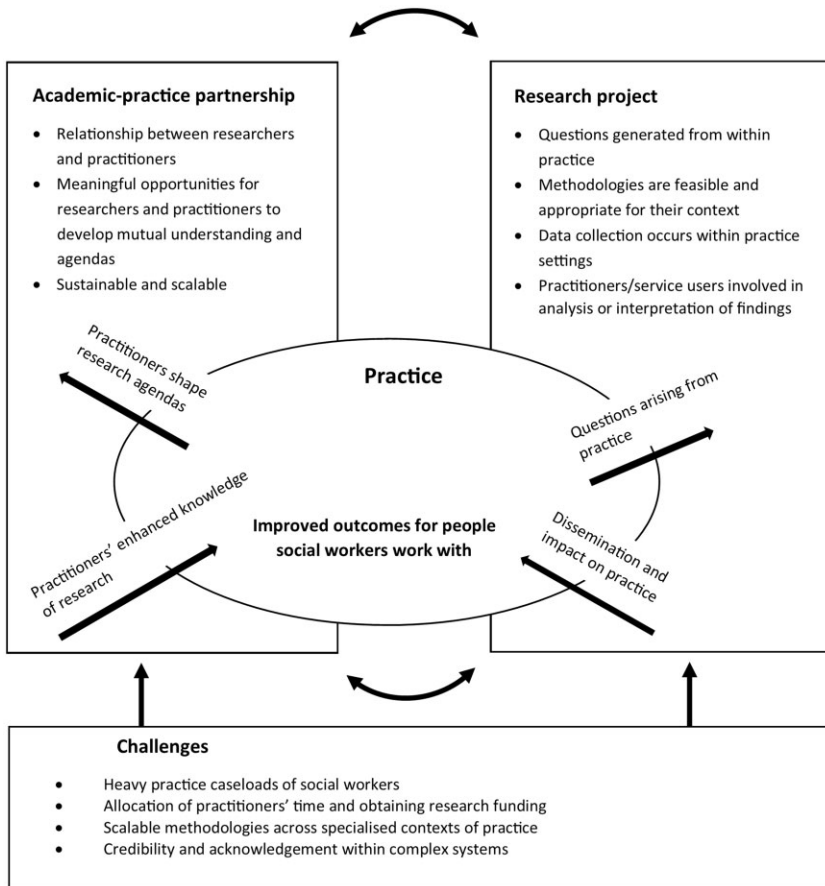


**Figure 1:** Processes in social work practice research.

The synthesis of common processes in social work practice research derived from these two case studies is summarised in Figure 1. This highlights the centrality of the practice sphere (ellipse in centre), which provides a meeting place for practitioners and researchers, and is both the starting point for the research project and the place where the findings are applied. However, the academic–practice partnership (upper left box) and the research itself (upper right box) are slightly removed from the practice field—to ensure practitioners and researchers have a separate space in which to develop their relationship and to conduct the research with appropriate rigour. This suggests that researchers meet with practitioners in a collateral space, where recognition of expertise in both partners is equally acknowledged as important for the emerging research agenda. Where this is supported by managers, a dynamic space is created where the interaction between the partners evolves into a relevant practice research question and methodology (hence the bi-directional arrows between 'academic–practice partnership' and 'research project'), with contributions reflecting the different expertise of the partners within a collaborative—and equal—relationship.

The model recognises that there are challenges embedded in the collaborative partnership (box at the base of Figure 1). Social workers practise with heavy caseloads offering little time for either a focus on, or participation in, research. Not all practitioners are interested or able to participate in research, but this did not have a significant impact on the research conducted in the two case studies. However, within the dynamic network of relationships developed over time with social work managers, research participation can become an acknowledged routine activity with time allocated to projects as part of practice expectations and workloads. An additional challenge exists in larger service contexts where social work is one of many departments and different professional groups contributing to shared outcomes. This is particularly the case in health services where 'credible' social work research is expected to demonstrate both effectiveness and improved patient experience. Such targeted research expectations can influence the selection of questions and methodologies if the diversity of social work practice is not acknowledged.

If these challenges can be overcome or managed, the ultimate goal of the processes of social work practice research—to enhance practice and improve outcomes for the people social workers work with (central ellipse, Figure 1)—can be realised. To achieve this, practitioners shape research agendas, and research projects address questions that arise from practice. Practitioners' involvement in practice research increases their knowledge of research, which enables their practice to become more evidence-informed. Drawing upon research findings, they can also have a wider influence on practice within their agency. These processes are articulated in Figure 1 as arrows which connect the practice sphere with the 'academic–practice partnership' and the 'research project'. The ways

in which these processes are manifested will vary according to context and need.

## Discussion

Relationships are at the heart of social work practice research. The relationship between researchers and practitioners is key to the process of practice research. Within this relationship, researchers listen to the concerns of practitioners and work with them to turn their curiosity about their practice into research questions. Sometimes practice research is initiated more by a practitioner, sometimes more by a researcher, but the focus on practice remains constant, as illustrated in Figure 1. Researchers work in collaboration with practitioners or people who use services; practice research is not a sole enterprise. Each draw upon their own expertise—whether that is lived experience, practice experience or research experience, for example—to help ensure the questions are answered and the findings are fed back into practice.

Practice research is driven by the ethical imperative of doing good and minimising harm. This includes selecting data collection tools that minimise burden on practitioners or service users, for example. It is about being sensitive to the context of the research and using a research approach that is appropriate, whilst not compromising rigour. It is about practitioners driving the research agenda; researchers need to genuinely listen to their needs and acknowledge their expertise. Challenges and barriers exist but can be positively addressed within the sustained relationships developed within the practice research collaboration. Researchers bring knowledge of research design and methods, but practitioners shape the research agenda and select which questions need investigating. Service users' lived experience informs this process so that the research has the potential to create maximum impact on social work practice and, ultimately, outcomes for them. The two diverse cases both illustrate these processes, as depicted in Figure 1.

This model's focus on the processes in social work practice research builds upon and extends existing theorisation of practice research. A distinction has previously been made between research which is led by practitioners, and that which is the product of a partnership between researchers and practitioners (Uggerhøj, 2011; Shaw and Lunt, 2018). Figure 1 highlights shared features of these forms of knowledge creation, emphasising the shared space in which collaboration between practitioners and researchers occurs. Researchers are often involved in practitioner-led research, either as supervisors or methodological advisers (though we acknowledge that this is not always the case), so no distinction is made between different types. However, what emerges from the model is the centrality of practice; this is not necessarily new, but it

clarifies that the engagement of practitioners and researchers enhances practice and improves outcomes for those with whom social workers interact. In this regard, both researchers and practitioners contribute their expertise and derive learning from the collaborative process, which enhances their respective roles, as in Kong *et al.*'s (2023) model of collaborative practice research.

This analysis adds to our knowledge a model of social work practice research that may resonate in other countries or contexts. The features of this model are well documented (e.g. Austin and Carnochan, 2020; Joubert and Webber, 2020), but these diverse case studies illustrate that practice research originating in different contexts under different influences have substantial similarities. This could help to facilitate the development of practice research in new contexts.

Case studies have some well-documented limitations. Notably, it is difficult to generalise from case studies and the pragmatic selection of the cases could determine the findings of the study. The pragmatic selection of cases may have created a form of bias, such that if different cases were selected for this study, it is possible that the synthesis would have looked different and the resulting model may be different. The cases are not necessarily representative of practice research in the UK and Australia, though they provide a synthesis of insiders' perspectives on the processes involved. Creating opportunities for researchers and practitioners to collaborate and develop research capacity stimulates new research and the generation of new knowledge to inform practice. The focus of this case study is on the similarities across very different contexts, suggesting that the shared model could potentially be applied across many different settings. As the research question comes from practice, impact and implementation should happen very easily. The ideal is that the two are integral to the practice research endeavour—hence why practice is at the core of the model.

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