



**EXPLORING THE APPLICABILITY OF PARTICIPATORY ACTION RESEARCH  
IN COMMUNITY MENTAL HEALTH CARE IN THE UNITED KINGDOM**

**JON FIELDHOUSE**

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Faculty of Health and Applied Sciences  
University of the West of England, Bristol

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# Abstract

This commentary charts my deepening understanding of what participatory action research (PAR) has to offer community mental health service development in the UK, following my initial encounter with PAR during a Bristol social inclusion project.

I describe how commentary-writing has generated new insights, then contextualise PAR's applicability by highlighting three converging themes in mental health practice: the modernisation of services as community care unfolds, the growing application of social perspectives of mental health issues, and the emergence of new paradigm research methodologies in healthcare.

I critically reflect on PAR's capacity to facilitate dialogue and address power inequities between key stakeholders and consider issues of researcher positionality and the transferability of findings against the backdrop of a positivist-dominated evidence-based culture in healthcare.

I explore how PAR's 'real life' contexted-ness, inclusivity of diverse stakeholders and emancipatory potential can mesh with key aspects of community care (care planning, service users' meaningful occupation, and an occupational perspective of 'the community') to create reliable, transferable 'evidence' capable of informing practice development.

I consider a new hypothesis for the value of experiential knowledge in research, make ten empirically-derived suggestions for how PAR can support service development, offer a reflexive account of the challenges encountered when conducting insider PAR (including an examination of the quality and ethical framework I developed in the process) and chart my learning about PAR over the timeline of my publications.

Finally, I consider three lines for potential further inquiry where PAR can be readily applied: developing community practice, exploring service users' experience of disability and examining the value and legitimacy of experiential knowledge in practice development. The commentary concludes by summarising my original contribution to knowledge, showing how my development of a conceptual and practical context for PAR underpins a significant impact on practice (in terms of my dissemination of practice guidance and refinement of a language for practice) and development of PAR methodology.

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## Part 1. Introduction

The central narrative in this commentary is the story of a personal learning journey; one that has led to me into action research. The journey is set in the context of a mental healthcare system that has been rapidly evolving in the United Kingdom (UK) since the closure of the asylums from the 1980s onwards and the shift towards community care (Carrier and Kendall, 1997).

The commentary refers to a portfolio of my publications (Appendix 1) – comprising eight peer-reviewed journal articles and three edited book chapters. A guide to the places of publication is presented in Appendix 2. This portfolio draws on my thorough and critical understanding of mental health practice derived from over twenty-five years' experience in health service practitioner, manager, educator and researcher roles. It makes a coherent, values-driven and informed case for the use of participatory action research (PAR) in the creation of new knowledge capable of supporting the development of community care in the UK.

My publications are referred to throughout the commentary as 'Publication 1', 'Publication 2' etc. and key quotations from them (referred to as 'Quotation 1', 'Quotation 2' etc.) are presented in Appendix 3, with a commentary page reference for each one.

### *A personal learning journey*

I was attracted to PAR because it is “critical research dealing with real-life problems, involving collaboration, dialogue, mutual learning, and producing tangible results” (Denzin and Lincoln, 2008, p.557). This 'real-life' orientation spoke to my practitioner sensibilities. In particular, working in an era of unprecedented mental health service development strongly driven by a hands-on, 'modernising' UK government (DH 1999, ODPM 2004), PAR spoke to the obligation I felt to integrate competing 'top down' and 'bottom up' expectations and find a way to 'make things work' *in practice*. For example, I experienced the perennial practitioner's quandary of having to reconcile organisational pressure for caseload throughput with the professional goal of meeting service users' complex needs. I was also familiar with the manager's predicament of wanting to

provide continuity of service in the face of seemingly continuous re-organisations and new agendas.

These experiences fostered in me a strong desire to blend experiential grassroots knowledge from practitioners and service users together with the received wisdom from policy and practice guidelines. So, the case I make for PAR is based on its capacity to find out what 'works'. I will set this practice applicability in the context of three converging phenomena, or trends, in mental healthcare: service modernisation, the increasing application of social approaches to mental health, and the expansion of new paradigm research methods into healthcare (see Box 1 overleaf). The convergence of these phenomena and the synergy between them is the commentary's main focus.

I have learned experientially that it is within the crucible of day-to-day practice that new ways of working are forged. Interventions have had to either 'work', or be adapted until they do, or be scrapped. In this sense PAR's alignment with 'real-life' issues reflected my own attitude to theoretical knowledge, as encapsulated in Kurt Lewin's epigram: "*There is nothing so practical as a good theory*" (Marrow 1969, cited by Sandelands, 1990, p.235). In short, PAR has enabled me to recognise practice applicability as the stamp of validation for practice-orientated knowledge; a recognition of know-how.

My commentary examines PAR against this backdrop of rapid service development. To this end, the phenomena in Box 1 are presented as the commentary's foundational themes in Part 3. An overview of my mental health career will explain how I encountered these phenomena in practice.

## *My mental health career*

Since beginning work as an occupational therapist in the 1980s I have witnessed many of the major changes associated with community care. I progressed from hospital-based practice to new models of community care, such as *intensive case management* and *assertive outreach* – both of which were expressly designed to help service users navigate the 'bewilderingly complex' (Ryan, 2004, p.13) array of fragmented community-based services.

Over the past decade, I have engaged with a principal challenge facing community care providers: tackling service users' *social exclusion* (ODPM, 2004), which has been defined as non-participation in the key activities of the society in which a person lives (Burchardt, Le Grand and Piachaud, 2002). It was this challenge that led to my first encounter with PAR during a Bristol social inclusion project, which I lead from 2005 to 2007.

**1. Mental health service modernisation**

Following de-institutionalisation, the comparatively new community context for service delivery was not only challenging for many service users (whose care had become fragmented and who faced societal stigma and social exclusion) but also for many service providers (who now had to address unanticipated unmet need and accommodate a widened range of stakeholders with an interest in community-based services). This led to direct, 'top down' service development initiatives (below), each of which has shaped my practice in some way:

- The Care Programme Approach for People with a Severe Mental Illness Referred to the Specialist Psychiatric Services (DH, 1990)
- Modernising Mental Health Services: Safe, Sound and Supportive (DH, 1998)
- The National Service Framework for Mental Health (DH, 1999)
- Mental Health and Social Exclusion: Social Exclusion Unit Report (ODPM, 2004)
- The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce (DH, 2004)
- Capabilities for Inclusive Practice (NSIP/CSIP, 2007)
- Mental Health: New Ways of Working for Everyone (DH, 2007)

**2. The increasing application of social approaches to mental health and mental distress**

A far-reaching impact of de-institutionalisation has been the gradual erosion of the medical model in community care leading to more widespread adoption of a *social* model of disability (Tew, 2011). This, in turn, has focused attention on service users' *recovery*, including recognition of the need to understand individuals' subjective experience (Slade, 2013) and *community development work* tackling social exclusion and societal stigma (Carpenter and Raj, 2012)

**3. The expansion of new paradigm research methodologies into healthcare**

In recognition of the increased value placed on understanding subjective experience (see above), and in tandem with an ongoing conversation amongst action researchers about rigour and quality (Herr and Anderson, 2015; Bradbury 2015), there is now a growing appreciation of new paradigm research methodologies (such as action research) in healthcare (see Hughes, 2008; Bryant *et al.* 2010; Rubin, Kerrell and Roberts, 2011; Koshy, Koshy and Waterman, 2011; Beresford, 2013).

**Box 1: Three converging trends in community mental healthcare**

## *The Bristol Social Inclusion Project*

To implement the recommendations of the UK government's Social Exclusion Unit (ODPM, 2004) I was offered a two-year secondment – as a senior practitioner – to lead a Bristol social inclusion project. The project was predicated on the idea that service users' access to ordinary mainstream occupations (such as education, voluntary work, sports and leisure activities) was an essential part of their recovery but was hindered by stigma and exclusion, compounding their 'disability'. I use the term 'disability' to reflect the social model of disability's distinction between the 'impairment' of the person through a psychiatric condition and the net 'disabling' impact of society's reaction to the condition itself (Beresford, Nettle and Perring, 2010).

On the premise that access to these ordinary life opportunities (above) required advocacy and support from mental health workers, the project aimed to promote partnerships between mental health practitioners and the non-mental health professionals responsible for these mainstream services.

- Colin – community mental health nurse
- Emily – service user researcher from Bristol MIND.
- Dave – team manager for a Bristol Continuing Needs Rehab Service
- Kate – manager for Disability and Mental Health Support Services at City of Bristol College
- Jon – community occupational therapist (and principal investigator)
- Jenny – service user unable to attend the focus groups but who contributed by email – see p.64

### **Box 2: Membership of the Community Involvement Subgroup (CIS)**

Driven by the national social inclusion agenda (ODPM, 2004), senior managers of a Bristol mental health NHS Trust and Bristol City Council's Social Services had jointly established a social inclusion forum. In my project leader role I then created a Community Involvement Subgroup (CIS) within this forum. The CIS (see Box 2) was a roundtable working group of mental health and non-mental health professionals and mental health service users focused on improving service users' access to the kind of mainstream life opportunities described earlier.

At the same time I initiated a PAR project, securing funds from the National Institute for Mental Health in England (NIMHE) to do this. It was anticipated that the PAR project (conducted with CIS members as participants) would generate new learning within Bristol's services and for wider dissemination on the basis that the CIS was implementing a *national* agenda (ODPM, 2004). In my project leader role I was both a practitioner member of the CIS and principal investigator (PI) in the PAR study.

This was a time when the national social inclusion agenda was seen to be all things to all people and thus in danger of stalling (SPN, 2007). In Bristol, for example, it sought to promote partnership working between various parties, many of whom had adopted entrenched positions against each other due to historical work-cultural/sectoral differences (see Quotations 1 and 31).

The PAR project had two phases: service user interviews, followed by focus groups with CIS members. Following purposive sampling (Braun and Clarke, 2013) to identify service users who had engaged successfully with mainstream community activities, in-depth qualitative interviews explored their views about what had been most supportive in that social inclusion process. The CIS then used this new learning to inform their work.

Though I began facilitating the PAR process myself as an insider researcher, my experiential learning about PAR was enhanced when I engaged a facilitator – Dr Sue Porter – from Bath University's Centre for Action Research in Professional Practice (CARPP) to work with the CIS in two workshops. The decision to engage CARPP input is examined in Part 9.

I experienced this insider-outsider team working (Coghlan and Shani, 2008) as a powerful and pragmatic combination of inquiry *and* intervention. It helped to resolve intra-group tensions and facilitated work across professional and sectoral boundaries. As one CIS member said, it felt "as if a wall was being dismantled from both sides" (Publication 6, p.579). In short, I experienced PAR as a way of making things 'work' in practice.

### *Experiential learning about PAR*

This encounter with PAR taught me three things: that PAR is inclusive of diverse stakeholders, that it has emancipatory potential, and that it can bring 'new' tacit knowledge to bear in addressing

seemingly intractable problems, such as social exclusion. Each of these ideas is developed in this commentary (see Second Level Themes D to F, starting on p.49). 'Emancipatory', here, means being orientated to the release of human potential beyond the constraints of tradition, precedent, habit, coercion, or self-deception (Kemmis, 2008).

Inclusivity was pivotal. The PAR study gathered rich descriptions of first-hand experience from a wide range of stakeholders to create a collectively-owned, inter-sectoral action plan (Publication 6). From an emancipatory perspective, PAR addressed asymmetries of power within the CIS and also prompted critical reflection on the habitual work-cultural assumptions that its members had unwittingly allowed to shape their thinking and action. In terms of introducing 'new' knowledge, PAR's *extended epistemology* (Heron and Reason, 2008) integrated stakeholders' distinct and diverse ways of knowing. This was based on 'co-operative inquiry with an appreciative stance'; a hybrid research design drawing on *co-operative inquiry* and *appreciative inquiry*, which I co-designed with the CARPP facilitator. This collaboration is described in detail in Part 9.

*Co-operative inquiry* brings together people who share a concern that a pressing problem needs addressing and recognises that their combined perspectives are required to see the issue whole and to bring about change (Heron and Reason, 2008). It reaches beyond theoretical knowledge to the diverse ways of knowing associated with different stakeholders' expertise, and places great value on 'know-how':

CI intentionally brings together four different epistemologies: experiential knowing (from direct engagement with phenomena as they are experienced in real life); presentational knowing (using imagery and story-telling, for example, to shape what is embryonic into communicable form to convey the significance of experience); propositional knowing (intellectually knowing about something through theories and other received information), and practical knowing ('know-how' expressed as a skill, knack, or competence) (Publication 7, pp.4-5).

Similarly focused on change potential, *appreciative inquiry* is the exploration of what makes human social and organisational systems operate at their best. It works on the premise that dialogue about strengths is a transformational process for the groups that engage in it (Cooperrider and Whitney, 2005; Ludema and Fry, 2008). The importance of adopting an



appreciative stance in PAR is explored later on page 53. In each approach the emphasis is on participants' active participation in dialogical learning in order to inform action, with the researcher embedded in the field of inquiry. This 'embeddedness', or *positionality*, is examined later in Parts 4 and 5.

## *Considering research 'impact'*

My commitment to developing practice-orientated know-how – what 'works' – has prompted critical reflection on what is meant by research *impact*. As an action researcher within a higher education institution, promoting wider understanding of the role that diverse ways of knowing can play in research has become an important personal goal because *experiential* knowing (that of practitioners and service users) is so often discredited or de-legitimised within the research community, in my experience. The impact of working in a positivist-dominated research culture is examined in Part 8.

Associated with this personal goal is a desire to explore and popularise the distinct quality criteria applicable to action research. Although the Research Excellence Framework (REF)(HEFCE 2011) aims to enable "a holistic and contextualised assessment of impact" (p.27) a pre-requisite for any REF submission is that the research is nevertheless deemed 'excellent' by REF criteria of originality, significance and rigour; criteria which reflect (in my view) a narrow outlook regarding quality and, consequently, a restricted view of what constitutes impact. This is an issue I return to throughout this commentary.

At this point I draw attention to my involvement in social and therapeutic horticulture (STH) which has been an interest throughout my professional life, from my first publication in 1998 (see Appendix 4) to my most recent (Publication 11). It was one of the first occupations I encountered that demonstrably provided mental health service users with a viable route out of 'therapy' and into mainstream community engagement (Publication 2). With its interweaving of reflective practice, empirical inquiry, and professional development activities my 'STH career' (see Box 3 on p.8) illustrates alternative socially relevant meanings and enactments of 'impact'. This 'career' would not have happened without the judicious placing of articles for readerships comprising a

large proportion of practitioners; my aim being to influence practice directly (see Google Scholar citations in Appendix 1).

My STH career began with a series of articles and conference presentations reflecting on the work of a horticultural allotment group which I had set up in 1996 for people with severe and enduring mental health problems (Fieldhouse, 1998; Seller, Fieldhouse and Phelan, 1999; Fieldhouse, 2000, 2001, 2002, and 2004 in Appendix 4). Later, Publication 2 had a particular impact on practice. It was included in a seminal international literature review of evidence for the efficacy of STH (Sempik, Aldridge and Becker, 2003), featured in the third edition of a mental health occupational therapy textbook highlighting the use of occupation as a mechanism for social inclusion (Finlay, 2004), and was one of four research articles highlighted in York and Wiseman's (2012) meta-ethnographic review of therapeutic horticulture literature.

This exposure led to invitations to join the steering group for a multi-site UK-wide STH research project (Sempik, Aldridge and Becker, 2005), the national Research Advisory Group for Thrive (an STH charity), the Board of Trustees for the Federation for the Promotion of Horticulture for the Disabled, and Thrive's Professional Development Steering Group; all of which fostered my commitment to the professionalisation agenda within STH. This led to a web-based survey of STH practitioners (Publication 3) and to the creation of the national Association of Social and Therapeutic Horticulture Practitioners in 2012, of which I am a founding member. My commitment to STH professionalisation was spurred by my experiential practitioner's knowledge of STH's therapeutic potential and its effectiveness as a vehicle for mental health service users' community participation and recovery. I saw that the dearth of research-based evidence for STH's effectiveness in this respect, and its lack of quality assurance structures, was hindering STH's growth in the contested arena of health and social care.

My involvement in STH has continued to the present. I was external examiner for the Professional Development Diploma in STH at Coventry University, which acts as a gate-keeper to the emerging STH profession, and I was commissioned to conduct an action inquiry-based evaluation of a horticultural project specialising in work preparation for mental health service users (Publication 11). I recently summarised my understandings of the knowledge-base for STH, using illustrative case examples from STH colleagues' work, in a book chapter about the embryonic green care movement, which was co-authored with Dr Joe Sempik, a leading international figure in the field (Publication 10).

### **Box 3: My Career in Social and Therapeutic Horticulture**

## Part 2. Commentary writing as reflective learning

Before I expand on the ideas presented in Box 1 on page 3, I will outline the commentary's three aims:

- i. to critically reflect on my learning journey so I can present my publications as a single body of work and identify its contribution to knowledge
- ii. to focus my reflection on the most telling places within this body of work so I can develop my understanding of key phenomena
- iii. to use the reflections (above) to inform decisions about the direction of my future research activity so that my journey continues.

The commentary is therefore not merely a chronological account of my publications. It is a narrative of my deepening understanding of the phenomena in Box 1 and my growing appreciation of what PAR can offer in this context.

Reflective practice implicitly involves critical examination of one's own assumptions and responses to practice situations (Finlay, 2008). On this basis I have structured my narrative using Schon's (1983) two modes of reflection:

- i. *reflection-in-action* (or, thinking while doing), where examination of my experiences at the time they occurred led me towards inquiry and/or publication
- ii. *reflection-on-action* (or, after-the-event thinking), where I have re-appraised and re-evaluated my body of work, drawing new learning from it.

I have used these two modes of reflection to distinguish between the First Level Themes presented in Part 3 and the Second Level Themes presented in Part 5. Each 'level' reflects a different stage of my developing understanding, with both levels contributing to a single learning process founded on my practitioner experiences;

Professional practice is complex, unpredictable and messy. In order to cope, professionals have to be able to do more than follow set procedures. They draw on both practical experience and theory as they think on their feet and improvise. They act both intuitively and creatively. Both reflection-in and on-action allows them to revise, modify and refine their expertise (Finlay 2008, p.4).

## *Reflection-in-action*

It was reflection-in-action that drew me into research. I have become aware of a two-phase pattern of reflection in many of my publications. First there is an initial appreciation (on my part, as a practitioner) of a particular area of practice that 'works' (often against the odds, seemingly) then, secondly, a strong desire to understand *how* that element of practice 'works'; a desire to generate 'know how' by gaining a greater understanding of it through systematic inquiry.

This pattern is evident in Publication 2 where I explored service users' preference for a community-based allotment group over a day hospital group programme and in Publications 5, 6, and 8, where I explored how 'difficult to engage' service users became engaged with mainstream community-based resources. This process of learning through action reflects Schon's (1983) premise that the reflective practitioner seeks, through reflective learning, to develop their own artistry of practice which may not necessarily correspond with 'top down' practice guidance;

The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings which have been implicit in his behaviour (Schon, 1983, p.68).

The *artistry* of practice is central to this commentary. For example, Part 4 explores how a positivist-dominated evidence-based practice (EBP) culture limits the range of types knowledge that practitioners can cite as 'evidence' to support their practice and considers how PAR can demonstrate its utility and quality in this regard;

For Schon, reflection-in-action was the core of ‘professional artistry’ – a concept he contrasted with the ‘technical-rationality’ demanded by the (still dominant) positivist paradigm whereby problems are solvable through the rigorous application of science. A contemporary example of this paradigm is the evidence-based practice movement, which favours quantitative studies over qualitative ones, and established protocols over intuitive practice (Finlay, 2008, p.3).

## *Reflection-on-action*

A doctorate involves working at the cusp of new knowledge (see how I have addressed UWE’s Doctoral Descriptors in Appendices 6 and 7) and my progression from First to Second Level Themes signifies the deeper learning that occurred as I became more analytical of the issues covered in my publications. It showed me that, far from being fossils from my past that needed to be simply threaded onto a narrative string, my publications were still ‘alive’ and their meaning to me might yet change. It is this re-appraisal of them that has enabled me to see my own development as an action researcher and construct my argument for the applicability of PAR. The commentary, therefore, captures an emergent process of my own making.

On this basis, the commentary is reflective, reflexive, progressive, and action-focused. It contributes both new knowledge and new methodological insights for the ongoing development of community mental healthcare.

## *Being reflective*

In addition to the two modes of reflection described earlier, reflection has been integral to my research and publication activities in terms of member checking qualitative data (Braun and Clarke, 2013), insider-outsider team working (Herr and Anderson, 2015), and co-authorship. A collaborative approach to writing (in over 50% of my publications) avoids the tendency for reflection to become individualistic or indulgent. My collaborations are described in detail in Appendix 5.

## *Being reflexive*

Writing the commentary has been a 'constructive deconstruction' of experience (Weil, 1998). It has involved being mindful of my own philosophical and epistemological position and how this influenced my actions throughout my journey, as detailed in Part 9. It reflects the notion of professional life itself being a form of inquiry (Marshall, 1999).

Locating myself in the commentary's 'story' has introduced the notion of first, second, and third person 'voices' into the commentary which is also a feature of action research (Pedler and Burgoyne, 2008; Coghlan and Brannick, 2010). A *first person* perspective asks 'how did my experience change me?' So, for example, in Publication 1, I show how Wilcock's (1998) occupational risk factors started me out on a 'sense-making' journey which drew her ideas into my own field of practice and began an exploration of occupation-focused practice that has continued up to the present (Publications 2, 5, 6, 8 and 11).

A *second person* orientation asks 'what led me to inquire *with others*?' So, for example, in the Bristol social inclusion project, a community of inquiry emerged within the CIS (Publications 5-8) and an insider-outsider teamwork forum was created within a vocational rehabilitation service to provide a space for organisational learning in Publication 11.

A *third person* perspective considers how new, local insights might be disseminated more widely as public knowledge with relevance beyond its immediate context (Reason and Bradbury, 2008; Bradbury, 2013). It addresses the issue of transferability in action research, which has been integral to my publications (see Publication 7, p.15, lines 6-13) and raises questions about the notion of 'quality', as mentioned earlier.

My progression through these three 'voices' within this commentary is how the portfolio of papers has been reconstructed into a single over-arching narrative from which new learning has emerged.

## *Being progressive*

The commentary is a journey *into* a body of work; a story of how critical examination of First Level Themes led to Second Level Themes. It also charts my development from *qualitative* inquiry to an appreciation of a more *participatory* paradigm; that is, my shift from simply looking at the world to

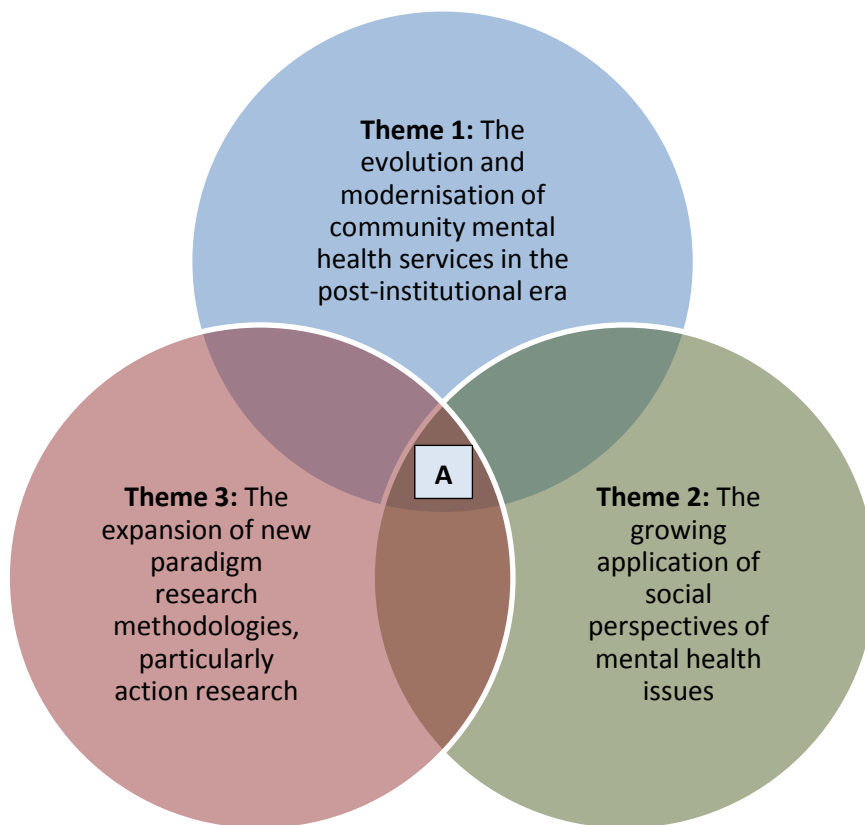
a more reflexive position that asks questions about *different ways* of looking at the world, coming to understand it better, and having an impact on it.

### *Being action-focused*

The commentary focuses on *actionable* knowledge and on mental health *practice* as it is delivered to, and experienced by, the endpoint service user. Whilst it does not concentrate on mental health *policy*, as such, it acknowledges the importance of policy in so far as it has an impact on practice and service users' experience. In other words, it is concerned with the tensions between policy as it is espoused, enacted, and experienced (see quotation from Publication 7 on p.31).

## Part 3. First Level Themes

As outlined in Part 1, my mental health career has been characterised by ongoing exploration of the three phenomena in Box 1 (p.3), now depicted in Figure 1 below. I am calling them ‘foundational’ or *First Level Themes* because they represent my understanding of these phenomena at the point I started writing this commentary. Their presentation in numerical order reflects that, historically, they emerged in sequence, as a progression. First came the shift from institutional care to community care (Theme 1) which led to a growth in the application of social perspectives of mental health issues (Theme 2) and this, in turn, led to the expansion of ‘new paradigm’ research methodologies (such as action research) which value the subjective experiences of its stakeholders (Beresford, 2013).



**Fig 1: Foundational, or First-Level Themes**



Against this broad backdrop of unfolding change in the UK one can see the same themes reflected in the Bristol social inclusion project: nationally driven service modernisation (Theme 1), in the form of the social inclusion agenda (Theme 2), was advanced, in Bristol, by accessing stakeholders' experiential knowledge through PAR (Theme 3). My greatest learning experience has been at the convergence of these themes – that is, point A in Figure 1 – and I will now move on to explain the significance of this convergence.

### *First Level Theme 1: The evolution and modernisation of mental health services in the post-institutional era*

In the UK, community care has largely evolved through a series of pragmatic changes made in the face of unanticipated challenges that were encountered *in practice*. As described in Publication 4, closing the asylums and moving to community-based care led to a fragmentation, or failure, of care as services ceased to be provided under one roof and were, instead, dispersed across a wider geographical area;

Care in the community has failed. And there are serious and disturbing gaps right across the country in terms of the services available to people with mental health problems.

Patients and users are not getting the services they are entitled to expect from health and social services (DH, 1998, p.20).

Commentators have reflected on the underlying assumptions behind these early steps into the community. Leff and Trieman (1997), for example, noted how large-scale occupational engagement in the old asylums – in farms, market gardens, and laundries, for example – was not deemed to be important in the new community context. More attention was paid to the anticipated benefits of the new neuroleptic medications available in the 1950s, on the premise that symptom alleviation would facilitate community living (Rogers and Pilgrim, 2014). Instead, fragmented care revealed large-scale unmet need throughout the 1980s. To tackle this disintegration, co-ordinated care planning was launched under the Care Programme Approach (CPA)(DH, 1990). However, fragmentation, social exclusion, occupational deprivation, and stigma persisted, compounding people's disability (NSIP/CSIP, 2007). Consequently, the social inclusion

agenda (ODPM, 2004) and the recovery paradigm have emerged as strong drivers of policy and practice in the UK in the twenty-first century (Pilgrim, 2011; Slade, 2013) and are the focus of Publications 5-11.

### *Social inclusion*

As noted earlier, social inclusion is expressed through individuals' participation in the key activities of their local community (Burchardt, Le Grand and Piachaud, 2002). A recurrent theme in my work (Publications 1, 2, 4-6, and 8-11) is the connection between social inclusion as a means of accessing social capital (Putnam, 1993) and the positive impact this has on health and wellbeing (Tew, 2011).

The question of how services can promote community participation is now centre-stage, and has been the focus of Publications 1, 2 and 4 to 11. Publications 4 to 8 describe how the evolution of community care is 'at a crossroads' (Pilgrim, 2005) and an 'unfinished revolution' (Bell and Lindley, 2005). Community care now faces several dilemmas. Firstly, community care services are geographically located in the community but often still conceptually tied to a medicalised paradigm which is at odds with social approaches to mental health. So it is now their *relationship* with the community they serve that is in the spot-light. Services have not yet fully internalised the move from institution to community (Kaye and Howlett, 2008) and "must avoid the risk of becoming a new 'diffused' institution, dominated by the idea of only controlling symptoms and behaviours and discharge/abandonment" (Mezzina, 2005, p.84). Secondly, there is wide recognition of the disabling impact of societal stigma which can undermine attempts to access social capital.

Consequently, as presented in Publications 5-11, services are now expected to develop more community-embedded care which is more accessible, more acceptable, and less stigmatising for service users (SCMH, 2006). This presents access to mainstream resources as a potential 'move on pathway' *out of* care as well as a key element in ongoing CPA care planning *within* the care system.

## *Recovery*

The recovery paradigm eschews the goal of symptom alleviation alone in favour of services that promote individuals' connectedness, hope, identity, meaning, and empowerment; the 'CHIME framework' (Slade, 2013). It distinguishes between *clinical* recovery (focused on individual pathology and symptom alleviation) and *personal* recovery which is "a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness" (Anthony, 1995, p.7).

Understanding how personal recovery journeys are made, and how support is *experienced*, are two of the principal ways in which service users' experiential knowing can inform service development (Deegan, 1988). Indeed, this has been the focus of Publications 2, 5, 6, 8 and 11, where people's experience of recovery (and of recovery-focused care) is examined. PAR can assist greatly in this developmental process by harnessing experiential knowledge in a solution-focused, *action*-orientated way.

## *Community development work*

Community development work involves mental health practitioners working with mainstream community agencies to create a more accessible and accepting community for service users, and is an emerging paradigm for service development (Seebohm, Gilchrist and Morris, 2009; Carpenter and Raj, 2012). I summarised how the evolutionary process has brought services to this point in Publication 4, a major mental health occupational therapy textbook (see Quotation 2).

Understanding the historical context of contemporary practice dilemmas and recognising this step-by-step development as an *evolutionary* process is important. It is the key to understanding the application of PAR methodology, which focuses on adapting to practice-based challenges (see First Level Theme 3).

## *First Level Theme 2: Applying social and occupational perspectives*

A *social* perspective of mental health focuses on people reclaiming a meaningful, satisfying life and adopting valued roles in the mainstream social world. It sees partnership and emancipation as core values underpinning practice and seeks to understand mental health and distress in terms of people's *experience* rather than through diagnostic categories (Double, 2005; Gale and Grove, 2005; Tew, 2011).

An *occupational* perspective of health regards health as the outcome of meeting the challenges of living (not merely alleviating the symptoms of a 'condition') and asserts that this is achieved through engagement in occupations (Wilcock and Hocking, 2015). The term 'occupation' refers to anything a person does that is goal-orientated, personally meaningful, repeatable, and perceived as 'doing' by the do-er (McLaughlin Gray, 1997) and "all that people need, want, or are obliged to do" (Wilcock, 2006, p.343). It thus denotes a far wider range of human activity than paid employment, which is what the term is often used to mean in wider mental health discourse.

An occupational perspective has informed all my practitioner and researcher activities. It draws on occupational science, which emerged in the 1990s (Clark and Larson, 1993; Clark, Wood and Larson, 1998) as an inter-professional academic discipline concerned with the study of humans as 'occupational beings'; that is, beings for whom occupation is essential to life and health (Wilcock 1993, 1995).

An occupational perspective is wide-ranging. It is not an *alternative* to biological, psychological or sociological perspectives but a perspective which integrates *all* of these in the study of human living, in all its dimensions. In this way, it *encompasses* a social perspective by seeing a person's capacity to enjoy health being contingent on the day-to-day life they lead, rather than being determined by individual pathology. In this sense an occupational perspective echoes the view of Szaz (1972), that there is no such thing as 'mental illness' only *problems in living*.

## *An occupational perspective of ‘the community’*

Occupational science asserts that society – or, ‘the community’ – is the accumulated expression of people’s occupational nature over evolutionary time. In other words, people have built communities on the basis of what people ‘do’ together (Hocking and Whiteford, 2012; Wilcock and Hocking, 2015). This indicates that occupations are embedded in communities and, therefore, exist as potential routes into a community’s social capital. Indeed, harnessing this potential was my rationale for creating the CIS (Publications 5-8). It also identifies social inclusion as an *occupational* phenomenon.

However, occupational scientists have noted that the sweeping reach of an occupational perspective may go unrecognised in healthcare because it focuses on the apparent mundanities of day-to-day living, rather than on diagnosed health problems, as such;

Partly because occupation is so all embracing and appears so mundane, its significance has failed to be appreciated sufficiently, particularly in terms of health (Wilcock, 2007, p.7).

This is particularly true where a reductionist, biomedical model of health prevails. If, as occupational science suggests, occupation is the manifestation of health, then occupation’s ubiquity may nevertheless make the link between occupation and health hard to recognise;

It is easy to overlook inseparable phenomena (Wilcock, 2007, p.3).

Consequently, occupational scientists have developed a language for examining the societal and psychosocial processes by which people become distanced from occupations. I presented these *occupational risk factors – occupational deprivation, occupational imbalance, and occupational alienation* (Wilcock, 1998) – and considered their practice applicability in Publication 1 (p. 212). My earlier point (p.15) about large-scale occupational engagement in the old asylums not being replicated in community care is, arguably, one example of the way the health-promoting effects of occupation have been overlooked historically. In my view, it is important that this oversight is not repeated.

The potential ‘invisibility’ of occupation is what makes my empirical inquiries significant. Helping service users to access social capital and social networks has long been a goal of mental health

services (Nolan, 1995), but without an occupational perspective this goal has proved elusive (Becker *et al.*, 1997 and 1998), as described in my introduction to Publication 2. Publications 2, 5, 6, 8 and 11 highlighted the efficacy of certain occupations and equipped practitioners with ways to harness them more consciously as therapeutic and socially inclusive media. In Publication 5, for example, I described such work in terms of UK national guidelines for socially inclusive practice from the Department of Health (DH, 2004) and from the National Social Inclusion Project and Care Service Improvement Partnership (NSIP/CSIP, 2007), highlighting one key finding as clearly as possible;

Simple things do need stating sometimes or they become invisible. For many participants, occupation and health felt one and the same (p.426).

The convergence of social and occupational perspectives, empirically established in Publications 2, 5, 6, 8 and 11, validated my own practice-based learning throughout the 1980s and 90s and enabled me to present the minutiae of *how* occupation ‘works’ in practice, as therapy and as a mechanism for social inclusion; making it more ‘visible’ to practitioners, in other words. For example, a hitherto socially isolated service user (Rahim) describes how his voluntary work provided the context for a new social network. The occupation *encompassed* the friendships;

Interviewer: So, it’s a long working day ... but your friends are there?

Rahim: My friends are there, yes ...

Interviewer: So how do you get that balance between the work and ‘having a laugh’?

Rahim: It all comes together in one package ...

(Publication 5, p.423)

To support this dissemination goal – of making occupation more *visible* – I also acquainted occupational therapists with a refinement of the language related to *social support*, *social networks*, and *social capital* (Publication 9) so it could inform practice (see Quotation 3). I distinguished between *cognitive* social capital, or “the feeling of belonging that a person gets from participating in the life of their community” (Publication 9, p.19), and *structural* social capital, or “the availability of networks and relationships in a given area” (Publication 9, p.19); underlining

that the former was an indicator of wellbeing, while the latter was not, “particularly if a person is living in the same street as other people but leads a separate, excluded life” (Publication 9, p.19).

### *An occupational perspective and PAR*

Whilst the social model of disability continues to have considerable impact on policy and disability politics, it has nonetheless been stretched beyond the parameters of its initial formulation in the 1980s (Beresford, Nettle and Perring, 2010) which saw it as a tool for social change through an explanation of the ‘disabling society’ (Oliver, 1996). In my experience, PAR can re-focus social and occupational perspectives towards this change potential. For example, there is a connection between the potential ‘invisibility’ of occupation and the tacit (un-acknowledged) knowing that PAR accesses. Consequently, I see PAR as a suitable method for exploring people’s experience of occupation (including their exclusion from it) and directing that knowledge towards practice development.

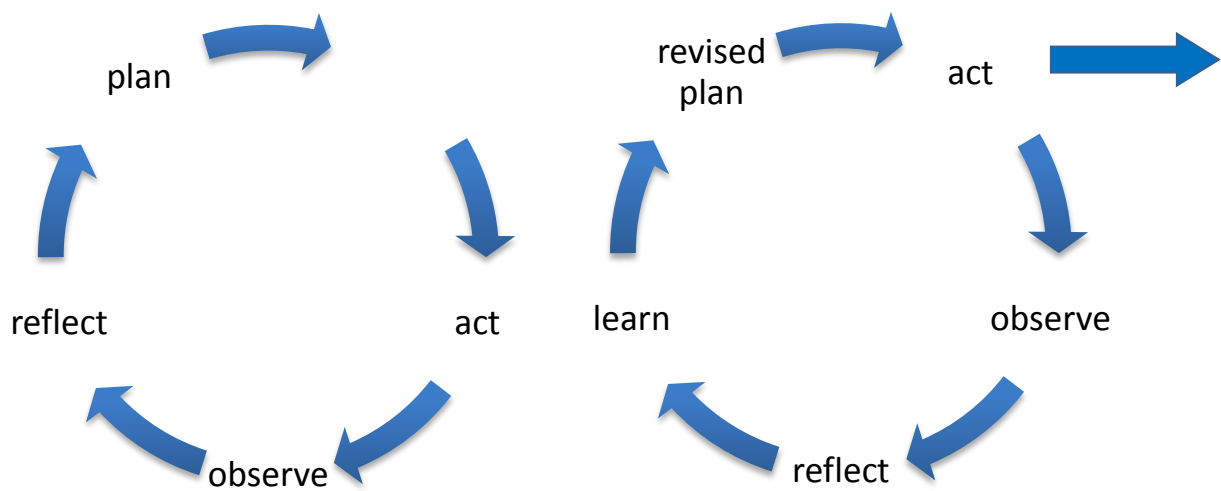
Bringing an extended epistemology (Heron and Reason, 2008) to that exploration could illuminate and deepen such knowledge. This underlines the importance of engaging with service users as *occupational beings*, not merely as instrumental users of services. To do so would offer a suitably complex perspective of people and their experience of mental health problems, recognising the multifarious layers of being and resulting knowing that they embody.

Additionally, since social exclusion is a societal issue (Gale and Grove, 2005; Tew, 2011) and access to occupations can be seen as an issue of social justice (Wilcock and Townsend, 2000), occupation emerges as part of an ‘emancipatory agenda’ to address social inequities (Hocking and Whiteford, 2012; Wilcock and Hocking, 2015). This is examined further in Part 5.

In terms of the dialogical learning essential to PAR, my experience of the Bristol social inclusion project was that Wilcock’s (1998, 2006) occupational risk factors offered a simple (not simplistic) framework for appreciating complex societal dynamics. In detaching itself from a medicalised or psychiatric paradigm it enabled a wide range of potential stakeholders to communicate and work together. Most importantly, it pointed to mainstream occupational engagement as a way of tackling social exclusion, promoting recovery, and addressing the problems in living (Szaz, 1972).

### *First Level Theme 3: Harnessing new paradigm research methodologies*

In First Level Theme 1, I presented the arena of community mental healthcare as a complex, multi-stakeholder environment that is under intense pressure to modernise. Inevitably, perhaps, this has meant the modernisation process is often bedevilled by misunderstandings and tensions between healthcare professions and by the silo-working habits of health and social care sectors (Douglas, 2009). It is also further confounded by tensions around service user involvement in decisions about the care they receive and about their involvement in research.



**Fig 2. The action research spiral (from Kemmis and McTaggart, 2008)**

I also highlighted that, since community care began, new practices have evolved in, what is essentially, a learning cycle – much like the action research spiral in Figure 2 above. In this context, the potential value of a knowledge generation process such as PAR, which integrates diverse stakeholders' viewpoints and focuses them towards service *development* is significant.

It is no surprise to me that the need for 'dialogue' and for the inclusion of a *service user voice* have emerged in tandem with the evolution of community care. Sapouna (2012) highlights Foucault's (2001) observation that, historically, 'madness' was always part of everyday community life and



was not excluded from society until the emergence of psychiatry, when “the mad fell into silence and the language of psychiatry emerges as ‘a monologue of reason about madness’” (p.613). Community care and the associated re-vitalisation of *social* perspectives of mental health problems have re-positioned the ‘service user’ as the hitherto excluded participant who now wishes to resume his/her rightful place in a dialogue. Indeed, the inclusion of this previously excluded ‘service user voice’ is now regarded as essential for the development of *acceptable* services (DH, 2005 and 2009; Tritter, 2009) and in NHS and Economic and Social Research Council (ESRC) research bids, where it is presented as “a proxy indicator of a high quality proposal or application” (Becker, Sempik and Bryman, 2010. p.356). I will now illustrate PAR’s capacity to integrate diverse viewpoints (developing ideas from pp.5-7) and show how this can inform service development.

### *Integrating diverse viewpoints*

The CIS drew on all four ‘ways of knowing’ that its members possessed (see quotation from Publication 7 on p.6). Bringing this knowledge (as presented in Box 4, overleaf) to bear on practice – as ‘know-how’ – was the challenge facing the CIS’ members.

Access to tacit knowing in the CIS happened through freefall writing and story circle methods (see Quotations 4 and 5, and Appendix 8). Having first encountered these as a participant, facilitated by Dr Porter (see p.5), I have since used a similar approach to lead participants into a knowledge café and then into co-creation of a shared learning history (Roth and Bradbury, 2008) of organisational development (see Publication 11).

In both inquiries, a sequence of techniques brought the full range of ways of knowing to bear on the phenomenon in question. First, tacit, experiential knowing was brought out into the open (where it could stand in parity with propositional knowing, for example) and then *all* perspectives were brought into *relationship* with each other, creating a hitherto unseen image of ‘the whole’. In Publication 7, I highlighted how this harmonising of ways of knowing indicated how different stakeholders might work together, informing the CIS’ action planning in a way that was richer, more true to life and more *useful* (Heron and Reason, 2008). This action plan was set out in

Publication 6 (see Quotation 6). In the Natureways inquiry (Publication 11) people's greater understanding of their organisation as 'one whole' helped them collectively commit to further development of it, as described later in Part 9.

***Experiential knowing***

- Service users' negative experiences of stigma, exclusion, disability and service use
- Service users' positive experiences of recovery-focused practice and recovery itself
- Practitioners' experiences of feeling 'siloed', unheard or misunderstood, and criticised in relation to the inclusion agenda – particularly in relation to 'day service *transformation*' (see Quotation 1)

***Presentational knowing***

- Service users' stories of internalised stigma and exclusion, and institutionalised care
- Service users' stories of personal recovery
- Service providers' work-cultural narratives that had come to shape their practice, often unconsciously

***Propositional knowing***

This was based on the profusion of best practice guidance and government policy regarding social inclusion (DH, 2004; ODPM, 2004; CSIP, 2005; NSIP/CSIP, 2006 a and b, and 2007; DH, 2007) which most participants were aware of

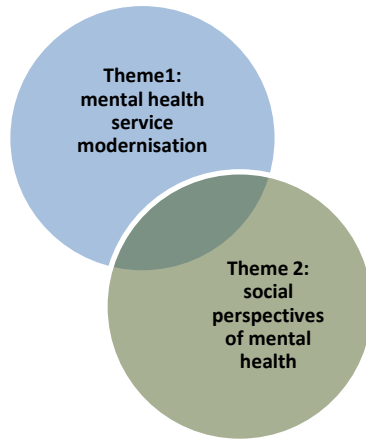
***Practical knowing***

This was manifest in the practice 'know-how' or practice *artistry* which CIS members possessed in abundance, and which motivated their commitment to the CIS despite time pressures and other challenges.

**Box 4: Ways of knowing and types of knowledge accessed in the CIS' work**

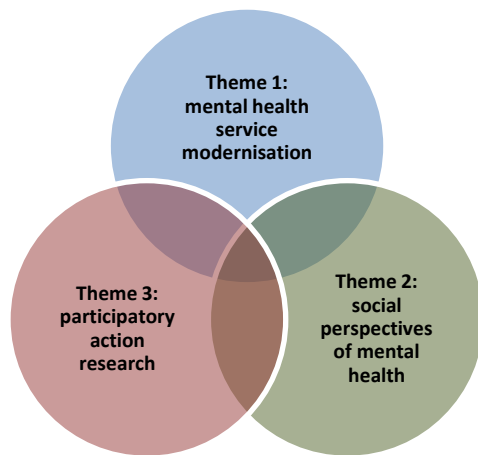
## *Consolidating links between First Level Themes*

Having outlined the First Level Themes, Figures 3 and 4 (overleaf) highlight that their convergence is not merely a *theoretical* connection but one that reflects the development of services to date. Box 5 (on p.26) highlights how this convergence is reflected in a developmental thread running through my publications.



**Fig.3: Linking First Level Themes 1 and 2**

As mental health services have gradually modernised (First Level Theme 1), de-institutionalisation, community care and erosion of the medical model have led to care becoming more orientated to an understanding of people as *occupational beings* (First Level Theme 2) than at any time previously.



**Fig. 4: Linking All First Level Themes**

As service users become better understood as 'occupational beings' partnership work across the many different stakeholders involved in service provision becomes crucial. This suggests that service modernisation can benefit from a research methodology (such as PAR) based on inclusivity, collaborative working, and engagement with tacit knowledge of subjective experience (First Level Theme 3).

***Regarding Theme 1: The evolution and ‘modernisation’ of community-based services***

- Publication 1 advocated an ‘extended practice paradigm’ for CPA care planning to facilitate service users’ community participation through their engagement in occupations.
- As a novice researcher, I followed this up by exploring service users’ experiences of this ‘extended practice’ in a horticultural allotment-based group which promoted service users’ social networking and sense of citizenship (Publication 2). Both Publications 1 and 2 were written for occupational therapists.

***Regarding Theme 2: Applying social and occupational perspectives***

- I examined one particular community mental health team’s occupation-focused, socially inclusive practice for a range of mental health practitioner readerships including service users, service commissioners and community development theoreticians (Publications 5, 6, 8 and 11). Publication 6 presents ‘extended practice’ to the very partners that this practice was reaching out towards in the community. It was written, one might say, from the perspective gained by straddling the ‘wall’ that participants felt was being dismantled in the CIS (see p.5).

***Regarding Theme 3: Harnessing new paradigm research methodologies***

- The three-way convergence in Fig. 1 led me naturally to regard PAR as a way of exploring service users’ subjective experience of occupation. For example, McLaughlin Gray’s (1997) definition of ‘occupation’ (see p.18) was used to create the inclusion criteria (see Appendix 10) for purposive sampling in the interview stage of the Bristol PAR study (Publication 5).
- I offered methodological reflections to the action research community on the role of PAR as a means of facilitating the inter-sectoral collaboration which is the basis of community development work. This included critical reflection on co-operative inquiry’s widened epistemology, suggesting that this was, perhaps, more inclusive of tacit, un-articulated knowledge than appreciative inquiry, which is more sharply focused on what is *said* (Publication 7, pp.12-13).

**Box 5: A developmental thread running through my publications**

## Part 4. Critical reflection on PAR in practice

Action research is “not a method, but an orientation to inquiry, with many schools, theories and practices.” (Bradbury, 2013, p.3). What all forms of action research share is a desire to act out new learning in the real world with other people and, together, study that action as it takes place (Moses and Knutsen, 2012).

Given this wide field of research activity, and in order to set some boundaries for my reflections, I emphasise that I am focusing on my *practical* experience of PAR (as explored later in Part 9), on my wider reading spurred by publishing accounts of those experiences (my ‘reflection-*on*-action’), and on what I have learned from a synthesis of these two sources of knowledge. Engaging in further action *inquiry*, post-Bristol PAR – such as in Publication 11 – has consolidated this learning.

My reflections will first highlight how using PAR sharpened my focus on the significance of dialogue, power dynamics, and researcher positionality. I will then describe how my PAR-based learning was often at odds with conventional or received knowledge, which will then lead into an analysis of tensions between epistemologies and what this has suggested to me regarding quality standards in PAR.

### *Dialogue, power and positionality*

The power dynamics implicit in knowledge creation was a familiar topic to me before I engaged in PAR. As a qualitative researcher I had sometimes felt that my interpretation of data took the experience *away* from the individuals at the heart of the phenomena under investigation, somehow making it *less*, rather than more valuable. In Publication 2, for example, I stated that service users should be evaluators of the services they used, and that my qualitative research supported that. However, I have since come to recognise that the momentum generated by people’s direct understandings of their own experience do not always carry forwards into knowledge generation. So, although I recognised many similarities between qualitative research and action research – such as their high valuation of experiential knowledge and their desire to get up close to those most rich in that experiential knowledge – I recognised a new issue was

emerging for me: supporting participants to use their *own* data, within its *own* meaning-context, to effect the change *they* want. I wanted to learn how PAR could do this; how it was suited to working 'in context'.

My early experience as PAR facilitator in the CIS, for example, taught me that meaningful dialogue was not always achieved by simply bringing people together in the same room, as explored later in Part 9. For example, not only did CIS members learn that they had no 'clout' to effect the change they wanted but they also appeared to be divided by their use of a (seemingly) common language (the term 'community' unwittingly being used by different people to mean different things, for instance, as described later on page 47. Furthermore, an equal platform was not (it transpired) given to all voices at first (see Jenny's dilemma on p.64). Nonetheless, through engagement with these difficulties I began to appreciate some of PAR's strengths and researcher *positionality* (the conscious, negotiated stance taken towards participants) increasingly presented itself as crucial consideration. For example, as outlined earlier (p.5), the social inclusion project had aroused a wariness in community partners about the potential for 'old' health service provider/user dynamics – those of the hospital and the clinic (see Quotations 1 and 7) – being replicated in the community (Popperwell, 2007); a fear of being overpowered;

There is also a concern that the increasing integration of health and social care might – given the imbalance between the two sectors in terms of resources committed to mental health services – lead to an erosion of the influence of the social model of disability and a corresponding increase in the influence of a medicalized model (Social Perspectives Network, 2007) (Publication 6, p. 574).

As PI and PAR facilitator, I was concerned that such 'wariness' would undermine partnership working so it was essential that this threat was addressed, partly through positionality and attending to relational issues. Learning that PAR could do this, as well as elicit individuals' experiential knowing as 'occupational beings' (as described earlier), was illuminating. It surfaced the knowing *and* overcame obstacles within the multi-stakeholder environment that might otherwise have prevented that 'knowing' from being *used*. This emphasised, empirically, the connectedness of the three First Level Themes: service development, individuals' (service

providers' and service users') *experiential* knowing, and new paradigm methods of knowledge creation – that is, Point A in Fig. 1.

As I pondered these ideas about researcher positionality, a 'note from the field' by the editor-in-chief of the *Action Research* journal (ARJ), was influential on my development as an action researcher. It focuses on the quality of the relationships formed with stakeholders and on a shared commitment to change;

What makes our work fundamental to the revitalization of social research more generally lies in its orientation towards taking action, its reflexivity, the significance of its impacts and that it evolves from partnership and participation. By partnership and participation we are referring to the quality of the relationships we form with primary stakeholders and the extent to which all stakeholders are appropriately involved in the design and assessment of inquiry and change. By actionable we refer to the extent to which work provides new ideas that guide action in response to need as well as our concern with developing action research crafts of practice in their own terms. By reflexive we mean the extent to which the self is acknowledged as an instrument of change among change agents and our partner stakeholders. By significant we mean having meaning and relevance beyond an immediate context in support of the flourishing of persons, communities, and the wider ecology (Bradbury Huang, 2010, p.98).

This statement articulated a set of principles and values which, I realised, were instinctual to my practice. For example, they had already led me to involve service user researchers from Bristol MIND's User Focused Monitoring Project in the interview phase of the Bristol PAR project as co-designers of the interview schedule and as data co-analysts (Publication 5 and 8), as described in detail in Part 9. I highlight this in terms of fulfilling UWE's third doctoral descriptor regarding innovative research (see Appendix 6, point 3.2).

Bradbury Huang (2010) thus provided me with a manifesto for an action-orientated, inclusive, and emancipatory method of inquiry that I felt comfortable with. It complemented my growing awareness that occupational science concepts could explain individuals' disability by showing me that PAR could be both a means of learning about these disabling experiences *and* of engaging diverse stakeholders in dialogue focused on tackling them.

## *Challenging assumptions through PAR*

During the Bristol PAR project new learning from local service users' experience challenged national practice guidance in two ways: by contesting an established model for classifying the social inclusiveness of services, and by disputing widely-held assumptions about service users deemed to be 'difficult to engage'.

These disputations focused my attention on the extent to which PAR can generate *public* knowledge that meets academic standards of rigour; the extent to which PAR constitutes 'good research', in other words. To consider this question I use the following distinction between local and public knowledge;

Local knowledge is narrow and specific and is designed to support action at a particular place and time. Public knowledge consists of conclusions that are transferable to other contexts (Ospina *et al.*, 2008, p.426).

### *Classifying inclusiveness: accidents at the inclusion traffic lights*

When the Bristol social inclusion project began Bates' (2002) social inclusion traffic lights model was nationally recognised as a framework for charting move on pathways out of segregated services into community-based supports. It defined 'red' services as being located in mental health service settings with only mental health staff and service users involved. 'Amber' services were 'user-only' groups making visits to ordinary, mainstream settings (such as leisure centres, or colleges), and 'green' services were accessed by service users alongside the general public.

Bristol commissioning managers' acceptance of Bates' (2002) model – and their presumption that 'amber' services (such as, day services) were the necessary pathway from 'red' to 'green' – made them dubious that Bristol service users had engaged directly with 'green' services from hospital ('red'), as was shown in Publication 5. Managers' reluctance to consider this direct link and their narrow interpretation of the traffic lights meant that those people most socially excluded were in danger of having their exclusion compounded by service commissioning.



The CIS contested this narrow view creating an immediate tension between ‘top down’ propositional knowledge and local ‘bottom up’ experiential knowledge, which made for challenging work in the CIS, as explored in Part 9. Ultimately, however, it was the CIS’ learning that had most lasting impact (see Publications 5, 6, 7 and 8). For example, Bates (2005, 2008, and Bates and Seddon, 2008) revised his views about the traffic lights, validating the issues highlighted in the Bristol PAR project. In ‘Accidents at the inclusion traffic lights’ Bates (2005) wrote;

The UK Government has told services that they need to increase the time that staff spend in supporting people in their communities. The [National Development Team’s] inclusion traffic lights provide a helpful way of thinking about this. However, like any idea, it can be misunderstood and misused and so care is needed to apply the approach thoughtfully and responsibly (p.4).

In this case, ‘thoughtful’ and ‘responsible’ application was achieved through PAR, in my view;

Features of the national social inclusion agenda (policy espoused) were critically engaged with by the CIS in order to promote inclusive practice locally (policy enacted) based on an appreciation of what service users found most acceptable (policy experienced) (Publication 7, p.15).

Through recent personal contact with Bates (2014) I learned that he drafted his ‘accidents’ paper (Bates 2005) on the train home from a London conference where he had been talking to ‘someone from Bristol’ who was bemoaning the narrow local interpretation of the traffic lights model. We established that that person was me, engaged – at that time – in the Bristol social inclusion project, but prior to any PAR findings.

Significantly, Bates (2008) later highlighted that people with severe and enduring mental health problems were being left out of the dialogue about inclusion, reinforcing the utility of PAR and echoing Sapouna’s (2012) reflections on pages 22-23. This is picked up again later as a Second Level Theme.

### *'Difficult to engage' people, or 'un-engaging' services?*

All participants in the qualitative interviews had been service users of an assertive outreach (AO) team; a service model designed to work with 'difficult to engage' people with major mental health problems (DH, 1999). AO service users' successful community engagement had been striking because the received wisdom, at that time, was that 'difficult to engage' people would require segregated day services as a prelude to community participation (the 'red-amber-green' route, in traffic lights terms). These work-cultural assumptions saw the 'problem' of social exclusion as a feature of being 'difficult to engage', almost as an aspect of people's psychiatric condition. Consequently, deep concerns arose in the CIS about the individualisation of a societal issue (exclusion) and the stigmatising effect of the 'difficult to engage' label (see Quotation 8).

In each of these two scenarios (regarding the traffic lights and the 'difficult to engage' label), I realised PAR's strength was its capacity to set up a dialogue between local and public knowledge (see Quotation 9). This nexus is what made the new learning 'transferable' and capable of contributing to an empirically-derived evidence-base for mental health service development. Previously, I highlighted that it was not simply dialogue that made PAR work. I could now see that it was the embeddedness of that dialogue in an *action-orientated* process that made the difference (see Quotation 10). It was CIS members' cycling between action and reflection that enabled them to create robust new knowledge because that knowledge was for immediate *use*. Their creativity arose from this sense of urgency.

### *Impact of the Bristol PAR project*

Recognising the impact of new Bristol PAR-based learning about the damaging effects of stigma, the UK's College of Occupational Therapists (COT) invited me to provide a case study (drawn from Publication 5) to inform a COT response to the *Marmot Review: Fair Society, Healthy Lives* (Marmot, 2010) and to *Working for Health Equity: the Role of Health Professionals* (UCL, 2013), which concerns healthcare professionals' role in promoting equality of opportunity to achieve health.

Furthermore, in terms of making occupation 'visible' to practitioners, the ten factors underpinning successful community participation identified in Publication 5 (see Fig. 7 on p.45) have been used by occupational therapists from a London mental health NHS Trust to create a manualised intervention for promoting service users' participation in everyday life (Parkinson, 2014). It is proposed that this intervention will be used in a (one-group pretest posttest) study designed to measure the impact of community occupational therapy for adults with a diagnosed psychotic or mood disorder in a cohort study across the two London Trusts (Morley, 2014). This is highlighted as a fulfilment of UWE's second doctoral descriptor regarding the critical understanding of current practice (see Appendix 6, points 2.2 and 2.3).

## *Encountering tensions between epistemologies*

As noted earlier, my practitioner experiences have consistently highlighted the positivist domination of EBP culture within healthcare. The term 'positivist' refers to a model of the research process which aims to produce data which are seen as valid and reliable, independent of the research setting (Silverman, 2010). I have explored this tension between epistemologies in order to articulate the value of PAR.

### *The ontology and epistemology of PAR*

If ontology is concerned with understanding how 'the world' is constituted then an interest in how knowledge about the world can be *generated* – that is, an interest in epistemology – is naturally associated with it (Schwandt, 1997). Put simply, if ontology is about *what* is true or actual then epistemology is about *methods* of establishing those truths.

As described earlier, my initial PAR experiences taught me that PAR 'works'. This prompted me to examine *how* it works, leading me to explore a social constructionist approach to knowledge creation. This approach acknowledges that people's 'realities' are different, because everyone experiences the world in their own way and mediates or 'makes sense' of it for themselves (Gergen and Gergen, 2015). Reality is always 'reality as we know it', therefore, because it is socially

constructed – by people and by organisations – rather than requiring verification by externally determined standards (Rahman, 2008). The construction process happens through communication with other people, not unilaterally, so the way people talk to each other about the world (which is ‘their’ reality) not only creates and maintains the way they live and act in it but also becomes a vital element in their capacity to see the possibility of *changing* how they act. Crucially, PAR’s focus on dialogue allows people to gain insight into each other’s perspectives and to learn something new;

... the growth of action oriented research is simultaneous with the emergence of a social constructionist view of knowledge ... there is a vital and significant kinship across these domains (Gergen and Gergen, 2015, pp. 401-402).

For example, appreciative inquiry is based on the premise that “we create images of where we believe we’re going – and then we organize to those images” (Whitney and Trosten-Bloom, 2003, p.64) and co-operative inquiry sees collective experience as the basis for bringing about change;

Everyone is engaged in the design and management of the inquiry; everyone gets into the experience and action that is being explored; everyone is involved in making sense and drawing conclusions; thus everyone involved can take initiative and exert influence on the process (Heron and Reason, 2008, p.366).

Thus, social constructionism offered a theoretical underpinning to the importance of *dialogue* and *relationship* in PAR and to the value of acknowledging the power differentials and asymmetries that may impact on that dialogue. It also helped to explain the emphasis on collective action and reflection which characterises ‘participation’ in PAR.

### *Defining ‘participation’ in PAR*

‘Participation’ in PAR is typified by co-inquiry, and collective ‘sense making’ of the insights thus gained (Reason and Bradbury, 2008). I highlight this because, amongst the emerging terms for different levels of public involvement in research, this meaning of ‘participation’ is distinctive and I want to set clear parameters for my ongoing discussion of the *participatory* nature of PAR. It is significantly different, for example, from the way ‘participation’ is defined by INVOLVE, an advisory

group within the UK's National Institute for Health Research (NIHR), as presented in Box 6. Indeed, it has more in common with INVOLVE's definition of 'involvement' (see Box 6) which is now increasingly used in practice and in the literature, and is described as "the conduct of research 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them'" (Gradinger *et al.*, 2013, p.2). It mirrors Heron and Reason's (2008) description of co-operative inquiry as "not research on people or about people, but research with people" (p.366)

**Involvement** refers to individuals' active involvement in research projects and research organisations, such as through:

1. Joint grant applications
2. Identifying research priorities
3. Undertaking interviews with research participants
4. Conducting research (as service users or carer researchers)

**Participation** refers to individuals taking part in research, such as through:

1. being recruited to a clinical trial or other research study
2. completion of a questionnaire
3. participation in a focus group

**Engagement** refers to researchers engaging with the public through the dissemination of information and knowledge about research, such as through:

1. public science festivals where there are debates and discussions about research
2. research centre open days
3. raising awareness of research through the media
4. dissemination to research participants

**Box 6: NIHR/INVOLVE definitions of public *involvement*, *participation*, and *engagement* in research (from Tarpey, 2015)**

### *Action research within a positivist-dominated culture*

Sackett *et al.*'s (2000) model for evidence-based practice (EBP) indicates three sources of knowledge that should inform practice: research-based evidence, service users' preferences, and practitioners' experience. However, the elevation of the first of these (and, in particular,

*experimentally*-derived clinical guidelines) has restricted the range of 'ways of knowing' deemed legitimate for use in knowledge creation which, in turn, has limited the types of knowledge available to practitioners' for *crafting* their practice.

Rose and Gidman (2010) note this has diminished the value of practitioners' dialogue with service users and eroded the very basis of professional decision-making. Indeed, Chapparo and Ranka (2005) suggest this represents a threat to holism and to an occupational perspective within healthcare;

The reality is ... that the current evidence-based practices demonstrate the dominance of reductionist science across health and disability services, including occupational therapy (p.268).

Positivist research depends on the demonstrable extinguishing of qualities that qualitative and action researchers hold valuable (such as participants' experiential knowing, and researcher reflexivity and positionality) in order to maximise its own credibility. It has struck me that positivist research sees 'ways of knowing' that do not follow its own rules as not simply 'different' but *inferior* to itself (as examined later in Part 8, in terms of working within a positivist-dominated research culture in my university) and the consequent de-legitimation of action research and practice-based knowing has been an ongoing concern to me, as highlighted earlier (p. 7);

Academics tend to be comfortable with action research as a form of local knowledge that leads to change within the practice setting itself, but are less comfortable when it is presented as public knowledge with epistemic claims beyond the practice setting (Herr and Anderson, 2015, p.64).

Compounding this difficulty is the fact that different types of findings, derived from different methods of inquiry, and intended for different purposes, have traditionally been ranked in a single hierarchy of 'evidence' in health research; one which ranges from systematic reviews of randomised controlled trials at the 'top' (Type I) to expert opinion (Type IV) at the 'bottom' (Becker, Sempik and Bryman 2010). My exploration of this (so-called) 'gold standard' (Hyde, 2004) has highlighted a definitive point of contrast between quantitative and qualitative paradigms: their approach to the generalizability or transferability of research findings.

I have found the qualitative research term 'transferability' the more helpful in describing what I see as the actual process involved. It underlines that, when findings are *transferred* from a sending context to a receiving context, the onus is on the receiver to establish that the findings are indeed *transferable* (Lincoln and Guba, 1985). This contrasts with the positivist notion that the burden of proof lies with the original investigator, who – of course – cannot know the settings that the findings may be transferred into. This highlights 'transferability' of research findings as a feature of the *receiver's* professional reasoning, indicating, again, that there should be the widest possible range of *types* of knowledge for practitioners to draw on.

However, tensions can be acute when different paradigms meet. For example, during peer review of a paper I submitted in 2013 (which became Publication 11) a discussion arose about generalisability. One reviewer supported publication with minor amendments, while the other said we had used "a biased approach which only looks at positive views of the [vocational rehab] program" (see Appendix 9, p.205). The reviewer wanted objective measurement of service user characteristics that would allow comparison with other projects. My counter-argument was that we were undertaking a "participatory process of learning in action which would generate and test living, practical, experiential knowing about a new project" (Appendix 9, p.204) and maintaining an appreciative stance was both a methodological and an ethical issue. However, no response was made to this point.

I had submitted the paper to a generic rehabilitation journal because I wanted to popularise action inquiry within healthcare rehabilitation, spurred on by Hughes' (2008) warning that "assertions about the value of PAR will not convince seasoned reviewers of healthcare research" (p.389). However, on reflection, I recognise one implication of the journal's largely *physical* therapist readership was its adherence to the positivist paradigm in research. Ultimately, I was offered publication as an opinion piece but I chose to withdraw the manuscript and submit it elsewhere. Significantly, the article was readily accepted by the *Mental Health and Social Inclusion* (MHSI) journal which serves a mental health service provider/user readership (see Appendix 2). Their reviewers implicitly accepted that our methodology was suited to engaging multiple stakeholders' experiential knowledge in order to develop innovative practice (Repper, 2014). Comparing the comments of both sets of reviewers highlighted to me how far *mental health* practice has come in

challenging many healthcare/research traditions; a further reflection of the social perspectives that now shape mental health practice.

### *Expanding notions of rigour*

As noted earlier, the language used to rank methods of knowledge generation is important. Herr and Anderson (2015) suggest that neither the positivist term *validity* nor the qualitative term *trustworthiness* fully acknowledge the *action*-orientated outcomes of action research.

Consequently, as a framework for my own critical reflections on PAR, I have engaged with Herr and Anderson’s (2015) typology of quality criteria (see Table 1) to complement the criteria I developed for myself during the Bristol PAR (see Part 9).

Goals of Action Research	Quality/Validity Criteria
Generating new knowledge	Dialogic and process validity
Achieving action-orientated outcomes	Outcome validity
Educating researcher and participants	Catalytic validity
Applying results to the local setting	Democratic validity
Establishing a sound & appropriate methodology	Process validity

**Table 1: Action Research Goals Matched to Validity Criteria (from Herr and Anderson, 2015)**

Each criterion is explained more fully in Box 7 overleaf. Herr and Anderson (2015) offer these principles as an invitation to the action research community to discuss and develop its own quality criteria; an impulse shared by Bradbury (2013), who reinforces the need to “prevent our borrowing uncritically from conventional, yet inappropriate, quality standards” (p.5) and offers



**Outcome validity**

- is the extent to which the research generates action leading to a resolution of the problem or conundrum that prompted the inquiry
- is concerned with 'real life' workability, or pragmatism, and the integrity of the research process in remaining committed to action and a 'successful' project outcome
- asks whose criteria for 'success' the research is measured against. This is important because, although *reframing* a problem (rather than solving it) may be seen as a 'failure', this deepened understanding may be an indication of the inquiry's quality (see Point 8 on p.80)

**Process validity**

- is the extent to which problems are framed and addressed in a manner that facilitates ongoing learning by individuals or the system of which they are a part
- relates to outcome validity because a flawed framing process will impact on outcomes
- is concerned with the cycles of reflective learning through which participants can re-examine and revise the assumptions behind the framing process.
- is concerned with what constitutes evidence for people's assertions as well as the quality of interactions between participants that enable these to be re-evaluated.
- borrows from qualitative research by valuing *triangulation* (multiple perspectives and/or data sources) to create an expansive learning process for all participants (rather than a self-serving one for individuals)

**Democratic validity**

- is the extent to which the research process involves and honours the perspectives of all stakeholders
- is the extent to which the research emerges from, and seeks solutions appropriate to, the *local* context and what is meaningful for the participants – ie. it is a pre-requisite for 'workability' (see *outcome validity*) and multiplicity of perspectives (see *process validity*). This raises questions about inclusivity and power. It asks whether certain participants might be using the research process (unwittingly or otherwise) to find solutions which are at the expense of other stakeholders (who may, or may not yet, be participants)
- sees multiplicity of voices as an ethical/social justice issue (while *process validity* sees it as a quality issue)

**Catalytic validity**

- is the extent to which the inquiry re-orientates participants' focus on the social reality they are addressing so they can understand it better and feel equipped to transform (or reaffirm) it
- highlights the transformative potential of action research, which the researcher must be open to

**Dialogic validity**

- is the extent to which the research includes point-counterpoint critical reflection – either through collaboration as a feature of the research process, or with a critical friend – in order to maximise a good fit between problem framing and research findings.

**Box 7: Five Quality Criteria for Action Research (from Herr and Anderson, 2015)**

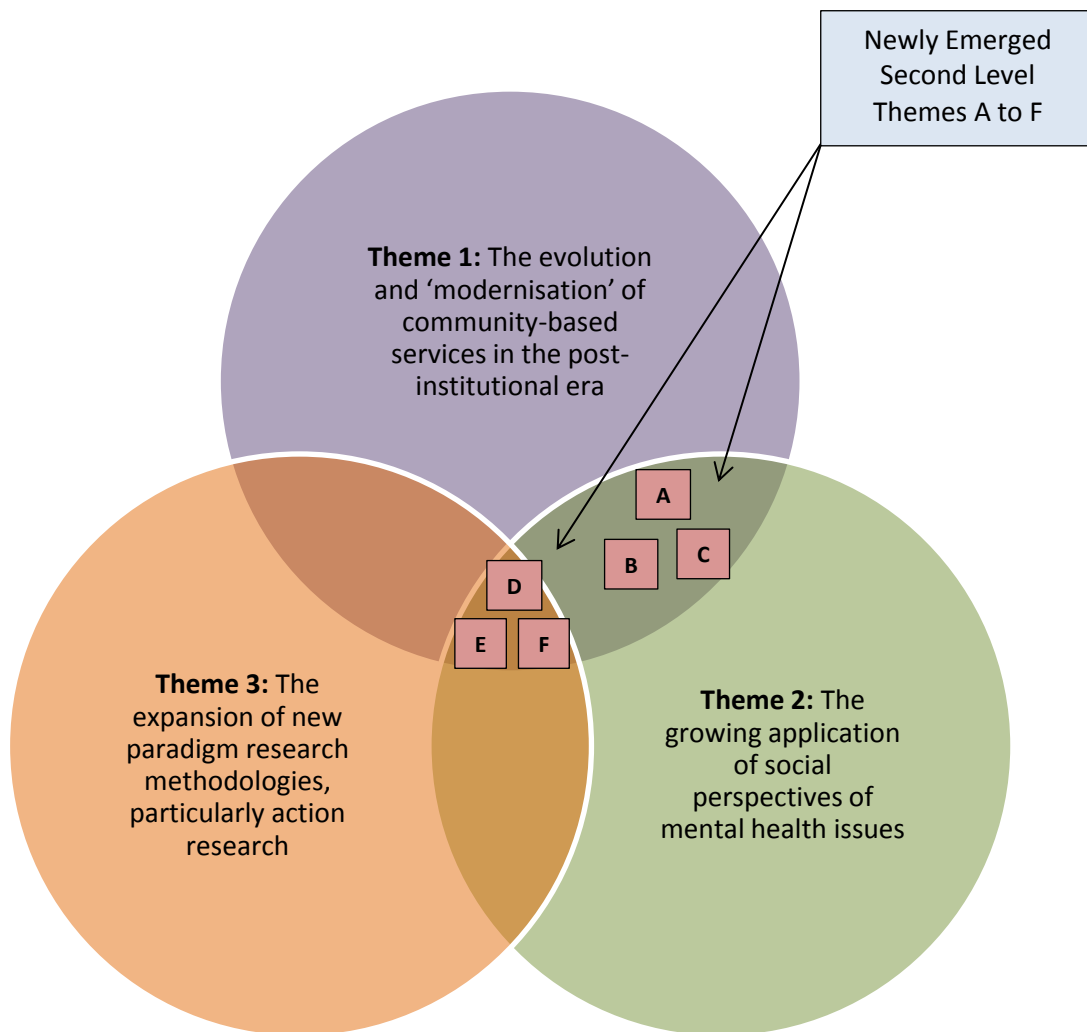
her own quality criteria for testing by the action research community (see Box 18 on p.121).

As an action researcher, I baulk at the term 'validity' because of its positivist connotations but it is a *nuanced* validity that is proposed, suggesting it is about authenticity and accuracy in representing social phenomena (Silverman, 2010) and a unity of purpose and process in inquiry. This conception of a *nuanced* validity has helped me propagate ideas about action research within the positivist-dominated research culture of my own workplace, as I will described in Part 8.

In my experience action research can also validate its knowledge claims through the self-validating pattern of the action research cycle (Koshy, Koshy and Waterman, 2011) and/or by highlighting the work of the 'community of inquiry' which the inquiry creates (see Publications 7 and 11) whereby shared understandings and interpretations fulfil all five of Herr and Anderson's (2015) quality criteria. For example, in Publication 7 research cycling, or validity checking, allowed participants to consciously hone *themselves* as reliable research instruments. It maximised the authenticity of collectively owned new learning (an *outcome*) and also pointed to the value of participation itself as an empowering *process* for participants as agents of change (see Quotation 11).

## Part 5. Progressing to Second Level Themes: gaining new perspectives

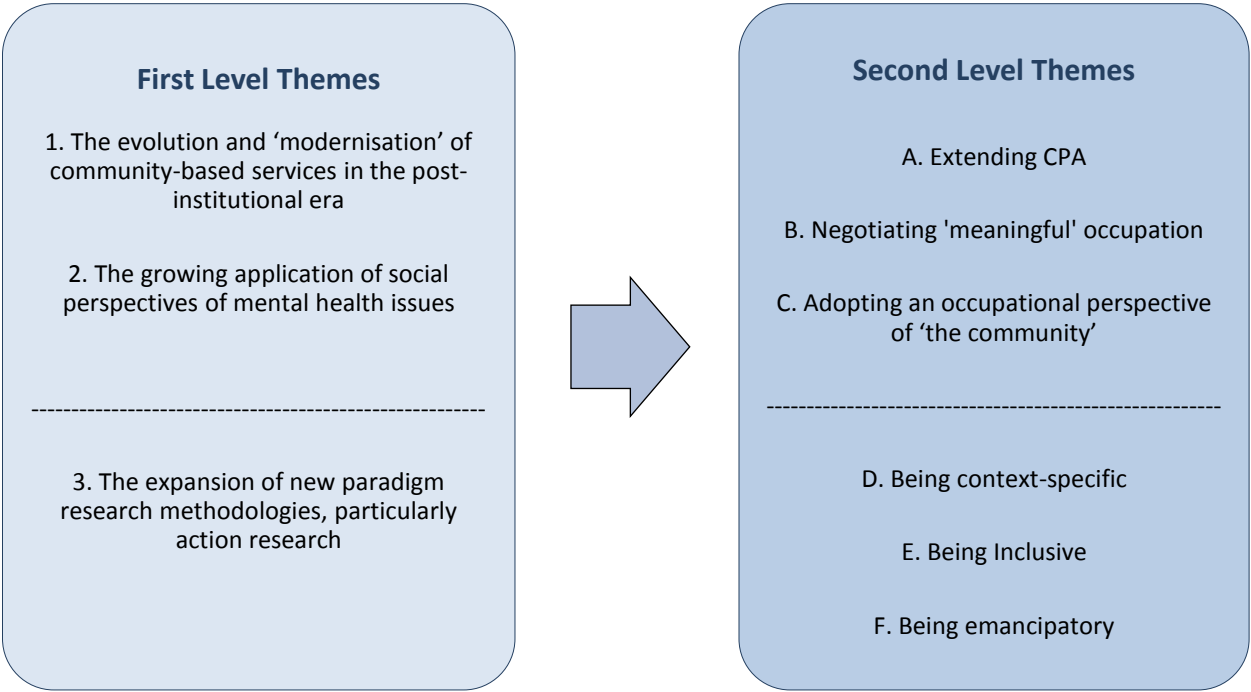
This section of the commentary develops the ideas contained in the First Level Themes into six Second Level Themes (A to F). These Second Level Themes emerge in the areas of overlap between the First Level Themes (see Fig. 5), indicating what I have learned from my examination of the *convergence* of the phenomena first presented in Figure 1.



**Fig 5: Locating Second Level Themes in relation to First Level Themes**

Second Level Themes A to C examine aspects of synergy between First Level Themes 1 and 2 (that is, between the modernisation agenda and the growth of social and occupational perspectives of mental health), whilst Second Level Themes D to F examine how this synergy relates to the growth of new paradigm research methodologies (First Level Theme 3).

The progression from First to Second Level Themes is outlined in Figure 6 below. An 'extended CPA' (Theme A), the negotiation of meaningful occupation as part of the CPA process (Theme B), and the adoption of an occupational perspective of 'the community' (Theme C) are seen to have emerged from mental health services' growing community-orientation (First Level Theme 1) and their increasing understanding of service users as social and occupational beings (First Level Theme 2). In response to this, PAR is seen to have great potential in knowledge creation (First Level Theme 3) by virtue of its embeddedness in practice contexts (Theme D), its inclusivity of diverse stakeholders (Theme E), and its emancipatory potential (Theme F).



**Fig 6: Progressing from First to Second Level Themes**

## *Second Level Theme A. Extending CPA*

Here, I develop the idea of evolving practice (First Level Theme 1) by focusing on a pivotal development in community care: co-ordinated care packages delivered through the Care Programme Approach (CPA) (DH, 1990). As community care has developed, CPA has progressed from being simply about marshalling *care* services to being the lynchpin in services' efforts to facilitate people's social inclusion and citizenship.

My publications have consistently advocated an 'extended practice paradigm' for CPA; first presented in Publication 1 as "an openness to new collaborative working partnerships in the community; and the efficacy of using normal, community-based venues as sites for occupational therapy" (p.215). This theoretical 'idea' is precisely what the Bristol PAR and Natureways inquiries explored empirically and was shown to work (see Quotation 12).

I have also shown (in Publications 4, 5, 6 and 8) how an 'extended CPA' is essential to community development work. Publication 4 (pp. 506-7), for example, offers practical suggestions for conducting an 'extended CPA' in a person-centred way. This is important because tensions persist between CPA's potential to address a comprehensive range of needs and the tendency to limit its scope (Hill, Francis and Robinson, 2008). For example, around the time of the Bristol PAR project, a Bristol MIND evaluation of CPA's local implementation concluded that the process was largely owned by mental health services, did not fully involve service users, and was not fulfilling its potential in promoting social inclusion (Donskoy, 2009).

Given that this 'dilution' of CPA was often attributed by practitioners to time constraints and heavy caseloads Publications 5 and 6 portrayed an 'economy of time' within which practitioners could make certain choices about how they worked (see Quotation 13). Similarly, in Publication 4, I described the dangers of a narrow, service-centred assessment of people's needs (see Quotation 14).

## Second Level Theme B. Negotiating 'meaningful' occupation

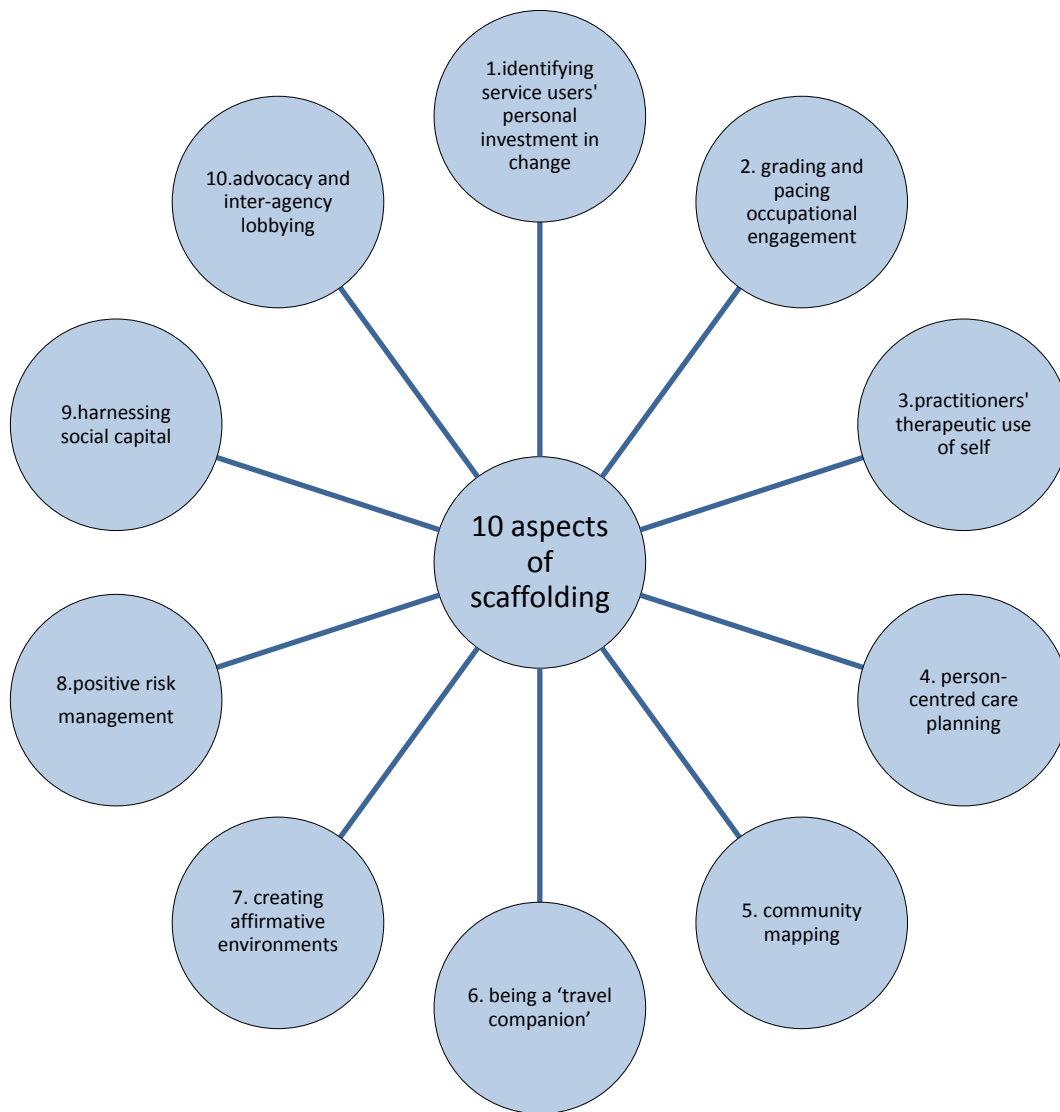
Person-centred care-planning requires that practitioners negotiate with service users the *meaning* of any occupations they propose to use therapeutically, so as to harness the individual's momentum towards recovery (see Publications 5, 6 and 8).

As described in Part 2, Wilcock's occupational risk factors (1998 and 2007) helped me understand the correlation between people's economic/social deprivation and their mental health problems. In my experience, this association rarely informed a medicalised *psychiatric* service pre-occupied by individual pathology. I remember the casual use of the phrase 'a check-up from the neck up' by community mental health nurse colleagues in the early 1990s to describe the frequently narrow purpose of their home visits to service users, which was to monitor individuals' psychiatric symptoms. In that 'pre-recovery' era issues of service users' social connectedness and occupational engagement did not readily arise for practitioners.

By contrast, occupational risk factors offered a theoretical explanation for what I was witnessing in my day-to-day practice: that 'disability' from mental health problems was a *psychosocial* and occupational issue. This cast the CPA co-ordinator in the role of broker for accessing mainstream occupations and their social capital. Publication 5 identified ten aspects of this community-focused care co-ordination role (see Fig.7 overleaf). It was dubbed 'scaffolding' in Publication 5; borrowing the term from Vygotsky (1978, cited in Publication 5), whose theory about skill acquisition through collaborative problem-solving helped me make sense of the negotiation process between practitioners and service users that AO service user interviewees had valued so highly.

Person-to-person negotiation is imperative. I highlighted (in Publication 4) that 'meaning' during occupation is the motivator of individuals' engagement, and is deeply *personal*. I also emphasised that meaning arises through an interaction between the meaning *ascribed* to an occupation (by the individual) and the meaning they personally *derive* from engagement in that occupation, which is linked to the occupation's social and cultural significance (Kielhofner and Barrett, 1998). This is the 'built in' meaning of mainstream occupations described on pages 19-20 . It is what carries the individual along a recovery pathway from being a 'service user' (where occupation may be engineered as *therapy*) to becoming a 'citizen' (where engagement in occupation is participation in

society). As Trombly (1995) pointed out “only meaningful occupation remains in a person’s life repertoire” (p.963).



**Fig 7: Ten aspects of scaffolding (from Publication 5)**

In the Bristol PAR project (Publication 5) I demonstrated how a robust person-to-person relationship between service user and practitioner allowed for negotiation to occur and – crucially

– for practitioners to become trusted ‘travel companions’ on individuals’ recovery journeys. This ‘companionship’ enabled practitioners to accompany service users into mainstream settings and to co-construct, in situ, a temporary, affirming, psychosocial micro-environment (Rebeiro, 2001) which individuals could use in two ways: first, to acclimatise to the new community context, then as a stepping off point into community participation. This co-construction or ‘scaffolding’ (see Fig.7) was a characteristic of all the service user accounts of successful community participation in the Bristol PAR project (see Quotation 15).

Significantly, this ‘scaffolding’ was also a feature of the off-site contract landscaping service offered by the vocational service in Publication 11, where “[off-site working] created a flexible, supportive psychosocial micro-environment further along service users’ progression pathways towards employment” (p.161). Its applicability in this different context indicates that PAR had uncovered a significant phenomenon which was useful in service development elsewhere. Indeed, the intervention recently adopted in the London Trusts (described on p.33) is based on the ten features of scaffolding in Figure 7.

## *Second Level Theme C. Adopting an occupational perspective of ‘the community’*

As noted earlier, occupational science conceptualises ‘the community’ as the accumulated expression of human being’s occupational nature over time and I have highlighted (in Publications 2, 5, 6, 8 and 11) how its social capital can be harnessed by practitioners to support service users’ recovery. However, this occupational perspective has to be *asserted* as it is only one of several uses of the term ‘community’ in practice (McCollam and White, 2002). Box 8 overleaf presents some uses I have encountered in my own career.

Lester and Glasby (2006) note that, despite its common usage since the 1959 Mental Health Act it has proved impossible to say where the term ‘community care’ came from or what it means exactly. This ambiguity was shown to be endemic in the Bristol PAR project (Publication 7) where the CIS’ work was initially undermined by members’ uncritical use of the term.



It is for this reason that I sought to popularise the concepts of *cognitive* and *structural* social capital in Publication 9, as described on page 20. I wanted to combat imprecise notions of ‘the community’ (see Hart, 2003) as a place where social capital was *presumed* to exist by practitioners, but not secured through service users’ occupational engagement.

- ***any non-hospital location***
- ***a catchment area for local services***
- ***a disposal route for discharging people*** (the ‘discharge as abandonment’ described on p.16).
- ***a ‘community of mental health professionals’*** (whose care planning would not necessarily include brokerage of mainstream community resources. It was this perspective that spawned the ‘check-up from the neck up’ attitude, described on page 44).

#### **Box 8: The variety of uses of the term ‘community’ encountered in the author’s practice**

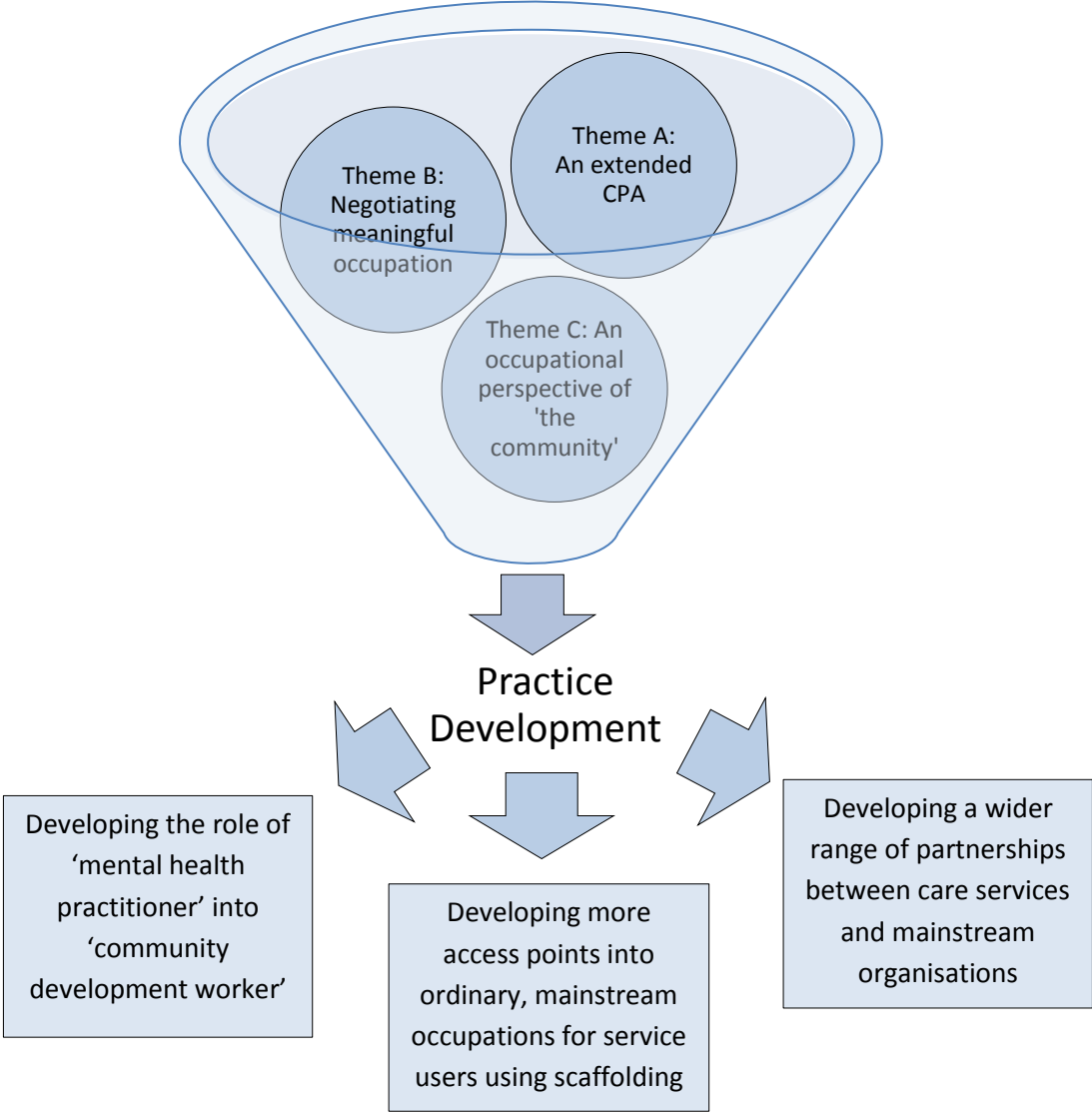
Promoting the long-term benefits of an occupational perspective of ‘the community’ is also important because the person-centred practice it fosters can be perceived as time-consuming in the short-term and, in a fiscally pressurised public sector, this ambiguity can be exploited for propagandist purposes. Poole (2007) has highlighted the political use of the word ‘community’;

‘Community’ is among the most perfect political words in English. It can mean several things at once, or nothing at all. It can conjure things that don’t exist, and deny the existence of those that do ... Connotations of fellowship, cooperation, trust, and mutual help combined to make ‘community’ denote something like the ideal social organization of human beings (p.25-26).

In practice, the Bristol PAR project revealed that ‘the community’ was far from ideal for many service users, who described an ‘excluding’ community;

Matthew: I misses out on being with just the people in the area, y’ know, in the locality. And it makes me think well that’s not right, that I should sort of stay away from them, because they are part of where I am (Publication 5, p.423).

The Bristol PAR project thus endorsed the occupational science idea of the community “as something tangible, with direct, navigable routes into its social capital and social networks. The community is revealed as a network of occupations” (Publication 5, p.425). It revealed that occupation was a vital means – if not the prime means – by which individuals felt belonging and *experienced* ‘community’. Occupation mobilised social capital and made it accessible. It enabled people to appreciate the social relationships embedded in occupations, as Rahim described on page 20.



**Fig. 8: The development potential of a synergy between Second Level Themes A, B and C**

To conclude this exposition of Second Level Themes A, B, and C, the key elements – an ‘extended CPA’, negotiated meaningful occupation, and an occupational perspective of the community – are presented in Fig.8 (p.48), which shows three ways in which practice can develop from a synergy between them.

I will now move on to consider the final three Second Level Themes which build on my initial appreciation of PAR’s inclusiveness, its emancipatory potential and its surfacing of ‘new’ tacit knowledge during the Bristol PAR project (see pp.5-6). I will show how being context-specific (Theme D) and embedded in ‘the thick of the action’ provides the bedrock for being inclusive (Theme E) and emancipatory (Theme F).

## *Second Level Theme D. Being context-specific: research ‘in the thick of the action’*

The term ‘context-specific’ refers to PAR’s engagement with ‘real-life problems’ (Denzin and Lincoln, 2008) in the context in which they naturally occur. This is an indicator of research quality in terms of outcome, process, and democratic validity (see Box 7, p.39).

In my practice, these ‘real-life problems’ have frequently occurred at the interface between ‘top-down’ practice drivers and the ‘bottom-up’ experience of service delivery/use. This is the crucial nexus described on page 32, where the primacy of actionable learning is essential. Returning to the notion of policy being something espoused, enacted, and experienced (see p.31), it is the dialectic between these, the negotiated sense of *know-how*, that must be pre-eminent. It is through a co-created *artistry of practice* that practice guidelines become embodied as hands-on practice that ‘works’.

Schon (1983) highlighted the importance of ‘know how’ and how it is frequently discredited as an evidence-base for practice. In his metaphor about the topology (or highs and lows) of professional landscapes intellectual elites (universities and research centres) occupy the heights because they are seen to produce ‘pure’ conceptual theory, which is widely accepted as legitimate, whereas the

practice-based knowledge created by practitioners occupy the 'swampy lowlands'. 'Lowland' knowing is thus de-legitimised and practitioners are discouraged from seeing themselves as knowledge creators. In Part 9 (p.113), I will highlight Baldwin's (2002) use of the term 'street level bureaucrat' in this context to emphasise how practitioners' experience is sought, through PAR, to generate *actionable* knowledge.

Herr and Anderson (2015) suggest that action researchers are often treated in a similar way to practitioners, based on a similar distinction between *formal* knowledge (created by academics) and *practical* knowledge (created in practice settings);

Clearly the formal/practical knowledge debate is about more than research epistemology and methodology; it is about the very nature of professional practice itself and what types of knowledge can best inform it (Herr and Anderson, 2015, p.65).

For Schon (1983) the irony is that practical knowledge benefits everyday practice while formal knowledge can seem removed from practice, and is often less relevant. Being mindful of this was what prompts me to contest the notion of 'impact' on page 7 because I had experienced this de-legitimation when disseminating the Bristol PAR findings. For example, my own NHS Trust was unenthusiastic about giving me a platform at its recovery conference, yet I was invited to conduct two workshops with community mental health teams in Bristol (Fieldhouse, 2009 a and b) and to be a keynote speaker at two conferences for practitioners in a London Trust (Fieldhouse, 2009c and Fieldhouse, 2010) in Appendix 4).

The action learning cycle (Fig.2 on p.22) can be instrumental in shaping 'lowland knowledge' into legitimate evidence for practice, and PAR is presented here as formal means of promoting this; a way to counterbalance the dominance of a positivist EBP culture;

... what is currently constituted as 'evidence' is too often dominated by academic researchers (often influenced by the physical sciences and medical approaches) and neglects the views and experiences of people who use and work in health and social services. This, we argue, can be just as valid as more traditional, quantitative approaches, and neglecting these perspectives gives a false and potentially dangerous view of the world (Glasby and Beresford, 2006, p.271).

The CIS's work is an example of forging new practice in the 'nexus' described earlier. Bates' (2010a, 2010b, 2011) conceptualisation of 'the community' as a triangular island with three competing vantage points – one healthcare orientated, one focused on citizenship, and one service user orientated – was hugely helpful in understanding the unconscious intra-group tensions in the early days of the CIS, as explored later in Part 9. PAR's emancipatory capacity, in bringing into CIS members' consciousness, these nagging yet hidden tensions and the habitual work-cultural assumptions that spawned them was the key. It enabled CIS members to reconcile competing views of 'the community', understand that unarticulated tensions were both a cause and a symptom of the CIS' initial inertia, and develop a common language with which to plan and test action. No glossary of terms existed in the national social inclusion guidance, and none could have been prepared in advance, divorced from the task in hand. A working language was shaped through *use*, based on people's immediate need to communicate, to clarify, and to challenge. On this basis, the Bristol PAR project had high levels of democratic, process, catalytic, and dialogic validity (see Box 7). That is to say, it honoured the integrity of the multiple perspectives involved and framed the problem being tackled in a way that facilitated ongoing learning. This fuelled a collective desire to act and maintained a commitment to critical reflection on the CIS's work. Once briefed by me on the CIS's work up the point of her intervention, Dr Porter saw this collectivisation process as the primary focus for the first CARPP workshop (see Table 4 on p.112). Appreciating this process – as a participant *and* as a novice PAR researcher – taught me how PAR has a unique robustness through being context-specific. I was learning on two levels, as examined in Part 9.

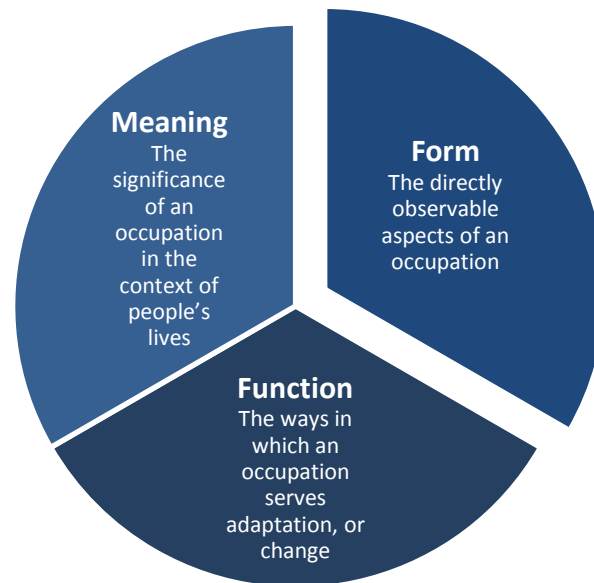
Based on these two premises outlined above – that broad 'top down' agendas unfold 'in the thick of the action', and that local stakeholders use the language that naturally evolves for them as they engage in that action – I will now explore PAR's emphasis on *participation*.

### *Exploring the form, function and meaning of participation*

Participation in PAR (as described on pp.34-35) can be seen a meaningful occupation in its own right because the term *stakeholder* implicitly means 'an interested party' for whom participation carries a personal meaning. Therefore, to structure my exploration of participation, I will adopt the occupational science framework for understanding human occupation: *form, function, and*

*meaning* (Clark, Wood and Larson, 1998). This is depicted in Figure 9 overleaf, and described in terms of PAR in Box 9 on page 53.

Using this framework reflects the fact that my action researcher role has emerged naturally from my occupation-focused practitioner role. Both roles are about facilitating a transformational process that is important to another person, or group of people, and which engages them.



**Fig 9. Clark, Wood and Larson's (1998) framework for understanding occupation**

Overall, the PAR process recognises that one cannot be democratic until one *understands* people's experiences. Furthermore, it acknowledges that the researcher's interpretation of another's experience must be confirmed by the 'experiencer' (the participant) themselves. Hence, the importance of translating tacit knowledge into *communicable* form. From that point of communicability it can be reflected upon jointly by facilitator and participant, through dialogue, in order to validate and amplify, or amend it. This is the essence of *insider/outsider team working*, as adopted in Publications 7 and 11; a process explored more fully later in relation to researcher positionality (see pages 65-67).

**Form** refers to “those aspects of occupation that are directly observable” (Clark, Wood and Larson, 1998, p.16). In PAR terms this is usually a dialogue, but – because action research is not a method, but an orientation to inquiry (Bradbury, 2013) – what constitutes a ‘dialogue’ is open to wide interpretation. There is much flexibility in terms of what participants ‘do’ together to constitute a research method such as *freefall writing* and *story circles* (Goldberg, 1986), *photovoice* (Catalani and Minkler, 2010), creating a *learning history* (Roth and Bradbury, 2008), or convening a *knowledge café* (Brown and Isaacs, 2005; Fouche and Light, 2010) (see Quotations 4 and 5)

**Function** refers to “the ways in which occupation serves adaptation” (Clark, Wood and Larson, 1998, p.18), or change. In PAR terms this ‘purpose’ may be an intended outcome such as actionable learning and/or change initiatives arising from that, or it may be related to the inquiry process such as gaining a more critical grasp of the issues through dialogue and/or coming to see a phenomenon ‘whole’ (see also the value of ‘reframing’ problems and *outcome validity* in Box 7)

**Meaning** refers to the significance an occupation has in the context of a person’s life and culture (Clark, Wood and Larson, 1998). In PAR terms this means being engaged and enthused by the possibility of gaining something that will be of value to one’s life or other people’s, or bringing about a desired change. In terms of *catalytic validity* (see Box 7) participants may have an energising feeling that their experiences are validated by other people through the process of participation, as shown in the service user interviews reported in Publication 8 (see Quotation 16).

**Box 9: Clark, Wood and Larson’s (1998) framework presented in PAR terms**

*Adopting an appreciative stance*

As well as operating in ‘the thick of the action’, being context-specific also means being aware of an inquiry’s *historical* context and understanding one’s position (as an inquirer) in an evolutionary process, particularly in the rapidly changing world of community mental healthcare. For example, I highlighted earlier (p.5) some of the entrenched, competing views regarding the social inclusion agenda and Quotation 1 describes how some Bristol practitioners felt it represented an implied criticism of their practice. After all, what message did the *day service transformation* agenda (ODPM, 2004) give them about the perceived quality of their service, other than it was deemed so

poor that it needed ‘transforming’? This problematisation of practice not only blinded practitioners to what was ‘working’ in the present but also thwarted the impetus for change by creating resentment and change fatigue amongst those very people who would be change agents. An appreciative stance side-stepped this problem and mobilised people’s creativity (see Quotation 17).

A similarly helpful re-framing process occurred for me in relation to the entrenchment of views surrounding managerial/consumerist and democratic/empowerment models of service user involvement (see Box 11 on p.57). These models are often seen as being in opposition to each other, but recognising the historical contexts that each model emerged within is instructive. The notion of being a ‘consumer’, although part of the new culture of managerialism introduced in the UK in the 1980s (Kaye and Howlett, 2008), was nevertheless also a re-conceptualising of the role of ‘psychiatric patient’ in its day. It presented people, not as objects of clinical interventions, but as consumers of services, implying there was a choice between those services (Rogers and Pilgrim, 2014). So, rather than be drawn into a polarised debate which may position PAR on the ‘moral high ground’ (an attitude that rankles with many people, in my experience, leading them to dig further into their entrenched positions) this notion of a continuum is more *appreciative*. It not only recognises the value of different approaches but also presents the argument for greater democracy and empowerment of service users as part of the same onward momentum that had its impetus in the 1980s; part of the ongoing ‘revolution’ in service development, one might say.

An overview of the similarities between these two issues – service user involvement and social inclusion – indicates why an appreciative stance is so important in PAR. Both are huge national agendas creating top down versus bottom up tensions (where ‘top down’ in relation to user involvement refers to it being a requirement for NHS and ESRC funding, for example); both speak very clearly on moral/ethical, political, and methodological levels; both are resented by some people (see Table 2 on p.58 and Quotation 1); both spark debate that can quickly become polarised and/or sterile due to asymmetrical power dynamics, misunderstanding and suspicion; both are urgently necessary to the development of responsive and acceptable community mental health services; and both are in danger of stalling if these difficulties above are not overcome.



With these concerns in mind, I have shown that PAR is a valuable form of knowledge creation that can inform the development of socially inclusive practice and can include service users' (and practitioners') experiential knowledge in that developmental process. Without such illumination the asymmetries of power can play out unchecked (often unwittingly), causing much damage.

## *Second Level Theme E. Being inclusive: valuing the authenticity of stakeholder voices*

Democratic validity (Box 7) requires that anyone with a stake in the issue under investigation should be present, and that the authentic voice of each stakeholder is heard and included in the research process. However, inclusivity does not simply mean the inclusion of *marginalised* voices per se. It is about getting the 'right' people together to ensure the most direct transmission of energy upward through the system (Publication 7). In the Bristol PAR project, for example, commitment to democratic and outcome validity required the additional inclusion of senior managers in deliberations about local practice. Without them it was impossible to effect change.

More generally, however, this commentary focuses on accessing an authentic *service user* voice, reflecting the frequent de-legitimisation of service users experiential knowing in research. The transmission of this experience is what 'authentic' means in this context. Undeniably, authentic service user input is essential to each of the Second Level Themes presented earlier: person-centred CPA care-planning (Theme A), negotiating meaningful occupation (Theme B), the sense of belonging (or otherwise) in 'the community' (Theme C), and the importance of accessing local knowledge to inform local action (D).

### *Accessing an authentic service user voice*

PAR's high valuation of *experiential* subjective knowledge naturally brings it into conflict with 'objectivist' positivist research and places it at the centre of the debate about service user involvement in research.

To explore this phenomenon I will use Beresford's (2013) typology of approaches to service user involvement in research (Box 10) and overlay this onto the broader spectrum of ideological approaches to service user involvement in service *development* (Box 11). Both typologies are characterised by tensions. In Box 10, service users being 'added' to existing research arrangements (in 'user involvement research') raises concerns about tokenism, and Box 11 is characterised by friction between a managerial/consumerist model and a democratic empowerment model (Sweeney *et al.*, 2009; Beresford 2013).

- **user involvement research** (where service user input is added to existing research arrangements)
- **collaborative or partnership research** (where service users researchers jointly develop and undertake projects with non-service user researchers)
- **user-controlled research** (where service users initiate and control the research)

#### **Box 10: Three approaches to service user involvement in research (Beresford, 2013)**

Against this background, I contend that PAR offers a systematic means of knowledge generation which appreciates and harnesses experiential knowledge without 'incorporating' it in a diluting, de-legitimising, or tokenistic way. Instead, PAR intentionally brings experiential knowing into interaction with other perspectives in a managed, or facilitated, way that can be meaningful for participants and demonstrably valid (in the ways described in Box 7).

PAR therefore speaks clearly to the democratic/empowerment model (in Box 11) in terms of involving service users in decision-making and transforming the social relations that the research process sets up. A re-drawing of the relationships traditionally associated with research (that is, between a typically *active* researcher and a comparatively passive, *acted upon* participant) is a key feature of PAR (Bradbury, 2013). This *relational* aspect of my PAR practice is explored in Part 9.

PAR speaks to Box 10 in other ways too. Its emphasis on direct transmission of the impetus for change relates to Beresford's (2013) notion that 'user controlled research' is concerned primarily with improving people's lives rather than solely with generating knowledge per se. This is also reflected in the view that action research can be understood in terms of its *ideology* as well as its

methodology, being “grounded in a democratic tradition that promotes humanism and individual welfare” (Moses and Knutsen, 2012, p.297).

- **The managerial/consumerist model**
  - advancing the information base of services
  - drawing in the views of service users as ‘customers’
  - originating in the philosophies of the market and managerialism and their stated interest in cost-effectiveness, control, and rational decision-making.
  - usually involves feeding service user knowledge and experience into existing research arrangements and paradigms.
  - inherently political and a strong influence in the UK because of the quality agenda.
  
- **The democratic/empowerment model**
  - developed by service users
  - concerned with increasing service user voice, redistributing power, and ensuring their own involvement in decision-making
  - emphasising the necessary transformation of research philosophy, production, and objectives, as well as the social relations that the research process set up.

**Box 11: Two models for service user input to service development (from Beresford, 2013)**

Becker, Sempik and Bryman’s (2013) survey of social policy researchers’ views about service user involvement (Table 2, overleaf) highlights the ‘misunderstandings and suspicions’ (p.357) that can arise when the diversity of approaches within the broad notion of ‘service user involvement’ in research is not appreciated and suggests how this can undermine debate. For example, ‘advocates’ (of service user involvement in research) perceived that it brought many *practical* advantages while “agnostics and adversaries questioned the *presumption* that service user involvement is desirable per se” (Becker, Sempik and Bryman, 2010, p.364).

Reflecting on Box 10, it seems that ‘misunderstandings’ arise because a *continuum* of models of service user involvement (where ‘continuum’ means a *range* or *variety* of models without an implied value judgement about them) is overlaid onto a *hierarchy* of evidence – orientated to the (so-called) ‘gold standard’ (Hyde, 2004) – where ‘hierarchy’ explicitly means judgements about

<b><i>Advocates'</i> arguments for</b>	<b><i>Cautious Advocates'</i> reasons for exercising caution</b>	<b><i>Agnostics'/Adversaries'</i> arguments against</b>
1.It grounds research in people's everyday experiences	The level and nature of service user involvement should depend on <i>type</i> of research, being most relevant to policy-orientated and practice-orientated research – ie. to <i>applied</i> research	1.It is an ideology-driven fad
2.It ensures social policy research is relevant		2.It can be tokenistic
3.It helps the formulation and design of ethical research		3.It may involve people without research skills
4.It can give access to 'difficult to find' populations		4.It may introduce bias
5.It helps the dissemination and implementation of findings through diverse networks		5.It may not draw on a representative sample
6.It makes the research more accessible and understandable		6.It is time-consuming and costly (and may not be fully supported by funding bodies)
7.It improves the quality of social policy research		7.It is of unproven value

**Table 2: Researchers' attitudes to service user involvement (from Becker, Sempik and Bryman, 2010)**

rigour and legitimacy. If a continuum implies flexibility, then a hierarchy implies rigidity. In this sense a clash is inevitable;

Set alongside this [continuum of approaches in Box 10] is a 'hierarchy' of research methods and approaches in health/medical research, which ranges from systematic reviews of randomised controlled trials (RCTs) at the 'top' (Type I) to expert opinion (Type IV) at the 'bottom'... Personal experience, ie. that of the service user or carer is included in some versions and may be placed below ... or alongside expert opinion, as in the National Service Framework for Mental Health (Department of Health, 1999: 6) but still at the bottom (Becker, Sempik and Bryman, 2010, p.356).

Understandably, being accorded this 'bottom position' is seen as a de-legitimation of service users' views. Consequently, the debate about service user involvement in research has become increasingly focused on its empowering role for users as well as on the quality of knowledge produced (Becker, Sempik and Bryman, 2010). Both issues are important but they are – in my view – distinct. In my experience, debate about experiential knowing as research data becomes polarised – indeed, paralysed – by the unwitting conflation of these separate (though related) issues. Put simply, two important questions – *'does the type of service user involvement empower service users?'* and *'does service user involvement enhance the quality of the knowledge/evidence produced?'* – can become undifferentiated in some people's minds.

I witnessed this conflation of moral/ethical and methodological issues in the Bristol PAR project, and saw how it led people to unwittingly adopt entrenched positions against one another. Commitment to the principles of PAR helped me address this entrenchment. For example, I was committed to maximising democratic validity – getting the 'right' people in place – whether that meant service users, practitioners, or managers. Democratic validity was the pre-requisite for pursuing outcome, process, catalytic, and dialogic validity (see Box 7). In other words, PAR's impetus to have the most inclusive range of stakeholder voices and the most authentic experiential knowing was, for me, stronger than a desire for an 'empowered' service user voice per se. However, I emphasise that the latter desire was contained in that first principle. I advocated for the service user voice on a *methodological* basis, not an ideological one. Whilst the ideological argument that research should be about 'improving people's lives' is a strong one, I

pursued the methodological argument because my antagonists (such as the reviewer described on p.37) had chosen methodology as a battle ground. Perhaps paradoxically, this prompted me to echo a point of view espoused by some respondents in Becker, Sempik and Bryman's (2010) study: that one should be cautious about user involvement where it is promoted simply as *policy*. My argument is that experiential knowledge about the practical value of service user involvement in research should trump dutiful, or uncritical, acceptance of it as a 'policy'.

These experiences focused my efforts on developing my own quality criteria for PAR (see Part 9), on attesting the quality of the methods I used and, therefore, on carefully constructing my arguments for a re-negotiated hierarchy of research-based evidence.

### *Re-negotiating the hierarchy of evidence*

Using the traditional evidence hierarchy model to appraise research into the *effectiveness* of healthcare is understandable because experimental methods are best suited to investigating *effectiveness*. However, problems arise when this hierarchy is extended by default to grade 'ways of knowing', as Beresford (2013) notes;

What distinguishes user involvement in research from traditional approaches is the emphasis it places on experiential knowledge; the importance of service users developing and being involved in research because of their direct experience of the subject under study (p.141).

Concerns about the restrictive and prescriptive nature of EBP – built, as it is, on an evidence-base derived from only limited means – have prompted calls for alternatives. For example, Glasby and Beresford (2006) have called for a *knowledge-based practice* (KBP) culture based on the four principles presented in Box 12, overleaf.

Similarly, an emerging *values-based practice* (VBP) paradigm espouses a combination of the practitioners' technical ability *and* their human capacity so that knowledge available from various research methodologies (plus service users' preferences and practitioners' practice-based knowing) can be blended together to develop a craft of practice;

EBP has to formalise both the preferred quantitative approach of the last twenty years alongside a wider acceptance of qualitative approaches, providing a clearer impression of what service users need, together with what they increasingly want (McCarthy and Rose, 2010, p.4).

1. the 'best' research method is the one that answers the research question most effectively
2. service users' lived experience and practitioners' practice wisdom can be just as valid a way of understanding the world as formal research
3. proximity to the object being studied can be more appropriate than notions of 'distance' and 'objectivity' in certain inquiries
4. reviews of evidence on a topic should include as broad a range of material as possible.

**Box 12: The four principles of knowledge-based practice (from Glasby and Beresford, 2006)**

Offering an alternative evidence hierarchy model – the Research Pyramid – Tomlin and Borgetto (2011) point to the (so-called) gold standard's one-dimensionality (focused primarily on classical experimental methodology), how this fails to accommodate other methods of knowledge generation, and how the 'gold standard' thus fails to support the decision-making needs of practitioners.

The Research Pyramid's emphasis on practice *utility* and its detailed examination of validity and transferability appealed to me for the reasons outlined on pages 36 to 37. It underlines that the multiple dimensions of rigor and applicability are oversimplified in the traditional research hierarchy model;

Correctness of conclusion (internal validity) and applicability of findings (external validity, or generalizability) were often confounded by researchers compiling or interpreting findings from quantitative studies ... Authors have taken the internal validity of a study as

a sufficient condition for its generalizability, when it constitutes, at best, only a necessary condition (Tomlin and Borgetto, 2011, p.190).

In other words, the Research Pyramid highlighted that within the 'gold standard' there was an implicit assumption that contextual factors related to clinical settings and/or service users' life contexts did not matter, which was, itself, a contradiction of the classical experimental method of *controlling* for such variables. Tomlin and Borgetto's (2011) analysis of this absurdity expands the notions of internal and external validity, reframes these qualities as *authenticity* and *transferability*, and suggests that it is 'thick description' of the lived experience under investigation (authenticity) that best supports the transferability of a study's findings to our general understanding of human experience.

This careful unpacking of a methodological conundrum I had been wrestling with was influential on my critical reflections on PAR and illuminated my experience with the hostile peer reviewer noted earlier.

In short, the Research Pyramid acknowledged that practitioners' *artistry* of practice required a level of pragmatism based on a rapid integration of a wider range of knowledge-types ('evidence') into their professional reasoning than EBP currently supported, and with these 'knowledge-types' valued at parity. It thus avoided entrenched positions between the advocates of different research paradigms because it enabled assessments of rigour "but only within methodology types, not across methodology types" (Tomlin and Borgetto, 2011, p.192). This would mean, for example, that research involving service users' experiential knowledge could be appraised on the basis of its *quality*, circumventing the accusation such involvement is an ideology-driven fad (see Table 2).

In this way, the Research Pyramid further underlines the paradox noted by Beresford (2013): that the knowledge claims of researchers *without* direct experience of a key phenomenon could be regarded as stronger than the claims of researchers who *have* experienced such things. This is explored further in the commentary's concluding section (see Part 11).

A re-negotiated hierarchy of 'evidence' is urgently needed because the *breadth* of questions arising within community care is greater than the compass of traditional research methodologies. Addressing these questions requires openness to a broader range of ways of knowing. In this



respect, PAR's widened epistemology responds positively to the challenge presented by Glasby and Beresford (2005);

... our traditional quest for quantitative, 'objective', systematic knowledge will need to be replaced with a more questioning approach which constantly asks which stakeholders may be able to contribute to the debate, whose voices usually get heard in such debates and who decides what constitutes valid knowledge (p.282).

## *Second Level Theme F. Being emancipatory: working with power dynamics*

As noted on page 6, 'emancipatory' refers to the release of human potential beyond the constraints placed by habitual practice. Here, I progress from exploring the democratic principle of inclusivity to a more detailed consideration of PAR's *emancipatory* capacity and its engagement with power dynamics. PAR sees this as an integral part of the research process because the question of who creates knowledge, and for what purpose, is fundamentally a political one (Gaventa and Cornwall, 2015).

PAR encourages participants to see themselves *in relation* rather than in (habitual) role, which may lead them "to critique the narrowness of current definitions of their roles" (Herr and Anderson, 2015, p.77) and seek to change them, as happened in the CIS (see Quotation 18). Consequently,

... action researchers tend to have to deal with politics to a greater extent than those whose research approaches emphasise a more distanced stance vis-à-vis the research setting (Herr and Anderson, 2015, p.77).

In this regard, external facilitation is highly significant because it involves exercising a degree of control over the research process. The researcher's positionality will determine whether (or to what extent) the dynamics of the researcher-participant relationship either *compound* the underlying asymmetries of power or *emancipate* participants from them. I will now critically reflect on my Bristol PAR project experience to illustrate the latter scenario.

## *Uncovering an 'othering' dynamic in the CIS*

Beresford (2013) notes that traditional research methods can lead to the 'devoicing' or *othering* of (already marginalised) people, whereby their social exclusion is reinforced or compounded by their additional barring from the means of knowledge generation. The challenge to PAR is that dynamics like this can be organised out of the reach of debate, rendering them inaccessible to PAR's dialogical methods. This can be subtle and hard to acknowledge;

... the hidden face of power was not about who won and who lost on key issues, but was also about keeping issues and actors from getting to the table in the first place (Gaventa and Cornwall, 2015, p.466).

In the Bristol social inclusion project, this dynamic existed but it was initially concealed under the convention that service users' contributions to the Social Inclusion Forum (and the CIS) would be welcomed, but would remain ad hoc and unpaid. As the research process unfolded, however, the discontinuity of service user input was seen to undermine this vital stakeholder perspective.

Things came to a head when a service user in the CIS (Jenny), who said she was unable to attend the PAR workshops, was invited by the CARPP facilitator to do some freefall writing at home and share it by email, which she did;

'Jenny: I've always been very conscious of the huge chasm between us as service users and those as staff . . . There are big differences in the understanding of social inclusion between service users and staff and staff's interpretation is always somehow more valid. . . . Social inclusion can never move forward until there is consensus on what social inclusion means, and that definition cannot be decided solely by professionals. . . Our participation always feels very limited . . . My one comment regarding the subgroups is that staff have been paid to attend them while service users have not.' This observation (circulated to CIS members in the second focus group) prompted discussions about the support and briefing for service user representatives and an agreement was reached whereby two service user places would be identified in each subgroup, to be paid at the minimum wage rate. The result was regular commitment from a group of service users

who were aware of each other and able to confer and be more truly representative (Publication 7, p.11).

Jenny was not asked to explain her non-attendance. The point is that it was acknowledged and her input was still sought. Instead of reinforcing Jenny's (presumably familiar) position of feeling 'othered', the PAR process brought her viewpoint into the inquiry's mainstream. Not only this, but doing so enabled a collective re-appraisal of a seemingly minor organisational practice about payments (that had been unwittingly accepted by all) which revealed it to be a practice that had excluded key people, and thus skewed dialogue.

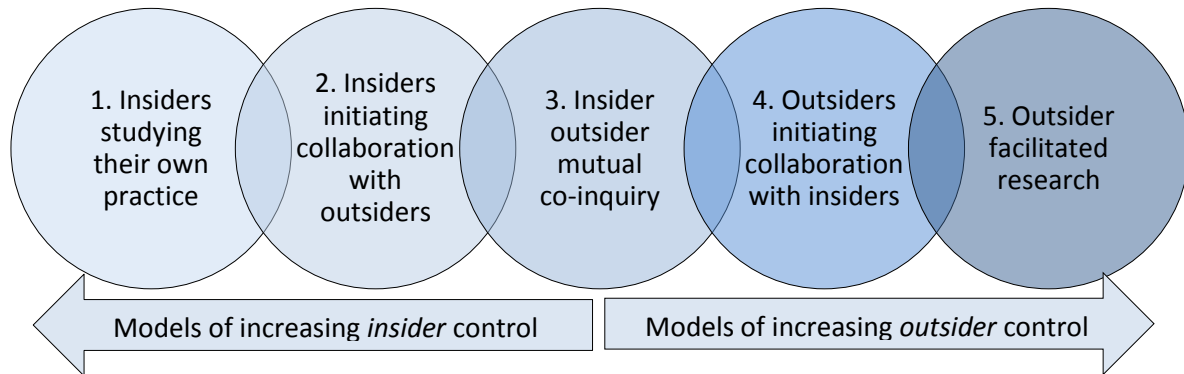
This re-appraisal is one means by which the study developed its catalytic and dialogic validity (Box 7). Previously, the othering dynamic underlined the accuracy of Beresford's (2013) observation that social exclusion is both a key modern social policy concept and also an illustration of how those most excluded are accorded only a marginal role in discussions about it. This marginalisation of dissent was also noticeable in the CIS's discussions with service commissioners about the inclusion traffic lights (see pp.30-31). It was the *persistence* of this dynamic that was so striking. These discussions with senior decision-makers during the Bristol PAR are explored fully in Part 9.

Jenny's situation illustrated to me how PAR's inclusivity is integral to its emancipatory potential. It sees a dissenting voice as potentially constructive, or 'generative' (see Quotation 19). Giving Jenny the *opportunity* to air her views was not enough (or, arguably, she would have attended) it was necessary that she also felt *empowered* to express them. Jenny's initial sense of disempowerment highlighted the disempowering organisational context for the PAR and questioned whether full and free participation was even possible within a hierarchical culture. Here, PAR facilitation at least ensured that the risk of an 'old' provider/user dynamic was prevented from seeping into the researcher/participant dynamic. I will now consider this skill as a feature of researcher positionality and in relation to emancipatory research.

### *Insider-outsider team working*

Researcher positionality influences the extent to which control of the research is in the hands of 'insiders' or 'outsiders' (Herr and Anderson, 2015). This is depicted as a continuum in Fig 10. Those

people fully experienced in the phenomenon under investigation are ‘insiders’, while those who enter an organisation, or focus on a phenomenon, for the sake of conducting research are ‘outsiders’ (Coghlan and Shani, 2008).



**Fig. 10: A continuum of insider/outsider team working models**

The Bristol PAR project (with me in practitioner, PI and facilitator roles) could be said to have shifted from Model 1 (Fig. 10), to Model 2 (when external CARPP facilitation was engaged) and then back to Model 1 again, when Dr Porter’s input concluded (see Part 9).

My ongoing experience of insider/outsider team working (Publications 7 and 11) suggests that the insider/outsider continuum can be considered alongside the continuum of approaches to service user involvement in research shown in Box 10 on page 56. They are complementary. The relative degree of control accorded to (or secured by) insiders or outsiders reflects the different degrees of involvement, collaboration, and control that service users might have in the research process. In this way PAR offers a structured approach for embodying the ideas presented in Box 10 and speaks clearly to a key principle of the emancipatory paradigm for conducting *disability* research, which is the devolution of control over research production to ensure full accountability to disabled people and their organisations (Priestley, 1999).

For the reasons already explored in this commentary (namely, society's stigmatisation of people with mental health problems, the reinforcing of this through asymmetrical service provider/user dynamics, and the leakage of this inequity into the researcher/participant relationship) it is clear that, in *mental health* research, toxic dynamics are more, rather than less, likely to exist.

Unearthing them and bringing them into the mainstream of debate is therefore essential if they are to become generative in the ways described above. PAR, in my experience, is equipped for this task.

### *Facilitating change in an ambivalent environment*

My PAR experiences have highlighted that initiating change as an 'insider' within large hierarchical organisations is intricate and challenging, in terms of inquiry process and ethical governance, as explored in Part 9. My own sense of *powerlessness* in relation to an ostensibly 'empowering' PAR process led to some disillusionment with PAR on my part. In considering how service users might be empowered within services I often wondered whether practitioners actually have any 'power' to share.

Schon's (1983) notion of a *dynamic conservatism* extending across organisations was helpful in this respect. He suggested that norms and values that go unchallenged in an organisation can become internalised by the people who work there to the point that individuals may feel responsible for maintaining them, with the result that the status quo can never be studied without also *confronting* it somehow (Herr and Anderson, 2015).

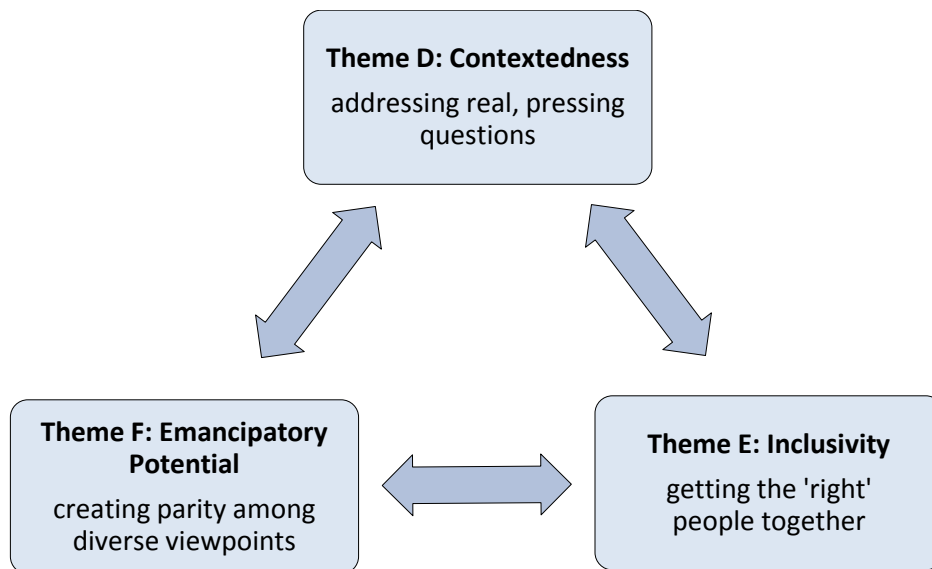
This unwitting internalisation of work-cultural norms was the basis, I believe, of the CIS's initial inertia (see p. 51) and the knock-backs described in Part 9. Whilst the CIS' norms, values and language became aligned over time, enabling the group members to work together, there was no equivalent opportunity for this to happen within the wider organisation beyond the CIS' boundaries (see pp.103-111).

Reflecting on this has reinforced to me that a perspective external to one's own is essential in PAR. One cannot recognise one's own 'blind spots'. Dual perspectives of 'reality', co-constructed through robust means and leading to jointly-validated conclusions are therefore powerful;

This is why collaborative and participatory forms of research among insiders and outsiders holds so much promise (Herr and Anderson, 2015, p. 65).

In the CIS, the 'outsider' CARPP perspective was vital to the identification of an 'othering' dynamic (in which, as a practitioner, I was unwittingly complicit) *and* in recognising the need for the inclusion of more senior managers in further dialogue (Publication 7). 'Outsider' input might have further increased the PAR's outcome validity if, in highlighting that the CIS' experience of powerlessness mirrored the wider organisational system (as exemplified by the similar impotence of the social inclusion forum), this realisation had led to the CIS pursuing other, more successful, ways of influencing organisational decision-making.

Consideration of these potential means are explored fully in Part 9. Crucially, although the CIS' tenacity in claiming a right to reflection as well as action enabled it to deal constructively with some of this system's more disabling power dynamics and develop its action plan, it was never able to deliver on this nor test out its proposed changes to local practice.



**Fig. 11: The dynamic between Second Level Themes D, E and F**

To conclude Part 5, I have depicted Second Level Themes D, E and F in Figure 11 (above) to show how they reinforced one another, enhancing overall research quality. In general terms, PAR's

contextedness ensures that research addresses the real, pressing questions emerging for stakeholders, its inclusivity ensures the 'right people' are present to address those questions, and its emancipatory potential aims to establish parity between the different stakeholder voices so all are heard and dialogical learning occurs.

## Part 6. Moving towards new insights

Before focusing on what PAR can offer community mental healthcare, I offer a brief summary of the commentary's main points so far in Box 13, below.

I have described how my early publications explored an occupational perspective of mental health. This reflection-*in* action (as a practitioner-researcher) presented mental health problems as 'problems in living', revealed 'the community' to be a network of occupations, and showed how practitioners' adoption of an 'extended CPA' (based on person-centred care planning) was integral to harnessing the social capital of the community in support of service users' recovery and social inclusion.

Next, I highlighted my development from qualitative researcher to action researcher following my experiential learning about PAR during a Bristol social inclusion project. This project work revealed both the importance of inter-sectoral collaboration in rendering 'the community' more accessible to service users and the applicability of PAR methods for engaging diverse stakeholders in effective partnership working focused on shared goals of community participation, social inclusion, personal recovery and citizenship for mental health service users.

I then engaged in more detailed, reflection-*on*-action (as a doctoral student), critically reflecting on my publications and my PAR experiences. This highlighted how PAR's 'applicability' was based on its contexted-ness in dealing with 'real life' problems, its commitment to a democratic principle of including all authentic stakeholder voices, and its emancipatory potential in liberating people from habitual work-cultural norms and addressing historical and ongoing power asymmetries so dialogue can occur.

My critical reflection on PAR has included consideration of its standing within EBP culture, including an overview of alternative models of knowledge-based and values-based practice. This prompted an analysis of my PAR activities in terms of emerging quality criteria for action research – which is further developed in Part 9.

### **Box 13: A summary of the commentary, Parts 1 to 5**

My consideration of quality in action research has prompted reflection on the dissonance, or disconnection, between traditional research methods and some of the pressing questions arising for community mental health services, such as: *'What is (or, what should be) the relationship between community-based services and the community they serve?'*, *'How can mental health*



*services promote recovery and inclusion? 'How is disability overcome?' and 'What interventions are most acceptable to people?'*

This dissonance arises from tensions between the need to advance knowledge based on individuals' subjective *experience*, the traditional positivist research emphasis on objectivity, and the narrowness of scope afforded by the current EBP framework to support practitioners' professional reasoning and their craft of practice.

Beresford (2013) reflects on this tension by highlighting the paradoxical situation referred to on page 62, whereby the knowledge claims of researchers *without* direct experience of key phenomena could be regarded as stronger than the claims of those who *have* experienced such things. On this basis, he proposes a new, alternative premise – that “the shorter the distance there is between direct experience and its interpretation ... then the less distorted, inaccurate and damaging resulting knowledge is likely to be” (Beresford 2013, p.147).

Beresford (2013) is not simply calling for a more enlightened *debate* about the value and utility of experiential knowledge but for more systematically-derived knowledge about that type of 'evidence'. As Beresford (2005) observed, “we have little systematic knowledge about what the gains and achievements of participation may actually be” (p.6). His call echoes the challenge to gather more information that was issued in other notable reviews of public involvement in research, such as by Staley (2009) and Brett *et al.* (2010).

This premise is equally applicable to the question of whether (or to what extent) practitioners' experiential knowledge can inform research and practice development; a broader idea, which I will pick up again in Part 10. First, I will examine Beresford's (2013) suggestion by using Becker, Sempik and Bryman's (2010) survey (see Table 2, p.58) to shed light on the intricacies of the issues it raises. In doing so, I will highlight how PAR is equipped to address the concerns about service user involvement raised by the 'agnostics and adversaries' (see Table 2).

## *Exploring a new ‘hypothesis’ about experiential knowledge*

In Becker, Sempik and Bryman’s (2010) survey, the main conclusion of the ‘agnostics and adversaries’ – that service user involvement is of unproven value (Table 2, point 7) – is precisely the reasoning behind Beresford’s (2013) suggestion that its value should be carefully examined.

Interestingly, in the survey, there is very little dispute on particular points if we stick to researchers’ *experiences* of the practical pros and cons of service user involvement and put aside the ‘presumption’ (Becker, Sempik and Bryman, 2010, p.364) that service user involvement is an ideologically-driven fad. Significantly, therefore, what is known *experientially* about service user involvement is different to what is imagined. For example, several of the issues raised by ‘agnostics’ and ‘adversaries’ about tokenism, potential exploitation, and inadequate funding (points 2 and 6 in Table 2) also underpin arguments used by the ‘advocates’ *for* greater service user involvement. Addressing these concerns would, presumably, encourage sceptical respondents’ to view service user involvement more favourably. So, by exploring the points (1 to 6 in Table 2) *for* involvement together with points (2, 5, and 7 in Table 2) *against* it, it may be possible to create a less partisan and more complete picture of the advantages and potential pit-falls of service user involvement.

Crucially, as Becker, Sempik and Bryman (2010) highlight in their own discussion, several points against involvement (points 3, 4, and 5 in Table 2) relate to ‘issues of power and control’ (p.364). Specifically, these are concerns about the extent of researchers’ technical knowledge and skill, perceived bias, and concerns about participants’ representativeness of a ‘service user population’. Each of these issues resonates with the kind of paradigm clashes highlighted throughout this commentary. I will address each issue in turn to illustrate how PAR can respond to it.

Firstly, ‘adversaries’ suggest that service users do not have the skills or knowledge to conduct (or control) research. The fact that PAR is a *facilitated* experience offering a continuum of models of insider/outsider team working (Fig.10, p.66) may address some of these concerns about ‘technique’, but a broader issue is also revealed by adversaries’ disquiet about service users’ skill set. Beresford (2013) notes how a *technicist* research culture – one that is over-reliant on technical expertise and misses the broader point about the need to develop diverse and more inclusive

methods of knowledge generation – merely contributes to an ‘othering’ dynamic. Without the development of new knowledge creation methods the research community would be increasingly exclusive and elitist and, in view of the questions presented on pages 70-71, not fit for purpose;

Asymmetries and inequalities in research funding mean that certain issues and certain groups receive more attention than others; clearly established ‘methods’ or rules of the game can be used to allow some voices to enter the process and to discredit the legitimacy of others (Gaventa and Cornwall, 2015, p.466).

It is in this context that the relational and action-orientated aspects of PAR become so important. On the one hand, one can see how the championing of ‘user controlled research’ (as policy) could be open to criticism if it obscured, or seemed to remove, the underlying responsibility that non-service user-researchers have to include service users in knowledge creation as an aspect of *their own* research governance. Whilst, on the other hand, further service user disempowerment might occur if the efforts of albeit well-intentioned practitioners (who want to introduce service user knowledge into their own practitioner-controlled inquiries) were rendered tokenistic through service users being unable to follow through to action. I would argue that it is a different ethic of practice that is required, whereby multi-stakeholder PAR is embedded in practice.

Secondly, adversaries claim that service users may bring their own agendas to the research, introducing bias. Reframed under a different research paradigm one might argue that including individuals’ agendas is essential in understanding people’s experience. It is part of PAR’s democratic validity and, perhaps, represents the inclusion of previously ‘othered’ voices.

Thirdly, adversaries suggest that service user participants in research may not be drawn from a ‘representative’ sample, introducing bias again by promoting a particular viewpoint. This raises the issue of purposive sampling and the paradigm clashes associated with this. It also prompts questions regarding whether a research participant acts only as themselves, or can act as a ‘representative’ of others too. In my practitioner role I have been struck by the double-binds that this has sometimes created for service users. In one NHS Trust service users’ input was welcomed and trumpeted by the Trust until service users voiced criticism of Trust practices, at which point their viewpoint was dismissed as being not truly representative of an ‘authentic’ service user voice. This is not uncommon (Cowden and Singh, 2007). Identity is therefore a key issue;

... user involvement is a research development that highlights issues and complexities of identity, experience, and standpoint (Beresford, 2013, p.141).

PAR clarifies some of the 'identity' issues because it seeks stakeholders' participation on the basis that participants are *wholly themselves*. This is implicit in the valuing of tacit, experiential knowledge. Many elicitation techniques (such as those described in Quotations 4 and 5) focus on uncovering or surfacing the unconscious 'knowing' of the *person* as themselves, and this would be unsuited to working with a participant whose role was to somehow represent *other* people's views. PAR is concerned with *personal agency*. This avoids many of the problems associated with the lack of clarity around 'representativeness' in research involving service users that has been noted by commentators, such as the potential creation of a quasi-professional elite (Church *et al.*, 2002), or a failure to represent marginalised groups (Robinson, Newton and Dawson, 2012), or the self-selection of acquiescent individuals as representatives (Martin, 2008).

The key to resolving this dilemma lies, arguably, in one of the basic tenets of PAR: that people represent themselves, and that extending the number of stakeholders should be the goal wherever there is a question about unheard voices. Thus, if a 'voice' is notably missing it can be sought and invited in. This not only ensures people are present to speak for themselves but it places an onus on the facilitator to have a range of elicitation and dialogical methods in their tool-kit to maximise the inclusivity of the research process. A key learning point may be the realisation that the 'right' participants are not yet present, as happened in the Bristol PAR project (Publication 7) and in Publication 11, where the logistics of the inquiry process meant not *all* stakeholders were included in the *same* workshop (see Quotation 20).

I want to be as clear as possible about my own empirically-derived perspective of PAR. I will therefore summarise my ideas about PAR's applicability to the development of community mental healthcare in the next section.

## Part 7. A stock-take of accumulated insights

This section presents the insights I have gained into PAR's qualities in 10 areas (see Box 14) which, in my experience, are particularly applicable to the development of community mental health services.

1. Learning through, and for, action
2. Accessing experiential knowing
3. Including diverse stakeholders in collaborative work
4. Re-balancing researcher/participant relations
5. Recognising complexity and seeing complex issues whole
6. Adding value and nuance to quantitative data
7. Contributing to multi-modal or hybrid inquiry
8. Understanding the principle/process of emergence
9. Stimulating shifts in thinking
10. Improving practice/services

**Box 14: PAR's qualities in relation to community mental health service development**

### *1. Learning through, and for, action*

In PAR, action is not just an outcome but the basis of a learning process too. This action orientation may be a decisive factor in participants' commitment to it in highly time-pressured public services. The Bristol PAR project showed that PAR can be embedded in people's regular working role (see Quotations 21 and 22).

PAR-based learning can inform service provision *and* PAR's own evolving methodology. PAR's anticipated growth could greatly increase the range of people involved in knowledge generation, reflecting the action research community's goal of developing new 'crafts of practice' (Bradbury Huang, 2010, p.98). It also potentially addresses concerns about the growth of a *technicist* research culture (Beresford, 2013), which would otherwise exclude those people most rich in experiential knowing about key phenomena on the presumption that they do not have research

skills (Ward *et al.*, 2009; McNiff and Whitehead, 2011). PAR's focus on service users representing themselves also ensures that a technician culture – in the form of a self-selecting elite (see p.74) – does not gain ground.

Developing PAR methodology for healthcare inquiry is important because PAR has traditionally been associated with social, community, educational, and organisational issues (Koshy, Koshy and Waterman, 2011). Its application to mental health practice is comparatively under-developed. In this regard, my highlighting of certain mental health issues as 'community development' issues (see Publication 6) plays to established strengths of PAR whilst also developing them further.

Furthermore, viewing people's participation in PAR as a form of *occupation*, something that inspires engagement (as presented on pages 51-55), suggests PAR can be a way to address the various exclusionary processes identified in this commentary: namely, the de-legitimisation of practice-based knowledge (Schon 1983), the othering of service user researchers (Beresford 2013), and the social exclusion of people with mental health problems (Burchardt, Le Grand and Piachaud, 2002). In each case the imposition of a dominant discourse based on perceived difference and the devaluation of others pushes those 'others' to the periphery of a sphere of activity, be that a research community or society itself. Creek and Duncan (2014) describe such peripheries as *margins*;

A margin can be a physical place, a social space or a personal experience on the periphery of the social mainstream or dominant order. For every margin, there is a centre or core that represents some form or position of authority, power and privilege (p.460).

Adopting an occupational perspective of these 'margins' presents them as spaces where the rules of the centre are weak, but also where creativity has freer rein. The transactions that might occur between researchers located at the centre and those placed on the 'margins' therefore become interesting, particularly given PAR's increasing capacity to attest its quality on its own terms (Herr and Anderson, 2015). In other words, margins can become places of exploration and opportunity;

Sometimes, it is about appreciating that what is perceived to be marginal is not marginal at all (Creek and Duncan, 2014, p.458).

If the 'centre' refers to the mainstream positivist research community and PAR can be *emancipatory* in terms of the roles accorded to service users' and/or practitioners' 'knowing' in relation to this 'centre', then a transactional relationship could be a powerful stimulus for innovation. For example, if PAR was appraised at parity with other knowledge generation methods – by using the Research Pyramid (Tomlin and Borgetto, 2010), for instance – this would not only give habitually 'othered' research participants access to 'the centre', but would also give 'the centre' access *to them* and their practices. In this way, those researchers currently marginalised by a positivist-dominated EBP culture could offer rich learning to mainstream researchers about service user involvement and the role of experiential knowledge in research generally.

## 2. Accessing experiential knowing

Accessing people's subjective experience is fundamental to the exploration of many mental health issues such as stigma, exclusion, occupational deprivation and alienation, recovery, and social inclusion (see Publications 2, 5, 6, 8 and 11). Eliciting such knowledge is integral to the quality of PAR in terms of its democratic validity (honouring stakeholders' perspectives), its process validity (creating cycles of reflective learning), and its dialogic validity (whereby uncritical subjectivity is avoided).

In service development terms, an action learning cycle can bring to light the 'tacit knowledge' gained through the *experience* of change in real time. This allows for the fine tuning of new practice (see Quotation 23) in an era of rapid change. It helps services to *change purposefully* because all stakeholders are better equipped to communicate about change as it happens and arrive at a shared sense of direction and ownership of the process.

## 3. Including diverse stakeholders in collaborative work

Community care has widened the range of stakeholders in mental health practice. Many comparatively new partners have only a minimal understanding of each other's work-cultural

norms, values and practices (Douglas, 2009; Bates, 2010a and b). Consequently, developing community care is more complex than merely *re-locating* services into the mainstream, as discussed earlier. It involves services' adaptation to new contexts including the creation of new partnerships with non-mental health agencies (see Publications 5 to 8), accommodating competing models of disability, re-negotiating provider-user power dynamics, and re-constructing the role of mental health practitioners as 'community development workers' (Publication 6).

PAR's inclusivity, its surfacing of tacit knowing and its collective use of the new perspectives gained can clarify imprecise notions of key phenomena, such as 'the community', creating jointly-owned working definitions. This facilitates dialogue and inter-agency working, which is acknowledged to be as elusive (Douglas, 2009) as it is vital (DH, 2011) (see Publications 5, 6, 7 and 11). For example, whilst the *idea* of inter-sectoral collaboration was promoted in national social inclusion guidance (Publication 7) an understanding of *how* it could work in practice had not been developed. PAR advanced that understanding locally by creating a language that enabled participants to learn from and work with each other (see Quotation 24).

#### *4. Re-balancing researcher/participant relations*

This commentary has highlighted the dangers of asymmetrical power dynamics in research and the 'othering' of already marginalised people (see Publications 7 and 8). Such problems not only risk detaching 'data' from its original meaning-context but can lead to essential perspectives being lost to the knowledge generation process. In contrast, PAR can counter-balance an othering dynamic and honour the integrity of diverse ways of knowing.

#### *5. Understanding complexity, seeing complex issues whole*

PAR engages with complexity and does not require a reductionist approach to make sense of what it examines. Indeed, the multiple-perspectives associated with PAR tend to create a more complete view of 'the whole'. This collective approach was suited to the Bristol PAR project



because the social inclusion agenda seemingly meant ‘all things to all people’ and, consequently, was in danger of sparking conflict and creating entrenched positions (Publications 6 and 7), or running into the sand (SPN, 2007).

PAR’s collective ethos can create a ‘community of inquiry’ (see Quotation 10) across horizontally arranged silos – where participants are drawn from health and social care sectors, or from different professions, for example – but it can also do this along a vertical axis, bringing together stakeholders who would normally be structured hierarchically within an organisation.

‘Holding’ complexity (and avoiding oversimplification) by synthesising different perspectives can be generative because such differences can be profound, including different ideas about what constitutes ‘good practice’ or what ‘problem’ actually needs addressing.

## *6. Adding value and nuance to quantitative data*

Engaging with an issue ‘whole’ can represent it in human terms. For example, PAR can capture ‘soft’ outcomes of an intervention (through ‘bottom up’ experiential knowing) and relate them to the intended ‘hard’ outcomes (which were communicated as disembodied targets from ‘top down’, perhaps).

By representing intended change as personal *experience* it makes ‘change’ more intimately knowable and, thus, more achievable. For example, Publication 11 used action inquiry to add value to a vocational service’s employment statistics by developing an understanding of *how* they had been produced so these methods could be more consciously developed (see Quotation 25).

## *7. Contributing to multi-modal or hybrid inquiry*

Given the value of bringing soft and hard data together in a complete picture, the scope for PAR to be added to existing research designs (based on any and all paradigms, I would argue) is noteworthy. For example, Ospina *et al.*’s (2008) multi-modal inquiry into community leadership

comprised narrative, ethnographic, and co-operative inquiry methods. This not only widened the range of experiential knowing that could be included, but also accommodated different participants' preferred ways of engaging, thus also acknowledging their different levels of likely commitment;

Each method afforded a unique angle from which co-researchers could reflect on their experience and offered opportunities for different degrees of participation (p.423).

This variety of options may be important when conducting PAR in large health and/or social care organisations, particularly where stakeholders may struggle to balance their desire to participate with the time pressures of their regular work, as noted earlier (point 1). It is here that new ways of generating knowledge (hitherto practiced at the 'margins' perhaps, as described on page 76) may become vital.

## *8. Understanding the principle and process of emergence*

Appreciating nuance can reveal hidden complexity. While 'traditional' research is usually used to explore a hypothesis – or, find an answer – PAR may be a way of deepening participants' understanding of the *question*. For example, working with Bates' (2002) inclusion traffic lights in the Bristol PAR project highlighted an oversimplification of the system in relation to service users' *real life* recovery pathways (Publications 5 and 6). This PAR-based learning was disseminated as guidance for practitioners in Publication 4, which challenged the assumption that service users would need 'amber' to progress from 'red' to 'green' (see Quotation 26).

## *9. Stimulating shifts in attitude and thinking*

Several of the processes outlined above (eliciting experiential knowing, working with new partners, seeing a problem 'whole', and appreciating nuance and depth) are likely to stimulate changes in thinking. This is an aspect of catalytic validity and the driver of action in PAR. For

example, while national social inclusion policy (ODPM, 2004) advocated 'day service transformation' (implying that services were so poor they need *transforming*) the Bristol PAR project engaged and stimulated change-fatigued practitioners (Publication 7). They felt they were not just rectifying poor practice but being innovative, which led to more committed staff and better outcomes (see Quotation 27).

## *10. Improving practice/services*

PAR builds on what 'works', and harnesses this momentum to address real life problems. My commitment to practice development is evident in the way my PAR findings have put flesh on the bones of national practice guidelines (see Quotation 28) or been used to inform practice elsewhere (see p.33). It is also apparent in my consistent focus on the lynchpin of UK mental healthcare, the Care Programme Approach (see Publications 1, 5 and 6); both in terms of the experience of people whose care is delivered through it (see Quotation 29), and the experience of care co-ordinators (see Quotation 30). My commitment to publication has led to local, PAR-derived knowledge becoming public, actionable knowledge.

My commitment to the development of research methodology capable of informing practice is also evident in the learning journey at the heart of this commentary.

## Part 8. A critique of the commentary

Through my reflection-*on*-action whilst writing this commentary I have identified three recurrent flaws in my PAR work. First, the momentum of service user input has not always carried forwards into organisations' decision-making fora; second, the experience of co-inquiry has not always led to ongoing action learning cycles (as part of a changed organisational culture) beyond the inquiry intervention period as initially intended; and third, conducting PAR has highlighted the limitations of normative deontological ethical scrutiny and raised questions about assuring ethical practice, given and the fluidity and unpredictability of PAR.

My attention is now focused on these aspects of PAR, with the intention of developing my craft in relation to each one. This development process is explored in Part 9, where an evaluation of my research skills, and of what I have learned as a researcher over the timeline of my publications, is offered. But first I must acknowledge a broader limitation of this commentary so far, which is related to the DPhil process: the tendency to oversimplify, or sanitise, the nature of PAR which – because it takes place 'in the thick of the action' – is, by nature, 'messy', as noted on page 10.

During the Bristol PAR, I managed practitioner, project leader and insider researcher roles whilst also engaging with emergent processes, organisational politics, challenging power dynamics and hidden emotions. As the inquiry progressed, I learned that messiness is a necessary part of PAR. Not only did it reflect the complexities of insider research (also explored in Part 9) but it invariably indicated where rich learning potential lay – concerning the phenomena under investigation and regarding my evolving PAR skillset.

### *Acknowledging a tendency to 'sanitise'*

The Bristol PAR was the most challenging yet stimulating period of my professional life but this complex picture may not be immediately apparent from the commentary up to now. In fact, I recognise that this commentary may appear unquestioningly positive about PAR. This affirming tone is partly a reflection of the fact that my relationship with PAR has been characterised by a continuous learning process (albeit a challenging one) and that *learning*, in itself, is a positive

experience. It also arises from my over-exclusive focus on what I learned *about* PAR (that is, my Second Level Themes D to F on pp.41-69) rather than *how* I learned it; a product of my practice orientation and my urgent desire to examine PAR's applicability within mental health practice.

Skimming over PAR's complexities creates two problems. Firstly, it diminishes my DPhil thesis by sanitising the account of my learning, leaving unanswered questions about PAR as a plausible approach to addressing the real life problems encountered in mental health practice. It is important to me that I address this tendency because my thesis is about the real life *applicability* of PAR, which requires a complete picture of my learning in this regard.

The second problem with a 'sanitised' commentary is that it implies that my learning journey was always inexorably carrying me forwards to the point I have reached. In reality, the actual pathway has been more winding and recursive than that. The challenge of writing for a DPhil is that, whilst my professional life has not been a 'story', as such, I have nevertheless had to make it one for the commentary. This narrative approach has had two drawbacks. First, the DPhil story all too easily picks out the 'shiny' pieces of learning whilst ignoring the mire from which they are lifted, seeing only what is illuminated by the searchlight of reflection-*on*-action, and often overlooking what is left in shadow. Second, the sanitisation process has been compounded because, as the narrative arc was being created (by me), it tended to focus on those phenomena which validated and confirmed its own emerging conception of reality, presenting a kind of certainty or inevitability in what was being learnt. The learning may therefore appear linear whereas, in my *lived* reality, it was iterative; each event and experience having dozens of conditional offshoots and connections, each capable of opening up new possibilities for deepening the inquiry. This points to further tension between PAR's desire to surface all the underlying complexity that is hinted at, and the reality of what is possible in hard-pressed public services. This is picked up in Part 9 in relation to dynamic conservatism and the CIS' attempts to extend the inquiry further up the decision-making hierarchies of members' respective organisations (see p.107).

To counterbalance these inclinations, I will adopt a more reflexive voice in Part 9 to explain how I navigated a way through the 'mire'. But here, as part of this critique section, and in addition to the points made above about commentary-writing, I will reflect on two additional factors that have contributed to the sanitisation tendency: my relationship with the positivist-dominated

departmental research culture I work within at my university, and the nature of my doctoral thesis.

### *Working within a positivist-dominated research culture*

Working in a Faculty of Health and Applied Sciences and a Department of Allied Health Professions (DAHP) dominated by professional groups using *physical* healthcare interventions (physiotherapy, radiography, etc.) and a positivist paradigm of health inquiry, I have learned that when DAHP peers from a positivist tradition tell me they value an aspect of PAR, they often mean that they like the fact that it corroborates what they already think about ‘good’ research. For example, the fact that Publication 5 informed the creation of a manualised intervention for occupational therapists from a London mental health NHS Trust that later formed the basis of an experimental research project to measure the impact of community occupational therapy (as described on page 33) served as confirmation – to my DAHP peers – that PAR was limited to generating *local* (not *public*) knowledge. This issue is explored in Part 4 – see the Herr and Anderson (2015) quotation on p.36 – and throughout this commentary.

Consequently, when arguing a case for action research within DAHP, I have often found myself starting from the position of *defending* it as a legitimate form of inquiry. Defending (as in *advocating*) a methodology without becoming ‘defensive’ (as in *protective* or *uncritical*) about it has not always been easy. It has sometimes led me to adopt a *persuasive* voice when arguing a case for PAR, rather than a critically reflective one, and – to an extent – this voice has come through in the DPhil commentary. This difficulty has been compounded by often having to adopt a language (drawn from traditional positivist research) that I recognise as being largely inadequate for the concepts I have sought to explain; particularly when looking at the legitimacy of knowledge claims arising from PAR – which is another theme in this commentary (see Part 4). This notion of a language or vocabulary as an expression of a research culture, is picked up again in Part 9 (p.120) in relation to my development as an action researcher.

In my experience, most DAHP peers seem unaware of the fact that they are working within a specific epistemological framework, as such. Instead, holding a dominant position has fostered a presumption of unassailability, it seems. I have been struck by the various ways in which the

positivist-dominated research culture continually re-asserts itself, seemingly effortlessly, in every pause of my efforts to highlight the value of an alternative, post-positivist research paradigm. That is the nature of a dominant research *culture*, I have learned; that it regards itself less as a specific paradigm and more as, simply, ‘the way things are’, and that it is used to itself existing in that way. The idea that one’s underlying epistemology could be regarded as *one of several* epistemologies seems radical to many DAHP peers, because they have never been *obliged* to see things that way.

Finding myself adopting a persuasive or defensive tone in DAHP, almost as an unconscious response to my environment, has been discomfiting. Having recognised it, I have tried, wherever possible, to adopt a more collegial, educative approach, inspired by a wish to popularise PAR within my faculty. For example, becoming acquainted with Herr and Anderson’s (2015) conceptions of ‘*nuanced validity*’ (see Box 7) in a way that built on my *experiential* learning about quality criteria has helped me present action research within DAHP as a methodology that is similarly *legitimate* as a form inquiry, but *different* in crucial ways, as described on page 40. The response has been encouraging and I have been invited to speak about action inquiry at departmental conferences – such as Fieldhouse and Parmenter (2015), in Appendix 4.

### *The nature of my doctoral thesis*

I acknowledge other aspects of my commentary which have contributed to the sanitising tendency, both related to my doctoral thesis. Firstly, the depth of background I have gone into when presenting the UK community mental healthcare context for PAR (my First Level Themes on pages 14 to 26) may have distanced the reader from the workings of PAR itself, giving an overly theoretical feel to the commentary. Secondly, and closely related to this, is the fact that my thesis arises (at least in part) from the particular *direction* of my learning journey: my progression into a deeper, *theoretical* understanding of PAR’s underpinning principles following my initial *practical* experience of PAR’s impact on me (as described on p.5). I set out, as a practitioner-researcher, to use PAR, not for any academic award. I was entirely focused on developing mental health services when I started. My deepening interest in PAR’s epistemology and ontology came later, as noted on page 33.

Although this journey into PAR theory was an important part of my growth as a researcher, I must emphasise that I see myself as an ‘experimentalist’, not a ‘theorist’ when it comes to PAR. I always want to try out what I learn and mould it to my own way of working, as I will show in Part 9.

Furthermore, and bearing in mind this direction of travel in my learning journey, I recognise that the inferences I have made about PAR’s applicability may add to a misleading sense of ‘neatness’, whereby PAR’s workings appear to have been abstracted and theorised by me. At times, it is as if the process of research has been concealed beneath a smooth narrative about learning which resulted in myself – my *experiences* – being almost edited out of the finished product. I acknowledge that the commentary has (so far, at least) showcased the shiny pieces of learning, in other words, not my wading through the mire, nor my moments of doubt or critical reflections on my own developing practice. There are several examples of my presenting ‘neat’, codified knowledge. In Part 5, for instance, I related my learning about PAR’s inclusivity of marginalised voices (particularly those of service users) to a typology of models of service user involvement (Box 10, p.56) and a continuum of insider-outsider teamwork models (Fig 10, p.66). Similarly, I examined a set of pre-existing quality criteria already in the public domain (Box 7, p.39) when exploring tensions between research epistemologies (pp.33-40).

However, it should not be assumed – from my presentation of these codified systems – that I did not come to appreciate them the ‘hard way’ (through my own experiential learning ‘in the thick of the action’) or that they exist in academic isolation. In fact, the opposite is true. My understanding of them is the product of deep, experiential learning which has had a direct bearing on my *application* of PAR principles in practice. Following where my curiosity took me – from hands-on PAR (as a novice insider action researcher) into action research theory (as a doctoral student) – has allowed me to combine experiential and propositional knowing about PAR. This, as noted by Heron and Reason (2008) in terms of harmonising of epistemologies, has crystallised as *useful* knowledge which I have put into practice in subsequent inquiries, such as the one reported in Publication 11.

An evaluation of my continuing researcher journey is presented in Part 9 and a summary of my thesis is presented in Part 11 to clarify the basis on which I claim to be making an independent and original contribution to knowledge.



## Part 9. Dilemmas and decision-points

This section focuses on my reflexivity. It is another layer of the ‘doctoral onion’; a deeper layer, exploring a vital aspect of learning that the sanitisation tendency (described in Part 8) caused me to skim over.

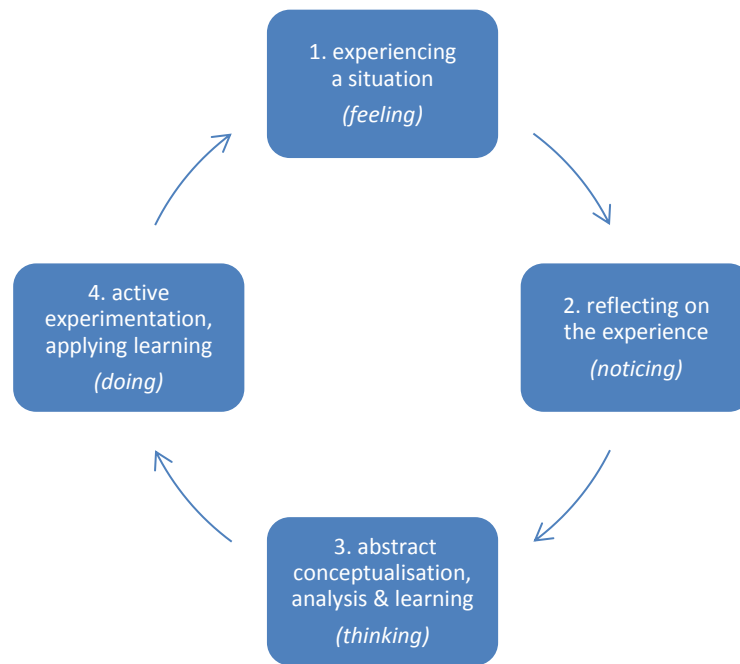
What follows are my reflections on the challenges and dilemmas I encountered as an action researcher. Box 15 (below) presents my own analysis of these challenges. They were not encountered chronologically but were interwoven, emerging several times in a recursive learning process, often embedded in one another. I will also consider how these challenges and dilemmas constrained my methodological choices and how my own quality standards evolved as a result. I will unpack my decision-making processes to show how a pragmatic approach to ensuring what ‘worked’ to advance the inquiry was also ethical, good quality research.

1. Finding myself in ‘no man’s land’
2. Overcoming professional tribalism
3. Recognising my own biases
4. Encountering hidden emotions
5. Maximising service user involvement
6. Building fruitful collaboration
7. Tensions with line managers
8. Engaging with dynamic conservatism

### **Box 15: Dilemmas and decision points encountered during the Bristol PAR**

This examination of my PAR practice will lead on to an evaluation of my PAR-related publications against my own de facto quality standards. Furthermore, as a contribution to the debate within the action research community about ensuring quality, I will also consider how my own quality standards relate to quality principles emerging from Herr and Anderson (2015) and Bradbury (2015) – although I also acknowledge that the idea of assessing quality in relation to ‘external’ criteria is itself somewhat anathema in PAR.

To reconnect with the ‘messiness’ of research ‘in the thick of the action’ I have revisited my Bristol PAR research journal containing my contemporaneous reflections from a time when all the ‘conditional offshoots’ (see p.83) of the inquiry were still ‘live’ possibilities. In doing so I have aimed to provide only sufficient contextual detail to optimise transferable learning but avoid any individuals being identifiable. I will also examine what input from an external CARPP facilitator (see p.5) contributed to the inquiry and to my own learning about PAR.



**Fig. 12: The experiential learning cycle (from Kolb 1984)**

I have used Kolb’s (1984) learning cycle (Fig. 12) to remain focused on my own iterative, action learning. I will describe each challenge or dilemma I encountered (Fig. 12, Stage 1), then present (in bold) the reflective and reflexive questions that arose for me as I grappled with it (Stage 2), then outline my initial analysis of what I thought was happening (Stage 3), and finally explain the outcome, in terms of how my learning was applied to advance the inquiry (Stage 4). This flow of experiential learning is captured in Tables 3 (overleaf) and Table 5 (p.117), which summarise my

progression from experience and reflection to a set of quality and ethical standards that worked for me in this context.

Dilemma	The focus of my reflective questioning
1. Finding myself in ‘no man’s land’	How do I find my first-person voice as a researcher?
2. Overcoming professional tribalism	Was I also pushing a uni-professional, ‘tribal’ perspective?
3. Recognising my own biases	Out of what experience of my organisation was the inquiry emerging?
4. Encountering hidden emotions	How should I respond to people acting out unconscious emotions as the CIS’ work progressed?
5. Maximising service user involvement	Is participation via qualitative interviews a kind of <i>pseudo-participation</i> ; research <i>for</i> people rather than <i>with</i> them?
6. Building fruitful collaboration	How does participants’ involvement become truly collaborative?’
7. Tensions with line managers	How <i>exploratory</i> can the inquiry be when it appears to challenge managers’ agenda?
8. Engaging with dynamic conservatism	If the organisational system resists change, what will the outcome be for CIS members?

**Table 3: Dilemmas encountered and my reflections**

The initial focus is on the Bristol PAR but the discussion later pans back to consider how my learning has progressed in a more recent action inquiry with Natureways (Publication 11). This involves looking at how my quality standards were applied in different contexts. I use the term ‘action inquiry’ in relation to Publication 11 because it reports on work commissioned as a *service evaluation*, rather than ‘research’ as such, though it used a similar PAR approach.

## 1. *Finding myself in 'no man's land'*

My insider researcher role positioned me between opposing entrenched work-cultural views (see Quotations 1 and 31). Whilst this was illuminating (regarding the dynamic playing out around me) I had to develop my own sense of *agency* within it. I asked myself: ***where am 'I' in all this? What is most important to me? How do I find my first-person voice as a researcher?***

To answer this question, I cultivated reflexivity; an awareness of myself as a research instrument and of my relationship with the focus of the inquiry (Bradbury, 2015). I did this through journaling, by accessing literature emerging from inter-sectoral practice elsewhere – such as Bates (2010a, 2010b, 2011) – and through dialogue with other stakeholders.

In the absence of formal academic supervision in practice, reflexivity was a vital means of integrating action with reflection so these became one over time. This first person work heightened my awareness of my own assumptions and motivations, so I could become a more finely-tuned research instrument. It also indicated personal qualities – such as integrity, resilience and tenacity – that the PAR drew on, and how these could be harnessed more intentionally through my ethical commitment to accessing the assertive outreach (AO) service user voice and practically, by using my backstage negotiating skills within my own organisation. I have adopted the terms coined by Buchanan and Boddy (1992, cited by Coghlan and Brannick, 2010) to differentiate two aspects of insider action researcher: *performing* overt researcher activities (such as project design, engaging participants, framing the problem and focusing on change) and *backstaging*, referring to my engagement with the political and cultural systems of the organisation in which the PAR was embedded and where I was an employee.

### ***Journaling***

No man's land was a precarious and lonely place to be. Using the earlier metaphor of light and shadow, journaling allowed me to discover parts of myself that were hidden or denied (that is, kept in shadow) because of the strong feelings associated with them. Regularly recording significant experiences (painful or celebratory) as the PAR unfolded, and my reflections on these, in a *Word* document, in a raw and unprocessed form was energising. The vehemence of my comments often indicated the aspects of the PAR I cared most about, helping me prioritise.

Journaling enabled me to interpret my feelings so they were not governing but *informing* my actions, thus advancing my personal agency. Thinking and feeling were not contradictory. Both contributed to my overall understanding. For example, I was reminded how pivotal it was that the PAR had begun with an issue framed by practitioners (see Publication 5, p. 420), not by managers, academics, or ‘experts’ from the National Development Team for Inclusion. The PAR was not imported but home-grown, and based on local ‘lowland’ knowledge (Schon, 1983) that challenged many widespread assumptions. These included the belief that service users needed to go through orange to reach green (in traffic light terms, as noted on p.30), for instance, and that (so-called) hard-to-engage people would be less successful in engaging with mainstream community-based occupations than day service users. These issues were explored collectively in the CIS, fuelling passionately held ‘lowland’ knowledge that informed the discussions with commissioning managers described on pages 30-31.

### ***Accessing wider literature on community development work***

This wider reading was not simply an intellectual engagement with ideas, it was a visceral experience. I *felt* a huge sense of relief as my challenging experiences in ‘no man’s land’ were acknowledged as a common feature of inter-sectoral work beyond Bristol. Bates’ (2010a and b, and 2011) papers about living on ‘triangle island’ (as described on p.51) offered a greater degree of critical subjectivity, helping me examine certain inter-sectoral disputes more dispassionately, reframe them, and understand them better. This greater open-ness on my part to different perspectives helped reduce intra-group tensions in the CIS. It also informed my initial facilitation of the PAR process by allowing me to model greater acceptance of diverse ideas, for example. Finding ways to maintain critical subjectivity was vital because, as an insider researcher, familiarity with peers could easily have compromised or eroded this.

### ***Dialogue with other stakeholders***

I revisited what I ‘knew’ in dialogue with other stakeholders and recognised that ‘knowledge’ as my own contextualised construction. I was struck forcefully by the idea that my ‘truth’, or my reality, was what I *believed* it to be; that it was a construction. For example, I had taken a keen interest in the success of the Merton community group network in south London (Brewer, Gadsden and Scrimshaw, 1994) in my previous day service manager role, and I believed aspects of

this model could be applied in Bristol. Realising that this was my own *construction* was helpful; liberating even. I became aware that I was hanging all my associations with ‘successful’ community development work on *this* model. I now saw that I had to put the ideas I had drawn from studying it, and from talking to its project workers, to one side. They were the product of a particular service context, which was not the one I was now dealing with. Instead of trying to replicate project work which I knew had ‘worked’ elsewhere I now needed to get underneath the construction and recognise the *principles* informing it and identify what was recyclable knowledge for new collective project work locally. It was a process of de-constructing certain personal beliefs and assumptions, followed by a collective *re*-construction (with CIS peers) of *shared* ideas. I was learning not to jump to (my) ‘solutions’ but to engage more fully in stakeholder dialogue. Changes within *me*, in other words, changed the way I was able to interact with others. I understood – experientially – that the ‘self’ at the heart of my own reflection-*in*-action (see p.10) was not the only driver that could change my practice; other people could too. It was not just about changing how *I* acted, but about how I could commit more fully to acting collectively in the CIS. This learning was essential because – in the PAR’s early stages – I was sounding out colleagues, who I encountered in my social inclusion project work, as potential CIS members.

## 2. *Overcoming professional tribalism*

My reflexivity was an invaluable tool. At this time, there was (an albeit minority) view among some local NHS practitioners that the social inclusion agenda was a coercive ‘top-down’ agenda (see Quotation 1) and that my secondment represented an implied criticism of their work by the sector manager. Some individuals stated – before any discussion was possible – that their service was already working fully in line with policy and should be ‘left alone’. Their resistance to change was often rationalised by them into a *professional* dispute (such as ‘nursing versus OT’) whereby traditional professional ‘tribal’ enmities were invoked, thus obscuring the underlying issues. This prompted me to wonder about my own occupational science-based thinking: ***was I, through some unconscious transactional dynamic, acting that tribalism out too? Was I wholly lost to it, and blind to my own blind-spots? Was I unwittingly pushing an occupational perspective?***

Initially, certain individuals' resistance to the social inclusion project work added to the loneliness of no man's land, occasionally prompting my desire for peer support – a wish to be part of a 'tribe' almost. To give in to this would have been easy but my concern for the viability of the PAR (which sprang from the project work) kept me focused on a non-partisan viewpoint as far as possible.

Through my ongoing framing and contracting activities (Wicks and Reason, 2009) and through reflexivity the *idea* that I might be unconsciously pushing a uni-professional perspective was dispelled by the *experience* of gradually developing a common language in the CIS (see p.51). I wondered how the adjective 'occupational' – in Wilcock's (2007) notion of *occupational risk factors* – would sit with non-OT peers, but this issue did not arise. On the contrary, the framework was widely accepted as an explanation for *psychosocial* 'disability' and for understanding community participation as a social justice issue, as noted on page 21. It transcended professional and sectoral boundaries as intended by its originator (see p.19), avoiding association with any particular profession's practice. This helped CIS members identify issues of mutual concern, allowing me to progress from first-person to second-person research. It spurred me to continue examining assumptions (my own, and other people's) and become more conscious of my PAR facilitator role as I searched for an 'unforced consensus' (Kemmis, McTaggart and Nixon, 2015) within the communicative space I was creating in the CIS.

### *3. Recognising my own biases*

Although a communicative space was opening up in the CIS, I was nonetheless frustrated by the slow pace of our initial deliberations. I wanted to 'get on' with service development in ways that seemed (to me) self-evident, based, for example, on my 'old' London experiences, as described earlier. Gradually, I recognised that, as the architect of the CIS, my enthusiastic desire to engage stakeholders also risked elevating my *own* perspective; as if I somehow held *the* blueprint for change (which I knew I did not). I wondered: ***if I'm expecting the qualitative interview data to be accepted by CIS members as a starting-point for co-operative inquiry related to local community development work, how do I know that my own understanding is congruent with the data?***

I learned that my impatience masked a deeper prejudice about the AO data also. The PAR had arisen from AO practitioners' observations that recovery was possible *in spite of* an inflexible community care system. Reflexivity helped me acknowledge my negative view of standard (that is, non-AO) community mental teams (CMHTs), prompting a further question: ***Out of what experience of my organisation was the inquiry emerging?***

I recognised this bias as something my AO colleagues and I had held as a work-cultural 'truth'; reinforcing it for each other every time we looked at a new referral to AO and tut-tutted at the catalogue of failed engagement attempts that we inferred from it. It was *our* shared AO story. We were encouraged in this by an influential national report indicating that AO teams, "can achieve better outcomes than standard community care on accommodation status, employment, and patient satisfaction" (Marshall and Lockwood (1998), cited ODPM 2004a: 41). However, collective deconstruction of our shared AO story allowed a less self-satisfied, more balanced and ultimately more generative view to emerge: that much of the AO team's success was due to it having more resources to engage with people than 'standard' CMHTs did. For example, its capped case-loads allowed AO practitioners to have more time with each service user (see Second Level Theme A on p.43). This re-appraisal led to more actionable learning. We saw that practitioners' time was going to be a crucial resource consideration in the CIS' action planning because time constraints tended to dilute the person-centredness of CPA (see p. 43). Significantly, this had been highlighted as needing further exploration in research by Priebe *et al* (2005) into the processes of disengagement and engagement by AO service users, which was published around this time.

#### ***4. Encountering hidden emotions***

The PAR accessed a well-spring of tacit, often unconscious feelings. For some individuals it was liberating when the difficult experiences they had been living day-to-day were articulated and collectively validated, but it could also be incendiary; particularly if these experiences surfaced in the presence of the very people who had hitherto side-lined them. For example, in addition to the issue of payment for service users (see p.64) Jenny observed another double-standard operating within Bristol's social inclusion forum:



*One meeting, I and another user arrived first when only the Chair was there. The 2 of us went to make hot drinks and the chair told us we weren't having drinks until the break. The staff arrived, went to the tea machine and the Chair said "oh, we're having drinks then". At the end of that meeting the service users were asked (expected) to pick up all the cups and tidy up.*

I had attended that meeting, unaware of this issue. Jenny's email highlighted how easily one could be complicit in the very power imbalances one sought to address and the expectations around people's roles that seemed to attach to those inequities. Whilst this did prompt a useful reboot of some forum members' awareness it also caused public embarrassment for others, piquing the sensibilities of some service providers who had always considered themselves advocates of the service user voice and had hoped they would be seen as equal partners in dialogue. Occasionally, this humiliation found expression in denial, defensiveness, and anger, prompting me to ask: ***how should I respond to people acting out unconscious emotions as the CIS' work progressed?***

It underlined for me the importance of holding the space for reflection, so defensiveness could be highlighted and carefully challenged. This was vital given that appreciative inquiry did not aim to *avoid* conflict but actively sought out dissenting voices, seeing them as generative (see Quotation 19). Rather than burying difficult emotions and denying they existed, it was better to acknowledge them openly. Not allowing people to express anger or fear risked distortion of the PAR process by burying emotions which might later re-emerge.

## ***5. Maximising service user involvement***

Arguably, the biggest dilemma I faced was how best to ensure AO service users' experiences would be transmitted from their interviews into decision-making fora in order to inform action. It became the focus for more deliberation about the constraints placed on my methodological choices than any other single issue.

At the heart of this dilemma was the likelihood of there being an alarming discontinuity between the service users who provided interview data and those who would subsequently enact the learning in the CIS. This disjointedness was unavoidable given that the CIS existed as a real working subgroup of the social inclusion forum before purposive sampling of interviewees. Furthermore,

the NHS Research Ethics Committee (NHSREC) approval process regarded AO service users' vulnerability as a basis for precluding their membership of the CIS. In losing this transmission of experiential knowledge it seemed that a central tenet of PAR was compromised. It felt like I had 'stalled the PAR engine' before I had got into first gear and severely dented the overall quality of the process.

This prompted me to question PAR's suitability for engaging the significantly 'disabled' people I worked with, and whose experiences were at the core of the PAR process. I wondered: ***should there be different degrees of participation for different groups in PAR? If participation occurs through qualitative interviews, and not in decision-making fora, is that a kind of pseudo-participation?*** I wondered whether it reflected an institutionalised and tokenistic attitude, whereby service providers/researchers felt more comfortable engaging with a service user voice when it was packaged as 'data' than when engaging with actual people in agenda-less meetings. More fundamentally, it led me to question the efficacy of PAR's support for a 'bottom up' change agenda, which had major ethical implications for me in terms of compromising outcome and democratic validity (see Box 7. p.39). It was also the first time I was prompted to question the 'ethics' of a traditional ethical review process. This issue arose repeatedly, as will be discussed later on page 132-135.

I had to improvise. I considered distilling the interview findings from their personal-subjective context so they could be fed into the CIS, but this also made me wonder if this moved away from being research *with* people to become research *for* people. It felt presumptuous, disingenuous even. I wondered: ***if what people bring to the inquiry is so valuable, by what right (or on what basis) is it 'taken away' from them in this way? Or, should certain participants be allowed to exclude these 'other' contributions?***

This focused my thoughts on the relational aspects of PAR, prompting me to take this dilemma to Professor Peter Reason at CARPP. Our conversation highlighted the need to extemporise, on the basis of a firm ethical commitment. PAR was, after all, an *orientation* to inquiry (Bradbury, 2013) not a prescribed method. It was about values. I was learning that there is no *pure* form for PAR. I saw that, even if the AO interviewees took no further part in the research process, their uniquely valuable data could take us closer to unlocking the initial conundrum that had sparked the whole

PAR, and that this – in itself – was still a significant contribution. A profound sense of obligation to maximising the credibility of these data became my prime ethical consideration. The question was ‘how?’ The other seed that was sown in this meeting with Professor Reason was the idea of input from an external CARPP facilitator, which is discussed in detail on page 111.

Regarding my ethical commitment to the service user voice, I decided on two courses of action: one was to engage service user researchers from Bristol MIND User Focused Monitoring project (UFM) to have input into the PAR, the other was to develop a strong service user presence in the PAR’s steering group.

### ***Collaboration with Bristol MIND User Focused Monitoring Project***

In my preliminary discussions with Anne-Laure Donskoy (UFM’s co-ordinator) I quickly learned that, rather than engaging her input according to my own PI agenda and where *I* thought it could work best, it was better to give Anne-Laure freer rein to decide where *she* saw her input working. This paid huge dividends, adding considerably to the quality of the PAR as a whole by improving the transmission of the service user voice in particular.

### ***Preliminary audit***

I had conducted a clinical audit of AO case notes (*Profiling the Disengaging Client*) to explore the case note evidence for service users’ pathways from disengagement to engagement. Now that I was considering using interview findings to convey the service user voice the quality of the interviewing became a vital factor in the quality and success of the PAR. The audit would be a useful basis from which to create an interview schedule and Anne-Laure took an immediate interest in this idea, more than most of my NHS peers.

As we looked together at anonymised audit findings – published on the NHS Trust intranet in December 2005 (see Table 4, p.112) as a preliminary step in the PAR process – Anne-Laure’s service user perspective was invaluable; particularly as case notes are highly subjective and were written exclusively from the referrer’s (service provider’s) perspective. The term ‘lack of insight’, for instance, was frequently used in the case notes. Anne-Laure noted this often happened when there was a disagreement between mental health professionals and the service user about the

nature of the mental health problem in question. Similarly, 'paranoia' was frequently noted as a reason for non-engagement, which Anne-Laure suggested could be re-framed as 'fearful', a more person-centred term indicating people's subjective experience of *problems in living* (see p.18), as opposed to their psychiatric symptomatology. It was more faithful to a social perspective of mental health problems and truer to the appreciative ethos of the PAR.

In this way, our joint scrutiny of the audit results pointed to a particular aspect of the data; that they lacked a service user perspective of the phenomena in question. This led directly to UFM's involvement in co-designing an interview schedule (See Publication 5, p.420) for the qualitative, semi-structured interviews. Our thoughts then turned to the conduct of the interviews themselves.

### *Interviewing*

Clearly, an interview creates a hierarchical relationship, with the interviewee placed in a subordinate role, responding to the *other* person's agenda (Fontana and Fey, 2008). In any interview situation this would raise an ethical dilemma. When interviewing people with severe and enduring mental health problems the dilemma can be acute. The likely power imbalance of having an AO practitioner (myself) as an interviewer was mitigated by involvement of UFM service user researchers as co-designers of the interview schedule (for the reasons noted above) as well as co-interviewers. Careful preparation for each interview included offering choices of interview venue (including the interviewee's own home) and interviewer gender to help interviewees feel as comfortable as possible. UFM involvement also appeared to reinforce the idea that the information gleaned from the interviews would be put to practical *use*, underlining the PAR's action orientation. In particular, the UFM co-interviewers' familiarity with specific terms and referents – such as the names of the community resources referred to by interviewees – was vital to the overall understanding of the context that interviewees stories emerged within. It was important in the 'sharedness of meanings' (Fontana and Fey 2008:86) that is the essential basis of co-creation and new, joint meaning-making and greatly assisted the trustworthiness of the data gathering and data analysis stages.

With these two issues in mind – Anne-Laure’s challenging of some of the institutionalized assumptions woven into case note language and the redressing (to some extent) of power imbalances during face-to-face interview – UFM involvement (from Anne-Laure and Rose Stevens) was pivotal, I would argue, in the degree of service user interviewee engagement in this phase of the PAR.

### *Interview data analysis*

I have described (p. 95) how my methodological commitment to a faithful rendition of the AO service user interviewees’ voice was also an ethical imperative in the PAR. Integral to this was a commitment to transparency of the positions of the data analysts, given that data analysis is interpretive and meanings often emerge during interaction with the data, rather than simply being there from the beginning. Consequently, I was pleased that NIMHE funds could cover Anne-Laure’s and Rose’s input as data co-analysts with me. This obliged us to discuss our own hunches and recognise our own positions and values in relation to the data, which increased the transparency of the analysis process and, again, reduced the potential for researcher influence. Significantly, there were 45 hours of face-to-face discussion over 15 meetings (see Table 4, p.112), in addition to the ongoing email exchanges. Through talking together – including discussion within the PAR’s steering group (see below) – the co-analysts came to a constructive realisation about what resided in their own heads, what resided in the data, and how data could be interpreted in a trustworthy way. I acknowledge that the involvement of Bristol MIND UFM service user researchers was qualitatively different from participation in the true PAR sense (see pp.34-35). Anne-Laure and Rose were jointly conducting the research rather than participating in it and their input as co-designers of the interview schedule, co-interviewers and co-analysts of interview data greatly helped the credibility and impact of the interview findings when they were disseminated.

### ***Service user involvement in steering the PAR***

I created a PAR steering group comprising myself, the AO Team Manager, a Head Occupational Therapist, the two UFM service user researchers mentioned earlier, the NHS Trust’s Director of Research, the NIMHE Development Consultant and two service users who were supported by two

Trust-based Service User Development workers (see Publication 5). Taking steering from this group in terms of maximising the transmission of momentum from the interview findings into the CIS was the best compromise I could achieve. Although the two service user members were not interviewees one was a sibling of an AO service user. He understood the stigma associated with the term 'hard to engage' and the importance of accessing the authentic AO service user voice, which was widely acknowledged to be absent from most mental health research.

## *6. Building fruitful collaboration*

Framing an inquiry of mutual interest in the CIS was a delicate task because everyone (including myself, I was realising) had come with 'solutions' based on their own unexplored assumptions about the 'problem', coupled with an (understandable) unwillingness to explore what *their own* role might be in perpetuating the problem. This created intra-group tensions (see p.51) because stakeholders from each sector (*health* and *social care*) placed an expectation for change on the other. These tensions are examined in Publications 6 and 7. For example, for many healthcare workers the term *community involvement* implied that 'the community' should become more service user-friendly, while many social care staff felt NHS practitioners should do a better job of preparing service users for community integration prior to 'discharge' (see Quotations 1 and 31).

My initial hope (perhaps a naïve one) was that a non-partisan CIS identity would emerge that would somehow exist beyond sectoral politics, so we hopped between NHS Trust and social services venues for our first few meetings, hoping to create a sense of freedom from, or non-allegiance to, either sector. However, I discovered that the 'sectoral mind set' was a deeply ingrained work-cultural phenomenon. After considering *who* became involved in co-operative inquiry, I realised there was a bigger question: ***how does participants' involvement become truly collaborative?*** Bringing people together in the same room was not enough, as noted on page 28.

In the ways described earlier, I learned that increased exposure to alternative constructions of the problem and my increasingly less defended responses to them was integral to finding my first person voice *and* helping other people find theirs. I was greatly helped in this by the first pre-booked CARPP workshop, which took place at this point (see Table 4, p.112). Dr Porter

facilitated an exploration of CIS members' diverse motivations for joining and the gradual collectivisation of their will to learn and act together by using a learning history. This boosted the CIS' progress towards a common language, as described on page 51. It was a powerful intervention, and rich learning for me (see p.111). It felt like a truly participatory process was possible and led to more collectively-owned and locally-rooted ideas for action, such as the decision to engage with Bristol's distinct occupation-based communities (see p. 48). The common language described in Publications 6 and 7, and the framework of occupational risk factors described on page 19, were instrumental in this process.

### *7. Tensions with line managers*

I was drawn to action research because it involves taking action to solve a problem and generating new knowledge through *reflection* on that action, and in order to inform further action as well. However, my managers only wanted demonstrable progress towards policy goals enshrined in the national inclusion agenda – related to the traffic lights for instance (see p.30). They were less interested in the PAR'S reflective dimension.

I must emphasise that the PAR was not initiated through academia. I was acutely aware that it would stand or fall according to my own perseverance with it. As managers' attitudes to it hardened, I sometimes felt – as an insider researcher – that my standing in my own organisation (and hence my career) would be at stake if I did not produce results, and without my secondment there would be no PAR. I was struck by the paradox that managers wanted to 'transform' services but could not fully commit to an innovative approach to service development because of the pressure of policy goals. They seemed ill-equipped to innovate because they were so target-driven. I saw this contradiction as a key tension point between 'top down' and 'bottom up' drivers of change; one which underlined the value of practitioners' reflection on, articulation of, and *use* of their practice-based knowledge to shape top down policy in their day-to-day practice. Whilst this spurred me to continue striving to keep open the CIS' reflective space, and to maintain a channel from there into decision-makers' deliberations, I also wondered: ***how exploratory can the inquiry be when it is being done on my employers' time and money, but not necessarily to their agenda?*** After all, one memorable piece of early advice from my NIMHE mentor (perhaps

anticipating the hardening of public service managers' attitudes to PAR that was seen by them as being too introspective or self-absorbed) was, "It [the PAR] can't be too *groovy*." Set against this was my lurking concern that the integrity and potential of the PAR process could be undermined if it became instrumentalised by the service context and managerial culture it operated within. The integrity of the PAR as an independent inquiry was paramount.

I realised I had to underline the practical *utility* of the CIS' work. I had to turn something – the inclusion agenda – that was all things to all people (see p. 5) into a knowable entity; into something my managers understood – and wanted. On the basis that perceptions of my project work were socially constructed, I used my backstage negotiating skills to incentivise managerial support for the PAR in different ways. For example, in my social inclusion project leader role (see p.4), I developed a railway station gardening project with a regional railway company which was interested in contracting NHS Trust day services' horticultural therapy groups to supply and maintain planted flower boxes on station platforms in Bristol. This work would be part of NHS day services' therapeutic programme but – crucially – would take them out of their bricks and mortar day hospital into mainstream occupation.

In creating this precedent, the CIS' potential for innovating day services offered a construct that managers could engage with. However, the risk averse care-planning habits of NHS practitioners was a barrier (see Quotation 1), undermining service users' access to ordinary mainstream occupations such as in the railway gardening project. Day service staff had raised concerns about potentially suicidal service users being exposed to dangerous high-speed trains. So, I worked closely with the NHS Trust's Risk Manager to co-produce a practice briefing document explaining NHS practitioner's duty of care in relation to their professional indemnity, the Trust's liability and public liability. Her authoritative guidance was unequivocal and showed that – as long as NHS risk protocols were followed – a degree of risk management was assumed by public services (such as the rail company) and that this could be shared, thus encouraging positive risk management by practitioners under CPA, as described in Publications 4, 6 and 7. It smoothed the path for an 'extended CPA' (Second Level Theme A, p.48), in other words.

Simultaneously, in discussions with the day service team leader (who described his service as undergoing 'death by a thousand cuts'), I presented the day service transformation agenda as an



encouragement to beleaguered day service staff to move out day *hospitals* and harness mainstream occupations, as the inclusion agenda required (ODPM, 2004). These included the railway gardening project and voluntary work with the Green Gym (a national network of health groups undertaking conservation work in local parks and countryside, then run by the British Trust for Conservation Volunteers). This recast my PI role, as an advocate of day services rather than an unwelcome ‘transformer’ of them, reflecting the inquiry’s appreciative stance. Significantly – in an email to senior budget-holders aiming to secure my secondment – my line manager used a collective ‘we’ (indicating his support) and recognised my ‘tenacious’ negotiating, which gave me a tremendous boost at the time;

*Jon has spent the last 5 months working hard to lay the foundations for the project and we are now at the point of making some real changes to the way we support activity and inclusion in the community ... After some reasonably tenacious negotiation, Jon has managed to identify a range of people to be members of a focus group that will support the establishment and functioning of a consortium. This will be a reasonably high profile group with members from the PCT, Social Services, Education etc. all of whom have statutory responsibilities and a commitment to Social Inclusion Work.*

Similarly, as CIS members started to recognise ‘the community’ as a web of distinct occupation-based communities (see p.19 and p.48) I briefed the CIS on the widening participation agenda (LSC, 2006) within Bristol’s further education (FE) community to highlight common ground as a basis for co-inquiry. This coincided with the boost to collective identity and shared language from the CIS’ first CARPP workshop and led to the learning community being the first ‘community’ the CIS focused on, with Kate (from City of Bristol College) becoming a regular CIS member (see Box 2, p.4). This significantly sharpened CIS action planning (see Publication 6, p.579).

## *8. Encountering dynamic conservatism*

CIS members’ engagement with social inclusion as a *societal* issue (not simply a mental health *practice* issue) soon highlighted that the service changes it wanted to try out were more far-reaching than could be encompassed using existing professional constructs of mental health

*problems* or within the parameters of traditional practices. Consequently, managers – many still very much attached to silo-working habits (see p.22) – sensed that quick results were not likely. Their reaction to the CIS’ action plan was striking. As the CIS’ collective identity strengthened, we found ourselves being simultaneously cut-off from the mainstream, exacerbating tensions between the CIS’ lifeworld and the wider organisational system. Whilst I recognised that this was an organisational phenomenon and not a personal attack I sometimes wondered: ***is the system operating to ensure my researcher role is effectively trumped by my (subordinate) practitioner role?***

This sense of being cut-off led to a significant shift in, or expansion of, the inquiry’s focus. Instead of the forward-moving spirals of planning, action and reflection we had all anticipated (based on *operationalising* the CIS’ action plan, and testing out new practice ideas) our attention was captured by the seemingly arcane workings of the wider organisational system that we observed happening around us, and acting on us; particularly as the CIS’ proposals were being knocked-back by senior managers.

At first, I felt very conflicted by this turn of events. Re-focusing on organisational decision-making felt like a diversion initially, taking us away from practice. However, reminding myself that practice does not emerge in a vacuum, I quickly saw it as a learning opportunity about the organisational factors influencing practice innovation. Furthermore, the fact that informal power dynamics appeared to be influential in the CIS’ knock-backs confirmed that PAR was a suitable approach to examining them. More traditional research methods, drawing on logic models to understand the system in operation, would (I believed) have failed to grasp the complexities of such a seemingly irrational system. Thus, the flexibility (or otherwise) of the organisational system to learn and innovate emerged as a key issue, prompting me to wonder: ***how will the organisational system adjust to new information? If it resists change, what will the outcome be for the CIS?*** I was starting to learn that organisational (or management) buy-in was an important factor in health care-based PAR, raising the question of what we could *do* about this. We had to go beyond simply reflecting on an organisational dynamic. We had to act.

### ***Responding to dynamic conservatism***

With its intended actions stifled, new ideas within the CIS were getting caught up in the traffic jam of old ones. This was a profound lesson about the importance of combining reflection with *action*. The first ‘action’ we tried was an appeal to the social inclusion forum (of which we, the CIS, were a subgroup) by asking it to own and support the CIS’ action plan. We believed it had more ‘clout’ than we did (see Quotation 22) and projected our hopes onto it.

However, the forum was also saddled with expectations for quick outcomes and was resistant to our seemingly ‘off-message’ ideas about the inclusion traffic lights, for example (see p.30). Furthermore, it did not have a PAR process woven into it that may have enabled its members to understand the dominant influences acting upon it. We felt a dynamic conservatism was operating, encompassing us all, which they could not see. It was extremely frustrating that an organisational rigidity seemed to reflect, and be compounding, the problem of inflexible or ‘unengaging’ services: the very phenomenon that had led to service users’ disengagement, and to the PAR itself (see p. 32).

The second ‘action’ we tried was to go it alone and press our case as a lobbying force in our own right. When our lobbying was met with open anger from some managers the impact on the CIS was divisive. Several members were concerned about conflict with managers, arguing that it was time to stop pushing, while others (myself included) saw it as an indication that we should intensify our efforts. If it was such a ‘hot topic’ we must be on to something – we reasoned – and, if we calmly and persistently pressed our case, then our action plan would ultimately gain senior support. We were optimistic because we saw lobbying as a means of fast-tracking and amplifying the learning cycle, or evolutionary process, that community-based services had always been going through (see Fig 2, p. 22). In this case, we were focusing PAR on a phenomenon – social inclusion – that brought together a policy-driven transformation agenda and a grass-roots desire for changes in practice. There had to be a way to unite the two, we felt.

We argued that our uniquely valuable perspective was that these were changes that service users had demonstrated their desire for in the most direct way possible, by voting with their feet; that is, by dis-engaging from segregated day services and engaging with mainstream occupations. It was at moments of impasse like this that the trustworthiness of the qualitative interview findings

(see p.99) paid dividends, making us feel strong in our position. Having started by exploring service users' engagement using PAR, we now wanted to expand the PAR to enhance our respective organisations' capacity for innovation. With an arguably naïve view of what evidence-based practice could be, we wanted to inform and (perhaps paradoxically) *empower* our decision-makers. We wanted them to seize the opportunity for testing out new ways of delivering services, as per the CIS action plan.

It struck me that this dynamic echoed a phenomenon earlier in the CIS' life, when some practitioners attended our initial meetings believing the CIS could approve and fund the changes in practice they wanted – as if the CIS had some executive power. Although these practitioners quickly left when they saw we had no such power (still wanting change, but not wanting to commit to a PAR process) it was a valuable learning experience for me. It seemed that many practitioners wanted to effect change, but did not know how; just like us. This reinforced in me the value of examining inter-organisational decision-making processes as part of the PAR. But where should we begin?

This was an extremely challenging, near-paralysing period in the CIS' life. As PI, I needed an external perspective to help me get my bearings. However, my NIMHE mentor was also part of the organisational system, though his position within it was different to mine. The following exchange between us, reflecting on certain individuals' (X and Y) opposition to CIS proposals, indicates my mentor's own surprise at the dynamic conservatism he found himself to be unwittingly acting out:

*NIMHE mentor: I need to protect X and Y*

*Me: Protect them from what?*

*NIMHE mentor: That's a good question.*

Recognising that my mentor could be at a different point from me in the *same system* was a 'lightbulb moment' for me. Whilst I implicitly trusted him (he was, after all, representing the financial sponsor of the PAR) he now seemed antagonistic to the inquiry. My puzzlement enabled me to make an intuitive leap, however, and understand that the dynamic I was familiar with from a CIS perspective could be viewed from different perspectives (just like any other phenomenon). I saw that a PAR process which originated from a group of participants who were located at a

particular point in a system (particularly a complex inter-organisational and inter-*sectoral* system, such as the one the CIS was in) was likely to share a perspective that was itself a product of their own relatively restricted vantage point, and that this limitation meant that simply pressing a case harder and harder was unlikely to achieve results. A step back was needed. This realisation was illuminating and came as huge relief to me personally. Up to this point, the duality of insider research had sometimes felt paralysing; being so immersed in organisational politics that it was hard to find a separate vantage point from which to think critically about them, yet also having to somehow *use* my immersion in them as a source of information with which to plan a way forward. But now my situation felt different. I progressed from a *feeling* of being pushed into a (subordinate) practitioner role by my organisation (as described on p.104) towards a more systemic way of *thinking*, adjusting myself to the inquiry's shift in focus and engaging more fully with that.

### ***Adopting a systemic thinking perspective***

This immediately *felt* like a more critically subjective position to hold and, hence, a less personally burdensome and troubling one. The shift in the CIS' focus prompted discussion about a further modification of the PAR's process as I came to understand two things: firstly, that we (the CIS) could only understand the dynamics of the system by gaining a better understanding of the different perspectives it encompassed; and, secondly, that this was – itself – valuable learning. Unable to convince the forum to embrace us, we therefore asked ourselves: ***could we expand the CIS 'community of inquiry' further up the decision-making hierarchy?***

However, we also feared that inviting more senior managers into the CIS might jeopardise the safe space that had been carefully held open, begging further questions: ***once the boundaries of a 'community of inquiry' have been defined, how easy or desirable is it for its members to extend those boundaries as the PAR unfolds? Was our 'community of inquiry' a closed or an open group? What happens when a 'safe space' (albeit within a hostile environment) becomes more like a ghetto?***

Whilst we sought integration of the organisational system, the system was pushing the CIS towards disengagement. Although we interpreted this as a manifestation of an unconscious

dynamic conservatism rather than an intentional opposition to innovation, it nevertheless aroused complex feelings: a *felt* ethical obligation to pursue the change agenda wherever it took us (extending from second to third person inquiry) balanced against a growing anxiety about potential conflict with individuals who commissioned the services we worked in.

In my PI role (and as PAR facilitator), I realised that a strong collective 'CIS identity' was eclipsing my sense of being 'principal' (as in 'prime' or 'chief'), and that I welcomed this solidarity. From my own dual perspective, as CIS member and PI, whilst I was excited about the potential for the quicker upward transmission of change momentum that might have emerged from cross-hierarchical dialogue, I was concerned about the possible negative impact of power differentials on open dialogue; though I also knew this was possibly a projection of my own anxiety. I had begun my project work – before the PAR began – by writing to chief executives of both the local Trust and the local authority, hoping to root my project work securely in both organisations. I had also mooted the idea of an extended co-operative inquiry process that they were invited to join. There had been no response to that specific invitation, but now the issue of cross-hierarchical work was more 'live' I wondered: ***how do you include people in PAR who may want to dominate?***

At this juncture, the second pre-booked CARPP workshop took place (see Table 4, p.112), one month after the first. Ambivalence about what the CIS should *do* is apparent in some of the post-it notes in Fig. 13 (overleaf), which depicts emerging issues at this point in the CIS' life. The 'Power: Perception/Actual' post-it indicates CIS member's sense of powerlessness and the recent experience of finding the forum similarly toothless, and the 'Us & Them, Together?' post-it expresses apprehension at the prospect of cross-hierarchical dialogue – that is, the idea of senior managers joining 'us' in the same room.

Acknowledging this anxiety provoked some telling reflections by CIS members about the impact of power asymmetries on co-inquiry. Whilst service provider members knew *intellectually* that PAR sought to equalise power imbalances they had – in dialogue with service users, for example – always been on the side of the 'powerful'. Now – with senior management input being mooted – several members *felt* comparatively *powerless* and exposed. It highlighted how participation in PAR can involve exposure and vulnerability, an issue I will return to on pages 132-135. The PAR

process was asking members to swim against the organisational current, raising ethical questions about confidentiality, anonymity, meaningful informed consent and the avoidance of harm. As I considered my ongoing PAR facilitation task, post-CARPP, I wondered: ***how I could protect my co-inquirers from possible retaliation by managers (unconscious or otherwise) within a new extended community of inquiry?***

Given the possibility of power dynamics being played out in this way, and adopting the systemic thinking described earlier, I wondered about senior managers having their own group; a separate branch of the inquiry being instigated at a different location in the organisational system but complementing our own work.



Fig. 13: A selection of post-its positioned during CARPP Workshop No.2

Whilst this appeared to go against the principle of gathering all key stakeholders *together* it nevertheless seemed a pragmatic way forwards; a way of (ultimately) bringing the ‘whole’ system together in a practical way – affirming a commitment to democratic validity (see p.59) – but without extending the CIS to the point (possibly) of collapse or raising its members’ anxiety to a level that might inhibit their participation. I envisaged each inquiry group as *subgroups* of a greater whole inquiry, working their way towards each other through the system’s barriers, much as the earlier work between health and social care sectors (at a practitioner level) had felt like a wall being dismantled from both sides (see p.5).

There was an undeniable excitement about this possibility, tipping over into some trepidation too. What was lacking was the senior sponsorship and leverage that might have facilitated this. As noted in Publication 7, the PAR was initiated by a single practitioner-researcher (myself) without senior management buy-in.

Despite all this uncertainty (something I was becoming increasingly used to working with), it was a stimulating time also. The CIS’ activities were concurrent with a steady refinement of guidance on day service modernisation brought together by the Care Services Improvement Partnership – such as *Redesigning Mental Health Day Services* (CSIP, 2005), *From Segregation to Inclusion: Commissioning Guidance on Day Services for People with Mental Health Problems* (NSIP/CSIP, 2006a), and the *National Social Inclusion Programme’s 2<sup>nd</sup> Annual Report* (NSIP/CSIP, 2006b). We had become used to having a ‘base camp’ of collective understanding from which we ventured out to explore particular facets of this top-down guidance, deepening our understanding of its workability locally each time. What was new to us, now that we were engaging with the complex system we actually worked within, was that we saw that our challenge was to facilitate a process by which that very complexity was studied ‘in action’ also. This was a daunting prospect.

### ***The end of the CIS***

Our predicament – in terms of understanding and influencing systemic patterns of decision-making – was that, at this time, there was still an organisational assumption that the impulse for change should be the ‘top down’ national agenda, and we should not undermine that. Compounding this conservatism was the fact that the CIS was exploring inter-sectoral



collaboration, so we were dealing with inter-*organisational* decision-making – for which there was no clear structure, and only limited precedents. The fact that this ‘top down’ impulse remained the dominant organisational narrative during the CIS’ life, combined with CIS members’ exhaustion, resulted in the group’s ultimate demise. A further decisive factor was the fact that CIS membership had been motivated by people’s desire to effect changes to the way services were delivered to the end point service user. Although organisational decision-making emerged as a worthy focus for PAR it was not something that most CIS members felt inclined or equipped to commit to (see *Being action-focused* on p.13). Pursuing an inquiry that drew them deeper into their respective organisations’ internal processes was felt by many to be ‘not their job’, potentially too exposing, and very probably fruitless. These negative feelings were decisive, it later transpired, in CIS members’ reluctance to revisit the experience when I approached them with a view to co-authoring a paper aimed at drawing some learning from it all (see Appendix 5.8). Only Professor Steve Onyett (from NIMHE) was interested in doing so (see Appendices 5.2).

My ongoing learning from this has been twofold: to always look for ways of enhancing what Coghlan and Shani (2015) refer to as *organisational change capability*, such as by including a commissioning perspective, and to consider a different (covenantal) approach to ethical governance that allows for shifts in an inquiry’s focus and which can better protect participants as a change agenda unfolds and PAR methods are adapted to fit. These issues are discussed later in this section, but first I will explain how working (and inquiring) within this challenging organisational context prompted me to engage an external PAR facilitator, and the impact this had on the inquiry and on me as a novice action researcher.

## *Engaging CARPP input to the Bristol PAR*

External CARPP facilitation took the form of two 2½ hour workshops, one month apart, about mid-way through the CIS’ twenty-month lifespan. Table 5 (overleaf) shows where CARPP input fitted into the PAR as a whole.

Incorporating co-operative inquiry into the CIS’ work had always been integral to my design for the PAR. Although I had not previously facilitated co-operative inquiry I recognised its potential for

meshing well with appreciative inquiry, which I was familiar with, and I felt my experience of occupational therapy group facilitation was well-suited to PAR, since both are based on creating a shared sense of meaning and purpose within a group, and on the enablement of its participants (see *Exploring the form, function and meaning of participation* on pp.51-53).

Time Scale	Preparatory Audit	AO Service User Interviews	Interview Data Analysis	Bi-monthly CIS Meetings	CARRPP Focus Groups	PAR Steering Meetings
Dec 2005						
Jan 2006						
Feb						
March						
April						
May						
June						
July						
Aug						
Sept						
Oct						
Nov						
Dec						
Jan 2007						
Feb						
March						
April						
May						
June						
July						
Aug						
Sept						
Oct						
Nov						

**Table 4: Chronology of the PAR project as a whole**

My preparation for the PAR included reading articles available on CARPP’s webpages. In addition to the solid grounding in co-operative inquiry principles and practice from Reason (2001 and 2002) and Reason and Heron (2006), Charles and Glennie’s (2002) distinction between Heron’s (1996) notion of *informative* practice (seeking to generate learning) and *transformative* practice (seeking

to *apply* that learning) was helpful. It reminded me of the *practical* task ahead. McArdle's (2002) description of how to begin an inquiry (right down to how to lay out a room to maximise participation) was invaluable and Baldwin's (2002) use of the term 'street level bureaucrat' to describe practitioners' discretionary practice as the ultimate arbiter of top-down policy resonated strongly with how we were hoping to empower people to access and use 'lowland' knowledge (see p.50) in the Bristol PAR.

As described earlier (p.96), I had consulted Professor Reason at CARPP when I felt the PAR engine was stalling. During our discussion about managing project leader and insider researcher roles in a tempestuous organisational context, he suggested the option of a CARPP facilitator. I was already having mixed feelings about conducting the PAR workshops myself (with these dual roles), particularly the challenge of gaining critically evaluative distance from issues I felt strongly about. So, in addition to any learning about PAR that I might derive from CARPP input (which I was excited about), I saw that external facilitation would allow me to fully inhabit (for the five hours of workshop time at least) my practitioner role, thus maximising the translation of my passionately held (but as yet not fully articulated) experiential knowing about community development work into practical knowing for use in the CIS.

There were other organisational considerations too. Positivist assumptions about research objectivity and value-neutrality were widespread in my organisation. My managers and peers were aware that forming the CIS had been my suggestion and that some of its members had been invited to join by *me*. To have additionally presented myself as the facilitator of the CIS' research *on itself* would have been likely (I reasoned) to create a stir, bringing the inquiry's credibility into question.

Engaging CARPP was not a purely methodology-based decision, therefore, but a pragmatic and politically-driven one that I felt would maximise managers' and peers support for the PAR. It presented my PI role as an enabling one (including paying for CARRP input with my NIMHE funds) and was a significant sweetener in negotiations with health and social care managers, encouraging their 'release' (as they saw it) of CIS members from their working role to engage in the CARPP workshops, which they did not view as essential.

However, the first CARPP facilitator felt she could not engage with what (in the early days of the CIS) were embryonic ideas. By the time a second facilitator was recommended my contracting activities over an eight-month period had developed the CIS' focus sufficiently for Dr Porter to engage with us. Dr Porter and I co-designed a hybrid approach – *co-operative inquiry with an appreciative stance* (see p.6) – which she would facilitate as “a reflective punctuation in the group’s life” (Porter, 2006). It was not value-neutrality that I wanted from CARPP, but its outsider perspective. Neither was I seeking an outside ‘expert’ to do the research *for me*, but a facilitator whose experience as a social services manager and activist would be invaluable (I believed) in lubricating the workings of the CIS by supporting participants’ critical subjectivity (including my own) and allowing fresh insights to emerge within a fraught organisational political climate. I regard the insider-outsider arrangement I had with Dr Porter’s as a manifestation of Model No.2 in Fig. 10 (p.66): me (the insider) initiating collaboration with Dr Porter (the outsider). The way this worked is explored in detail in *Reflecting on external facilitation* in Publication 7, pp.13-14.

1. data generation through service user interviews and data analysis
2. negotiation with potential stakeholders to become CIS members
3. exploring diverse stakeholder viewpoints & agreeing on a focus of the inquiry
4. applying this focus (above) to the CIS’ task
5. periodic convening of the ‘community of inquiry’ (within the CIS’ work agenda) to reflect on its deliberations and actions

**Box 16: The 5 stages of the Bristol PAR**

The Bristol PAR can be seen in terms of five stages (see Box 16, above). My initial role – in stages 1 to 3 – was to open up a communicative space through contracting, and by framing an inquiry of mutual interest. CARPP input, in stages 3 and 4, further collectivised and focused CIS members’ will by leading us through the creation of a learning history. It was the ongoing work of this ‘community of inquiry’ that I then took on facilitating again (having learned much from Dr Porter),

trying to hold the space open by maintaining habits of action and reflection, as we progressed iteratively through stages 3, 4 and 5.

It was in this latter, post-CARRP phase that the shift in focus happened whereby we considered inquiring further into the workings of the organisational system of which we were part. Had it not been for Dr Porter's input and quasi-mentoring, I think it unlikely that I would have engaged with these shifts as positively as I felt I did. My 'facilitator' role ranged from being comparatively passive, observant and reflective of group dynamics to being actively engaged in eliciting members' stories. Narrative reasoning has long been a fundamental aspect of occupational therapists' practice (Clouston 2003, Fleming and Mattingly 2008) and – once re-constructed as a feature of my PAR facilitation skills – it was an integral part of moving discussion towards consensus in the CIS. My facilitator role also included co-developing the action plan, lobbying managers, and reporting on the backstage activities I was engaged in, such as discussing the risk document I produced (see p.102) and the LSC (2006) document that highlighted common ground with the FE learning community (see p.103). Weaving these different aspects of facilitation together developed my attentiveness in discerning the balancing point between action and reflection and how this shifted as the inquiry process and group process unfolded. At all times, I sensed the priority was to maintain a qualitatively different 'feel' to the highly pressurised environments that public service workers were used to in their respective organisations.

Throughout the PAR's life-span I took responsibility for recording the reflective sessions and circulating notes to participants. If there was a characterising pattern to facilitation during the CIS' life, it was the shift from an exclusive focus on trying to change hands-on practice towards exploring the power blocs and organisational processes that shaped decision-making, though this direction was not ultimately pursued, as noted earlier.

On reflection I see the post-CARPP phase of the PAR as a watershed for me as an action researcher; the point at which my interest in *how* PAR 'worked' (including its theoretical basis) became as great as my desire to see what PAR could practically achieve (see p.85). Whilst I was committed to service development (a second person issue) I also wanted to do something for *me*, a novice action researcher (a first person issue). I wanted more opportunities for *epistemic* reflexivity regarding my evolving ideas about PAR, and how to *apply* them. NIMHE mentoring did

not provide this, but CARPP input did; strengthening my desire to learn by doing and leaving me better-equipped and more confident about facilitating a community of inquiry. This happened through Dr Porter's modelling of (what I saw as) a deconstruction of OT group facilitation skills in the PAR facilitator role (using many similar techniques such as reflecting, paraphrasing and moving on, whilst also maintaining a focus on 'doing' or *action*) and through the email dialogue we had as she relinquished the facilitator role and I considered my ongoing task. For example, the *experiential* learning CIS members had undergone in the CARPP workshops about a widened epistemology (see pp.5-6) greatly enhanced our sensitivity to different ways of knowing. Fundamentally, we had become much better at listening to each other.

This deepening of my practice also began my engagement with PAR ideas related to insider-outsider team-working (see pp. 65-66) and my extrapolation of theoretical ideas about occupational form, function and meaning in PAR (see pp.51-53). This is one of the cornerstones of my over-arching DPhil thesis regarding the *applicability* of PAR to mental health practice development, which I will summarise in Part 11.

### *Developing my own quality criteria for PAR*

Having explored my dilemmas and decision-points in the Bristol PAR, I will now chart how my quality and ethical framework has developed organically through my own iterative learning as a researcher. This will involve considering how and why I also engaged with externally-produced criteria from the wider action research community and how this integration of ideas about quality has helped my ongoing PAR-related activity.

As described earlier, Tables 3 (p.89) and 5 (overleaf) together present my progression from the dilemmas I encountered, through reflective learning, towards the set of five embryonic ethical and quality criteria shown in the right-hand column of Table 5. They are presented in sequence in Box 17 on page 118 in order to highlight each one. In practice they were interlocked and concurrent, not sequential.

Dilemma	What was learned from reflective questioning?	How learning was applied to advance the inquiry?	Embryonic quality/ ethical criteria
1-3	'Truth' is what is <i>believed</i> , a <i>construction</i> Sharing a language helps identify mutual concerns My bias against non-AO community care had blinded me to certain issues eg. <i>time</i> as a resource	Valuing the personal deconstruction and collective reconstruction of 'knowledge' Seeing points of consensus assist joint action planning	Attending to relational issues Valuing stakeholders direct experience
4	Holding the reflective space allows defensiveness and bias to be highlighted and addressed	Letting appreciative inquiry seek out dissenting voices Practical learning (as facilitator) re. holding a communicative space	Maintaining an appreciative stance Attending to relational issues
5	To focus on research <i>with</i> (not <i>on</i> ) people	Improvisation on the basis of a firm ethical commitment to accessing service users' experiences	Valuing stakeholders' direct experience
6	Exposure to alternative constructions of the problem leads to less defended responses to them	Collectively-owned action planning with Bristol's occupation-based communities	Combining action with reflection
7	Needing to incentivise managerial support by focusing on the <i>utility</i> of the CIS' work	Creating a briefing document on risk management and briefing the CIS on FE's widening participation agenda	
8	To focus on the organisation's capacity to innovate PAR is a suitable approach to examine this (above) The importance of combining reflection with <i>action</i> PAR's unpredictability can increase participants' exposure to harm/stress/loss of confidentiality	Considering an expansion of dialogue higher up the organisation's hierarchy Acknowledgement of the inadequacy of deontological ethical scrutiny leading to ideas about covenantal ethics	Being an authentic and reflexive inquirer Attending to relational issues

**Table 5: Progressing from reflective learning to emerging quality/ethical criteria**

## *My own quality principles rooted in the Bristol PAR*

The bedrock on which my quality and ethical framework was built was my commitment to maximise learning from AO service users' experience, as noted earlier (p.95), and my desire to see it inform practice. After all, engagement in mainstream occupations by (so-called) 'hard to engage' individuals had been the conundrum that inspired the entire PAR (see Pub 5, p.420).

AO practitioners (myself included) had seen this engagement first-hand. We were supported in our interpretation of what we 'saw' by an independent evaluation of our team's first operational year which reported that service users felt AO supported them in tackling their social exclusion, helping them engage in mainstream society such as through "being able to go to pubs or cafes like other people" (Griffiths *et al.*, 2002, p.36). Nevertheless, I also conducted a formal audit of AO service users' case notes, as described on page 97, to explore the case history evidence for AO service users' mainstream community engagement. I wanted to ensure – before we embarked on the PAR – that what we had 'seen' was not merely practitioners' self-congratulatory mythologizing of AO (see p.94) or a misplaced hunch. In this sense, the audit was a further means of attesting to service users' achievements, which we were about to explore in the interviews.

1. Attending to relational issues
2. Maintaining an appreciative stance
3. Valuing and engaging with stakeholders' direct experience
4. Combining action with reflection
5. Being an authentic and reflexive inquirer

### **Box 17: Developing a personal quality/ethical framework through practice**

In Part 4 (p. 29), I described how influential an editorial by Bradbury Huang (2010) in the *Action Research* journal had been on my PAR practice. Respect for people's right to be recognised as experts in their own experience and for the learning that can come from this, plus my own commitment to developing services that could improve people's lives, are values that underpinned my quality criteria *and* my ethical standpoint. Together, these considerations determined what



kinds of knowledge were valued and who contributed to knowledge generation. Principles, purpose and hands-on practice all converged, underlining for me that PAR is *values*-based.

The values in Box 17 guided my thoughts and action as PI but they were ‘embryonic’ in that they were always contingent on the outcomes produced for participants – such as *useful* knowledge and meaningful action. A brief recap of how these values were rooted in the Bristol PAR may be helpful in tracking their subsequent development, which is presented in *My PAR Learning Timeline*, beginning on p. 122.

In the Bristol PAR, the importance of ***attending to relational issues*** was felt most acutely when deconstructing my own ideas and opening myself up to a collective reconstruction of useful ‘knowledge’ for joint action planning in the CIS. This involved treating participants as knowing, active, influential co-inquirers with whom I shared the power to shape the inquiry as much as possible, creating a climate of co-inquiry where participation was always seen as voluntary, reinforcing a round table ethos of democracy and holding the space for difficult emotions to be expressed in safe, generative ways as far as possible. It was also evident in the care taken to make interviewing as comfortable and validating an experience as possible for interviewees (see p.98).

***Maintaining an appreciative*** stance was evident in the PAR’s emphasis on *innovation* (rather than tackling poor services) and on recovery and inclusion (positive experiences) rather than service users’ mental health *problems*. Interviewers presented themselves as ‘learners’, casting service users in the role of ‘expert’ on their own life. An appreciative stance also involved an openness to dissenting voices (see p.95) and a commitment to holding the space in which these could emerge.

***Valuing and engaging with stakeholders’ direct experience*** was the impetus for the whole inquiry. I wanted learning from the direct experience of service users to inform work by people active and passionate about inclusive practice (the CIS members). I also wanted to learn from CIS members’ direct experience of engaging in service improvement. Pursuing these goals taught me about the importance of improvising my method based on a firm ethical commitment.

***Combining action with reflection*** was the key to facilitating a community of inquiry (the CIS) that could develop new shared insights and actionable learning for service improvement initiatives which could then be piloted. It involved facilitating open reflective discussion *and* providing useful

information through my backstaging activities – such as by creating the risk management briefing (p.102) and highlighting the learning community’s widening participation agenda (p.103)

***Being an authentic and reflexive inquirer*** involved using my first-hand knowledge of my organisation’s formal management structure and its informal power blocs to gain a vantage point from which I could better understand the ‘whole’ task I faced. Having this bigger picture meant that an occasional trade-off could be done whereby a lesser issue could be surrendered to a larger principle, so the conduct of the whole remained ethical – such as deciding the AO service users’ perspective could be fed into decision-making fora in the form of (albeit disembodied) findings when I learned that the service users’ personal presence in the CIS was not possible (see pp.95-97). It also meant being true to the momentum of the inquiry and following its trajectory wherever that took us. This had practical implications (generating the idea for an expanded CIS, for example) and ethical ones, such as revealing the inadequacy of deontological ethical scrutiny during the inquiry.

### ***Engaging with quality criteria emerging from the action research community***

Following the Bristol PAR, when I subsequently encountered the quality criteria in Box 7 (p.39) – during my DPhil studies – they articulated what I already felt I ascribed to. Encountering them was a process of *recognition*. They were already embedded in my practice and I saw them as a formalisation of principles I had been gradually developing through *use*. For example, I recognised my commitment to service development as an aspect of *outcome validity*, my holding the space (pre- and post-CARPP) for the CIS’ community of inquiry to thrive as part of *process validity*, my honouring of diverse ways of knowing as testimony to the PAR’s *dialogic* and *catalytic validity*, and my attentiveness to relational issues as a feature of *democratic* validity. Similarly, the interweaving of quality and ethical principles was evident in my appreciation that engaging all key stakeholders was both a methodological quality issue (in terms of *process validity*), as discussed on page 59, and an ethical (social justice) issue – particularly in mental health research.

My engagement with Herr and Anderson’s (2015) criteria (Box 7, p.39) – and, more recently, those presented by Bradbury (2015) in Box 18 overleaf – validated the de facto standards I had worked hard to create for myself. I welcomed this. As a novice action researcher, they provided me with a

more widely accepted vocabulary enabling me to discuss PAR with other action researchers, and with my DAHP peers as described earlier (p.85). This planted key principles more firmly in my own consciousness so I could think *with* them, thus deepening my practice. The integration of externally-produced criteria with my own is described on pages 122-132.

This recognition process was important because it happened at the same time that I started to go deeper into PAR theory. It was part of the epistemic reflexivity I sought, as described on page 85. Combining this new language with my own developing understandings about quality gave me a solid ontological and epistemological underpinning from which to come back out again into practice and improvise my *methods* more confidently. In other words, a more profound knowledge of methodology inspired diversification in my choice of methods and greater preparedness to wing it when necessary.

1. Articulation of action-orientated objectives
2. Partnership and participation – reflecting and enacting participative values
3. Contribution to action research theory and/or practice literature
4. Appropriate methods and process which is clearly articulated and illustrated
5. Actionability – providing new ideas that guide action in response to need
6. Reflexivity – acknowledging self-location as a change agent
7. Significance – having meaning and relevance beyond their immediate context

**Box 18: Bradbury's (2015) criteria for doing good action research**

Preparedness to improvise has helped me progress from my M-level research – where a linear, systematic approach to qualitative inquiry appealed to me as a novice researcher – to an appreciation of the creativity and principled pragmatism needed to inquire *with* people within their own meaning-context and as barriers emerge 'in the thick of the action'.

Improvisation was also highly applicable to engaging mental health service users as PAR participants, as I will explore later on pages 127-129. Overall, it helped me appreciate new paradigm research culture more deeply and develop my own practice as an action researcher more intentionally.

## *My PAR learning timeline*

Having presented my quality standards in Box 17 as they emerged during the Bristol PAR, this section examines how each one has been refined through an action learning cycle within my own work: a kind of action research on my own use of PAR. In particular, I will reflect on how my research has developed over the timeline of my PAR work.

This examination will include consideration of the strengths I have intentionally developed and what I have done to address the three development areas highlighted on page 82, which were: maximising the transmission of experiential knowing (particularly from service users) into decision-making and action; new learning generating ongoing action learning cycles in the organisations with whom I conduct inquiries; and exploring ethical governance procedures that accommodate PAR's necessary unpredictability.

Additionally, as an active researcher, I will offer some critical reflection on the *practical application* of quality standards in action research – as suggested by Bradbury (2013, 2015) – by reflecting on particular learning points from my engagement of mental health service users in PAR (see *Including a mental service user perspective in PAR* on p.127). This will involve consideration of whether the traditional ethical review process 'works' for PAR and how alternative approaches to ethical governance may hold important advantages. Although they are presented here in numbered sequence, the criteria in Box 17 are not arranged in a hierarchy but are interwoven – as I will demonstrate.

### **1. Attending to relational issues**

As highlighted earlier (p.56), PAR seeks to re-balance the traditional research relationship between an active inquirer and a passive respondent, aiming to create a partnership capable of supporting collective learning and critical reflection. I see dialogue as the key, founded on my social constructionist understanding of knowledge generation (see p.33-34). On this basis, my attentiveness to relational issues reflects Bradbury's (2015) notions of *partnership and participation*, using *appropriate methods and process* and *reflexivity*, and to Herr and Anderson's (2015) conceptions of *dialogic validity* (utilising point-counterpoint critical reflection), *process*

*validity* (the extent to which problems being tackled are framed in a way that supports new learning) and *democratic validity* (focusing on what is of prime concern to participants).

During the Bristol PAR and Natureways inquiries, I came to appreciate the primacy of PAR's relational dimension; becoming more attuned to relational issues and the nuances of researcher positionality. I have learned, for example, how a process of 'sense-making' regarding personal and collective experience happens in stages, through encounters with deepening 'layers' of understanding that arise from point-counterpoint critical reflection, and how this can be facilitated.

In my PAR facilitator role, I have come to see how freefall writing, story circles, knowledge cafés and learning histories can contribute to this sense-making process. I have developed my skills in using this suite of sequential, complementary techniques to seamlessly combine the surfacing, articulation, collective analysis and interpretation of tacit knowing. By adapting this sequence of activities (detailed on page 23) in different inquiries I have witnessed its effectiveness in helping participants progress from first to second and third person action research, integrating all three whilst also validating each one in its own right as an integral part of a deepening *collective* experience.

In the Natureways inquiry, not being privy (as an 'outsider') to organisational stories or insiders' tacit knowing, for example, allowed my co-facilitator – Vanessa Parmenter (see Appendix 5.6) – and I to reframe and clarify emergent knowledge during a learning history in a way that was felt by participants to be 'new' yet 'true'. We were helped, in bringing together unconnected bits of knowledge, by not having our own image of the 'whole' to start with. The connections that the Natureways inquiry highlighted included instances of improvements in day-to-day work with trainees (service users) being facilitated by more remote-seeming strategic decision-making. There were also self-reports of trainees' enhanced employability being something 'felt' by them; captured as 'soft' outcomes – such as greater confidence, stamina, regularity of attendance and more effective interpersonal skills (Publication 11). Understanding these subjective experiences as an aspect of the objectively measurable employment statistics added value to the quantitative employment data, presenting it in human terms (see point 6, p.79). It connected the rehabilitative

or 'care' dimension of the project (including detailed examination of how CPA was experienced at Natureways) with its vocational goals.

The fact that the opportunity for making these connections depended on the range of stakeholders present (which reflected the degree of management buy-in) has, again, highlighted the importance of senior sponsorship of PAR, an issue I will come back to. The Natureways project fascinated me because it was inter-sectoral, as the Bristol PAR had been. It united a third sector horticulture-based community interest company and an NHS Trust's vocational service.

In terms of re-balancing relationships between a *facilitator* and the *facilitated* during PAR, I have learned that the key is to engage flexibly with participants. I have been committed to developing my craft in this. For example, in the Natureways trainee workshop (Publication 11) a photo-based elicitation technique (that had worked well in the Bristol PAR) failed to engage participants at all. They did not progress from their concrete interpretation of images to reflect on their own experience. I wondered whether this was due to the cognitive impairment sometimes associated with psychosis or, perhaps, reflected a wariness about disclosing (to me, an 'outsider') the thoughts that did emerge. Respect for participants' non-engagement led my co-facilitator – Alice Hortop (see Appendix 5.6) – and I to swiftly move on to an alternative activity: a tour round the horticultural site with the trainees as guides. This prompted individuals' reflection on their experience which was carried back into the PAR process so participants experiential knowing was accessed and validated, and the inquiry's momentum was maintained.

The possibility that the participants above preferred not to engage in dialogue should not be overlooked. It may have been an important aspect of self-protection. I was prompted to reflect on this by my Bristol PAR experiences, particularly the fact that Jenny's two critical observations about Bristol's social inclusion forum (see pp.64-65 and p.95) came via email rather than during face-to-face discussion. If this distancing by Jenny was indeed an act of self-preservation – possibly a learned behaviour based on previous experiences of feeling disempowered or 'othered' – then it is important that PAR facilitation accommodates this eventuality. Failure to do so can compound the problem by alienating participants from the knowledge generation process.

The Natureways workshops 'worked' because of UWE co-facilitators' depth of experience in group facilitation. It gave us the confidence to be flexible and responsive to the unfolding inquiry

process. Part of my role in this – as project leader – was to re-assure my colleagues (Vanessa and Alice) that, far from knocking us off course, this improvisation was taking us into the heart of tacit knowledge and key issues as they emerged.

## **2. Maintaining an appreciative stance**

An appreciative stance is both a methodological choice – drawing heavily on appreciative inquiry to envision solutions in order to inform action (see pp.6-7) – and an ethical one, because it seeks to minimise participants' distress. This was evident in the Bristol PAR in the ways described on page 119, which steered participants away from the problematisation of practice (which only served to breed resentment and/or fatigue amongst potential change agents) and kept them focused on action. Similarly, casting service user interviewees as experts presented them with an opportunity to inform changes in the services they used. For example, a concluding question in each qualitative interview was: *What would your message to service planners and managers be?* Natureways' examination of how positive employment statistics were achieved and *experienced*, as described earlier, cast trainees in a similar role, as possessing knowledge that could help develop the project, which it did (see Jo Wright's email in Appendix 5.7)

Maintaining an appreciative stance is thus about energising all participants and valuing different forms of knowing. In this sense it is about enacting participative values and has much in common with Bradbury's (2015) *partnership and participation* and Herr and Anderson's (2015) *democratic validity*.

## **3. Valuing and engaging with stakeholders' direct experience**

This is about engaging and honouring the perspectives of all key stakeholders, their experiential and embodied knowledge in particular. It speaks clearly to Bradbury's (2015) *partnership and participation, contribution to action research theory and/or practice literature and actionability*, and to Herr and Anderson's (2015) *democratic validity*.

As described earlier, whilst I did engage with the experiences of service users and CIS members in the Bristol PAR I failed to secure senior management participation. The need for this was a

“fundamental lesson learned” (Publication 7, p.10), underlining the need to get as much of the organisational system working together as possible. I learned how vital it was to access all the relevant direct experience that could be brought to bear on the inquiry. More recently, my efforts to engage the widest possible range of stakeholders have focused on the different issues associated with engaging service commissioners and service users.

*Including a service commissioning perspective in PAR*

Learning from the Bristol PAR was taken forward in my design for the Natureways inquiry (Publication 11), where a formal phase of costing and business contracting allowed us (UWE inquirers) to insist that service commissioners were invited to join the co-operative inquiry workshops. Their inclusion was, of course, greatly helped by the fact that the Natureways inquiry was instigated by middle managers, not (as in the Bristol PAR) by a lone practitioner.

The insights gained from including a commissioning perspective were striking, such as the collective witnessing of how strategic decision-making had directly impacted on hands-on practice, as described earlier, and (conversely) how the benefits experienced by trainees (from seemingly small-scale changes in the way training was delivered) led to the fine-tuning of Natureways’ business model. For example, following the PAR Natureways decided to specialise in work preparation as this positioned them favourably within local patterns of CPA care-planning and focused the project’s efforts on the more socially inclusive goal of open employment, as opposed to segregated day care (Publication 11, p.161).

Whole system learning like this had been put beyond the reach of the Bristol PAR, where it felt as if – to use the analogy from Gaventa and Cornwall’s (2015) quotation on page 64 – key issues were kept away from the table by the forces of dynamic conservatism. We had not gained access to senior managers to explore (with them) how the organisation might innovate. In contrast, the Natureways inquiry highlighted how successful inter-sectoral partnership working was based on agile, transparent decision-making and how rapid organisational learning could occur within a small team of executive decision-makers committed to innovation (Publication 11). As noted on page 111, establishing the extent of an organisation’s *organisational change capability* (Coghlan



and Shani, 2015) as part of my preparations for any PAR project has been a feature of my deepest learning about PAR.

*Including a mental health service user perspective in PAR*

The dilemmas I faced in the Bristol PAR in trying to bring the AO service user voice into the PAR process, and the principled pragmatism that emerged, are documented on pages 95 to 111. Some of these were echoed in the Natureways inquiry. For example, UWE inquirers had to defer to the advice – from Natureways managers – that trainees’ anxiety would prevent them from attending a workshop with staff, though this could not be verified. Agreeing to a separate workshop for service users was a necessary compromise that at least included trainees in the overall ‘whole system’ process (see Publication 11); another example of an ethical imperative guiding improvisation. However, it inevitably detracted from the participatory nature of collective sense-making (in the subsequent organisational learning history) because the trainee workshop had produced data by a more traditional, qualitative method. We had been advised not to seek permission to audio-record the conversations that took place (again, on the basis that this would raise trainees’ anxiety, which – again – was un-verifiable) so the UWE co-facilitators had only flip-chart material. These data were then subjected to a constant comparison analysis (Maykut and Morehouse, 1994) with trainees prior to being fed into the staff and managers’ workshop. This meant that – although we did member checking in situ with the trainees to confirm our interpretation – the trainees’ perspective (captured on flip chart sheets) was already an *artefact* when it was fed into the learning history. As such, it could not be part of a *dialogue* in the way other participants’ voices could. I acknowledged this as a significant flaw in the inclusiveness of the inquiry, weakening its dialogic validity, or – to use Bradbury’s (2015) language – it compromised quality in terms of appropriate methods and process because it did not fully include all ‘voices’ in the research. The service users were effectively *represented* by a go-between (the UWE evaluators), reminding me of my concerns that the Bristol PAR might have become research *for* people rather than *with* people (see p.96) and highlighting a vital difference between ‘data’ and ‘a voice’ in terms of service user participation. The former is, arguably, the more traditional disembodied format into which a service user perspective is rendered (as in qualitative data, for

example), whilst the latter is what PAR values most and seeks to introduce into face-to-face dialogue with others.

My awareness of the potential to keep on repeating similar mistakes, or of being obliged (in order to assuage ethical scrutineers) to include similar flaws when negotiating an inquiry design with host organisations has underlined both the challenge to become as flexible and creative as possible during hands-on facilitation and to consider alternative approaches to ethical governance (see later, p.132). It struck me that engaging people with mental health problems in PAR is both an ethical imperative – an empowerment of service users to engage in a long-overdue dialogue with service providers that challenges psychiatry’s ‘monologue’ about mental health issues (see p.23) – and a *practical* challenge. My earlier point about being an experimentalist, not a theorist (p.85), is particularly pertinent here. In both the Bristol PAR (when faced with the ethical dilemma of the potential trap of pseudo-participation (see pp.95-97) and in the Natureways inquiry (when the photo-elicitation method flopped) it was co-facilitators’ flexibility – our capacity to ‘wing it’ (see p.121) – that kept the inquiry on course.

Certain aspects of mental health service users’ apparent ‘disability’ have engaged me in much reflection-*in* and *on*-action over the years. For example, the failure of the photo-elicitation method with Natureways trainees echoed a similar event much earlier in my researcher career, before I encountered PAR, which posed similar questions about the ability of people with major mental health problems to engage with research methods that involve abstract conceptualisation. In the allotment study (Publication 2) I noted that focus group participants remained silent when asked to reflect on their co-operation on the allotment, but they erupted into a buzz of conversation when they were asked what tasks they had co-operated on – eagerly reminiscing about the good weather they had enjoyed, the bad weather endured and the crops they had harvested together. They readily enacted the group dynamic, in other words, but did not engage in abstract conceptualisation about it. Noticing this being echoed with Natureways trainees provided me with food for thought about the particular barriers to participation that mental health service users may encounter.

It is in this context that my argument about working at the margins resonates most strongly (see pp. 76-77). As Creek and Duncan (2014) have argued, greater scope for creativity and

experimentation exists on the periphery; whether this means the fringes of a dominant research culture or working with marginalised groups, or both. In my experience, the margins represent spaces where PAR can thrive and develop its specific applicability to working with mental health service users. This is integral to the emancipatory potential of PAR. If participants can feel their power, recognise it, and get used to articulating it, then it is possible for them to see how 'the centre' currently monopolises the production and use of knowledge (Reason, 2001) and how the 'margins' can be a fertile ground for devising and testing out PAR methods and process, thus developing PAR methodology further. I see this as a fundamental task: supporting service user participants to use their own data, within its own meaning-context, to effect the changes *they* want to see. Indeed, the need for this is acknowledged in the action research community. Koch (2015) has underlined researchers' obligation to respond creatively to the challenge of finding ways to make participation possible for people from groups who are disenfranchised or discriminated against, such as people with mental health problems. It is a challenge I have engaged with for several years and readily accept. And I have welcomed interest from some of my peers in my experience in this field. For example, I have been invited to talk about PAR's applicability by mental health social workers who are interested in inquiring into their own practice (see Fieldhouse, 2015, in Appendix 4). It is a feature of my PAR know-how that I intend to develop; a personal goal closely associated with the lines of potential future inquiry presented later in Part 10.

#### **4. Combining action with reflection**

This is about critical reflection on key issues to support a re-orientation of perspective, which then informs action. It relates closely to Bradbury's (2015) *articulation of action-orientated objectives, actionability and significance* and to Herr and Anderson's (2015) *outcome validity* (concentrating on real life workability) and *dialogic* and *catalytic validity* (the extent to which the inquiry re-orientates participants' perspective on the 'reality' they are dealing with so they are understand and engage with it better).

An action orientation has characterised each of my inquiries. Publications 5 to 8 and 11 reflect on how something is done or has been achieved, aiming to develop a practical understanding of how to do it better or more consciously, as noted on page 10 in relation to my reflection-in-action. This

supports my thesis about the applicability of PAR because each inquiry generated new knowledge about service users' recovery pathways – such as through engagement in mainstream occupations (Publications 5-8), or via employment (Publication 11). There is also a convergence of learning suggesting my publications have indeed identified 'real life' good practice. For example, Natureways' off-site opportunities for work-hardening (Publication 11) are further examples of the 'affirmative environments' presented in Publication 5, and the positive impact on mood and anxiety levels which trainees attributed to the calming natural green environment (see Publication 11, p.157) appear to echo the green care phenomena – such as biophilia and attention restoration theory – that I examined from a theoretical perspective in Publication 10 (pp.313-314) and first encountered empirically in Publication 2. Similarly, in relation to my critique of the inclusion traffic lights as a model for classifying the inclusiveness of mental health care settings (see p. 30), Natureways' trainees progressed from red to green, just as the Bristol PAR had (at that time, controversially) shown was possible for other service users several years previously.

Another facet of my action orientation has been my facilitation of a reflective 'community of inquiry', seeking to instil in participants a belief that they are change agents. Although this has been integral to each inquiry I have conducted, in each case the inquiry process did not readily lead to ongoing action learning cycles. In the Bristol PAR the expectation of a more reflective organisational culture diminished as the PAR ran into the sand locally and we (in the CIS) recognised that the organisational culture was, in fact, the problem. In the Natureways inquiry resistance to change was not an issue. Instead, the challenge to inspiring cultural change was that actions undertaken by the organisation (as a result of the inquiry) could not be studied beyond the contracted intervention period of just over a month. Nevertheless, I have witnessed how learning through action is often *deep* learning, which – in terms of its impact on participants' desire to develop their practice – can be a slow-moving creature. For example, Natureways have only recently followed up the inquiry (completed in 2013) with a request that I conduct a review process this year, through action inquiry again, to inform ongoing adaptation of their business model (Wright, 2016). I have interpreted this as an indication that PAR can do more than simply develop practice, it can create an inquiring culture and raise participants' consciousness of where the most powerful impetus for change can come from: themselves. This affirms the point made earlier (p.40) that participation can itself be empowering.

Finally, in relation to my action orientation, my facilitator experiences have taught me that the need for a balance between action and reflection is a constant issue because the precise balancing point shifts as the group process unfolds (see p.115). It can only be discovered empirically by each group's own activities and – as a facilitator – one must be attentive to this.

### **5. *Being an authentic and reflexive inquirer***

This speaks to many quality principles, such as Bradbury's (2015) *reflexivity* and Herr and Anderson's (2015) *outcome, democratic and dialogic validity*. Above all, my desire for authenticity as an inquirer has meant committing to improvement (in services and in service users' lives) on the basis that action research is ideology-based, seeking to improve as well as understand (Bradbury, 2015). This commitment to change also underpins the action orientation highlighted earlier.

In practice, in each PAR-related project, authenticity meant being committed to open inquiry and accepting responsibility for the conduct of the whole project. It also meant being attentive to my own inner world, acknowledging the inferences and biases I was susceptible to and striving to be less self-deceiving (as described on pp.91-92 and 93-94). This relates closely to the emancipatory potential of PAR in releasing participants from the constraints of habit and self-deception (see p.6).

Reflexivity has been essential. Through reflexivity I found my first person voice, became better equipped to tackle relational power asymmetries during co-inquiry and avoided collusion with more powerful stakeholders over those less powerful as far as possible. In short, it helped me work more effectively with people. For example, it helped me refine a focus for the CIS – with others – which I see as a key reason why the second CARPP facilitator could engage with us, but the first one could not, and to develop my ideas about researcher positionality (as presented on pp. 27-29) which have been tested and refined in subsequent inquiry. The variety of vantage points I have accessed has been illuminating. For example, in relation to Model No.2 in Fig. 10 on page 66 (*insiders initiating collaboration with outsiders*) I was both the 'insider' in the Bristol PAR and the 'outsider' with Natureways. This allowed me to both *deliver* and *receive* external facilitation, seeing it from both perspectives, as noted on page 28. In other words, I gained first-hand experience (as 'outsider' facilitator) of being presumed to be 'in control' (where I sought

to give control away, so to speak, by empowering others) and of being a participant who desired empowerment through PAR to effect change in my organisation and who looked to external facilitation to enable this (see my rationale for CARPP input on p.113). These dual perspectives – a kind of binocular vision – has added depth to my learning about PAR facilitation.

Being an authentic inquirer has also meant ensuring – in third person research activity – that full credit is given to collaborators, such as through co-authorship (see p.11), which I see as an ethical issue in its own right (see Appendix 5).

Regarding the Bristol PAR, although my CIS colleagues were reluctant to revisit what they felt was a failed collective venture (see p.111, and Appendix 5.8), my joint-exploration of specific avenues with *individual* co-authors was a positive experience, becoming a form of inquiry in itself. For example, for Publication 7 input from Professor Onyett focused on management buy-in, which was a particular concern for him as NIMHE Regional Development Consultant, reflecting NIMHE's desire for transferable learning from the PAR about the impact of the national social inclusion agenda on mental health teams' practices in the south-west. For Publication 8, I engaged Anne-Laure Donskoy's expertise as a survivor researcher and consultant to jointly explore the seemingly cathartic power of the service user interviews, highlighting social justice and human rights issues. For Publication 11, I co-authored with my UWE co-facilitators so the account was based on a collaborative reflection on the project work. There was also an initial plan for Natureways managers to co-write a companion piece to Publication 11 but this did not materialise (see Appendix 5.7).

## *Ethical Reflections*

Ethical concerns have traditionally revolved around three topics: *informed consent* (receiving consent from the participant after the researcher has truthfully informed him or her about the research), the prospective participant's *right to privacy* (protecting the identity of the subject), and *protection from harm* – physical, emotional, or any other kind (Denzin and Lincoln 2008: 88-89). However, participation in PAR by mental health service users raises particular ethical dilemmas for researchers because – as I learned in the Bristol PAR – each of these ethical standards could

become compromised. The marginalisation of people with mental health problems in society, and the prejudice they face, means they have a special claim for protection from harm and assured confidentiality during research, as a designated vulnerable group. I use the term ‘vulnerable’ here to mean their participation implicitly involves “an identifiably increased likelihood of incurring additional or greater wrong” (Hurst, 2008, p.191). I see this in terms of the potential for being exposed to the power inequities so prevalent in the mental health system (which I referred to as ‘toxic dynamics’ on page 67) and how harmful this experience might be.

Yet, balanced against this need to protect people is PAR’s ideologically-based drive to improve people’s lives and the ethical and quality imperative that springs from it: that PAR should engage the voices of *all* stakeholders in knowledge creation – particularly a *service user* voice, given how essential their experiential knowledge is regarding key mental health issues such recovery and inclusion. In short, PAR’s *principles* urge the inclusion of mental health service users as participants, but PAR’s *methods* may increase their exposure to stressors and/or loss of confidentiality because PAR – as I have shown – is a necessarily unpredictable process. So, whilst I accept the challenge to embrace experimentation in choice of methods to optimise engagement I have become acutely aware of the tensions this can create with traditional deontological ethical scrutiny (as highlighted on p.82). The issues of identity and representativeness are crucial here. As indicated earlier (p.74), PAR works when participants are wholly and exclusively themselves, not agents for an absent third party – which is likely to be more exposing of the self. On this basis ‘the service user voice’, per se, is, of course, a misnomer. There is no one ‘voice’ capable of expressing so many people’s lived experience. The CIS’ experiential learning in this regard is apparent in the ‘Who Owns the User Voice’ post-it in Fig.13 on page 109.

The apparent pseudo-participation of AO service users that I was so concerned about in the Bristol PAR (see pp. 95-97) was a salutary lesson in the challenges of engaging mental health service users in PAR; particularly so because PAR is about *enacting* values in an ongoing relationship with other people in the face of emergent challenges and dilemmas over time (Brydon-Miller, Aranda and Stevens, 2015). As that inquiry unfolded, I saw how the NHSREC decision to protect AO service users by preventing them joining the CIS was proved right, given the unexpected exposure to stressors that CIS members experienced (see pp.103-111).

The high levels of anxiety endured by CIS members was edifying for me as a novice action researcher, prompting me to consider a covenantal approach to ethics (Brydon-Miller, 2012, 2014, 2016; Brydon-Miller, Aranda and Stevens, 2015). This desire reflects the partnership ethos of research *with* people (not *on* them) and the need for ongoing *principled decision-making* rather than the one-off ethical examination required by NHSRECs, for example. It also meshes with Bradbury's (2015) *partnership and participation* and Herr and Anderson's (2015) *democratic validity*.

Unpacking my own emergent quality criteria has led me closer to adopting a structured ethical reflection (SER) approach (Brydon-Miller, 2016; Brydon-Miller, Aranda and Stevens, 2015) in future. Through reflection-on-action I have considered how key values were enacted through principled decision-making in my work, and I have found it helpful – with the benefit of hindsight – to mull over how I might have progressed from my values (as stated in Box 17) towards a considered view on how each one might have been upheld at each stage of the Bristol PAR, as an SER grid would prompt me to do. Taking *attending to relational issues* as an example, I could perhaps have gathered together all stakeholders (as far as that could have been anticipated) before the start of the Bristol PAR to co-create a set of values – a statement of the characteristics of the equalised, collegial, peer-to-peer relations we aspired to – which would then have acted as a benchmark for joint reflection in the event of conflict or other difficulties. I can see that this might have avoided some of the moments of impasse (see pp.103 to 111).

Even if attempts to agree a set of values in advance of the inquiry failed, working with CIS members to articulate a set of SER-based values for a supportive de-briefing *after* the event could have been both emotionally restorative and a valuable learning process, whereby participants might have been able to feel something good (and potentially re-cyclable in other inquiries) had come out of something seemingly 'bad'. This SER approach may also have been applicable in the Natureways inquiry. When managers told us that trainees would avoid a joint workshop, we could have offered to negotiate ground-rules by which all stakeholders could come together. It would have tested the managers' prediction and – perhaps – have challenged it, so it did not continue to exist as a self-fulfilling prophecy. However, whilst an SER approach holds a strong appeal, a note of caution regarding 'vulnerable' participants surfaces when I additionally reflect on the self-protection tendency described earlier. This has prompted me to wonder if an over-zealous or



naïve researcher might 'over-sell' the potential for positive results to potential participants, resulting in an underestimation of the barriers to change and of the probable stresses of participation. After all, witnessing how some of the CIS' service providers were cowed by the prospect of senior managers joining an extended PAR process was highly instructive (see p.108).

Although I have not yet presented an ethical covenant to a formal ethics committee when proposing an entire PAR project, I have discussed this possibility with the Chair of my Faculty Research Ethics Committee. My dialogue with Brydon-Miller (2014 and 2016) suggests that a covenantal approach would allow more fluidity and adaptation of practice in the field, which might avoid the kind of difficulty described in Quotation 20 – where remaining within a pre-agreed, contracted design was an additional constraint. Overall, I have learned that the challenge of conducting PAR is to balance the need to engage people (looking at what is desired by them) with a pragmatic realism about what is possible, with the caveat that what one considers to be 'realistic' is, of course, determined through dialogue with all stakeholders.

In Part 9 I have shown how dilemmas faced during research 'in the thick of the action' prompted pragmatic, principled decision-making to ensure an ethical, good quality research process was followed. I have charted the evolution of my own quality and ethical framework and considered this in the context of quality criteria developed within the wider action research community in order to reflect on their applicability. This has included reflection on the frustrations of deontological ethical scrutiny and consideration of alternative or supplementary approaches, such as using an SER grid. I regard these ethical reflections as complementing what I have also learned about insider-outsider team working as a means of structuring my interventions (pp.65-67), about occupational risk factors as a conceptual language to help me understand service user participants' experiences (pp.19-20) and about an alternative evidence hierarchy model – the Research Pyramid (Tomlin and Borgetto, 2011)– capable of appraising a range of research methodology types with the aim of broadening the evidence base and supporting the decision-making needs of practitioners (pp.61-62). Together, these diverse points of learning have cohered into a knowledge base and skillset to propel my ongoing PAR activities.

Part 10 will highlight three avenues I intend to pursue as an action researcher, where I intend to apply this package of knowledge and skills, and develop it further.

## Part 10. Ideas for further PAR inquiry

Hughes (2008) notes that action research processes fit very well in healthcare settings because action research cycles have much in common with the continuous cycles of quality improvement that characterize quality management legislation in the UK. In particular, action research is seen to be highly appropriate for developing innovative practice and understanding in practitioners, and for involving health service providers and users in the process.

With this idea of action research having an increasingly prominent profile in healthcare, I will now draw out three lines of inquiry already indicated in this commentary, related to mental health practice: developing community-based practitioners' role, exploring the experience of 'disability', and examining the value and legitimacy of experiential knowledge. My aim is to highlight how the qualities of PAR presented in Part 7 are applicable in each case.

### *Developing the role of community-based practitioners*

Koshy, Koshy and Waterman (2011) note that the critically reflective practice that occurs during action research makes it ideally suited to practitioners' professional development. Community development work is presented on page 17 as an emerging paradigm that mental health practitioners are urged to consider (Carpenter and Raj, 2012). My experience suggests that PAR can help practitioners re-think what it means to be a 'mental health practitioner', given that community care raises questions about the role of healthcare professionals in promoting community participation, social inclusion, recovery and citizenship – such as the questions posed on pages 70-71. Answering these questions requires careful reflection by practitioners (see Quotations 30 and 31). Again, where the reflective practitioner is interested in becoming also the reflective researcher, this can become a way of developing PAR methodology still further – building capacity into the mental health research community.

### *Exploring the experience of 'disability'*

As argued earlier (p.21), PAR is equipped to advance understanding of the 'disability' associated with mental health problems. Beresford, Nettle and Perring's (2010) exploration of service users'

relationship with the social model of disability highlights the complexity underlying the use of this term. Some participants were reluctant to see themselves as having an impairment though they felt they were 'disabled', while others used the term 'impairment' to mean 'perceived impairment' (contrary to the social model's original use of 'impairment' to mean something objective and measurable). This suggests that the term 'impairment', like 'disability', is socially constructed.

Community mental health services responsiveness to people's complex needs makes the *experience* of 'disability' and 'impairment', and the personal recovery journeys by which people overcome these problems, worthy of further exploration through PAR. PAR can do this because it engages with service users as *occupational beings*, not merely as instrumental users of services. It recognises the various layers of being and resulting knowing that they embody, as described on page 21. It thus brings together the three bodies of knowledge presented in Fig. 1 (p. 14), particularly in relation to the *social* model of disability;

We will contend that how conditions ... affect us is far more complex than how the medical model expresses it (Beresford, Nettle and Perring, 2010, p.4).

### *Examining the value and legitimacy of experiential knowledge*

Beresford's (2013) call to explore a new hypothesis about the value of experiential knowledge is timely given that mental health services' evolution is 'at a crossroads' (Pilgrim, 2005) and action research is emerging as a recognised option in healthcare research (Hughes, 2008; Bryant *et al.*, 2010; Koshy, Koshy and Waterman 2011; Crutchin and Dickie, 2012; Beresford, 2013).

As a novice action researcher, I feel doubly engaged by Beresford's (2013) challenge. Not only do I see PAR having the potential to contribute much to a concerted exploration of the merits of experiential knowledge in general, but my examination of Tomlin and Borgetto's (2011) Research Pyramid suggest that this tool may support PAR in this endeavour by offering a systematic means of appraising evidence produced in diverse ways; namely, through experimental, outcomes-based, and qualitative research. Indeed, Tomlin regards PAR as part of the context of the pyramid's use (Tomlin, 2015). The achievements of research involving mental health service users could be the focus of a meta-synthesis of research conducted through any or all of these methodologies, which is a purpose Tomlin and Borgetto (2011) specifically advocate for their model.

There is then, I would argue, an opportune convergence between Beresford's (2013) call to examine the value of experiential knowledge, a broadening awareness of the importance of subjective experience in our understanding of recovery and inclusion, increasing recognition of the applicability of PAR's widened epistemology in healthcare, and the availability of a widening range of evidence hierarchy models for appraising research quality.

This conjunction of research priorities, epistemologies, and appraisal tools is important to service development because it means a wider range of knowledge-types (such as service users' and practitioners' experiential knowledge) can be included as 'evidence' capable of informing practitioners' professional reasoning and the artistry of their practice.

An additional means by which the action research community can respond positively to Beresford's (2013) challenge is by declaring itself open to jointly-designed collaborative PAR inquiries initiated by 'insiders' (whether service users or practitioners), as depicted in Figure 10 on page 66. In these inquiries the balance of control can be negotiated, allowing insiders to assert their own role and come to see themselves as knowledge creators, countering the 'othering' tendency I have discussed throughout this commentary. Rather than waiting to be invited to participate in projects initiated by 'outsiders' (such as universities and research centres) insiders could invite outsiders with PAR skills to facilitate *their* inquiries. This idea is further developed in Part 11.

## Part 11. Conclusions: summarising my contribution to knowledge

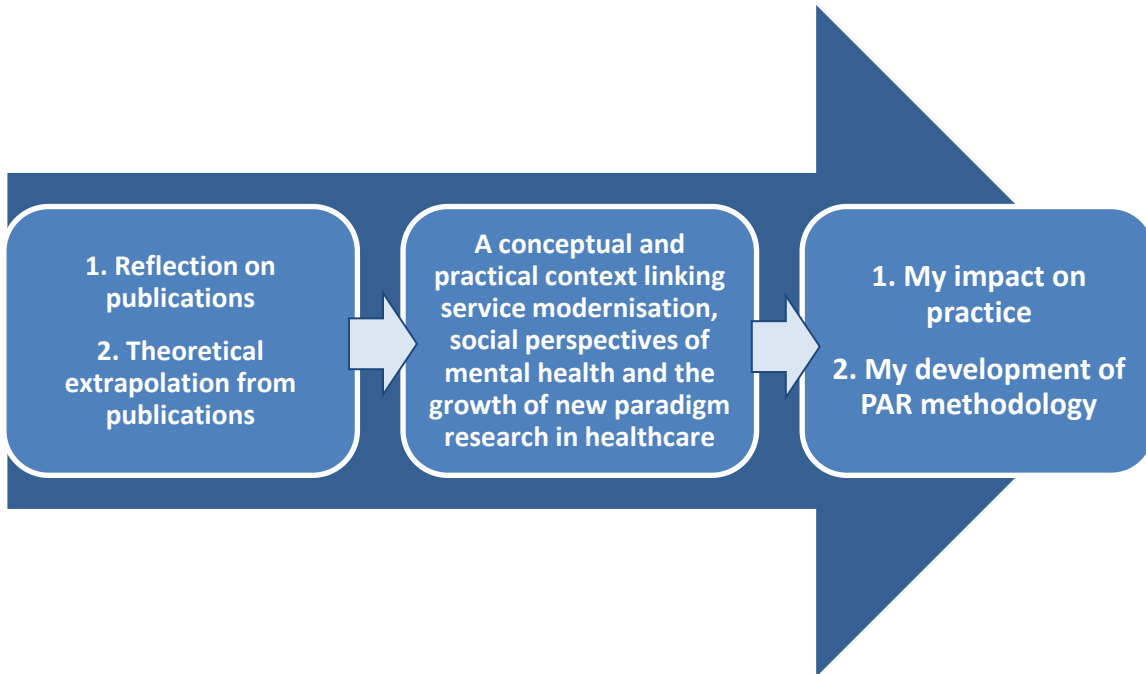
My original contribution to knowledge is through my impact on practice and my development of PAR methodology. I will go on to highlight these on pages 143-45, but first I must explain the context in which this contribution is made because the conceptual and practice context for PAR which I have developed is, itself, an integral part of my contribution. It is the context for my Second Level Themes (pp.41-69) and the foundation on which my practice impact and methodological reflections are best understood.

My commentary-writing has been a journey *into* a body of work, not just a narrative *about* it, as described on page 12. Reflecting on this journey has enabled me to develop a conceptual and practice context for PAR based on my synthesis of three disparate bodies of theory (see Fig.1, p.14). I have engaged in theoretical exploration of UK community mental health service modernisation in the post-institutional era, examined the expansion of social and occupational perspectives of mental health and highlighted the expansion of ‘new paradigm’ research methodologies (such as action research) in healthcare (see First Level Themes on pp.14-26). In this way I have related PAR’s learning cycle (see p.22) to the learning cycle that community services are actually engaged in and shown how embodied knowing – drawn from practitioners’ artistry of practice and the experience of service use – can inform that learning, focused on social inclusion and recovery.

This synthesis has been possible because my doctoral journey has combined two inter-woven learning processes: firstly, reflection on my publications, pulling together threads from these; secondly, extrapolating beyond my publications to develop theory about PAR that is applicable to mental health service development. This extrapolation is based on my doctoral reflections on the *experience* of conducting PAR.

I highlight these dual processes because a conversation between theory and practice has always taken place in my work, seeking praxis. In other words, the commentary (which is not merely a *summary* of publications) is a critical reflection on my learning journey *and* an extension of it. I also emphasise that my thesis is not based on one piece of work, like a PhD. Whilst it does have an

overarching argument – that PAR is not only well-suited to community mental health service development, but badly needed – this proposition comes together from different directions. It is my *fusion* of knowledge that has provided the framework in which my new doctoral learning has occurred. Figure 14 depicts two interwoven learning processes generating a conceptual/practice framework within which my contribution to knowledge has developed. The large blue arrow represents the overall forward momentum of my doctoral learning.



**Fig. 14: Developing an original contribution to knowledge**

With this picture (Fig.14) in mind, I will now summarise the two learning processes, in turn, then I will present three theoretical perspectives of PAR, before summarising my impact on practice and my development of PAR methodology.

### *Reflection on my publications*

In my publications I have presented an argument – first theoretically (Publication 1), then empirically (Publications 2, 5, 6, 8 and 11) – for the efficacy of mental health service users’

participation in mainstream occupations. To do this I have portrayed ‘the community’ as a network of occupations, and I have suggested practical ways for opening up navigable routes into this network and – hence – into a community’s social capital. In this way I present ‘occupation’ as the mechanism by which the general population participates in ‘the community’ as citizens *and* as a therapeutic medium that can be harnessed by mental health practitioners, as described in my Second Level Themes A to C (pp. 43-49).

I have offered this interdisciplinary occupational *science* perspective of mental health (not an occupational *therapy* one) as the basis of my continuing advocacy of an ‘extended practice paradigm’ (Publication 1) focused on CPA care-planning, which is the lynchpin of UK mental health care. My advocacy comprises a theoretical, occupational science-based analysis of mental health problems as *problems in living*. It offers a language (occupational risk factors) with which to explore the elusive dynamic between the societal, interpersonal and intrapersonal processes that cause and perpetuate the social exclusion and disability of people with mental health problems.

### *Theoretical extrapolation beyond my publications*

The synthesis described earlier has enabled me to present PAR within three discrete but related contexts, seeing it afresh from three significant theoretical perspectives, as follows:

#### *i) Presenting PAR in relation to a community development process*

I have shown how recognition of modern community mental healthcare as a *community development* issue highlights a comparatively under-developed field for PAR yet plays to PAR’s strengths, based on PAR’s historical association with social, community, educational, and organisational issues. I have developed this point further to suggest that PAR is capable of re-vitalising social perspectives of mental health problems and engaging with the social model of disability as a tool for social change through an explanation of the ‘disabling society’.

PAR’s widened epistemology, combined with a social perspective of mental health issues (see p.18), brings several aspects of mental health practice within PAR’s compass – such as service users’ *experience* of ‘disability’ (including stigma and exclusion) and recovery, and dialogue about

community care between a widening range of community-based stakeholders and service providers.

*ii) Presenting an occupational perspective of PAR*

The occupational science basis to my publications has been extended – in the commentary – to an occupational perspective of PAR'S applicability. There are two elements to this. Firstly, I have drawn a comparison between the use of Wilcock's (1998, 2006) occupational risk factors as a framework for bringing the sometimes 'invisible' phenomenon of 'occupation' (see p.20) into view and the use of PAR to surface the tacit knowing of people with mental health problems; one of the most occupationally deprived and alienated groups in our society. Building on this idea, I have presented occupational risk factors as a viable conceptual framework for accessing and 'making sense' of people's embodied, experiential knowing about their problems in living, and what supports their personal recovery.

Secondly, reflecting on how my researcher role emerged from my occupation-focused practitioner role, I have presented participation in PAR as an *occupation* in its own right, worthy of exploration in terms of its *form*, *function* and *meaning* (see pp. 51-53). This exploration has the potential to develop PAR in its comparatively new field of application – mental health service development – because its *form* (method) is flexible, and will be shaped and adapted by its *function*, which is an ideological one: to help people improve their own lives.

*iii) Presenting PAR in relation to a positivist-dominated EBP culture*

I have shown how the positivist-dominated EBP healthcare culture de-legitimises practice-based knowing, restricts the range of types of knowledge that practitioners can access as 'evidence' and de-values the role of direct experience in research. Against this backdrop I have emphasised that PAR's focus is not just on action and outcomes, but on extending the range of ways of knowing available to inquiry also.

In this context, I have highlighted the strong connection between the *absurdity* (Tomlin and Borgetto, 2011) that appraisal of research based on a supposed 'gold standard' does not recognise thick description of lived experience as an indicator of the transferability of research findings and



the *paradox* (Beresford, 2013) that knowledge claims of researchers *without* direct experience of a key phenomenon (such as exclusion, stigma and recovery) could be regarded as stronger than the claims of researchers who *have* experienced them (see p.62). For example, focusing on the action research community's ongoing development of its own distinct criteria for attesting PAR's quality, I have drawn comparisons between three things: PAR's capacity to access tacit, embodied experiential knowing, the contention that a multi-dimensional research appraisal tool allows for conclusions to be drawn which are "more accurate, reliable, generalizable, and transferable – and less misleading" (Tomlin and Borgetto 2011, p.194), and PAR's ability to address Beresford's (2013) concern that within the current single-dimensional hierarchy lies the potential for "distorted, inaccurate and damaging resulting knowledge" (Beresford, 2013 p.147). These three ideas stand together. In doing so they underpin my intention to present a compelling argument for the applicability of PAR in community mental health care and – once aligned – they exert a strong pull on my desire to pursue the inquiries highlighted in Part 10.

## *My impact on practice*

My impact on practice comprises the dissemination of findings regarding socially inclusive practice and my contribution to refining a language for that practice.

### *Practice guidance dissemination*

I have disseminated ideas (from theoretical reflection and empirical learning) in a format intended to inform practice; either through text book publication (Publications 4, 9 and 10), or journal articles targeting particular practitioner/commissioner readerships (Publications 1, 3, 5, 8, 11).

In particular, I have shown (through empirical inquiry using PAR and also using more traditional qualitative methods) how certain service development initiatives – such as inclusion-focused practice and community development work (Publications 2, 5, 6 and 8) and inter-sectoral vocational services (Publication 11) – open up routes into the community's social capital that practitioners can use in care-planning, and which service users can progress along. This dissemination provides practical illustrations of how national mental health practice guidelines can

be operationalised. This strand to my publications is important to me because occupation-focused, or person-centred, practice has to be asserted in increasingly financially-pressurised public services, as noted on page 75.

### *Refining a language for practice*

I have refined a language for practitioners to think and communicate with. I have highlighted distinctions between social support, social networks, and social capital and familiarised practitioners with concepts such as cognitive and structural social capital (Publication 9), focusing on how naming these phenomena – such as by including them in the glossary of a textbook (Publication 9) – makes them more visible and amenable to inclusion in practitioners' day-to-day practice and professional reasoning (see pp. 20-21 and pp.46-48). I have also described how an 'extended practice paradigm' can work in practice through a 'deconstructed' CPA process (Publication 4, p. 507).

### *My development of PAR methodology*

My methodological reflection on the use of PAR builds on my empirical exploration of how PAR (through its embeddedness in practice, inclusiveness of diverse stakeholders and emancipatory potential) supports a broad action learning, or evolutionary approach, to the development of community-based services.

This includes my reflection on the use of appreciative and co-operative inquiry methodology in PAR (Publication 7), my reflexive account of how my own quality criteria for PAR emerged through practice and how these relate to criteria published by Herr and Anderson (2015) and Bradbury (2015) – thus testing them in practice – and my analysis of how models of insider-outsider team working can be overlaid onto types of service user involvement to help structure and encourage service user-led inquiry. The fact that insider-outsider models and types of involvement are characterised by a continuum of degrees of individual participants' power and/or initiative (which is negotiable) increases the potential for service users to engage with their own user-controlled PAR. This also partially addresses the argument presented by Becker, Sempik and Bryman's (2010)

'adversaries' of service user involvement in research: that service users do not have the skills or knowledge to conduct their own inquiries (see p. 72).

## *Concluding the commentary*

The various dimensions of my contribution to knowledge described above reinforce each other, underpinning my proposition that PAR has much to offer community mental health service development (see points 1-10 in Part 7). It is the synthesis of theoretical ideas, empirical inquiry, practice guidance and methodological reflection that makes my body of work original, significant and rigorously generated. Its originality lies in its synthesis of the three bodies of theory (Fig.1, p. 14) as a conceptual and practical context for PAR, its significance springs from its practice orientation, and its rigour is determined by my felt obligation to be faithful to participants' motivation for change and the momentum this creates – particularly in terms of enabling service users' experiences to inform practice – and my commitment to developing and testing quality criteria for PAR.

The recognition from my peers of this contribution to knowledge is evident in the peer-review of my publications, the invitations received from practitioners in Bristol and London to disseminate my work (see Fieldhouse 2009a, b and c, and Fieldhouse 2010, in Appendix 4), the practical utility of findings from the Bristol PAR described on pages 32 to 33, and the comments from some of my collaborators in Appendix 5. My commitment to practice is thus evident in my generation (with others) of both local and public knowledge. The *applicability* of knowledge has always been my main concern as a practitioner and manager (see p.2) and as an action researcher. It has also been my principal motivation to write for publication.

Finally, I emphasise, that my argument for the applicability of PAR is not based on a purely academic or naïve 'idea' about PAR, but on a critical analysis of PAR as it has been conducted *in practice*.

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## Appendix 1. Portfolio of Publications

*The following publications form the basis of my commentary. Details of co-authorship are presented in Appendix 5.*

1. Fieldhouse, J. (2000) Occupational Science and Community Mental Health: Using Occupational Risk Factors as a Framework for Exploring Chronicity. *British Journal of Occupational Therapy*. 63(5), pp. 211-217.

This conceptual article engages with the discipline of occupational science. It considers Wilcock's (1998) notion of occupational risk factors – occupational deprivation, alienation, and imbalance – as a lens through which to develop understanding of the challenges in living that face people with severe and enduring mental health problems in the community.

*Google Scholar citations: 10 [Accessed 050916]*

2. Fieldhouse, J. (2003) The Impact of an Allotment Group on Mental Health Clients' Health, Wellbeing, and Social Networking. *British Journal of Occupational Therapy*. 66 (7), pp. 286-296.

A report on a qualitative study of service users' experiences of an allotment gardening group facilitated by myself as an occupational therapist in a community mental health team. Findings highlighted the group members' social networking and how, combined with the mainstream community-based setting, this enabled people to feel more socially included.

*Google Scholar citations: 65 [Accessed 050916]*

3. Fieldhouse, J. and Sempik, J. (2007) 'Gardening without Borders': Reflections on the Results of a Survey of Practitioners of an 'Unstructured' Profession. *British Journal of Occupational Therapy*. 70(10), pp. 449-453.

A co-authored report on a web-based survey of social and therapeutic horticulture (STH) practitioners in the UK. Its aim was to consider quality assurance structures for an emerging STH 'profession' that is widely believed to have great untapped potential in community mental health practice.

*Google Scholar citations: 9 [Accessed 050916]*

4. **Fieldhouse, J. (2008) Community Mental Health. In: Creek, J. and Lougher, L., eds, *Occupational Therapy and Mental Health*. Edinburgh: Churchill Livingstone/ Elsevier, pp. 489-512**

A textbook chapter relating the core principles of occupational therapy to contemporary mental health practice issues. It explores the shift from institutional to community-based care and the implications of this for occupation-focused community development work. After writing this chapter I was invited by Jennifer Creek and Leslie Lougher (the editors) to take on a co-editing role for the fifth edition, to which I contributed two chapters myself (see Publications 9 and 10).

5. **Fieldhouse, J. (2012a) Community participation and recovery for mental health service users: an action research inquiry. *British Journal of Occupational Therapy*. 75(9), pp. 419-428.**

A report on the first phase of an action research project. It focuses on qualitative interviews where service users described their experiences of community participation. The findings show this was achieved through community mental health work with a strong occupational basis and how occupational engagement became a conduit towards social inclusion.

*Google Scholar citations: 13 [Accessed 050916]*

6. **Fieldhouse, J. (2012b) Mental health, social inclusion and community development: lessons from Bristol. *Community Development Journal*. 47(4), pp. 571-587. Published online by OUP: doi: 10.1093/cdj/bss028.**

A report on the second phase of an action research project partially reported in Publication 5 (above). It explores the implications of inter-agency work aimed at improving the accessibility of mainstream resources. A key aim was to disseminate findings and develop discussion among service users, service providers, policy-makers, and the public about mental health as a *social* and *societal* issue.

*Google Scholar citations: 10 [Accessed 050916]*

7. **Fieldhouse, J. and Onyett, S. (2012) Community mental health and social exclusion: Working appreciatively towards inclusion. *Action Research Journal*. 10(4), pp. 356-372. Published OnlineFirst: doi: 10.1177/1476750312451761.**

This co-authored article offers methodological reflection on the action research process underpinning Publications 5 and 6 and discusses the fusion of co-operative inquiry and appreciative inquiry methods. It underlines the suitability of participatory action research methods for developing community-orientated mental health services.

*Google Scholar citations: 15 [Accessed 060916]*

8. **Fieldhouse, J. and Donskoy, A.L. (2013) Community participation and social inclusion in Bristol. *Mental Health and Social Inclusion*. 17 (3), pp. 156-164. Emerald Publishing, doi:10.1108/MHSI-05-2013-0014**

This co-authored paper reflects on the experience of in-depth interviews with service users and offers more of a service user perspective of the findings from the action research reported in Publications 5, 6 and 7.

*Emerald Publishing report (050916) the full text has been downloaded 264 times*

9. **Fieldhouse, J. and Bannigan, K. (2014) Mental Health and Wellbeing. In: Bryant, W., Fieldhouse, J. and Bannigan, K., eds, *Creek's Occupational Therapy and Mental Health (5<sup>th</sup> ed)*. Edinburgh: Churchill Livingstone/Elsevier, pp.15-26.**

This co-authored chapter highlights the utility of wellbeing as a concept in mental health practice and aims to contribute to further discourse within occupational therapy about the relationship between wellbeing and resilience, hope, self-efficacy, and belonging; and to broader notions of social inclusion and recovery. It outlines an occupational science perspective of wellbeing, and considers the broader political agendas for wellbeing as a societal issue.

- 10. Fieldhouse, J. and Sempik, J. (2014) Green Care and Occupational Therapy. In: Bryant, W., Fieldhouse, J. and Bannigan, K., eds, *Creek's Occupational Therapy and Mental Health (5<sup>th</sup> ed)*. Edinburgh: Churchill Livingstone/Elsevier, pp. 309-327.**

This co-authored chapter describes the underpinning constructs and theories of green care (or, nature-based therapies) and grounds them within an occupational therapy framework to inspire practitioners' professional reasoning. It also considers the growing evidence-base for this worldwide movement, with an emphasis on inter-professional collaboration.

- 11. Fieldhouse, J., Parmenter, V. and Hortop, A. (2014) Vocational rehabilitation in mental health services: evaluating the work of social and therapeutic horticulture community interest company. *Mental Health and Social Inclusion*. 8 (3), pp.155-163. Emerald Publishing, doi 10.1108/MHSI-01-2014-0002**

This co-authored article reports on an action inquiry-based evaluation of a project uniting a third sector horticulture-based community interest company and an NHS Trust's vocational service. This collaboration was aimed at forging new routes to sustainable employment for adults with mental health problems. An action inquiry approach examined how the project's demonstrably good outcomes had been achieved and described a 'model' for what worked. It aimed to disseminate learning about innovative practice in the rapidly changing field of mental health vocational rehabilitation.

*Google Scholar citations: 1 [Accessed 060916]*

*Emerald Publishing report (060916) there have been 41 reads of this article*



## Appendix 2. A guide to places of publication

*The publications in Appendix 1 appeared in the following places:*

- ***British Journal of Occupational Therapy*** (BJOT) (Impact Factor: 0.897)  
The only monthly peer-reviewed international occupational therapy journal, publishing papers relevant to theory, practice, research, education and management in occupational therapy.
- ***Creek's Occupational Therapy and Mental Health*** (published by Churchill Livingstone/Elsevier)  
A major mental health occupational therapy textbook. The 4<sup>th</sup> edition (2008) has logged 256 citations on Google Scholar [Accessed 200515]
- ***Mental Health and Social Inclusion*** (MHSI)  
A niche publication serving people working in, receiving services from, or commissioning mental health day and vocational services.
- ***Action Research Journal*** (ARJ)(Impact Factor: 1.000).  
An international, inter-disciplinary, peer-reviewed journal and the principal forum for the development of the theory and practice of action research.
- ***Community Development Journal*** (CDJ) (Impact Factor: 0.360)  
The leading international, peer-reviewed journal in the field of community development including policy, planning and action. It has been accepted by Thomson Reuters for inclusion in the Social Science Citation Index and will receive its first impact factor this year.

## Appendix 3. Selected quotations from the portfolio of publications

*These quotations are referred to in the main body of the commentary as ‘Quotation 1’, ‘Quotation 2’, etc. The relevant commentary page number is also given here to make cross-referencing easier:*

**Quotation 1** – see Commentary p.5

For example, although partnership working between mental health services and community partners is acknowledged good practice (NSIP/CSIP, 2007), locally there were contrasting views about the role of mental health practitioners working ‘in the community’. Some health service practitioners worried that their therapeutic skills might be lost or degraded if their input was provided through ordinary, mainstream agencies such as FE colleges, whilst some social care partners suggested that the presence of statutory mental health service workers in the community was implicitly about ‘policing’ behaviour rather than facilitating access to resources. Furthermore, although the UK’s mental health and social inclusion agenda required practitioners to support service users in taking qualified risks in order to promote community participation (ODPM, 2004) there was a widespread risk-averse view among services that community settings might prove too challenging for certain service users. There was also a small minority view that ‘social inclusion’ was a coercive, government-sponsored, ‘top-down’ agenda premised on dubious values, and which also represented an implied criticism of practitioners’ work.

(Publication 7, p.3)

**Quotation 2** – See Commentary p.17

Over the past quarter of a century a huge shift has taken place whereby the vast majority of mental health care is now provided by community-based mental health services, to service users living at home. Rather than being geographically or even conceptually tied to these community-based services, the psychiatric hospital is now generally viewed as one of a range of

resources available in care planning. The community is, and of course should be, a defining characteristic of community-based services and working with the community is a central theme in this chapter. The gradual evolution of services, as they have adapted to their 'new' environment, has been characterised by: the development of co-ordinated care planning; the prioritisation of services for people with serious mental health problems; co-ordinated team working; and, perhaps most importantly, a widening acknowledgement of the social model of disability and an increasingly sharper focus on social inclusion and access issues.

(Publication 4, pps.491-492)

**Quotation 3** – See Commentary p.20

McKenzie and Harpham (2006) suggest it is difficult to draw a clear distinction between the comparatively well-researched concepts of social support and social networks, and the concept of social capital. Wilcock (2006, citing Nutbeam 1998) offers the following definitions: social support is the assistance available to individuals and groups from within communities that can provide a buffer against adverse life events and living conditions, and be a positive resource for enhancing quality of life; social networks are the relations between individuals that may provide access to, or mobilization of, social support; and social capital is the degree of social cohesion which exists in communities. Putnam (1993) defines social capital as participation in community networks, the sense of belonging, solidarity and equality derived from that participation, and the norms of reciprocity and trust that emerge between co-participants. Social capital is, therefore, about people and populations 'having opportunities to participate in society and enact their rights of citizenship in everyday life' (Whiteford and Pereira 2012, p. 188). It can be seen as a process and an outcome; the means by which people are enabled to participate, as well as the fact of participation (Whiteford and Pereira 2012).

(Publication 9, pps. 17-18)

**Quotation 4** – See Commentary p.23

Freefall writing (Goldberg, 1986) is essentially ‘talking on paper’ with each participant writing in silence for 10 minutes. It uses the act of writing almost as a projective technique to access unconscious material and help the writer cut through to their ‘first thoughts’ on the basis that these contain important truths about experiences and there is a value in coming to know them better. Freefall writing, therefore, allowed the lived experience (including personal experiences that had made individuals feel passionate about social inclusion in the first place) to mesh with propositional knowing from practice guidance emerging from the national social inclusion agenda (such as NSIP/CSIP, 2007). It aimed to prompt critical self-reflection on experience and turn tacit knowledge (including knowledge that was hitherto un-acknowledged) into communicable actionable form. Story circles use the age-old tradition of story-telling to bring people and their first-hand experiences together to co-create new knowledge. Group members drew on insights gained from their freefall writing, taking turns to have facilitated three minute periods of uninterrupted talk about their individual experiences in the CIS. This was a way of recovering personal and organisational histories ...

(Publication 7, p.6)

**Quotation 5** – See Commentary p.23

Freefall writing uses writing as a projective technique to reflect on experience and turn tacit, unarticulated experiential knowledge into communicable form (Fieldhouse and Onyett, 2012). Story circles offer uninterrupted time for individuals to draw on this written material and to recount a story about their experience to their peers in such a way that the narrative thread helps them make sense of it. Equipped with new insights from the above, a knowledge cafe is an environment where an open and creative conversation on a topic of mutual interest to participants can flourish (Brown and Isaacs, 2005). A learning history is a way of drawing together different perspectives aiming “to capture what an innovating group learned and can transfer from their ‘new knowledge’ to other groups and organizations (Roth and Bradbury, 2008, p. 350).

(Publication 11, p.156)

**Quotation 6** – See Commentary p.24

The CIS discussed three options for improving access to mainstream educational opportunities, all of which focused on creating a psychological environment capable of supporting mental health service users' participation. These were:

- i. providing mental health support worker assistance to support FE [Further Education] learners who had mental health problems;
- ii. providing additional training for staff in mainstream FE services around mental health difficulties and related access issues;
- iii. re-locating existing mental health day service staff as co-workers in FE colleges to offer 'transitional' or 'bridge-building' groups to support existing mental health service users.

(Publication 6, p. 579)

**Quotation 7** – See Commentary p.28

The CIS was aware of the pitfalls of merely re-locating services into the mainstream if 'old habits' also got relocated too. It acknowledged that if mental health services tried to 'colonize' or co-opt community activities into being a pseudo-mental health service, this would undermine the restorative power of community participation. Instead, an acceptance of the need to re-negotiate the power dynamics of practitioner/service user relations was implicit, as was a gradual shift in mental health services' relationship with the community they served. This relationship is something which the UK mental health system has only recently been exploring in a conscious way (Bates, 2011).

(Publication 6, p.581-2)

**Quotation 8** – See Commentary p.32

It [the PAR study] demonstrates that the term 'hard-to-engage' describes a feature of certain service users' relationship with services, not a characteristic of the service users themselves

(Priebe et al 2005). It would be more accurate to see the underlying problem being ‘un-engaging’ services. The danger of services automatically referring ‘hard to engage’ individuals to AO is that it removes their obligation to understand their own role in service users’ non-engagement. This can undermine the responsiveness of services, promote the stereotyping of individuals as ‘hard to engage’, reinforce the negative self-attributions that service users may already have, and thus perpetuate stigma and prejudice.

(Publication 5, p.426)

**Quotation 9** – See Commentary p.32

PAR deliberately sets up a two-way process. It involves reaching out from the specifics of individual experiences to explore the potential for change locally, but it also reaches in from the position of national agendas and drivers (in this case, about social inclusion) to explore how useful they are in providing those people most immediately involved in the local issues with a critical grasp of the problems and issues they are dealing with (Kemmis & McTaggart, 2008).

(Publication 7, p.14)

**Quotation 10** – See Commentary p.32 and p.79

‘Jon: Trying to develop socially inclusive services . . . is quite a conceptual process isn’t it? It involves wrestling with ideas. And you have to translate them into what your task is. But you need that bit of consensus on what the ideas are to know what you’re doing, so I think the strength of this sub group is that we’ve had the chance to do both.

Dave: Yes, but not necessarily recognize that we’re doing both . . .

Kate: It just kind of happens’.

Though the CIS was a task-orientated group, facilitated co-operative inquiry helped it claim the right to reflection as well as action. This was vital for CIS members, whose respective health and

social care work cultures expected immediate action and quick results. Indeed, it was striking how readily the CIS took to co-operative inquiry:

‘Facilitator: It strikes me that what you’ve created is not just a group who want to do something well but also a group who comes together to ask questions of each other and of other things that you do and you know. So you enquire as a community, as well as being practitioners in all of your various skills. So holding that . . . being both the committee of inquiry for the wider practitioner community, and being a group that wants to make something happen, is I think quite often unusual in the structures we work in.’

(Publication 7, pps.8-9)

**Quotation 11** – See Commentary p.40

This research cycling or validity checking helped individuals to consciously hone themselves as reliable research instruments without sacrificing the richest resource they possessed – their experience – in a misguided quest for ‘objectivity’. It not only ensured that the personal and the collective were continuously shaped by each other so that the group was kept informed of what was happening for individual members, but it also meant that individuals’ experiential knowing could find expression. Overall, [co-operative inquiry] was not only a valuable inquiry tool but a milestone in the development of the CIS’ group cohesion and its identity as a lobbying force. Group members felt fully represented by collective action.

(Publication 7, p.14)

**Quotation 12** – See Commentary p.43

... the CIS advocated an extended and ‘de-medicalized’ use of the Care Programme Approach (CPA) (Department of Health, 1990). ... Through an extended CPA, practitioners saw themselves as part of a wider network of facilitative relationships that collectively supported service users’ recovery. It extended the notion of a ‘team’ beyond the mental health service by crossing the gulf between

'care' and mainstream resources. CIS members' commitment to community-orientated work developed their appreciation of the richness, complexity, and restorative potential of the community as a web of opportunities for participation. Prior to facilitated community participation, 'the community' was seen by interviewees in this PAR as an 'excluding community.

(Publication 6, p.583-584)

**Quotation 13** – See Commentary p.43

Many therapeutic processes described by participants were underwritten by the team 'having time'. First, the close interpersonal relationship allowed practitioners to discern participants' latent goals and to act as holders of hope on the recovering individual's behalf, recognising potential when ... the individual had lost sight of it himself. Secondly, smaller caseloads meant that AO was not under pressure to discharge individuals when they fulfilled spurious markers of recovery, but could work towards real milestones of goal attainment. Finally, longer-term casework afforded a broader perspective of participants' repeating patterns of relapse and readmission, which could then be addressed ...

... Exploring these dynamics of practice also raises the issue of the economy of time that is often imposed on practitioners and service users, which can undermine such work.

(Publication 5, pps.425-427)

**Quotation 14** – See Commentary p.43

Similarly, a common short-circuiting of therapists' clinical reasoning is when needs are automatically framed in terms of services, as Ryan & Morgan (2004b) point out:

'For example, a service user who is deemed to be socially isolated may be assessed as having 'problems' socialising' and therefore 'needing' a social skills training group. This a service-led response in that a problem the client is perceived as experiencing is defined as being met by what



the service has to offer, whether or not it is actually what the user themselves really wants, and regardless of the actual aspirations the user may have in terms of social contact. (p159)'.

(Publication 4, p.500)

**Quotation 15** – See Commentary p.46

Scaffolding' is a term borrowed from Vygotsky (1978) to describe how skill acquisition happens through engagement with a challenge, facilitated by a temporarily constructed 'support' which is then removed when the individual can perform the skill himself or herself ... Here it describes a method of environmental adaptation: the creation of a flexible, temporary, affirming psychosocial space. It enabled individuals to derive peer support and to counter the more debilitating effects of stigma, and acted as a base from which to venture into mainstream occupations and the support networks that these hosted. The 'scaffold' was co-constructed through negotiation between practitioner and service user to serve a specific personal goal.

(Publication 5, p. 423-4)

**Quotation 16** – See Commentary p.53

In fact, rather than being 'hard to engage' in the interview process, participants clearly wanted to 'tell their story'. No-one had asked them to do this before. Some also made extraordinary efforts to be present and punctual for the interview, challenging the cliché that AO service users are not capable of keeping appointments without support.

(Publication 8, p.158).

**Quotation 17** – See Commentary p.54 and p.81

Significantly, by adopting an appreciative long-term perspective and occupying common ground, CIS members came to a better understanding of how current practices were caught in the web of

the historical organizational cultures and practices that had produced them. In seeing the deficiencies of existing practices as a product of circumstances, they could recognize that these practices were (for the most part) devised as solutions in their own time to tackle a problem that existed at that time. Participants were therefore freer to develop ideas about how they themselves might transform the practices which they and their organizations were engaged in. Instead of feeling they were part of a problem they felt they were part of the overarching forward motion of service development.

(Publication 7, p.12)

**Quotation 18** – See Commentary p.63

Collective dialogue about an action plan allowed CIS members to get to know one another in relationship rather than in role (Whitney & Trosten-Bloom, 2003). This highlighted how people's work connected; what they could 'do' together – transcending habitual mindsets about practice. This was vital because, whilst individuals' passionate commitment to social inclusion had spurred them to join the CIS and gave them a stake in determining how exclusion could be addressed, this 'stake' also brought with it unacknowledged assumptions about what should be done. The CI/AI approach liberated individuals from the individual shackles of should and re-focused them on the collective potential of could. Differing skills, knowledge-bases, and an extended range of colleagues were brought to bear on the same task. This offered new perspectives on 'old' and hitherto intractable problems and represented a source of social capital within the CIS. Social capital is a resource within communities comprising qualities such as trust, reciprocity, and engagement (HDA, 2004). This inquiry suggests this 'capital' was available within a 'community of inquiry' too.

(Publication 7, p.8)

**Quotation 19** – See Commentary p.65 and p.95

Barge and Oliver (2003, cited in Zandee & Copperrider, 2008) have suggested that an over-exclusive focus on positive narratives might also silence or stigmatize critical voices (from those whose experiences have not been positive) and merely bolster the ‘elite’. This too was an issue in the CIS. On the basis that AI’s essence is its ‘generative capacity’ – its ability to challenge the status quo (Zandee & Cooperrider, 2008) – these critical voices (such as Jenny’s, quoted earlier) were an essential component of the CIS’s co-operative inquiry. Their incorporation was made possible by external facilitation which counter-balanced the habitual dynamic referred to by Jenny, whereby those with greatest power might have had their customary say at the expense of more marginalized individuals and groups. Hearing this voice allowed positive change to occur; underlining that the ‘best help’ in co-creating a learning history may come from those offering criticism (Roth & Bradbury, 2008). Overall, a broad understanding of the term appreciative – one that recognizes that the greatest generative capacity is based on the most inclusive range of contributory voices – works best.

(Publication 7, pps.13).

**Quotation 20** – See Commentary p.74

It is acknowledged that separate workshops for trainees and staff/managers did not allow all stakeholders to share their learning together in person. Ironically, this situation arose from a strong desire to include a trainee “voice” rather than lose it. The inquiry team were advised by Natureways managers that inviting trainees to a workshop with staff and managers could be anxiety-provoking for trainees, possibly discouraging their participation. Separate workshops which would, at least, generate trainee material that could be brought into the mix later, was a pragmatic solution. However, this dilemma highlighted the ethical challenges of [appreciative inquiry] AI, where the desire for a flexible inquiry process may be at odds with an ethical scrutiny process requiring assurances and predictability. Here, with a fixed design in place, no scope existed for offering a further workshop to bring all stakeholders together if they had wanted that, unfortunately. (Publication 11, p.160-161)

**Quotation 21** – See Commentary p.75

It was essential that the focus group was the CIS, as far as possible. Its members had the unique, direct experiential knowledge that the inquiry wanted to access. All six CIS members ... consented to convene as a focus group.

(Publication 7, p.7)

**Quotation 22** – See Commentary p.75

‘Emily: For me it’s about ‘the time thing’. For me that’s where it gets tricky, because we work for four different institutions effectively. So . . . how can the Social Inclusion Forum seek time ... from our employers to do this work?’

Kate: We could do that couldn’t we?’

Emily: I mean we could do it, but we’d need – I suppose what I’m saying is –

Dave: – Where do we get the clout?’

(Publication 7, p.9)

**Quotation 23** – See Commentary p.77

Additionally, the project team learned that AI [action inquiry] can add value to service evaluation. In this inquiry, “outsider” (UWE) facilitation brought together hitherto unconnected fragments of “knowing” from across the project team, enabled participants to validate (or otherwise) these new connections, and presented them as parts one whole system. It accessed the collective organisational memory to help Natureways describe itself in action and added value to its employment statistics by developing an understanding of how they had been achieved.

(Publication 11, p. 162).

**Quotation 24** – See Commentary p.78

Although efforts were made by the CIS subgroup to identify specific aspects of the multi-faceted social inclusion agenda, this still did not initially translate into easily defined tasks. ‘Community involvement’ was open to a range of interpretations. These included the accessibility of community agencies, the community-embeddedness of statutory mental health services, and schemes for supporting service users to become more ‘access ready’. Each agency represented in the CIS had its own particular work culture, language, and set of assumptions about what was needed. Where different work-cultural nuances of meaning went unexplored, discussion could lead to the adoption of polarized positions and be rendered fruitless. The potential existed for language to remain a barrier that limited understanding and hampered discussion, instead of advancing it.

Ultimately, understanding the solutions that had worked for service users, described in the service user interviews, allowed a CIS task to become defined in terms of practical goals. Once regular membership had crystallized around practical tasks, CIS members quickly learned that, while collective goal-setting might initially be time-consuming, reflecting on the process paid huge dividends. It allowed members to consciously develop ways of bringing differing knowledge, skills, perspectives, and networks to bear on of the same task by pooling resources and breaking down barriers. This process created its own momentum. Closer working fostered a more urgent need to create a common, unambiguous, collectively derived language.

(Publication 6, p.577)

**Quotation 25** – See Commentary p.79

Employment programmes have traditionally focused on ‘hard’, quantitative outcomes, such as the number of jobs or qualifications gained, but it is recognised that such measures alone are inadequate in understanding the success of a project – particularly for groups who are most socially excluded, such as people with mental health problems (Dewson et al, 2000). Consequently, it was anticipated that softer outcomes, including changes in attitudinal skills (such

as increased motivation, confidence, and self-esteem) and personal skills (such as time-keeping and social skills), might emerge in the workshop.

(Publication 11, p.157)

**Quotation 26** – See Commentary p.80

It is perhaps to most helpful to view the function of these metaphorical traffic lights as being the same as the real ones, which is to facilitate movement and allow people to make their journeys successfully. Because each colour will have particular qualities regarding issues of safety, supportiveness, opportunity, challenge and integration, it follows that all three colours are necessary in a comprehensive mental health service ... So, arguably, the most accurate answer to the question, 'What colour is inclusion?' would be that it is brown; that is, all colours combined.

(Publication 4, p.496)

**Quotation 27** – See Commentary p.81

In terms of service development, a further criticism might be that this study merely points to the good practices already promoted in *The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce* (DH 2004) and *The Capabilities for Inclusive Practice* (DH 2007). However, an achievement of this inquiry is that it portrays these capabilities dynamically – that is, in use – and gives a voice to service users who report on their outcomes.

(Publication 5, p.427)

**Quotation 28** – See Commentary p.81

The CIS's approach combined individual support for service users with community development activity to create a bridge between mental health services and the wider community. Significantly,

interviewees' experience of crossing this 'bridge' was that the connection was seamless, natural, and allowed access to mainstream supports that were beneficial:

'Staff at the college is absolutely – well, she's amazing, she's so relaxed, she's brilliant, brilliant'.

(Stanley, service user)

(Publication 6, p.581)

**Quotation 29** – See Commentary p.81 and p.136

... the CIS advocated an extended and 'de-medicalized' use of the Care Programme Approach (CPA) (Department of Health, 1990) ... Through an extended CPA, practitioners saw themselves as part of a wider network of facilitative relationships that collectively supported service users' recovery. It extended the notion of a 'team' beyond the mental health service by crossing the gulf between 'care' and mainstream resources. CIS members' commitment to community-orientated work developed their appreciation of the richness, complexity, and restorative potential of the community as a web of opportunities for participation.

(Publication 6, p.583-4)

**Quotation 30** – See Commentary p.5, p.90, p.100 and p.136

The PAR found that this shift raised issues for some practitioners who felt that using mainstream community FE venues would cross a 'conceptual dotted line' between therapy and training and the therapeutic aspect of their work might be lost. Another major professional barrier was a widespread risk-averse view that community settings would not be supportive enough. This risk-averse culture was noted in early practice guidance as a contributory factor in service users' exclusion (Office of the Deputy Prime Minister, 2004). However, it was felt that community development work should challenge practitioners on such issues, and that this would trigger a

reflective process – helping to deconstruct medicalized thinking and develop more recovery-orientated services.

(Publication 6, p. 582)



## Appendix 4. Other publications and dissemination referred to in the commentary

*These publications and other dissemination activities (eg. conference presentations and workshops) are not included in the portfolio submitted for the D.Phil award, but are listed here because they are referred to in the commentary.*

**Fieldhouse, J. (1998) In Focus: Fertile Imaginations. *Growthpoint*. 76, pp. 9-10.**

An article reflecting on the apparent efficacy of a community-based horticultural allotment group for people with severe and enduring mental health problems, written for a readership of social and therapeutic horticulture (STH) practitioners.

**Seller, J., Fieldhouse, J., Phelan, P. (1999) Fertile Imaginations: an inner city allotment group. *Psychiatric Bulletin*. 23(5), pp. 291-293.**

An article reflecting on the same allotment group as above, co-authored with psychologist and psychiatrist colleagues, and written for a readership psychiatrists.

*Google Scholar citations: 15 [Accessed 050916]*

**Fieldhouse, J. (2000) The Fertile Imaginations Project. *Growthpoint*. 82, pp. 8-10.**

An article presenting aspects of the literature review into STH which I had undertaken in preparation for my qualitative exploration of the allotment group, later becoming Publication 2.

**Fieldhouse, J. (2001) The Use of Horticulture in Community Mental Health Work. In: Broadley, A., ed, *Horticulture and Health*. London: Horticulture for All, pp. 37-43.**

A conference paper, re-worked and published as part of an edited collection of STH papers promoting the wider use of STH as a healthcare intervention, and written for an STH readership.

**Fieldhouse, J. (2002) Researching Therapeutic Horticulture. *Growthpoint*. 88, pp. 10-12.**

An article promoting qualitative empirical inquiry into STH, written for STH practitioners.

**Fieldhouse, J. (2004) Finding the Plot: A Research Report on a Mental Health Clients' Allotment Group. *Growthpoint*. 95, pp. 3-7.**

A research report presenting the findings from Publication 2 in de-jargonised language for an STH practitioner readership (and with the permission of the *British Journal of Occupational Therapy*).

**Fieldhouse, J. (2006) Reflecting on the STH Survey: What Does it Mean?** [Conference presentation at Horticulture for All Annual Conference], Roots and Shoots Centre, London. 26 April

**Fieldhouse, J. (2008) Using the Kawa Model in Practice and Education. *Mental Health Occupational Therapy*. 13(3), pp. 101-106.**

An article reflecting on an emerging model of occupational therapy practice, and my questioning of the apparent polarisation between the *discipline* of occupational therapy and the *profession*, or between 'theory' and 'practice'. This article opened up a discussion about 'ways of knowing' within occupational therapy training in relation to models of practice and considered 'education vs. practice' as a dialectic. It prompted a response (Lim, 2009) supporting the line taken in my paper.

*Google Scholar citations: 3 [Accessed 060916]*

**Fieldhouse, J. (2009a) Engaging the Disengaging Service User: An Action Research Study of Service Users' Recovery and Inclusion** [Workshop presentation to Avon & Wiltshire Mental Health Partnership's NHS Trust's South Bristol Support and Recovery Team], Petherton Mental Health Resource Centre, Bristol. 20 July

**Fieldhouse, J. (2009b) An Action Research Inquiry into Service Users' Recovery and Inclusion** [Workshop presentation at Avon & Wiltshire Mental Health Partnership's NHS Trust's South Bristol Support and Recovery Team Away Day], Create Centre, Bristol. 30 September

**Fieldhouse, J. (2009c) Social Inclusion and Community Participation: Learning through Action Research** [Keynote presentation at Central and North-West London NHS Foundation Trust's Occupational Therapy Conference], Regents Park College, London. 8 December

**Fieldhouse, J. and Donskoy, A-L., (2009) An Active Role for Service Users in Mental Health Service Development** [Joint presentation with service user-researcher at the University of the West of

England's Faculty of Health and Life Science's Service User and Carer Conference], Glenside Campus, Bristol. 30 June

**Fieldhouse, J. and Fedden, T. (2009) Exploring the Learning Process On A Role-Emerging Practice Placement: A Qualitative Study. *British Journal of Occupational Therapy*. 72(7), pp. 302- 307.**

An article offering empirical, research-based evidence to input into a new area of practice-based learning through role-emerging placements (REPs) (in healthcare settings where there was no existing OT service). It has been cited regularly in subsequent REP-orientated papers (eg. Cooper and Raine 2009) and books (eg. Thew et al 2011)

*Google Scholar citations: 21 [Accessed 060916]*

**Fieldhouse, J. (2010) Working Appreciatively Towards Inclusion** [Keynote presentation at Central and North-West London NHS Foundation Trust's Occupational Therapy Conference], Soho Centre for Health, London. 18 November

**Fieldhouse, J. (2015) A Brief Introduction to Action Research** [Seminar presentation at Avon & Wiltshire Mental Health Partnership NHS Trust's Social Work Research Group], Fromeside Medium Secure Unit, Blackberry Hill, Bristol. 23 Sept

**Fieldhouse, J. and Parmenter, V. (2015) Using Action Inquiry in Service Evaluation** [Presentation at the University of the West of England's Allied Health Professions Conference], Glenside Campus, Bristol. 12 June

## Appendix 5. An overview of collaborative project work and co-authorship

*This appendix summarises different collaborative projects undertaken with a range of peers. ‘Collaboration’ here refers to joint-working with individuals who were involved in co-authoring or otherwise materially involved in the co-creation of knowledge. Overall, Appendix 5 aims to clarify – in each collaboration – how the partnership emerged, what my co-workers’ contribution was and what my own role was in initiating, shaping and seeing through the project. As far as possible, each sub-appendix (5.1, 5.2, etc.) is matched with an accompanying email dialogue with the relevant collaborator(s). In each case, material from either the relevant appendix or from the main body of the commentary was cut and paste into an email sent to them, and their reply confirms the accuracy of my account. These emails are presented in a separate folder which is available under the same record in the UWE Research Repository as this thesis.*

### **Appendix 5.1: Collaboration with Dr Joe Sempik**

**See Publications 3 and 10 in Appendix 1**

Joe is an independent researcher into social and therapeutic horticulture (STH) and a leading international figure in this field. I have collaborated with Joe in various ways over the past 12 years and we have co-authored Publications 3 and 10.

Publication 3 was conceived as a way of bringing STH more into the mainstream of health and social care interventions, so – in order to understand why this issue was important to us both – I will briefly summarise how our writing partnership arose from shared values.

#### *Shared commitment to the ‘professionalisation’ agenda within STH*

I first engaged with Joe’s work – his seminal review of STH’s published evidence based (Sempik, Aldridge and Becker, 2003) – shortly after my allotment study (Publication 2) was published and I was invited to join the steering group for a multi-site UK-wide STH research project (Sempik, Aldridge and Becker, 2005), as described in Box 3 (p.8). On this steering group I had the

opportunity to work with Joe. I had been struck by the sub-title of Sempik, Aldridge and Becker's (2003) review, 'Evidence and Messages from Research'; the key 'message' being that, whilst STH had produced a substantial body of anecdotal evidence, there was a dearth of robust, research-based evidence.

I had witnessed many STH projects, including my own (Publication 2), achieve positive therapy, training and social inclusion outcomes with mental health service users and the disparity between STH practitioners' experiential, lowland knowledge about STH's efficacy and the absence of an STH research 'culture' was a theme in my dissemination activities (see Fieldhouse, 1998; Seller, Fieldhouse and Phelan, 1999; Fieldhouse, 2000, 2001, 2002, and 2004 in Appendix 4).

I recognised, in Joe, a shared concern that this dearth of research-based evidence base was a hindrance to the STH 'movement' in the contested arena of evidence-based practice. It was Joe's depth of experience as a researcher and his commitment to generating knowledge for *use* – to inform service development – that struck me most. We shared a commitment to actively addressing the disparity between practice-based knowledge and research-based evidence. Though Joe had a much greater depth of research experience than me, and is more deeply immersed in the international green care community, it is my occupational perspective that has underpinned our two co-authored publications.

I frequently found myself sharing a platform with Joe at STH conferences. I was struck by Joe's capacity for innovative research design and his use of diverse participatory and inclusive research methods – such as photo elicitation techniques to maximise participation of vulnerable people in Sempik, Aldridge and Becker (2005). Our activities converged on promoting a web-based survey of UK STH practitioners (Publication 3).

The UK's STH community was comparatively small at this time, and there was a concerted inter-organisational effort to build a picture of STH practice in the UK. Joe (as an independent researcher), Thrive (as a national STH charity) and the Federation for the Promotion of Horticulture for the Disabled (of which I was a Trustee) co-operated on a web-based survey to canvass STH practitioners about the emerging STH 'profession'. Their response was unequivocal, with 92% of 110 respondents wanting a national STH organisation (Publication 3).

### *Having 'impact' within STH and green care*

The survey findings were presented by Joe and I (in separate papers) at a conference in 2006 (see Fieldhouse, 2006 in Appendix 4) but when it came to wider dissemination I suggested that a survey report in the *British Journal of Occupational Therapy* would reach a wide, receptive audience. Linking STH with occupational therapy made practical sense in that much UK-based STH – although it had distinguishing characteristics meriting its own separate identity – was happening under the auspices of OT.

### *Co-authoring Publication 3*

I took the initiative in drafting this article in order to consider the implications of survey findings for occupational therapists, but also – in the *Introduction* (pp.449-450) – to summarise the recent history of STH's steps towards professionalization, which both Joe and I had been involved in.

Joe commented on drafts and suggested some specific text insertions – such as a paragraph on 'The need for more research' (p.452) – reflecting the 'message' underpinning Sempik, Aldridge and Becker (2003). However, Joe did not substantially redraft my initial text.

This publication had a direct impact on STH's professionalisation, providing a mandate of sorts to those organisations who sought a national STH organisation, registration for STH practitioners and a national STH forum. When Joe and I attended the inaugural meeting of the Association of STH Practitioners in 2009, a hard copy of Publication 3 was in every delegate's conference pack.

### *Co-authoring Publication 10*

Green care has emerged world-wide as a term covering a wide range of health and social care interventions (encompassing STH) that harness nature in their approaches. When I became co-editor for the fifth edition of an occupational therapy textbook (Bryant, Fieldhouse and Banigan, 2014) we were charged – by the outgoing editors – with taking the book in new directions that reflected innovative practice. The opportunity to chart the rise of green care presented itself and Joe was my immediate first thought as a potential co-author. Not only did we share a commitment to the green care movement (see above) but Joe had recently edited another

seminal publication based on work with an international group of green care practitioners to develop a European conceptual framework for green care (Sempik, Hine and Wilcox, 2010).

Publication 10 describes the underpinning constructs and theories of green care and grounds them within an occupational therapy framework to inspire practitioners' professional reasoning. It used illustrative case examples from my own STH colleagues' work and considered the growing evidence-base for green care, with an emphasis on inter-professional collaboration. I was lead author and wrote an initial draft presenting an occupational perspective of green care. Joe Sempik suggested specific additions regarding care farming and animal-assisted interventions (p.312) and recent STH research findings (pp.321-323), which is his area of expertise, but this did not substantially alter the material I had otherwise created for this chapter.

Please see *Email dialogue with Dr Joe Sempik – to accompany Appendix 5.1*

### ***Appendix 5.2: Collaboration with Professor Steve Onyett***

#### **See Publication 7 in Appendix 1**

I met Steve when he was South-West Regional Development Consultant for the National Institute of Mental Health in England (NIMHE). Steve's NIMHE role, his formal oversight of the PAR as a steering group member (which I will explain below), and his informal influence on my practice as a valued colleague resulted in a working partnership that produced Publication 7.

NIMHE's role, following the UK government's social inclusion agenda (ODPM, 2004), was to oversee the implementation of this national policy at a local level. To this end, NIMHE South-West announced a scheme to provide £5k funds to support small-scale inquiries into the impact of the social inclusion agenda on mental health teams' practices in the south-west. This funding opportunity coincided with the start of my secondment to lead a social inclusion project (see pp. 4-5). I presented an embryonic idea for the Bristol PAR to NIMHE, secured the funds, and then completed a formal NHSREC proposal for the PAR. Once the PAR was approved, I invited Steve to join its steering group because I felt his NIMHE goal was so closely related to the PAR's goal of

exploring the development of socially inclusive practice, and that this alignment would mean Steve's steering input would be help keep the PAR on track towards service development.

Steve was not directly involved in the CIS, nor in its struggles with the wider organisational system discussed in Part 9, but he had a NIMHE consultant's interest in inter-sectoral co-operation and in NHS services' buy-in to the inclusion agenda as well as a local interest in the PAR. He also had a personal interest in appreciative inquiry. On these counts he was an obvious choice as co-author for Publication 7, which was a methodological reflection on the fusion of co-operative inquiry and appreciative inquiry methods in PAR. The article underlines the suitability of these participatory methods for developing community-orientated mental health services, but underlines the need for senior sponsorship.

For the article, I was the lead author and produced the initial draft. Steve commented on drafts and suggested some specific insertions about senior sponsorship to the section entitled 'The wider organisational context' on pp. 9-10) to highlight the learning about what could possibly have been done differently in terms of an organisational-level application of appreciative inquiry, but he did not substantially redraft my initial text.

I am pleased to say Steve became a personal friend over the years, showing a continuing interest in this doctoral submission. However, no dialogue with Steve to confirm this account of our collaboration has been possible. Tragically, Steve died suddenly in September 2015.

### ***Appendix 5.3: Collaboration with Dr Sue Porter***

Following my discussion with Professor Peter Reason from Bath University's Centre for Action Research in Professional Practice at Bath University about having input from an external facilitation (see p.113) Dr Sue Porter was recommended for this role. My collaboration with Sue when planning how she would engage with the CIS, and the deep experiential learning about PAR which I underwent as a participant, facilitated by her is described in detail in Part 9 (pp.111-116).

Please see *Email dialogue with Dr Sue Porter – to accompany Appendix 5.3*



## ***Appendix 5.4: Collaboration with Anne-Laure Donskoy***

**See Publication 8 in Appendix 1 and Fieldhouse and Donskoy (2009) in Appendix 4**

I met Anne-Laure when she was a service user researcher and co-ordinator of Bristol MIND's User Focused Monitoring (user led) Project (UFM). I approached her when, having secured NIMHE funds to begin the PAR, I decided to engage UFM to help with its qualitative interview phase.

My collaboration with Anne-Laure regarding the audit, service user interviewing and data analysis is described in detail in Part 9 (pp.97-99).

### *Co-authoring Publication 8*

I was invited, by the editors of *Mental Health and Social Inclusion* journal (MHSI) (see Appendix II), to submit a version of Publication 6, which they had read. I approached Anne-Laure to write with me because of her intimate involvement in the interviews (see above) and because of her depth of understanding of the issues around inclusion of the service users in research.

Indeed, this had been the subject of other collaborative dissemination of the Bristol PAR, such as a joint presentation at the UWE's Faculty of Health and Life Science's Service User and Carer Conference in 2009 (see Fieldhouse and Donskoy, 2009, in Appendix 4).

We were keen to amplify the service user perspective for MHSI, as part of a growing suite of complementary articles disseminating the PAR (Publications 5 to 8) because the service user experience was the impulse for the whole PAR. I was the lead author and produced an initial draft to which Anne-Laure suggested some specific insertions regarding service users as evaluators of services (p.158), but this did not substantially alter my initial text.

Please see *Email dialogue with Anne-Laure Donskoy – to accompany Appendix 5.4*

### ***Appendix 5.5: Collaboration with Dr Katrina Bannigan***

#### **See Publication 9 in Appendix 1**

I met Katrina (Associate Professor (Reader) of Occupational Therapy at Plymouth University) in 2009 when we were both invited to become co-editors (with Wendy Bryant) of an occupational therapy textbook (see Bryant, Fieldhouse, and Bannigan 2014, Appendix 1). Part of this role involved writing chapters that we – as an editorial team – felt equipped to cover.

I was interested in writing about wellbeing as a concept in mental health practice because it resonated with a social perspective of mental health problems, had strong links with recover-orientated concepts such as resilience, hope, and self-efficacy and had much in common with aspects of social inclusion – such as the subjective feeling of ‘belonging’.

Katrina’s long-standing interest in research methodology and outcome measurement suggested a complementary role, as co-author, because we were writing about the elusiveness of ‘wellbeing’ as a concept, and an overview of proxy measures for wellbeing was felt to be a valuable service to our readership. We aimed to contribute to further discourse within occupational therapy about the relationship between wellbeing and mental health, including an exposition of an occupational science perspective of wellbeing which considered the broader political agendas for wellbeing as a societal issue.

I largely drafted and completed this chapter myself, with a minor insertion from Katrina regarding outcome measurement (see Publication 9, p.24) which did not substantially alter my original text.

Please see *Email dialogue with Dr Katrina Bannigan– to accompany Appendix 5.5*

### ***Appendix 5.6: Collaboration with Vanessa Parmenter and Alice Hortop***

#### **See Publication 11**

Through my contacts within the ‘STH movement’ (see Box 3, p.8) I was approached, at UWE, to conduct an evaluation of a local horticultural project specialising in work preparation for mental health service users (Publication 11). The project had produced positive employment statistics but

the managers now wanted a clearer idea of how their business model – as a new social enterprise – could develop further.

I acted as project leader. This involved negotiating a participatory action inquiry design with the project's management team, agreeing costs, and submitting a proposal to my faculty's ethics committee. This was essential because we wanted to involve the project's trainees (mental health service users), who were deemed vulnerable, as participants.

I approached two UWE colleagues – Vanessa Parmenter and Alice Hortop (both Senior Occupational Therapy Lecturers) – because of their skills and expertise in facilitating group work with mental health service users and their interest in appreciative inquiry.

Our initial plan for whole organisation engagement in co-operative inquiry (including managers, hands-on staff and trainees) was thwarted by the strongly asserted advice from managers that this would deter trainees from attending (see p.127). Consequently, we agreed on three separate workshops: one for trainees (co-facilitated by myself and Alice) and two with staff, managers and a commissioner (co-facilitated by myself and Vanessa). The success of these workshops was due to the co-facilitators' depth of experience in group facilitation, as described on p. 128, which gave us the confidence to be flexible and responsive to the unfolding inquiry process. My primary role in this was to oversee the PAR-related process, such as by re-assuring Alice and Vanessa that, far from knocking us off course, this capacity for improvisation, was taking us into the heart of key issues and 'hot topics'.

#### *Co-authoring Publication 11*

This project was disseminated in Publication 11, aiming to highlight how successful inter-sectoral work had forged new routes to sustainable employment for adults with mental health problems. For me, dissemination also had a secondary aim: to popularise action inquiry methodology as an approach to exploring innovative healthcare practice. On this basis I took the lead in drafting the article, drawing on a project report I had co-authored with Vanessa and Alice which was published on the UWE webpages (see <http://www1.uwe.ac.uk/hls/ahp/aboutus/serviceevaluations.aspx>). Vanessa and Alice suggested minor insertions but did not substantially alter my original draft.

It was my suggestion (which my co-authors agreed to) that we risk submitting the article to a journal serving a largely physical therapist readership. I saw this as an opportunity to engage positivist researchers in an alternative paradigm for service evaluation. However – as described on p. 37 – this resulted in a protracted debate with one particular reviewer who insisted that our inquiry be classified as an ‘opinion piece’ as it did not pursue a realist evaluation method (Pawson and Tilley, 2000). This was unacceptable to us, prompting submission to a different journal for publication. I conducted the debate with the reviewer and the journal’s editor (who was actually quite encouraging, agreeing to engage the arbitration of a third peer-reviewer) because I wanted to explore the tensions between positivist and post-positivist inquiry paradigms for my own edification as much as anything.

Please see *Email dialogue with Vanessa Parmenter – to accompany Appendix 5.6* and *Email dialogue with Alice Hortop – to accompany Appendix 5.6*

### ***Appendix 5.7: Collaboration with Natureways managers***

I worked closely with Natureways manager, Jo Wright, to prepare for the PAR and – based on this working relationship – there was an initial plan for Jo and Paul North (Natureways co-managers) to write their own companion piece to Publication 11 for the British Journal of Occupational Therapists (BJOT) (see Appendix 2), focusing on the story of the projects’ development before, during, and since the PAR, including staff reflections on the PAR process.

This publication plan arose from the fact that that community interest companies (such as Natureways), or social enterprises, are having an increasingly prominent role in the mixed economy of healthcare, and health professionals – including occupational therapists – have been encouraged to work in this way (see Publication 11, p.156). I had discussed this publication plan with the BJOT editor and – following discussions with Natureways staff, who were somewhat daunted by the idea academic writing – offered to either co-write or edit/proof read the draft and prepare it for submission. However, the pressures of running a business meant that Jo’s energies were committed elsewhere and this output never materialised.

Please see *Email dialogue with Jo Wright – to accompany Appendix 5.7*

### ***Appendix 5.8: Collaboration with Community Involvement Subgroup (CIS) members***

My collaboration with the members of the CIS (see Box 2, p.4) lasted throughout the twenty month duration of the CIS' work (see Table 4, p.112). I was both their peer (as a practitioner member of the CIS) and their PAR facilitator (as PI for the inquiry), though this role was shared with Dr Sue Porter, who led us all in two workshops – as described in Part 9.

Each CIS member was intimately involved in shaping the CIS' action plan, in the point-counterpoint critical reflection on the CIS activities and in the often challenging dialogue with senior managers that the CIS engaged in in its latter stages, as described on pages 103 to 111. In this sense each member was instrumental in my experiential learning about PAR facilitation. It was through their commitment to the task of service improvement and to the CIS' task that I discovered the importance of relational issues (see p.122) and an extended epistemology (see p.6) in PAR. Their preparedness to engage in the PAR was the key factor in the 'fruitful collaborations' (see p.100) that emerged and the unanimity in the group provided vital solidarity and support for me personally, without which the challenges and dilemmas presented in Box 15 (p.87) could easily have been overwhelming.

My role as PI and my desire to learn as much as possible about PAR are, perhaps, the decisive factors that energised me to revisit the CIS' experiences in Publications 6-8 and in this DPhil commentary. Unfortunately, none of my fellow CIS members' felt inclined to co-author shared reflection on the CIS' work at the time (see pp.110-111) and the co-author that did emerge – Professor Steve Onyett (Publication 7) – did so, perhaps, because he was one step removed from direct involvement in the CIS but close enough to understand that actionable learning could be gleaned from its experiences.

This has prompted me – more recently – to reflect on the CIS' demise from a wider ethical perspective – as detailed on pages 132-135 – and to consider how an ethical covenant might have allowed the CIS' life to have come to a more collectively satisfying conclusion.

# Appendix 6. Addressing UWE's Doctoral Descriptors

*This appendix describes how each of the 5 doctoral descriptors has been met through my publications and/or through my commentary. The publications themselves are referred to as 'Publication 1', 'Publication 2' etc., as presented in Appendix I.*

- 1. [the student] has conducted enquiry leading to the creation and interpretation of new knowledge through original research or other advanced scholarship, shown by satisfying scholarly review by accomplished and recognised scholars in the field**
  - 1.1. I have conducted empirical research that has been published in peer reviewed professional journals [ Publications 1, 2, 3, 5, 6, 7, 8, 11]
  - 1.2. I have written articles and book chapters from a more theoretical perspective that have been published in peer reviewed professional journals or, in the case of book chapters, by independent peer reviewers [ Publications 1, 4, 9, 10]
  - 1.3. A British Journal of Occupational Therapy (BJOT) editorial review of the publications in 2012 (Harries and Craik 2013) referred to Publication 5 and two other papers as examples of the increasing quality of BJOT articles on the basis that they were reports on funded research, as are a third of papers now published in the BJOT.
  - 1.4. My immersion in community mental health practice has generated several kinds of complementary activity:
    - 1.4.1.theoretical contribution (Publications 1, 4, 9, 10]
    - 1.4.2.research (Publications 2, 3, 5, 6, 7, 8, 11 and others – see Appendix I ]
    - 1.4.3.textbook chapter authoring (Publication 4) and co-authoring (Publications 9, 10]

1.4.4. textbook co-editing of Bryant, W., Fieldhouse, J. and Bannigan, K., eds, (2014) *Creek's Occupational Therapy and Mental Health (5<sup>th</sup> ed)*. Edinburgh: Churchill Livingstone/Elsevier.

1.5. My publications regarding social and therapeutic horticulture (STH) (Publications 2, 3, 10 and 11 and others – see Appendix III ] reflect an STH 'career' that has enabled me to develop close working relationships with internationally recognised scholars in the field [see Commentary Box 3, on p.8 ].

**2. [the student] can demonstrate a critical understanding of the current state of knowledge in that field of theory and/or practice**

2.1. I have published in journals outside occupational therapy's professional literature [Publications 6, 7, 8 and 11]. Publication 6 was included in a special mental health edition of the *Community Development Journal* launched on World Mental Health Day (2012) reflecting the general applicability of findings beyond occupational therapy.

2.2. the UK's College of Occupational Therapists (COT) invited me to provide a case drawn from Publication 5 to inform a COT response to the *Marmot Review: Fair Society, Healthy Lives* (Marmot, 2010) and to *Working for Health Equity: the Role of Health Professionals* (UCL 2013).

2.3. Material from Publication 5 (the 10 aspects of 'scaffolding' – see Fig. 7 in the Commentary) is now being used by occupational therapists from South West London & St Georges Mental Health NHS Trust to create a manualised occupational therapy intervention for promoting service users' community participation. This manual is also being used in a (one-group pretest posttest) study designed to measure the impact of community-based occupational therapy for adults with a diagnosed psychotic or mood disorder in a cohort study across two London mental health Trusts (Morley, 2014; Parkinson, 2014).

- 2.4. Publications 2 and 3 are widely cited in STH and OT literature [See Google Scholar citations in Appendix I].
- 2.5. Publication 8 was written at the invitation of co-editors of the publishing journal (*Mental Health and Social Inclusion* – see Appendix II) who had read Publication 6 and were themselves noted authors in the field of community development work.
- 2.6. I was invited to present findings from the Bristol PAR study to a service user/carer audience (see Appendix X, no.1) and at a range of practitioner workshops and/or conferences (Appendix X, nos. 2-5), indicating the ‘practice currency’ of my work.
- 3. *[the student] shows the ability to conceptualise, design and implement a project for the generation of new knowledge at the forefront of the discipline or field of practice including the capacity to adjust the project design in the light of emergent issues and understandings***
- 3.1. I have designed 4 primary data collection inquiries requiring ethical approval. The development of design ideas is evident across this body of work:
- 3.1.1. For Publication 2 I used qualitative interviews, participant observation, focus groups and thematic analysis (including triangulation with an independent data analyst) to explore the impact of an occupational therapy community allotment group on service users’ social networking
- 3.1.2. For Fieldhouse and Fedden (2009) (see Appendix IV) I used participant observation, journal keeping, and focus groups to explore *deep* and *surface* learning on a role-emerging professional practice student placement.
- 3.1.3. For Publications 5, 6 and 7 I used qualitative interviews, Computer Assisted Qualitative Data Analysis Software, and fed the findings into a broader participatory action research (PAR) project comprising co-operative and appreciative inquiry workshops.
- 3.1.4. For Publication 11, I led a team of 3 UWE-based inquirers and designed a co-operative inquiry/appreciative inquiry insider/outsider team work process to evaluate a horticulture-based vocational rehabilitation service



3.2. My project leadership of the PAR project (Publications 5-8) involved the design of a multi-faceted study and the co-ordination and ongoing adaptation of it in the field over the course of two years, including numerous challenges and set-backs. It involved co-ordinating the following:

3.2.1. Two service user researchers from Bristol MIND User Focused Monitoring (UFM) Project who helped in the design of a semi-structured qualitative interview schedule (based on a previous clinical audit I conducted) and in data analysis.

3.2.2. One PAR facilitator from Bath University's Centre for Action Research in Professional Practice (CARPP), brought in to conduct co-operative inquiry process with a working group in which I was an active practitioner member.

3.2.3. Two service user representatives on the project steering committee (who were not the MIND UFM researchers) supported by the mental health trust's Service User Development Workers.

#### **4. [the student] can demonstrate a critical understanding of the methodology of enquiry**

4.1. I have adopted variety of research designs (see 3 above) and also some non-research inquiry designs, such as questionnaire (see (4.1.1) below) and clinical audit (see (4.1.2) below):

4.1.1. A web-based survey (Survey Galaxy) of 119 respondents (approximately 3% of the STH workforce) led to Publication 3.

4.1.2. A service audit of clinical practice in a community mental health team led to a wider action research project (Publications 5-8)

4.2. I have developed my understanding of research methods. For example, when I used a text analysis software programme (MAX QDA) (for Publications 5-8) I was acutely aware of the function it served because these tasks had been performed in a painstaking *constant comparison* process (Maykut and Morehouse, 1994) using multiple hard copies of transcribed data, scissors, and glue for Publication 2. This earlier experience ensured that MAX QDA remained a tool used to serve a *human researcher* process. The CAQDAS 'tail' was not allowed to 'wag the analysis dog', in other words, because I was mindful of

the potential for the software to create the *impression* that meaningful patterns exist in the data, when in fact they may have been 'created' by the software (Denzin and Lincoln, 2003).

4.3. I have co-written a critical reflection on the nuances of applying co-operative/appreciative inquiry principles in practice (Publication 7), which led to an invitation to review submissions to the *Action Research Journal*.

4.4. When writing for publications I always strive to justify the methodology (ie. rationalise the fit between method and the research question) and to present the method as transparently as possible. I see vouching for a study's method as a guarantee of the authenticity of the findings, which is itself an ethical issue too.

**5. *[the student] has developed independent judgement of issues and ideas in the field of research and/or practice and is able to communicate and justify that judgement to appropriate audiences***

5.1. I have published with distinct and diverse audiences in mind: occupational therapists (Publications 1, 2, 3, 4, 5, 9 and 10), STH practitioners (Publications 2, 3 and 10), generic mental health workers and community development workers (Publication 6), action researchers (Publication 7), and service users and commissioners (Publications 8 and 11).

5.2. Publication 6 was considered by UWE scrutineers in preparation for the Research Excellence Framework for 2008-13 and deemed to be "two star quality veering towards three" (See Appendix XI).

5.3. I have included a detailed reflexive analysis of how I conducted a PAR project, including an account of how I developed my own de facto quality criteria in response to dilemmas and challenges encountered (See Commentary, Part 9)

**6. *[the student] can critically reflect on his/her work and evaluate its strengths and weaknesses including understanding validation procedures:***

- 6.1. I am a reflective and reflexive practitioner/researcher whose inquiries have generally been in the form of a post-hoc 'unpacking' of practice that had already produced demonstrably good outcomes. The approach has always been to examine, understand, and disseminate 'what worked' (Publications 2, 5, 6, 7, 8 and 11).
- 6.2. I actively sought and used mentoring during the PAR from the South-West Regional Development Consultant of the National Institute of Mental Health in England (Publications 5-8) who later became a co-author for Publication 7.
- 6.3. I have collaborated with co-authors on several occasions, which has involved critical co-reflection on each other's contributions (Publications 3, 7, 8, 9, 10, 11).
- 6.4. I sought professional peer review of the PAR report in 2009 prior to writing a suite of four related papers (Publications 5-8)
- 6.5. Publication implicitly involves writing 'critique' section reflecting on aspects of the study in question (Publications 2, 3, 4, 5, 6, 7, 8 and 11)
- 6.6. I have engaged in thorough and critical reflection on my body of work as a whole (using Schon's (1983) principle of reflection-on-action) while writing this D.Phil commentary.
- 6.7. See 5.3 above.

## Appendix 7. Mapping Publications and Commentary to the UWE Doctoral Descriptors

Publication	UWE Doctoral Descriptors addressed by publications (see key below)					
	1	2	3	4	5	6
1		✓			✓	
2	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓
4		✓			✓	✓
5	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓
7		✓		✓	✓	✓
8	✓	✓	✓	✓	✓	✓
9		✓			✓	
10		✓			✓	
11	✓	✓	✓	✓	✓	✓
Commentary		✓		✓		✓

### UWE Doctoral Descriptors

The student:

1. has conducted enquiry leading to the creation and interpretation of new knowledge through original research or other advanced scholarship, shown by satisfying scholarly review by accomplished and recognised scholars in the field
2. can demonstrate a critical understanding of the current state of knowledge in that field of theory and/or practice
3. shows the ability to conceptualise, design and implement a project for the generation of new knowledge at the forefront of the discipline or field of practice including the capacity to adjust the project design in the light of emergent issues and understandings
4. can demonstrate a critical understanding of the methodology of enquiry
5. has developed independent judgement of issues and ideas in the field of research and/or practice and is able to communicate and justify that judgement to appropriate audiences
6. can critically reflect on his/her work and evaluate its strengths and weaknesses including understanding validation procedures.

## Appendix 8. Freefall writing instructions

- No one but you is going to read what you write.
- Freefall writing gets us through the censor, gets through the blocks, gets through the 'oh God if I put it on paper it's got to right' stuff.
- What we're looking for is stuff that is a bit more buried than that – that's often not the 'top of the head' stuff.
- Freefall writing will often surprise us.

There are some basic rules:

- Keep the hand moving
- Find a pen that you're comfortable with and don't take your pen off the page
- Start with the thing you're trying to capture and just keep going.
- Don't worry about punctuation, spelling, crossings out, or where it is on the page.
- Don't have the 'think then write' attitude – just write.
- Empty your head onto the page, and hopefully your heart as well.
- When different thoughts come up – go for the ones are 'scary' or 'edgy', or have 'feeling' or 'passion' – because that's the one that will take you somewhere interesting in your writing.

### **CARPP Facilitators' Instructions for Freefall writing in the CIS**

## Appendix 9. Peer review discussion prior to Publication 11

*The reviewer's comments are in bold. My responses (as first author) are in italics*

- **The authors seem to have no understanding of the requirements of formal evaluation from a scientific point of view.**

*Reviewer 1 (R1) has misconstrued the nature of action inquiry and appears to be judging our action inquiry method according to the prescribed, more formal audit-like process of a formal Service Evaluation (with a capital 'S' and a capital 'E'), such as the scientific realist evaluation methods championed by Pawson & Tilley (2000) for example, which our inquiry is not. I have clarified in the revised, resubmitted article that our analysis is based on participatory action inquiry principles. Formal service evaluation (in the way Reviewer 1 has construed it) is different to the appreciative/co-operative inquiry methodology used by us in our inquiry. We accept that describing our inquiry as a 'project evaluation' in the original manuscript may have contributed to Reviewer 1's misunderstanding, so all references to 'service evaluation' have been removed to avoid confusion. We have left the title as '... evaluating the work of a social and therapeutic horticulture community interest company', but this could be 'exploring the work ...' or 'reflecting on the work' if the reviewers felt it was necessary.*

*For this resubmission, we have (obviously) not tried to change our article into a report about something which it is not. Instead, we have used the term 'inquiry' to emphasise that our approach was to generate a small-scale participatory process of learning in action which would generate and test living, practical, experiential knowing about a new project. The report used an action inquiry-led process to prompt trainees to reflect on their experience as service users and to get staff at all levels of the organisation to talk to each other from a solutions-focused perspective. The editor is aware of our concerns about a possible clash of paradigms and will share our resubmission with a 3<sup>rd</sup> reviewer.*

- **A simple program logic model is not specified.**

*That's correct, because no such framework was used. It was not relevant to the task of open exploration and the need to accommodate unpredictability. This inquiry was exploratory in that it aimed to address the question of how positive outcomes had been produced in order to clarify what was perceived to have 'worked'. This was a necessary step before any consideration of comparing the project against benchmarked good practice elsewhere. The key features of Natureways' practice had to be identified first.*

- **Program evaluation typically consists of outcome evaluation (which in this instance requires a logic statement) and process evaluation (which is about the client journey in the program and stakeholder perspectives of the program). The authors have attempted the latter without the former. But even then, they are using a biased approach which only looks at positive views of the program, not negative perceptions.**

*Although bias can never truly be eliminated in an inquiry such as this, the appreciative approach should not be misconstrued. It aims to identify and nurture good practice by eliciting stories of success from as many parts of the organisational system as possible, including service users' views. Similarly, a learning history – which is a well-established and well-documented action inquiry tool (Roth and Bradbury 2007) – is based on identifying accomplishments because (using solutions-focused learning) it is the examples of 'success' that contains the seeds of positive change. The action aspect of the action inquiry was the process of bringing diverse and disparate viewpoints together to establish how 'success' had been achieved by a whole organisation; identifying which decisions by managers had facilitated which activities by Natureways's hands-on staff, etc. In other words, the inquiry set out to understand how the organisation 'worked' as one whole system and to generate actionable learning about this for future development, and to inform potential commissioning of new services. One of the service commissioners was a participant in the second staff/managers workshop, in fact, because her perspective on how a 'model' was developing was essential to the learning history. The positive outcomes were undisputable and the point of the inquiry was*

*to retrospectively unpack how they had been achieved. It is with the aim of presenting these increasingly widely used techniques to readers (as stated in the Introduction) that the authors went into such detail about the inquiry method in the 'Using Action Inquiry' section of the article. Furthermore, when seeking ethical approval for our inquiry, our inquiry proposal stated clearly that the focus of the questions was to be 'solutions focused'. The appreciative stance – which focuses on eliciting personal accounts and subjective impressions of what had gone 'right' – is a widely acknowledged method for reflecting on organisational practices and developing them (Whitney and Trosten-Bloom 2003). The appreciative stance was one of the reasons our inquiry (which was a type of 'evaluation' not research) was able to gain a favourable approval from the NHS Trust R&D Office without going through a NHS REC. Focusing on negative perceptions would have potentially created distress amongst service user participants and/or deterred participation. Maintaining an appreciative approach (focusing on solutions) was therefore a methodological and an ethical issue.*

- **The references in support of an action inquiry method do not support its use as a way to avoid conducting an unbiased evaluation. The justification the authors use for their approach is reprehensible (they dismiss a quantitative analysis as if this is not necessary) and this suggests a deliberate intention to mislead readers about the true nature of the program.**

*A quantitative analysis was not dismissed. It was simply not what we (as external inquirers/evaluators) were commissioned to do. In keeping with the fundamental principles of participatory action inquiry and action research, the participants themselves (managers, project workers, and service users) were the validators of their own data. They amended it, elaborated on it, and ultimately confirmed what was co-created. No interpretation was made by the facilitators independently of this collective confirmation process. Therefore R 1's suggestion that the inquiry was not 'unbiased' is irrelevant. The participants owned the process and the findings. That is integral to participatory action research and an essential part of what was achieved.*



- **Not specifying a logic model, has led to not appropriately defining the input and output variables needed to evaluate the program. A simple logic model can tell us what is supposed to cause the defined outcomes, so that we know whether for instance it is client characteristics or service characteristics, or the service delivery context (the labour market) that is most expected to cause the intended results. Without that there is no basis for even designing an evaluation.**

*We didn't design a 'Service Evaluation' in the sense that R1 means. We designed a co-operative inquiry process using some appreciative inquiry principles (Reason 2001). Recognising this fact is essential to gaining an accurate sense what this inquiry set out to do and what it achieved. R1's comments appear to reflect a fundamental misunderstanding about the nature of action inquiry generally, and about our reported inquiry in particular (and the fact that our inquiry was not a formal service evaluation). When this inquiry began, the Natureways project was not yet at the stage of understanding itself to even consider applying a 'logic model'. It was starting to understand its own constituent parts but not yet ready to identify its own resources, activities, outputs, and outcomes. The variables were unknown, in other words. That's why action inquiry fit the bill and was commissioned. It came at the very earliest stage of exploration. However, we believe it may have gone some way to delineating the elements that could be factored into an evaluation of effectiveness in the future. For example, in terms of resources the efficacy of the natural green environment is only starting to be understood through research-based evidence globally and here, in this inquiry, its role has been highlighted. But this happened as a result of inquiry. It was not a 'known' that could be spelled out with any confidence. In short, Natureways was not at the evaluation stage of its life. It could not yet isolate all the variables and start considering causal relationships. It was, therefore; less concerned with evaluating its program and more concerned with learning what its new jointly-produced, inter-sectoral program comprised; what 'worked', in other words.*

- **Even a small program involving 6 or fewer clients can be evaluated in an unbiased way. Once the points above are addressed, the authors can specify the client characteristics in terms of variables that enable comparisons to other vocational rehabilitation programs.**

*Our account of our action inquiry has generated actionable knowledge based on confirmable data within a particular situation/context. Again this is as far from Pawson & Tilley's (2000) approach as possible, since they argue that day-to-day 'descriptive particulars' of any individual program only inhibit comparison and hinder generalisability because they "cannot be cashed in cumulatively" (p.119). We need to emphasise that 'objective' findings created through a 'scientific' evaluation was not what this action inquiry was about (see Tomlin and Borgetto 2011). It was more concerned with maximising validity in terms of accurately representing the social phenomena to which it refers, in keeping with the principle of validity applied to action research or ethnographic-type inquiry (Hammersley 1990). This was our goal, rather than seeing validity as some form of objectivism – which here it is not. The goal was not generalizability, as such, but actionable learning in situ which could be enacted by the participants themselves, in their own project. The action and the inquiry are not separate, as they are in some other forms of 'scientific' inquiry. It was important to us, as action inquirers, that what we might have 'taken away' as 'generalisable knowledge' would not be privileged over participants local, rich, contexted knowledge. Saying this does not limit the usefulness of our article to readers, in our view, because its conclusions have a value within the context of the work – which Reviewer No.2 (R2) acknowledged to be a growing phenomenon, particularly in the UK. R2 noted that it was relevant and current in terms of examining collaborations (ie. those with therapeutic intent and involving the statutory sector and more localised, community based initiatives) because it provides an enhanced understanding of the change that is happening widely. It thus makes a useful and significant contribution to the literature.*

## Appendix 10. Sampling Strategy for Qualitative Interviews in Publication 5

***This is the strategy used to select a group of service user interviewees for in-depth, qualitative interviewing as phase one of the Bristol PAR study.***

Individuals were sought who were initially deemed to be occupationally 'hard to engage' by referrers *and* had subsequently become successfully engaged occupationally during their time with the Assertive Outreach (AO) team.

### Inclusion Criteria

Service users had to fulfill each of the following two criteria:

- 1) The service user had been described in referrals made to South Bristol Assertive Outreach Team as being occupationally 'hard to engage'.

This was defined as either:

- (a) being 'non-engaging' following referral to any of the occupation-based rehab or adult services in south Bristol (then called *day therapies, vocational services, and/or community rehab teams*); or
- (b) having 'occupation' identified as an unmet need in their CPA care plan.

- 2) The service user had subsequently gone on (since being referred to the AO team) to engage with either mainstream community-based occupations or local occupational services.

*Occupation* was defined as any goal-orientated, personally meaningful, regularly repeated activity that was perceived as 'doing' by the service user (McLaughlin Gray, 1997).

*Engagement* was defined as regular attendance within the normally accepted limits of the occupational setting in which the activity took place and which the individual attended.

It was decided also that if the number of information-rich service users exceeded the target number for the sample, care would be taken to include – if possible – participants of varying ages, different genders, and from different ethnicities in the sample.

## **Exclusion Criteria**

- 1) Individuals who were assessed by the AO team care co-ordinators as being too 'unwell' or vulnerable to participate in an interview because of the distress it might cause them.
- 2) Individuals who were assessed as not having the capacity to give informed consent to participate because their participation could be viewed as exploitative.