

How can professionals help people to inquire using their own action research?

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Abstract

I want to re-visit the differences between research which is conducted by human services professionals¹ *on, about* and *for* their primary and ultimate beneficiaries – clients, patients, or community members – in contrast to research which is more *for, by* and *with* primary and ultimate beneficiaries. I want to do this in light of the widespread continuation of a model of ‘professionalism’ that rests heavily on valuing *pre-existing* professional knowledge and evidence-bases. That is, the persistence of a model of professional expertise that *presumes* the applicability of prior knowledge developed from other professionals’ research, in contrast to seeing professional expertise as lying in knowing how to develop that knowledge more from and with intended beneficiaries, constantly testing it with those beneficiaries for continued relevance at each new application.

I give two case examples to illuminate these differences and affirm the value of approaching professional practice as the facilitation and resourcing of people’s own inquiries. The first is an instance where professional staff proceeded with the research they saw as needed to help low income women (*for, about* and *on* the critical reference group). Meanwhile the low income women simultaneously proceeded to plan the research they saw as needed to help their situations (*with* and *by* the critical reference group). The second case example illuminates more deeply an extended effort that commenced with research done *for, about* and *on*, but moved to be research *with* and *by* the end-beneficiaries. This involved differing constellations of researcher/s, research facilitators, researched and researched-for as a responsive shift took place in the locus of power from professionals to beneficiaries – ultimately leading to greater success. I conclude by briefly summarising the conditions that seem to assist (or hinder) professionals researching more *with* and *by* their intended end-beneficiaries.

Keywords: Action research, participation, collaborative inquiry, human services, professionals, capacity-building

Introduction

While the current burgeoning action research community is enabling the field to advance rapidly, many of the contexts in which we are trying to work remain heavily shaped by professional assumptions that are at deep variance with the idea that *all* people have critically important knowledge. It is possible that none of us are exempt from the tendency to this ‘default setting’ of ‘already knowing’ – whether about what others experience, or need, or want or should do. It may be a deep response to our need for certainty, and the confidence that comes with it. Yet the lesson we learn in moving from being conventional researchers to participatory action researchers, is that people do indeed *know* things and that their knowledge is how they survive. Further, we learn that if there are any better ways of knowing possible, it is only going to be by people seeing this to be so through *their own* practical creation and assimilation of this knowledge, in the contexts of their own real lives. All else remains potentially imposed or untested conjecture. Yet paradoxically, human services professionals spend up to eight years in formal education learning not only about these newer ‘capacity-strengthening’ assumptions, but also that people do *not* know things, that their knowledge does not help them survive, that there are better ways of knowing possible, and that it is only by

the professionals showing them this is so, or guiding and encouraging or ensuring their compliance with it, that this knowledge will prevail successfully in their lives. To 'be a professional' can often seem to mean to treat all else as potentially unevidenced or untrustworthy lay knowledge. Indeed, the vast bulk of science and research remains committed to these assumptions. Yet turning to action research *for, with, and by* end-beneficiaries does not mean setting aside all pre-existing ideas, research, evidence and theories. These all have their important part to play. But they play a *different* part in action research: more as a potential resource rather than only presumptively to predetermine practice. Two narratives illuminate the very different results that can come from being sensitive to when current assumptions are *not* working, and the need to facilitate the construction of new meanings and ideas.

Thus this paper began life to assist human services' practitioners who were setting out to 'do this right' - to research the needs of their end-beneficiaries² in a more direct, engaged and responsive way around clients' or client communities' needs, interests, experiences, hopes and preferred next steps. Yet the same professional practitioners were seemingly regularly constrained to resort to 'default setting' practices that might best be described as research '*about*', '*for*' or '*on*' people.³

Yet there has been a growing movement of human services' professionals who have come to see the repeated futility of working out (or diagnosing) people's or communities' problems *for* them and trying to get them to change in the directions the professional sees as desirable. Sometimes also called strengths-based practice⁴, community capacity-building⁵ or narrative therapy⁶, this professional movement is currently transforming much social work, teaching, nursing or community development from practicing 'on' or deciding 'about' or 'for' people, to instead working closely *with* and *alongside* the client, consumer, customer or patient around *their* expression of their experiences, needs, interests, hopes and 'do-able' next steps. The professional in this form of practice, works to 'divine' and assist the process of critical reference groups' understanding of both self and others, and their own history, and achieving progress towards their goals by nurturing the sources of positive energy and connections with others.

In making this change in professional case work, group and community practice, there is an interesting close parallel to the move in social science from being 'The' researcher to assisting 'others' become their own researchers: increasing their own understanding, strengthening their insights about 'what is' and finding new ways of thinking about this in order to indicate better ways forward, and then experimenting with these in their own practice.⁷

Professionals and research

Traditionally, research has always played an important part in the work of most professionals since most professions base their claims to having special expertise on research that shows an effective connection between theory and practice⁸. Yet once professional practitioners are 'out' working directly with real-life human service situations, many have felt themselves unable to be participants in the process of generating further valid knowledge about their own work. This has often reflected a disjuncture between the ways research may have been taught in the academy – in turn reflecting general societal beliefs about what science involves. These beliefs may include presumptions that science must be conducted by 'independent, objective experts', who do not allow their (either conscious or unconscious) values or experience to 'bias' their 'pure observations of the facts', and that such science should result in stable, generalisable, predictive truths. Nevertheless professionals – like everyone else – build up an impressive stock of 'practice wisdom' as they encounter instance after instance, reflect on their experiences and store away many more new rules of thumb. We could term this 'small "r" research'. Over recent years there has been a growth in popularity of this kind of professional reflection or 'reflexive practice' (see for example Schon, 1983, Fook, 1996) and

workplace-based action learning, research and evaluation.

As well, most student professionals have had to study research methodology or make use of it during their professional education or training. Thus the additional possibility has opened up for professionals to choose research careers *qua* researchers, as well as to be occasional project researchers in their chosen field of practice. We might call these two more elaborated possibilities: ‘big R’ and ‘medium r’ research. These sit along a continuum from the everyday sense in which a professional practitioner is always a ‘small ‘r’ researcher’ as well.

Seeing research in this way is part of a ‘paradigm shift’⁹ in social science and in the human professional services (which draw on such social science), and an analogue to changes over the past eighty years in how scientists and physicists see the world from a Newtonian worldview to post Einsteinian understandings. Importantly these new understandings are seen as applying regardless of who we are, whether a client, or practicing professional or research scientist, or something in between. They include:

- That our observations of the world are always a result of our human perception, bound by both our physical sensing apparatus and our meaning-making social and psychological ‘lenses’ and ‘filters’;
- Our perceptions and interpretations are inevitably relative to our past experience, accrued concepts, theories and value-driven purposes - conscious or not conscious, and
- Our individual personal as well as group, organizational, community, and social conditions are inevitably so complex, changing and uncertain, as to always mean the possibility that our current stock of knowledge might not be right for even the next new situation we encounter.

When applied to professional practice they point to the possibilities of inaccurate and misleading findings from not being either close enough or open enough to the situation being researched, the risk or inability to ever really adequately represent the ‘reality’ of another person or people, and the resulting potential for impractical (possibly ‘merely academic’) or otherwise wide-of-the-mark observations, conclusions and findings, potentially translated into wide-of-the-mark policy and practice.

Almost all professions are now engaged in overcoming these issues by various kinds of small ‘r’ individual self-research as well as more collective medium ‘r’ variants. Besides reflective practice, these latter include study circles¹⁰, quality circles¹¹, peer assessment¹², networking¹³, action learning¹⁴, clinical studies, learning organizations¹⁵, organizational development¹⁶ and action research¹⁷. While this paper focuses on action research, much of what it says applies to all other variants as well. Professionals assisting action research to take place in these ways - as well as being big ‘R’ career researchers or service-providers-turned-researcher - may be adding a discrete piece of research onto their service-provision job, or they may be tertiary student on research placement, or external consultants, or self help group members-turned-professional practitioner, or professionals who become consumers or members of a self help or interest group; or simply curious, thoughtful, practical, professional people who might not see themselves as researchers at all!

Research for whom?

Professionals in the human services area (working in health, education, housing, architecture, welfare, community services, arts, recreation & leisure, sport and so on) face a threshold issue when doing research: and that is that most of their work (and the research to improve it) is ultimately to benefit *others* – such as unemployed people, suicidal young people, older people without housing, women, children, single parents, people with disabilities, low income people, immigrant populations, legal aid clients, hospital patients, voters, ratepayers, or Aboriginal or other community or self-help groups experiencing unmet needs or

suffering discrimination. While professionals may raise research questions themselves, often stemming from their own sense that there is ‘a problem’, the research very soon comes to have implications for the intended beneficiaries of their services: ‘customers’, consumers, service-users, clients and patients. These ‘critical reference groups’ are simultaneously the primary intended beneficiaries of *both* research and professional practice.¹⁸

Every professional practitioner, as well as every professional researcher or research consultant who carries out capital ‘R’ research, comes to some decision about how they will work in relation to the critical reference group (and all other potential parties to research), whether consciously or not. This paper is written for those professionals who seek more assistance in facilitating research that will directly inform and benefit their own particular critical reference group or groups – particularly in ways those groups themselves ‘approve’ through their own active involvement. In this sense the empowerment and energy that comes from such active participation become critical indicators of achieving resonance with the interests and life worlds of critical reference groups. This may take place at the small ‘r’ micro level of the client being interested in inquiring into the best way forward in their particular *personal* situation - or at a more medium ‘r’ or macro level of a larger system interest in inquiring into the best way forward in its *collective* situation.

In a way, *all* research is (and always has been) participatory, in that there are always some participants even if apparently few, and *all* research has action consequences (even if it is only to reproduce the status quo!). Those who use the term ‘participatory action research’ are more likely to have become conscious about the need for participation of all relevant stakeholders, the need to move to new action that is more directly guided by the critical reference group, and to be explicit about incorporating these two factors as ‘drivers’ of the research design. Rather than seeing participation and action as matters of ‘nuisance’ or ‘bias’, they are seen as essential to both ‘get it right’ and test this in valid practice. This incorporation is not always an easy matter (although fortunately the more it has been practiced, the easier it has become).

Research on or about people

Nevertheless, much research continues to be done ‘on’ or ‘about’ people, sometimes with the best of intentions. For example sometimes it can seem like a caring and sensitive thing to do to find out about a client without having to ask them, in order to work out what would work best. Indeed it may be cast as ‘good professional practice’ – particularly if based on the exemplar of emergency medical practice (Wadsworth and O’Brien, 2003). Nevertheless it always carries the potential risk of ‘getting it wrong’ as it depends, in effect, on ‘guesswork’ based on (even the best) evidence from elsewhere. Similarly, ‘studying down’¹⁹, where the professional has come in to do ‘their’ research, again often with the best of intent, can nevertheless mean treating (or coaxing) often-subordinate people to be ‘subjects’ (or objects of the inquiry). The professional hopes their questions will get at the ‘truth’ they are seeking – but is it a ‘truth’ which will be recognised by ‘the researched’, or seen as of benefit to them? As well, since we so often research those who ‘have the problem’ (rather than for example those who might be contributing to it), research ‘on’ people always runs the risk of missing the point in relation to the impact of more powerful players. But what if the ‘researched’ were affluent, powerful, or authoritarian? Would this justify doing research ‘on’ people? Some researchers believe so. However some of us have found that even the most seemingly ‘reprehensible’ subjects – if researched *with* – have stories to tell which cast important new light on a situation. Through clarifying or supplying essential insights or intelligence, or even suggesting (or resulting) in mutual understandings, there may be valuable contributions to critical reference groups’ situations or decision-making for future action.

Research for people

More recently (and particularly since it has been widely accepted that all inquiry is inevitably, even *necessarily* value-driven), examples have emerged of research that has been done more ‘for’ client groups: for example advocacy research where a professional or researcher has seen them self as acting in the interests of the client group. If research *on* people uses one-way questions to get answers, research *for* people may not ask them directly what their views are at all. Instead it may examine examples from other people’s research into people *like* them, or it may ask other professionals for their opinions or knowledge of ‘a case’ and extrapolate from those other settings and views to speculate for *these* people, or it may draw on population data or historical or other written documents. Yet in these cases, without the firsthand participation of the actual clients themselves in deciding what it all means, again the professional may remain on uncertain territory with regard to whether they can know they really understood the implications for *this* particular client or critical reference group. In the absence of direct ‘front-end’ information from clients (e.g. about their needs for services), the professional is left needing to rely heavily on after-the-event feedback and evaluation – something notoriously difficult to seek out, ‘take’ and learn from, particularly if it is negative.

Research by and with people

As many more professionals have come to identify the need for them to work directly ‘with’ clients both in their small ‘r’ practice and in their medium ‘r’ research, this has brought advances in terms of ‘fit’ between the research design, purposes, interpretations, creation of ‘findings’ and new actions. However, where this has still been a client working with *professionals’* questions, risks continue of slippage from clients’ experiential concerns or interests to those of the professional. This can often happen quite subtly and unintentionally and may bear a relationship to the essentially differing experiences of the world as well as the usually unequal power that attaches to these and also prevails between the two parties. Professionals can, even quite unwittingly and with good intentions, powerfully shape the ‘voice’ of the client and restrain it vis a vis that of their own. This is not to say that professionals cannot ever really test their ideas with clients. But few clients feel able to speak up against the suggestions, will, language, knowledge or enthusiasm of an educated paid professional (for example, to suggest that they may be asking the wrong questions). There are many ways professionals can work to strengthen the voice of the people for and with whom they are working, and to take the direction of the research more towards those people. These include meeting with the people in a group of their own (strength in numbers); helping them form and meet as a group if they are not already one; or doing so on their own (peer-facilitated) to work through their views and report back on their findings for a discussion with the professional/s working with them.

Research for, with and by the critical reference group, on their issues

Perhaps the more visionary (and more difficult to achieve) conditions are those where the professional attempts to reverse the relations of power until they are working more with the client group on the *clients’* questions, interests, energies and issues, illuminating them with their real-life examples. This approach rests on having developed a very deep respect for the value of the client’s experiences and acquired trust in their judgments about what is in their own interests. Now at this point, some professionals often fear the questions, topics and issues that they, the professionals have identified as important, might have to go out the window. There can be a fear that precious and hard-won understandings might be rejected by client groups who the professional believes do not yet really see or understand their own situation – and perhaps are choosing the wrong questions or issues to think about. This really is the crux of the matter. Can professionals move past their own anxieties? At this point, professionals may usefully retrace their paths and

ask themselves how they arrived at the conclusions they have already reached, if they seem to differ so much from those of their clients. Were clients involved in the processes of them (the professionals) coming to their conclusions? Would anything be lost by back-tracking and running (or re-running) them past clients – to see whether the ideas do ‘hold’, perhaps pointing out previous experiences they might have had, or those of other clients they think might be useful (e.g. from ‘the literature’)? If they do not: then they wouldn’t have anyway, and professionals – unless using coercion or manipulation – wouldn’t have been able to go very far down their preferred track in any case. And if they do resonate, then that will have provided early reassurance that the professional wasn’t risking getting too far down the track with conclusions and ideas for new actions or interventions that might have been irrelevant or undesirable by service-beneficiaries. In effect, they will have become co-researchers with their end-beneficiaries.

To take an example...

A group of sympathetic social work professionals want to address rural poverty by increasing community understanding of rural child poverty and single parents’ experiences. They decide that a statistical census of the extent of ‘the problem’ would need funding. They also hope to enlist low income and single parent women as ‘research assistants’ to examine some qualitative experiences of service users. When this group of professionals calls a meeting to discuss the proposal with the women, they ensure that they (the professionals) are outnumbered two to one in order that the women feel strong enough to speak freely. Under these conditions the women began to explore their own analysis of the situation. ‘The problem’ was clear to the women. They personally were not vitally interested in pursuing the matter of counting and measuring its extent (although polite about the professionals continuing with their proposal). Their experiences of discrimination were however constantly with them on a daily basis and they wanted more urgent redress. After discussion of their often searing experiences, their enthusiasm crystallised around the idea of researching them in more detail and writing a video script called ‘A Day in the Life of a Single Parent’ to show to local schools, banks and so on. This would illustrate both their strengths and resilience as well as what they were up against: the hardships and subtle persecution. Here, in one project, they could see a way of conveying more accurately information about the realities of their lives in such a way as to also illuminate truths about themselves (a source of self-pride), *and* see if they could change the prejudices (pre-judging) of the professionals and other local people they encountered in their day-to-day lives in the community.



When professionals are able to take these kinds of risks, then power relations begin to become more balanced and more genuine truths and collaboration can emerge. Professionals cannot ever perhaps be too mindful that - at the same time as they feel goodwill towards and solidarity with their consumer groups - they are also often literally a ‘class apart’ with their own differing experiences and interests. Some theorists have concluded that they should more or less vacate the research field. Others, however, believe professionals occupy contradictory or paradoxical positions of simultaneously *both* sharing and *not* sharing interests, values and experiences. What seems critical is that professionals be clear about when they are acting out of recognised shared interests (a sense of ‘we’ – of ‘being in this journey together’) and when they do not (a sense of ‘me’ and ‘you’ – ‘I can’t be on this journey with you’). Sometimes distance is inevitable or even intentional – either because a professional is aware they genuinely don’t share clients’ experiences or cannot or do not want to accompany them in a particular inquiry journey that is discomforting to the professional. However the competence of the professional importantly really rests on understanding their

clients' actual life worlds in order to be able to respond correctly – something that cannot effectively be done at too great a distance.

Thus professionals may act *with* critical reference groups to (a) assist them to find their voice, (b) facilitate them deciding on their own preferred courses of action and (c) support them in their decisions and learning from what happens next, and (d) resource them with whatever ideas and experiences might be relevant. In terms of assisting people and groups construct their own theory about their contexts and practices, the following comment (drawing on the French philosopher Michel Foucault 1983) points in a useful direction:

*When the [critical reference group] began to speak, they possessed their own theory of their situations and experiences. It is this form of discourse that ultimately matters, a discourse against power, the counter discourse of the 'done to' - and not a theory **about** the [critical reference group].*

This 'counter discourse' needs all the help it can get – all the observations, helpful questions, information, ideas and 'intelligence' that the professional can hunt out (a little like secondary research to fuel the primary inquiry), as well as the facilitation of imagination and creative generation of new understandings, theories and energetic and strong ways forward.²⁰

As well as the critical reference group there are other parties or stakeholders to be considered.

In the example described above, the professionals were facing a battle with higher government circles to even have the issue of rural child poverty recognised, much less acted on. As it turned out, there was no research granting body prepared initially to fund either the professionals' *or* the women's research projects. In the end the women's hard-won ideas for a video came to nothing, while the professionals eventually attracted funds for the quantitative study. Perhaps the active participation of ever-wider circles of people, including research funders and research policy-makers, might have been the crucial step so they too could have taken part in the research as it unfolded – and saw with their own eyes the evidence for the value of the critical reference group firmly occupying the driving role in the inquiry.

Collaborative research from the perspective of the critical reference group

While there will be many parties to consider involving, the most important initial participant for a professional to secure is thus the client or end-beneficiary group of the research. Lilla Watson has described in clear terms the kind of relationship that is desirable from the perspective of the critical reference group, in her own experience, that of Indigenous people. Here she speaks from that standpoint to the welfare professional:

*'If you've come to help me, you're wasting your time.
But if you've come because your liberation is bound up with mine,
then let us work together.'*

(Lilla Watson, Aboriginal educator, quoted with permission given to the Action Research Issues Association)

This is a tremendously useful way of putting it. 'Helping' from a position of altruism springing from a charitable pity for the 'other' (quite different from an 'us') does not always have valued outcomes, unless seen as not stemming from the other's 'inadequacy'. It similarly risks reproducing the subordination of 'the helped'. However a recognition of the bonds which unite, and of the way in which the 'hurt of one is the hurt of all', can potentially lead to more energised 'working together', with the previously disempowered able to speak more from a position of equality. Note that Lilla Watson does not say this is a guarantee of *successfully* working together - much more is required for that. Nor does it dissolve actual difference and the

primacy of those who have had the critical experience (unless the professional does indeed share the critical experience at issue). However it is the first condition for professionals and non-professionals finding common ground in the territory of the repression or hurt, experienced in a primary way by the non-professionals. Another way into this sense of genuine collaboration is for professionals to recognise they often share the common desire of service-users that there be ‘nothing about us without us’ – and to grasp empathetically the sense of powerlessness they would feel themselves if others decided for and about them, without their input or say-so.

Many theorists have described the range of ways in which professionals can work which are more (or less) oriented to this way of working. Barry McDonald (1976) has described three styles of working - autocratic, bureaucratic, and democratic - which involve the researcher sharing or yielding more or less of their power over the process. Sherry Arnstein (1969) has outlined a now well-known ‘ladder of participation’ ranging from minimal involvement (such as therapy and manipulation), to token involvement (placation, consultation and mere informing), to greater power (partnership, delegated power and control), which I’ve related to the research act (Wadsworth 1997b, p.98). In evaluation, the American theorists Egon Guba and Yvonna Lincoln (1989) outline a comparable shift in practice from where the researcher or professional is the *determiner* of what is deemed as of value, merit or worth, to being the *facilitator* of the participation of all relevant parties so that they may ask and critically answer their own evaluative questions collectively.

We can thus begin to discern a quite different way of conceptualising the professional’s role in the research process, and contrast this with old roles, once conventional. To summarise:

Once-dominant approaches

Typically in the past the service-provider professional - more or less alone - would decide on a research topic, read the literature to work out what tack to take, plan the research design, seek funds or time out, recruit subjects, design questionnaires or interview schedules (or employ assistants to interview), carry out or co-ordinate the fieldwork - then receive the data, analyse it, decide the meanings, draw the conclusions, and write it up as a report for management or publication, perhaps in a professional journal. These tasks were traditionally thought of as being accomplished without ‘bias’ (including that of the critical reference group!), although the values of the professional/researcher were generally either disguised by an appearance of ‘objective’ neutrality or replaced by the bias of apparent ‘neutrality’. This kind of research mirrored the kind of professional practice in which the professional also ‘made all the decisions’ for a client. Problems with research fieldwork were seen as ‘getting in’, getting subjects ‘on side’, getting the data, and ‘getting out’ – usually as ‘cleanly’ as possible so as not to dirty the patch for the next researcher. An experienced social researcher Lucinda Aberdeen has referred to this as a ‘data raid’ (Wadsworth 1997a), while others have called it ‘parachute research’. It is also often popularly referred to as ‘academic research’. Ian Hughes (undated) calls it ‘Captain Cook’ research – where the Captain Cooks are ‘researchers who perpetuate the false notion that scientists are discovering an empty land, when in practice it is filled with indigenous knowledge’.

New approaches

What does research that involves professionals as researchers working *with* critical reference groups look like? To begin with, the client, consumers or community group are understood to be the critical researchers, involved at all stages of the process – and the professional as a supporter, a resource person, a facilitator. Other relevant parties who choose to be involved are then drawn into the inquiry process as it unfolds. Professionals are explicit about the values that drive them to be interested, involved in or supportive of people or groups wanting to do their own action research. They help identify who is to benefit and then

assist the critical reference group to be involved in accomplishing their own research by carrying out the tasks themselves (or in the way they want). Professionals may, at the behest of the group:

- Assist all parties speak and be heard,
- Help to shape the nature and shape of the inquiry
- Assist the exchange of participants' perceptions and the reaching of new and improved understandings (as many times as is necessary, possibly over an extended period of time),
- Facilitate deciding on new actions, the planning and taking of them, and their monitoring for further observation and action *during* the research process.

New tasks for the professional may include, if desired by the group: as a co-participant, as a 'critical friend', listener and mirror, a co-coordinator of efforts and overall vision, community-developer, demystifier of science, facilitator of group processes, catalyst for decision-making, scribe or editor, technical adviser (e.g. on how to keep records, collect people's comments, make questionnaires, run a group discussion, select who to involve or talk to, get an ISBN, know what things cost, etc.), or as a 'meta-consultant' to service-providers, policy-makers or managers wanting to support staff or consumers in their own research. They might be a contributor of:

- Suggestions of people who could be involved,
- Questions that hadn't been asked (or hadn't been asked for a while),
- Noticer of things that hadn't been noticed (or hadn't been noticed for a while),
- Contributor of alternate views, information, perceptions, explanations, ideas from elsewhere, theories or observations for consideration, or
- Suggester of novel and potentially useful theories about problems and possible next actions.

Different locations for these roles may include:

- With self help or small community organisations (e.g. as community workers, caseworkers, resource workers, information officers, members or care-givers),
- At the front-line where service-providers interact with service-users (ditto),
- Local supervisory, coordinating, resourcing and service management or administration positions,
- Central or regional programme or policy planning, resourcing, administration or management jobs,
- And Ministerial or other elected representative offices.

In practice, professionals may work somewhere along the continuum between these two styles of research practice – whether further towards conventional roles or more towards new facilitatory roles. While these two roles actually 'sit' in different and non-congruent paradigms, in practice it is frequently now being seen that researchers and professionals are 'morphing' towards the new approach, yet drawing on 'hybridised' traditional methods.. For example conventional research may include an active self-inquiry group where once it might have had a passive (but voiceless) advisory group. Or action research may include a quick questionnaire survey, the results of which are examined by all involved (and understood to be uncertain and constructed) as one step along a multi-question, multi-method path. For those wanting to move further towards the new paradigm, it seems almost always a case of trying to ever more closely *approximate* the new roles in practice.

Most professionals find that their formal educations have skilled them in some aspects of the action research process. Jan Fook, Martin Ryan and Linette Hawkins found that social workers, for example, were expected to have the professional ability to hear the views of diverse stakeholders and interest groups, handle uncertainty and change, and work contextually with complexity and contradiction (Fook et al, 2000; Fook

2002). The key lies in shifting the locus of control, and developing the skill of sensitively and competently assisting the critical reference group in *their* personal or collective journeys of inquiry and change, research and action.

What does it mean in actual practice? – A case study of professionals moving to contribute to a group’s research-in-action

The following story follows the phases through which a project went, illuminating the differing ways in which various professionals increasingly contributed to a successful piece of participatory action research. It involves: a human service project co-ordinator who added a participatory action research approach to the development of a new service (after a period of time when such an approach was not used), a service manager, a project advisory committee, a project funder, an evaluation consultant, and an organisation’s Board. It also involved a large group of women experiencing a particular health problem – who were the focus of the efforts of all the professionals involved (some of whom also had experience of the same chronic health problem).

Thus it illuminates differing constellations of professionals, researchers, facilitators, researched and researched-for, in changing relationships over time from research *for*, *about* and *on* the ‘researched-for’, to research *with* and *by* the ‘researched-for’.

If this sounds a little confusing it may be the result of switching the direction of one’s gaze from that of the traditional researcher instead to – variously – those of *all* the different parties or stakeholders engaged more or less actively in an inquiry, and particularly to that of the beneficiary ‘researched-for’ (or critical reference group). In postmodern theory, this is a matter of simultaneously trying to grasp differing *discourses* (and the differing relations of power and knowing between people, implied by those differing discourses) – as seen through the varying lens of people coming from simultaneously differing standpoints.²¹ It is also in a sense, a discussion of the new ‘community of science’ – expanding the idea of the participating ‘scientists’ to include not only the hitherto ‘researchers’ but now also the fuller community of ‘co-researchers’, potentially including all relevant stakeholders to the research-within-action.

The birth of a new service – from research ‘for’, to research ‘on’, and finally research ‘about’ and ‘with’

Research for...

Professional service-providers working at the Arthritis Foundation each worked a stint on the switchboard. From this firsthand (‘fieldwork’) experience of the ‘raw’ requests for help coming in from people suffering arthritis, the professionals were able to form a view that something needed to be done to address the isolation of many of the people - particularly women (and, unusually for a condition often seen as an older person’s disease - young women) who reported being increasingly confined at home as the disease progressed. However rather than returning to those same women to research what they might like as a response to their situation, and - wanting to do a good job - the professionals went away and examined other services’ responses to their clients needs. They then formulated a proposal for a visiting volunteer service based on a successful older persons’ scheme. They thought volunteers from local community organisations and service clubs might befriend a person with arthritis, and perhaps take them out for recreation and leisure activities. Funds were successfully applied for, and a project co-

ordinator was employed who began to try to recruit and train volunteers. She left consumer involvement till after the service was up and running, believing that this would be a difficult and time-consuming task and also burdensome for chronically ill people.

At that point, an experienced evaluation consultant plus a woman with arthritis with self-help consumer research experience were appointed – at the behest of the funding body – to the committee to oversee developmental evaluation of the project. On their advice, consumers were consulted about the name of the project (which was subsequently changed from ‘Community Friends’ to ‘Neighbourhood Link’). The evaluation consultant and the woman with arthritis also began to question whether consumers should perhaps have been consulted about the need for the volunteer service. At the same time, the co-ordinator was beginning to report a dearth of traditional volunteers available to help. It was an uncomfortable situation, and at first the consumer representative – who became insistent that the women with arthritis be consulted - was removed from the committee to try to ease the pressure, particularly on the service co-ordinator. However this did not effectively address the underlying issue of the program’s logic, in that the women had not yet expressed a need for the service. The consumer representative’s position was restored when the research consultant made it a condition for her own continued involvement. In apparent frustration, the co-ordinator left the project.

Research on and with...

The evaluation consultant discussed the matter with the advisory committee, which then reaffirmed its policy commitment to taking the consumers’ views into account. A new co-ordinator was appointed who had some action research and community development experience, and in contrast to the project’s initial tack, she commenced with an in-depth study of consumers’ views about the proposed service. She visited nearly forty women experiencing the disease and listened carefully to the lengthy stories of their experiences of having found out about having contracted arthritis, adjusting (or not), their worries, fears, griefs and ways in which they had adapted. She also visited an arthritis self-help group, went out with them on a trip, and generally immersed herself in their worlds. She soon found herself having to dispense with even a simple questionnaire on their needs for the proposed visiting ‘friends’ scheme - as the women politely suggested others may need this but not them. As well, she found she could not even talk about (or assume experiences of) ‘loneliness’ or ‘isolation’. The most that the women would tolerate would be talk of ‘being a bit stuck at home’. Instead she reverted to very open questions of a ‘tell me about your life’ variety, and sat and listened, and listened. And listened some more.

She then brought all that the women had said back to the project’s advisory committee. The committee by now had a number of consumers on it, including some staff and Board members with arthritis. There was mounting tension because the project had had two ‘starts’, many months of unscheduled research, and was 10 months into the pilot 12-month funded period. By the end of that 12-month period, the service agreement had said there should be 25-30 friendships made as an indicator of satisfactory performance – but not a single friendship had yet been made!

Research about, with and by...

It turned out – given consumers had not been involved at the start – that this very long lead-time spent on the research, and the discussion about the need for the women’s input, was critically important to what happened next. At the next meeting of the committee, four out of the seven attending had the experience of living with arthritis (the other three comprised the evaluation consultant, the project co-ordinator and the service manager), and the ‘results’ of the interviews were at last ‘on the table’ for all to analyse.

The experiences of the women were described in resonant detail in interview transcript form. Firstly there were experiences of being ‘stuck at home’. Yet when the committee discussed buying a mini bus, this seemed somehow not quite appropriate given that people weren’t just lacking friends per se or wanting to get out per se, but were grieving for the loss of their own *particular* friends or former workmates, and their normal mobility. Secondly the women’s experiences of emotional distress were described - distress at first hearing of the diagnosis, grief at subsequent losses, misery about the pain, and so forth. Yet when the committee discussed the possibility of professional psychological services, this also seemed inappropriate, with the potential for a costly professionalisation of otherwise ‘normal’ experiences of grief and needs for support. It seemed the experiences might even best be understood by others with the same disease who’d been through the business of initial diagnosis. Finally, and a little incongruously for an organisation which had set out to help ‘poor isolated women at home’ - the women reported they wanted to be of use and help to others! There was talk about the LETS scheme (the local employment exchange scheme where people swap time on jobs such as babysitting or driving). While this affirmed the importance of exchange and reciprocity, it still seemed to require the elusive volunteer drivers. It also seemed perhaps too big a scheme to take on, and not quite related directly enough to the goal of the project.

At that point, with all the jigsaw pieces on the table: isolation, unshared emotional distress, desired principles of friendship and reciprocity - a new conceptualisation of the ‘service’ was suggested that might express all these. What about an ‘experiences exchange’ using a telephone network? The idea created instant interest. People leant forward and began discussing immediate ways of beginning to implement it. Over the following weeks, as the idea spread among the women concerned, friendships began spontaneously without further effort or persuasion! The organisation subsequently became well known for this initiative, which was so clearly and measurably ‘a goer’. Fourteen years later Arthritis Phonelink remained a flagship example of peer support at the Arthritis Foundation (now Arthritis Victoria) and has had several offshoots including a young women’s fibromyalgia group.

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It is illuminating to reflect more deeply on this experience to analyse what gave this ‘discovery’ (or invention) ‘legs’. This further reflection was not undertaken at the time, as the interest lay primarily in achieving the outcome rather than researching *how* it took place. Additionally there may have been some embarrassment about what may have been felt at the time to be shortcomings of the initial process. However this deeper reflection is offered now to a wider audience of professionals-as-researchers and those seeking professional assistance to their own inquiries, as a resource for our continued efforts to improve our own practice.

Firstly it is noteworthy that the newly conceptualised service was not the result of a single expert professional research diagnosis and delivery of a predictable correct solution – even if the final creative idea

did come from one particular person. What seemed critical was the *emergent* and *social* construction of the solution, that is, everything that all the professionals did in relation to each other and with consumers along the way, to nurture the new *fundamental* idea that consumers in the project had critical input. The suggestion was thus the result of a complex series of inputs and their exchange. Importantly it was thus firstly grounded in hearing the very detailed accounts of the women's *experience*. That is, the suggested new practice was based on theory derived directly from the rich details of the realities of the women's own lives as *they* knew and understood them. Secondly, the evaluation consultant who suggested the idea offered it *tentatively* (it was not presented authoritatively) to the women-with-arthritis around the table, who were free to judge the value of the idea *to themselves and people like them*. Thirdly, and even more importantly, the idea was *able to be rejected* by them – and later also further tested and modified by other consumers. Thus fourthly, the idea that 'took root' was a *new* creative and imaginative possibility that moved past the old idea which was not working – and which was recognised as not working. Finally, the organisation and the private trust which funded the pilot phase did everything they possibly could to facilitate the implementation of the project *as now collectively designed by and in response to the critical reference group* (and without consequent modification not approved by them).

The project continued to grow, and the Co-ordinator put its immense popularity down to people continuing to experience their own views as 'heard', useful and important. She also reported ongoing consumer participation in the project's management as enormously useful to charting her further directions. Indeed she was confident enough to see that it was good for participants to know that this was so, and they could see their input mattered to what was then subsequently done.

What are professionals 'up against' in trying to do this work?

In reflecting on the conditions and barriers to professionals' success in trying to assist groups carry out their own participatory research in and for action, it is useful to summarise the things that *did* help the group accomplish their own action research. While this may have been of less interest in the past, it may be that groups as well as professionals are taking more interest in learning about the participatory inquiry process as it becomes better understood what quality results can come of it.

The need for time

It was notable that when the people took more time to devote to the inquiry the real breakthroughs started taking place. Ironically under-funded 'quickie' research or skimpy consultation often *seems* a faster route – but possibly to a more superficial outcome, needing more time and money to put it right in the long run. What seems most needed is time to step back and *question*, time to ask *more* people more questions, time to plumb more deeply into *understanding better*, time to have '*second thoughts*', time to *reflect*, time to go away and come back to it later, and the time that's needed to *create* an entirely new thought (idea, analysis, causal connection or pattern). This might represent the difference between a 'quick fix' that doesn't resolve an underlying issue, and a 'deep fix' that does. Chris Argyris and Don Schon (1974) called this the difference between 'single loop thinking' ('there are dead bodies in the river – get them out') and 'double loop thinking' ('why are there dead bodies in the river? Where did they come from? How can we *better* act to prevent them in the first place?').

Ideas about being a professional

Perhaps underlying not valuing taking the time are, ironically, some of the key tenets of professionalism themselves.

The desire and pressure to be knowledgeable *in advance* (about consumers' needs, about what to do, how to do it, when, where, etc.) even often as an expression of care (Wadsworth & O'Brien 2003) may work directly against a professional's otherwise natural urge to ask consumers about their situations and needs, and their ideas for desirable and feasible next steps or actions. In western culture we value professional people who seem certain and authoritative about what they know, because of the reassurance this offers. Ironically this has a paradoxical effect of affirming non professional people's lack of confidence in their own knowledge, experience or abilities. It further sets up potentially onerous even dangerous expectations of professionals that they 'get it right', on their own, all the time, with only scientifically-distanced symptom-reading contact with consumers and other service-providers on which to draw. Since professional claims to status, money and honours all rest on having special expert knowledge, this can seem to act as a powerful deterrent to saying 'I'm not sure - can you tell me more?' or 'Can you tell me why you did that?' or 'What are you experiencing?' Many professionals are currently not trained to be able easily to listen to and hear critical reference groups (clients, consumers, community groups) describe their experiences in ways unfamiliar to professionals. Professionals may also feel compelled to quickly re-frame what is said in more 'professional' language – but not in ways actually identified by the critical reference group as relevant or meaningful in their words.

However the capacity to be at the limits of knowledge, raise questions without answers, hear consumers' experiential knowledge and facilitate their own thinking-through of solutions lies at the heart of the professional research endeavour. One way out of this dilemma might be for professionals to more often be 'doing research'. This would give permission to ask these vital open questions rather than only asking diagnostic questions in relation to received (already known) knowledge (e.g. 'Are you experiencing X?' or 'I think you may have done that because...' – rather than 'What are you experiencing?' or 'Why do you think you may have done that?').

In this way 'being professional' would be less a matter of being the one 'who already knows' and instead being the one '*who knows how to find out*' (Wadsworth and Epstein 2000, p 202), and in that process facilitating the client's own self-knowledge.

Three self-help group members touched beautifully on this kind of understanding when they commented (at a workshop on 'Professionals', Collective of Self Help Groups, 1992):

1st voice: *'It's when they get to that point...when [professionals]...can say [both that] they understand but don't actually know how you feel...that's when they become...'*

2nd voice: *... can say they are...*

1st voice: *... a professional.'*

Thus rather than only rewarding 'already knowing', it may be that asking open questions 'in order to find out' becomes a new requirement for 'excellence of professional practice'. Indeed as more and more evidence accrues for health and well-being being significantly related to a sense of being 'empowered', it may also be the key to the success of all future professional endeavours per se. 'Alongsided resourcing', rather than 'one on one instructing', and 'my facilitating your knowing and self-understanding' rather than only 'your facilitating my knowing about you', may become the defining nature of a more personally-sustainable, legal risk-reducing, egalitarian state-of-the-art professionalism.

Indeed there is a delicate shift from an instrumental thinking-knowing by the professional to a more wholistic thinking-knowing-feeling-self-understanding both *by* and *between* both the professional and the person they are aiding. At another moment in time the roles may even quite easily be reversed.

Paradoxically, professionals work hard at ‘remaining professional’ rather than ‘weakening’ the boundaries between friendship and being professional – while consumers routinely nominate the best professional as the one most ‘like a friend’. Once upon a time the functions of a professional were indeed carried out by friends, family and neighbours whose well-being was supported by a local community-economy. Now the separation of labour functions from economic support has introduced a specialisation and commodification that has additionally been imbued with inequalities of power and income. Yet in a way the functions of friends, family and neighbours are being carried out by ‘professionals’ who are still having their well-being supported by an economy (albeit a metropolitan one) so they may do this.

Organisational cultural pressures

Hierarchies of professional language and culture can mean professionals are under strong organisational pressures to not really include critical reference groups in policy-making or practice and quality planning efforts, or even to actively contain or tokenise their involvement. While this pressure may appear to have greatly reduced, with the norm now being to have consumers involved such as via routine representation on committees, they continue to remain notably absent from almost all professional education settings, scholarly journals, textbooks, conferences and day-to-day decision-making. Their occasional appearance in any of these core sites for professional knowledge-creation is often all the more noticeable. While professionals may be seconded to do a research job with or for management or fellow service-providers (even involving some consumers), rarely does management second a professional to do a research job *with* and *for* consumers (perhaps involving some staff). Even when a research job is advertised as an ‘action research’ job, it is not uncommon for results to be confidential only to the overseeing committee or department, or for certain important reference groups to be excluded, or even for the critical reference group to be absent or excluded.

Yet organisations that have become routinised and defensive against client input are at risk of not being able to respond to newly developing conditions around them. Without enough self-confidence about their abilities to take change on board, the control and impersonality of conventional research may appeal more than the more valuable but risky-looking business of going back to fundamental purposes and directly tapping consumers’ ideas and trying out new service arrangements. Ironically some of the most progressive, youthful and edgy organisations may find it ‘unnecessary’ to involve and consult critical reference groups, having perhaps so hard-won their right to be their funded advocates, possibly in the face of initial conservative external opposition.

Insider/outsider issues

In a sense, professionals and critical reference groups are ‘insiders’ to their own worlds and ‘outsiders’ to each others’ worlds. Lugones and Spelman (1983) remind us that ‘insiders’ are those that can’t leave – possibly even literally. This can powerfully contain people expressing their views. Yet each group may notice things about the other’s world *because* they are outsiders coming to it fresh. Yet at the same time, only the group members really ‘know’ *their* world *as* insiders (Wadsworth 1997b, pp. 18-21). Leading evaluation practice-theorist Michael Quinn Patton has usefully commented that ‘much of evaluation (and research) consists of coming to see each others’ perspective’²². For this reason, action research designs using dialogic ‘crossovers’ are becoming increasingly popular in order to enable each group to speak their truth/s about their ‘claims, concerns and issues’ (Guba and Lincoln, 1989). These enable differing perceptions or experiences to be firstly marshaled homogeneously, and then exchanged between the different groups, and then further responded to, until ideas for better new action emerge to be tried and tested (e.g. Wadsworth and Epstein 2000).

This is often difficult and sensitive work, and even when professionals see the value of this approach they may encounter powerful discouragement from research funders who are uninformed or unconvinced about ‘new paradigm’ science. Ironically the paradigm appears to be more accepted by management – many of whom have come through business and management schools that teach it because of its application successes – and by health and human service providers and community groups who have also seen its change potential.

Specific problems encountered at different moments of moving through an action research cycle

Finally there is a new set of puzzles arising throughout any cycle of inquiry and practice – observe, question, plan further inquiry, involve participants, fieldwork, sense-making, conclusions-drawing, new actions design, observe ‘experiment’, etc. (Wadsworth 1997a, 1997b). Partly these depend on whether a strong and autonomous community or consumer group is seeking help from professionals on their terms – or whether the professionals are initiating (or could be initiating) an inquiry with and for critical reference groups. If more the latter, there is potentially a larger cluster of issues. For example, initially a ‘problem’ for the critical reference group may not be brought into focus and consciously *problematized*, but might instead be left to simmer or otherwise be a matter of silence amongst professional service-providers who may either not see it, or not see a way through it.

Having resolved to engage in assisting some action research, there can be a problem of getting and keeping a critical reference group perspective sufficient to avoid second-guessing or redefining their views, experiences or wishes. There is a challenge in attracting and retaining all the relevant parties to collaborate. In engaging with all relevant stakeholders there can be a tendency to overlook or – if achieved – to lose *either* the least powerful *or* the most powerful. The issue of time for a maximally consultative and collaborative effort permeates throughout, but specially can become a problem at the information gathering (‘fieldwork’) and interpretation (discussion of ‘findings’) stages. There can be a tendency to centralise data collection for efficiency, and the nominal researcher be the only one who knows what’s coming in (others may indicate this by saying ‘we look forward to hearing *your* findings’). In either case, the challenge is to democratise the holding of the information so *all* can participate in the meaning-making, conclusion-drawing, action-design and experimentation. In later stages in the cycle, there can be challenges to rigor and scepticism - to answering all possible objections or disagreements. These then may remain and ‘migrate’ into the action phase unresolved. Finally there can be a tendency to have too little to go on in terms of ideas for new actions, particularly if the fieldwork stage only asked ‘how things were’ rather than ‘how things could better be’ and how to get there. Throughout all phases there is the ever-present risk of losing the guiding hand of the critical reference group.

At a more general level, the persistent problem in action research that is coming more from a *research* tradition is that there is often too little time planned within a cycle for the new *action* to actually take place and be monitored and changed. Action research is not only research that we hope will be *followed* by action! It is instead action that is researched, and re-researched during the action. On the other hand the persistent problem in action research coming more from the pragmatic *action* tradition is that there is too little time spent in the observation and reflection phases of ‘how things have been up till now’. Instead, by commencing with ‘Plan’, new actions are often thought up without detailed reflection on preceding experience, possibly without even Kemmis and McTaggart’s recommended ‘reconnaissance’ (1988). Despite its militaristic connotations regarding enemy territory, reconnaissance is at heart about ‘re-knowing’ the old actions in greater intimacy and depth. Finally, in reporting action research, professionals may want or need to take credit for ‘their’ work. However it can be complex to identify the relationship between their input and the outcomes, when the knowledge-creation may have been effectively collaborative by an ‘us’.

Conclusion

There have been some profound shifts in thinking and practice in the past 30 years and currently there are boom conditions in action research and the related variants and methods. These have been associated, on the one hand, with paradigm shifts in physics from purely Newtonian science to post-Einsteinian science, and on the other hand, with new developments in social science, including in some areas of management theory and systems thinking (e.g. Senge 1990). In these developments (e.g. building learning organisations, continuous quality improvement and capacity-building) the shift has been away from the certainty of prediction-based *control* and towards possibility-identification *responsiveness*; from rigid ‘truths and facts’ to changing and socially-constructed ‘understandings and agreements’; from linear one-way systems models to organic or cybernetic feedback ones, and from disembodied value-freedom to engaged value-drivenness.

In a newly understood world of deep connectedness, ‘collaboration and mutually-generated truths’ are taking their place alongside an older more authoritarian culture of unquestioning ‘obedience to facts and scientific authority’. The new professional is finding participatory action research to be a particularly useful paradigm to assist human services users and other groups whose situations are problematic, to reflect on their experiences and actively determine what strategies will work for them. Almost all the best examples of human services have contained participatory and action-oriented elements. As the second case example indicates, the results can be impressive in terms of relevance, efficiency of effort, effectiveness in ‘hitting the spot’, and increased confidence by service-users and professionals in what each is doing.

As Ernie Stringer (undated) says, when describing what he does as a teaching professional in relation to community and Indigenous work:

The basis of my work is that I principally need to approach each situation as a “learner”; to listen carefully and respectfully to people, [as they] describe the situation in their own terms, and, as much as possible, to do it themselves with the resources they have at their disposal... [I] provide the listening ear that enables them [to] ...talk through the situation or issues... to clarify their thinking and extend their understanding...[and to provide] specialist input ...in ways that build on and strengthen the enhanced understanding that emerges from this process....
As a teacher, researcher or professional practitioner I am a changed person. No longer dictating to people... I work to enable them to ...formulate action that will work for them....

It is worth concluding with a note of warning. To ask a question is perhaps inevitably to call into question an existing reality, and it appears rare that an existing certainty, belief or procedure is not being ‘held’ by some guardian or guardians for whom it may be ‘tried and true’. The task of inquiry almost inevitably steps into sensitive waters.

As professionals work with people and groups to approach their lives in a spirit of inquiry, armed only with Adorno’s question mark – the sign of the dialectic – then, if truth is the first casualty of war, it may instead be the first fruit of a dialogic epistemology of peace.

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NOTES

1 In this paper, the terms ‘professional’ and ‘researcher’ are often used interchangeably. This recognises how human services professionals’ practice tends to range along a continuum from small-scale inquiry through to more formal activities (at which point they may be more likely to be called a ‘research’). At the same time, researchers in practice settings may find their model of inquiry-practice morphing more towards human service professional practice models. These may rest on engagement with clients or community groups in something like a journey of inquiry: starting with questions, and ending, in new insights and new actions, after consideration of the evidence of experience, and the development of new understandings.

2 I have termed this party the ‘critical reference group’ (1997a, 1997b pp. 7-11) by which I mean the group who professional effort is *for* - in the primary sense of those the profession is there to help, or assist overcome their problematic situation, resolve a problem, overcome disadvantage or meet their needs. The term tries to capture the ideas that:

- this is the group whose members’ values and practices stem from their shared interests (arising from their problematic situation or disadvantage etc), and who are thus the source of the most decisive, critical or crucial questions, and judgements;
- this is the group to which professionals (as well as the group’s members) must refer, if they are to identify accurately what the group’s needs are, and what are the best solutions;
- this is the group who must finally determine (‘critical’ from the Greek ‘to judge’ or ‘decide’) whether the professional services or actions ‘got it right’, and their needs are met or their problems overcome, etc.

Since first creating the term in 1984, human services have continued not to have a single generic term for ‘all those who are intended to benefit from it’. Instead it has a myriad of terms, some of which change (e.g. ‘client’ to ‘consumer’ to ‘customer’, or ‘crippled’ to ‘handicapped’ to ‘disabled person’ to ‘person with a disability’ to ‘differently-abled person’). There has been a recent advance in thinking about terminology for what I call the critical reference group in John Gaventa and Andrea Cornwall’s (2001) idea of moving from service ‘users and choosers’ to them being their own ‘makers and shapers’. The same idea has been adopted in narrative therapy and strengths-based professional human services.

3 Many others have written about these distinctions between research that is ‘for, on, at, to, by or with’. One of the earliest and better known would be Peter Reason (1988).

4 Strengths-based practice is illustrated by the work of the St Luke’s Innovative Resources team based in Bendigo, Australia. Child and family services workers and school teachers are now using these solution-focused, competency-based resources all over the world. The work has its analogue in appreciative inquiry and community capacity-building. <http://www.stlukes.org.au/index.asp> For an example: <http://www.peakcare.com.au/group/noticeboard/items/20030928007.pdf>

5 Community capacity-building has swept the western world with a new approach to community development that is meant to assume (and document and work from) a communities’ existing and latent strengths and resources. While earlier community development movement emphasised the group working to understand and overcome its problems, community capacity-building emphasises a “glass half full” rather than “half empty” approach, which has appealed to groups embattled by funding cuts and massive social problems in a post modern world of ‘winners’. Another key element, as in action research, is the involvement of other stakeholders. The key text is John McKnight and John Kretzmann’s 1993 guidebook, *Building Communities from the Inside Out*, Evanston, IL, Asset-based Community Development Institute, Northwestern University, USA. <http://www.northwestern.edu/ipr.abcd.html>

6 Michael White and his colleagues at the Dulwich Centre have popularised the use of narrative therapy. Their approach works with a finely-calibrated series of questions designed to draw out richly-detailed evidence of a person’s (or community’s) strengths, skills, initiative and autonomy employed in and re-authoring stories of the past and then invited to newly author future acts. <http://www.dulwichcentre.com.au/>

7 See Wadsworth (1997b, Ch 2) for a discussion of the ‘parties’ or conceptual reference groups to research, viz. ‘the researcher, researched and researched-for’, as a way of sorting out these new kinds or constellations of relationships.

8 For the purposes of this paper a conventional sociological definition of a profession will be used, viz. as one whose members are characterised by:

- the possession of knowledge considered expert and certified by an educational qualification or credential,
- an intention to use this knowledge to be of service or to meet human needs or be of general community or cultural benefit,
- the commanding of autonomy in exchange for implicit community trust that the professional will be of service,
- self-regulation by control over its own socialisation process and designation of its own codes of conduct including ethical conduct,
- possession of symbols of professional privileged status such as money and honours, indicating community trust and appropriate practice. (Maley, 1970; Anderson and Western, 1976)

A broader interpretation of this definition will be used to include any service-providing, educated, paid person who might lay claim to providing a ‘professional service’, rather than the more legalistic interpretation applying only to those who can also control the supply of qualified practitioners through tight definition of the particular form of professional practice (e.g. by legal monopoly over qualifications, closed membership of an incorporated association, and regulated appointments).

9 Thomas Kuhn (1973) theorised about the existence of ‘paradigms’ (or coherent bodies of exemplar knowledge in science). He suggested that, when a scientific paradigm could not adequately resolve all the puzzles it needed to address, that it could be called into question to such an extent that it would be overthrown or superseded by a new replacement theory of knowledge.

10 Study circles, while primarily an American development for citizen self- education regarding social and political issues (see for example the work of the Study Circles Resource Centre, Pomfret, Connecticut), have been used in some workplaces as an extension of the quality circle idea.

11 Quality circles emerged from various industrial settings in Japan, Britain and Europe, as a way of involving shopfloor workers in decision-making about innovative designs, and suggestions for production improvements (associated with the work of W. Edwards Deming). They have similar connections to the post war worker European labour democracy movement, which shared similar aims of ensuring a partnership between enterprises and their staff.

12 Peer assessment (or peer review) has developed as a major way that professions promise ‘quality assurance’.

13 Formal networking is an approach that brings together practitioner-researchers to meet and discuss their work and thinking. They typically involve several meetings (possibly annually), informal journals or monographs of proceedings, and a directory of participants. They may not have the perpetuity, hierarchical structure, membership and fees, and legal status of professional associations. The idea is captured well in Wenger’s concept of a self-chosen ‘community of practice’(1998).

14 Action Learning is an approach to learning by doing, particularly by groups of managers or ‘vertical slices’ of managers and shopfloor workers and foremen, who meet regularly in a facilitated setting to reflect on what they are learning from their experiences. Developed in the post-war period in the UK and Europe by Reg Revans (1980), it rests on an algorithm of learning equals knowledge-in-use plus questioning insight and an assumption that individuals learn best with and from one another.

15 The concept of ‘LOs’ (learning organisations) was popularized by Peter Senge (1998) and colleagues from the USA Massachusetts Institute for Technology. It brings together systems thinking with managerial skills and the use of dialogue and is similar to both action learning and organisational development.

16 This may involve management and staff in collaborative staff development activities that might be devoted variously to, for example, award restructuring, or 'quality management', or pursuit of corporate goals. Training may centre on staff learning how they learn and what they value, and how the 'organisation learns' and what are the corporate values. Other related variants include 'action learning', and 'process management'.

17 An increasingly popular use made in Western industrial societies of action research is by human services' professional workers. Local Australian examples include in the education field (e.g. those associated with the 'Deakin school' of AR such as Stephen Kemmis, Robin McTaggart, Marie Brennan, Ruth Hoadley and Lynton Brown); nursing (for example that by Annette Street and the then-Centre for Paediatric Nursing Research, Royal Children's Hospital); and community development and social work (such as by Jim Ife, Lesley Hoatson, Jacques Boulet and Linette Hawkins).

18 The term 'client' is used here in the conventional sense of a human service provider's client - the service user or consumer. Consultants use the term 'client' often to refer to the commissioning organization, but for my purposes here, these kinds of 'clients' would be commissioners of research, management or organisational administration.

19 The term 'studying down' was coined by the anthropologist Laura Nader (1972)

20 It is, in practice, a whole new way of operating – as a resource and facilitator rather than as a doer-for. Being 'alongside' – a term used by Robyn Pound of the Bath Centre for Action Research in Professional Practice - rather than 'pulling from out front' or 'pushing from behind'. It rests on skilled detection of the group's (or individual's) strengths, enthusiasms and energies, stemming from the group's or individual's own worldview and standpoint that determines what really matters – and separate, in that moment, from what the professional has so far seen as really mattering (Wadsworth, 2001).

21 Dorothy Smith, the American feminist sociologist, has usefully developed the concept of 'standpoint sociology', which gets at this matter of perceiving inquiry differently through the eyes of differing experiential positions. Her particular interest is in differentiating those whose standpoint is that of the disempowered end-beneficiary of inquiry (though that is my way of saying this rather than hers) – and their constructing a position outside (what she would call) 'ruling relations'. (Smith 1987, 1990, 1992, 1996, 1999)

²² Personal communication, St Paul, USA 1995