

# Practitioner Research for Critical Transformation in Social Work Practice

## 運用實務工作者研究 促進社會工作實務變革

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Social work is committed **to bringing positive social change and better outcomes for the disadvantaged, the marginalised and the oppressed**. This understanding highlights both **the practical and the ethical agenda of social work as a profession**, and the unique challenges that practitioners are facing in demonstrating practice effectiveness while being critical of the values that underpin service design and delivery. In this talk, Dr. Sui-Ting Kong will look at how the different models of practitioner research can help fulfil the practical and the ethical agenda in social work practice. She will discuss the **challenges and good practices** consolidated from her experiences in conducting local practitioner research projects. She concludes the presentation by emphasizing that **equal partnership among social work academics, care practitioners and service users is the key for bringing critical transformation** in social work practice.

# Professional Challenges

## A century-old identity crisis for social work (Flexner, 1915)

- Lacking professional boundary – multidisciplinary in itself & involves cross-disciplinary collaboration in practice
- Lack of distinctive knowledge base that informs our practice (?)

## The rising demand for accountability (Yan et al., 2017)

- Practical
  - Positive outcomes (effectiveness)
  - Efficiency processes (cost-effectiveness)
  - Relevance
  - Appropriateness
- Ethical – justice and care

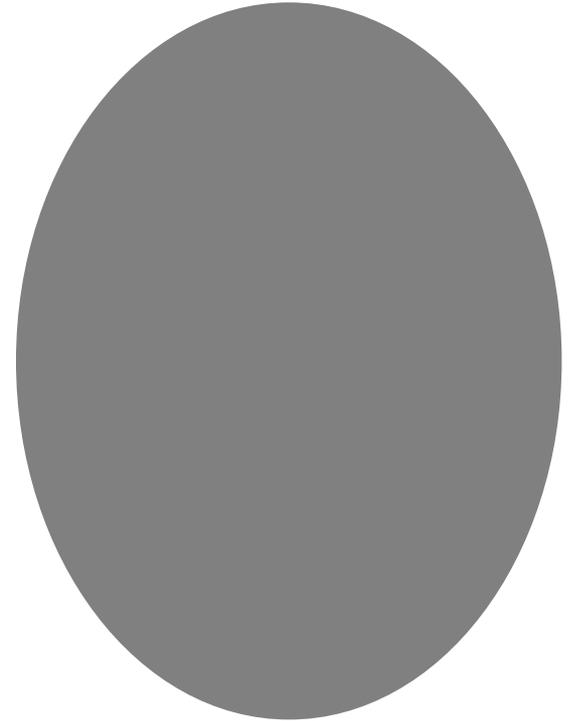
Flexner, A. (1915) "Is Social Work a Profession?" (paper presented at the National Conference on Charities and Correction, 1915).

Kong, S. T. (2012). *Eclecticism for Social Work: Giving Hostages to Fortune or the Life Buoy for Establishing Disciplinary Boundaries/Knowledge?* Paper presented at the Interdisciplinary: Grounding social research and practice in an age of complexity, 5th ENQUIRE Postgraduate Conference, University of Nottingham. <https://www.nottingham.ac.uk/sociology/documents/enquire/cfp--5th-enquire-conference.pdf>

Yan, M. C., Cheung, J. C. S., Tsui, M. S., & Chu, C. K. (2017). Examining the neoliberal discourse of accountability: The case of Hong Kong's social service sector. *International Social Work*, 60(4), 976-989.

What have we  
done so far?

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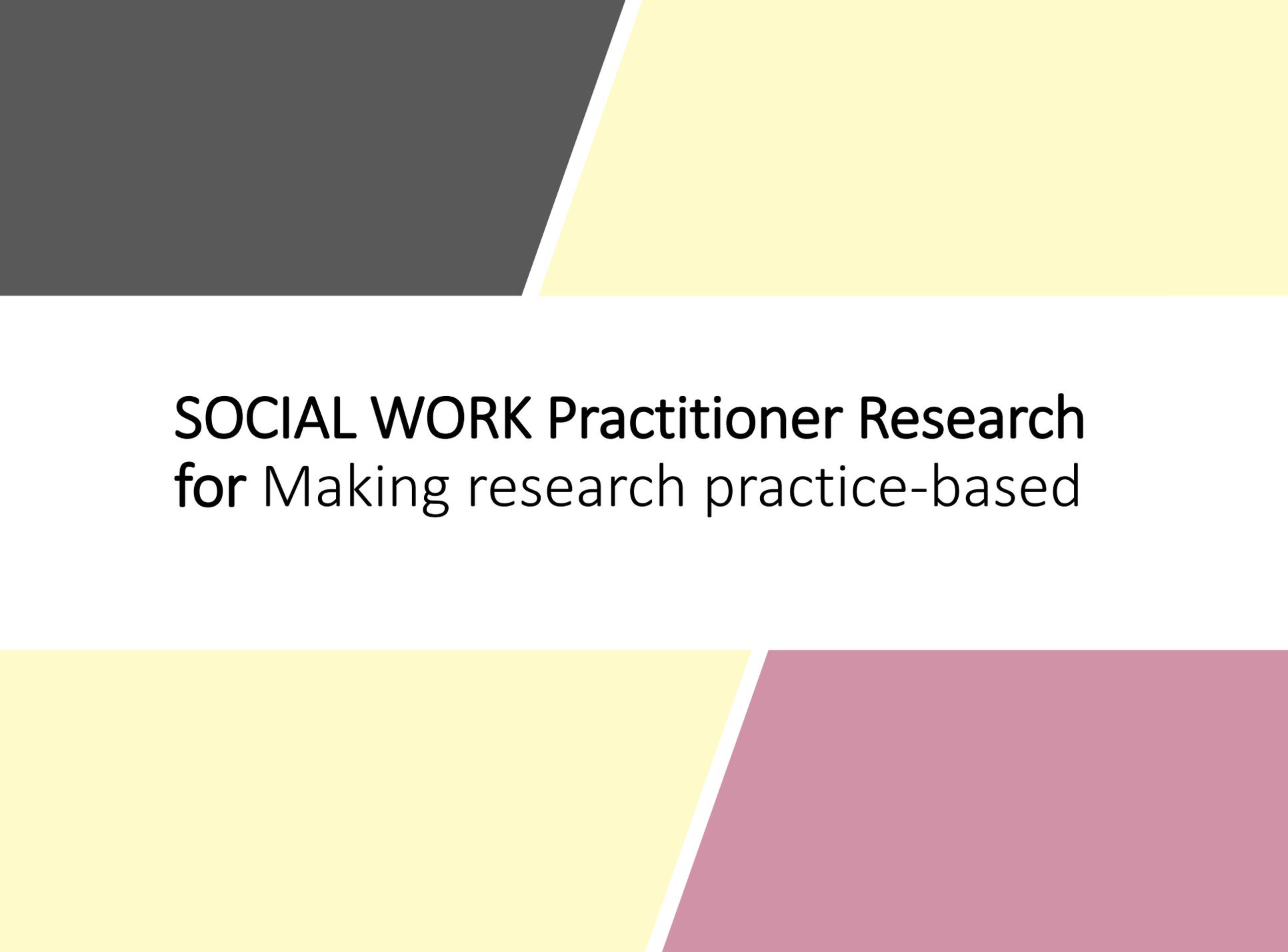


# Responses to this criticism

- **Drawing the boundary– What is Social Work?**
  - Historically, socially and politically constructed in a particular society (Parton and Kirk, 2010)
- **Development of distinctive knowledge base**
  - **Research-minded practice:**
    - Focus on the applied, and be critical about the idea that theories lead practice (Thyer, 2001)
    - **Evidence-based practice:** Meta-analysis of RCTs, RCT, Quasi-Experiment, Single Case Study etc.
  - **Practice-minded research:**
    - Salisbury statement (<http://www.socwork.net/sws/article/view/2/12>)
    - Helsinki statement (<http://blogs.helsinki.fi/practice-research-conference-2012/files/2013/06/Helsinki-Statement-Final-June-2013.doc-pdf.pdf>)

<p>Direct data collection and management, or reflection on, existing data</p>	<p>Professionals setting its aims and outcomes</p>	<p>Having intended practical benefits for professionals, service organisations and/or service users. These hoped for benefits are usually expected to be immediate and instrumental</p>
<p>Practitioners conducting a substantial portion of the enquiry. It is in this sense 'insider' research. It makes perfect sense to talk of practitioner research as research about practice</p>		<p>Focusing on the professional's own practice and/or that of their immediate peers</p>
<p>Usually self-contained, and not part of a larger research programme</p>	<p>Data collection and management typically carried out as a lone activity. It is one kind of 'own account' research</p>	<p>Being small-scale and short term</p>

**Practitioner Research 實務工作者研究 – a special genre of social work research** (Shaw, 2005; Lunt & Shaw, 2015)



**SOCIAL WORK Practitioner Research**  
for Making research practice-based

# Features of Social Work Practice

(Kong, 2015)

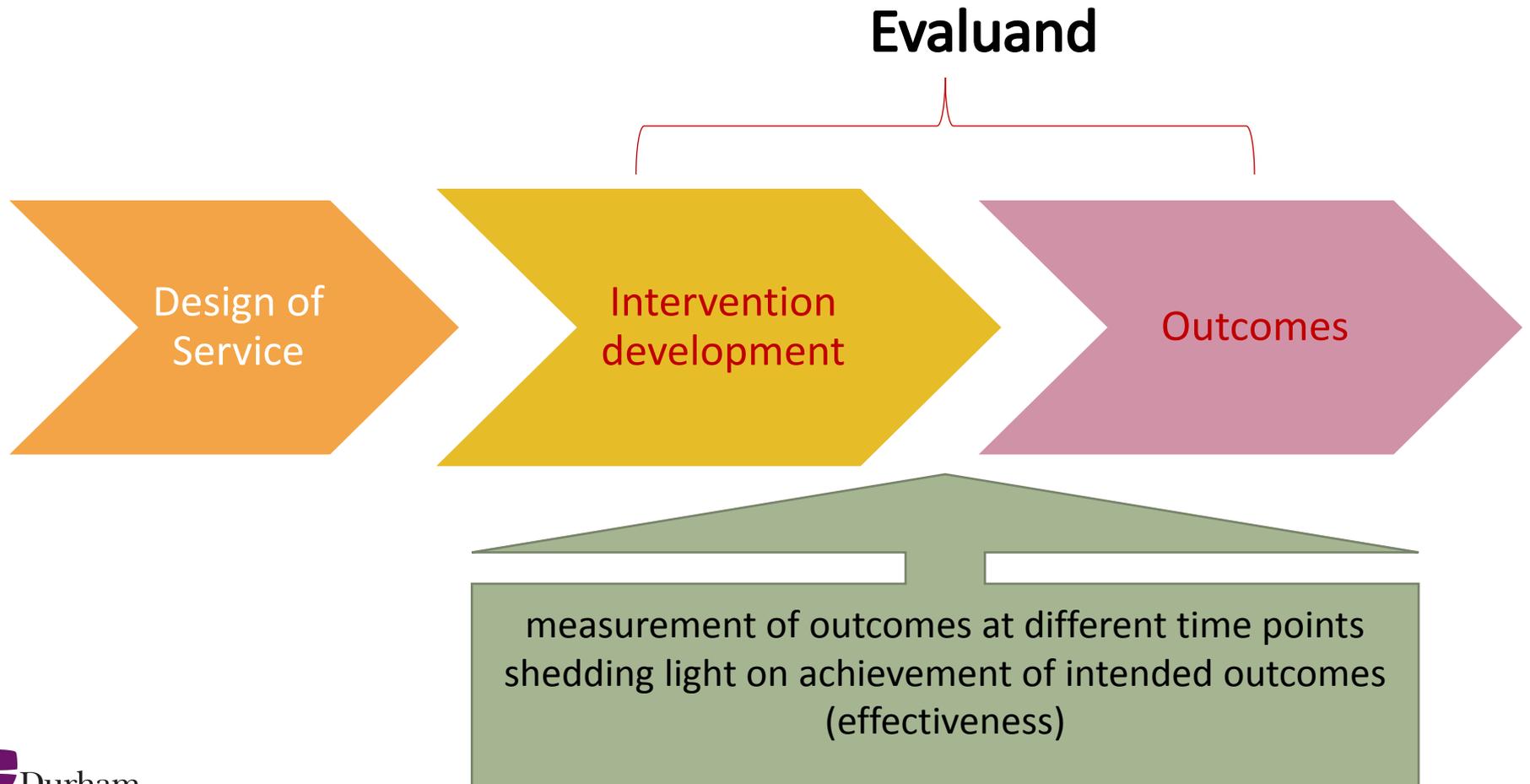
- **Contextual 與境性**: shaped by the socio-material, organisational, relational/interactional and personal contexts where the practice takes place
- **Dynamic 流動性**: Involves multiple stakeholders in care planning, decision making, care implementation and review
- **Value-laden 價值取向**: Preferred outcomes are underpinned by specific sets of values and people from specific social positions (positional knowledge)

# Knowledges involved in social work practice

- **Know that** (propositional/theoretical)
  - An explanation of causes of problems
  - Mechanisms that determine what works and what does
- **know how** (experiential e.g. skills and craft) (Bernstein, 2011)
  - Rational technical knowledge (techno) – handling procedures, standard assessment, protocols and practice models etc.
  - The embodied and tacit knowledge (praxis) – the actual enactment and realisation of ideas, beliefs and values
- **know from** (practical-ethical)
  - Reflection in practice – espoused theory and theory in action; framing of problems etc. (Schon, 1983; Fook, 1996)

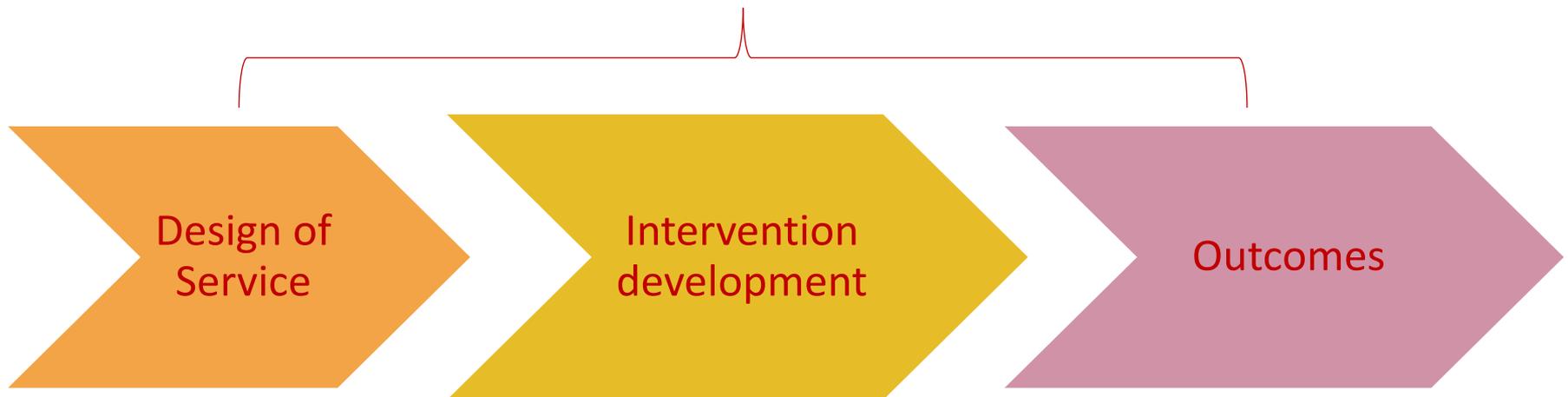
# The Two Models of Practitioner Research

# The Instrumental Model (工具模式)



# The Critical Model (批判模式)

## Evaluand



Collecting and analysing data that shed light on the ideologies, discourses and politics that shape the design, intervention and intended outcomes

- What is done and not done (outputs and outcomes)
  - How it is done (mechanisms)
- Why it is done in this particular way (contexts)

# Questions asked by Critical Practitioner Researchers

- Whose better **outcomes**? Who benefit from these outcomes?
- What are the *ideologies and discourses* that underpin the **service design** ?
- Who are *marginalised* in this **service design**?
- Who are *disadvantaged* in this **service design**?
- What are the *politics* behind this **research design**?
  - What is considered as evidence and what is not? Why?
  - Who are interpreting the data? Participation of practitioners, users and carers?

	Instrumental	Critical
<b>Purpose: Advancing Practice</b>	Effectiveness	Emancipation, Reflection
<b>Evaluand</b>	Process and Outcome	Praxis, values and ideologies
<b>Hope-for Knowledge:</b>	Knowing that & Knowing how	Knowing that, Knowing how & Knowing from
<b>Relationship between research and practice</b>	Applying research in practice for practice – making practice more research-based	Integrating research in practice for practice – making research more practice-near
<b>Distinctive role of practitioner</b>	<ul style="list-style-type: none"> <li>• Setting the aims and purposes</li> <li>• Data collection and interpretation</li> <li>• Applying findings in improving practice</li> </ul>	<ul style="list-style-type: none"> <li>• Setting the aims and purposes</li> <li>• <b>Reflecting on the everyday practices and organisational practices</b></li> <li>• Supporting data collection and interpretation</li> <li>• <b>Making research methods ‘fitter’ for practice</b></li> </ul>

Constructed from Shaw, I. (2005). Practitioner research: evidence or critique?. *British Journal of Social Work*, 35(8), 1231-1248.

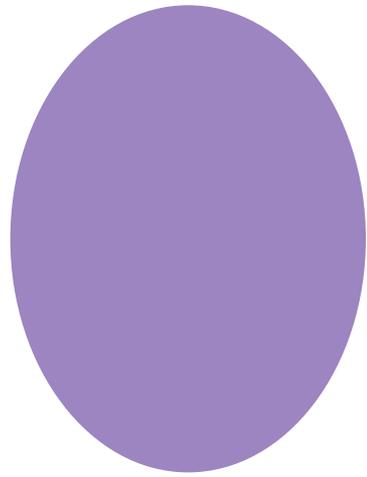


Practitioner Research:  
Experiences in Hong Kong

Good practice and challenges

# Good practice

- Institutional Support
- Professional Support
- User and Carer Participation



**Example 1:**  
End-of-Life care study with  
the **Salvation Army Palliative  
Care in RCHEs**

- Support from the senior and middle management
- Support from frontline care practitioners
- Sharing information

# Salvation army palliative care in RCHes in Hong Kong:

## holistic end-of-life care in RCHes

### Goals

- Enhanced psychosocial care and family support
- Putting the choice of the older adults in the centre of decision making – medical, social & primary care ; per- & post-mortem care

### Extra service

- Onsite-palliative doctor visits
- Palliative care room in RCHes
- Extra nursing manpower to support physical fluctuations in the last few days
- Extra social work manpower to facilitate cross-system communication, promote psychosocial wellbeing of the older adults, empower the family and negotiate structural and process changes for more personalized care

# Stage 1: Research Objectives

- How do **medical and social care practitioners** make sense of ‘dignity’ and ‘good death’? Particularly
  - When they do not agree with each other; and
  - when dignity and good death are understood differently (from the institutional understanding) by older adults and their families ?
- How dignity/good death of the dying older residents had been achieved?
  - in different (cross-)organizational contexts
  - at both the structural and the practice levels

Table 1. Demographics of Research Participants

Participant Pseudonym	Gender	Age	Profession	Institution	Partnership with Healthcare System
Ms. Lam	F	30-35	Social Worker	EoL Care Team	The pilot project (Mobile EoL Team)
Mr. Yan	M	25-30	Social Worker	EoL Care Team	The pilot project (Mobile EoL Team)
Ms. An	F	25-30	Social Worker	EoL Care Team	The pilot project (Mobile EoL Team)
Ms. Tam	F	30-35	Social Worker (Superintendent)	Nursing Home	24-hour medical care integrated in the RCHE
Ms. Kung	F	30-35	Social Worker	Nursing Home	24-hour medical care integrated in the RCHE
Ms. Ng	F	50-55	Nurse (Superintendent)	Care and Attention Home (Continuum of Care)	Well established support by the public hospital's geriatric team (with community EoL care programme)
Ms. Chan	F	25-30	Social Worker	Care and Attention Home (Continuum of Care)	Well established support by the public hospital's geriatric team (with community EoL care programme)
Ms. Woo	F	45-50	Nurse (Assistant Superintendent)	Care and Attention Home (Continuum of Care)	Supported by the cluster geriatric team (without community EoL programme)
Mr. Wong	M	35-40	Social Worker	Care and Attention Home (Continuum of Care)	Supported by the cluster geriatric team (without community EoL programme)
Ms. Si	F	40-45	Nurse (Superintendent)	Care and Attention Home (Continuum of Care)	Well established support by the public hospital's geriatric team (with community EoL care programme)

Figure 1. An example of "EoL case graph" constructed with the practitioner (original).  
Note. EoL = end-of-life.

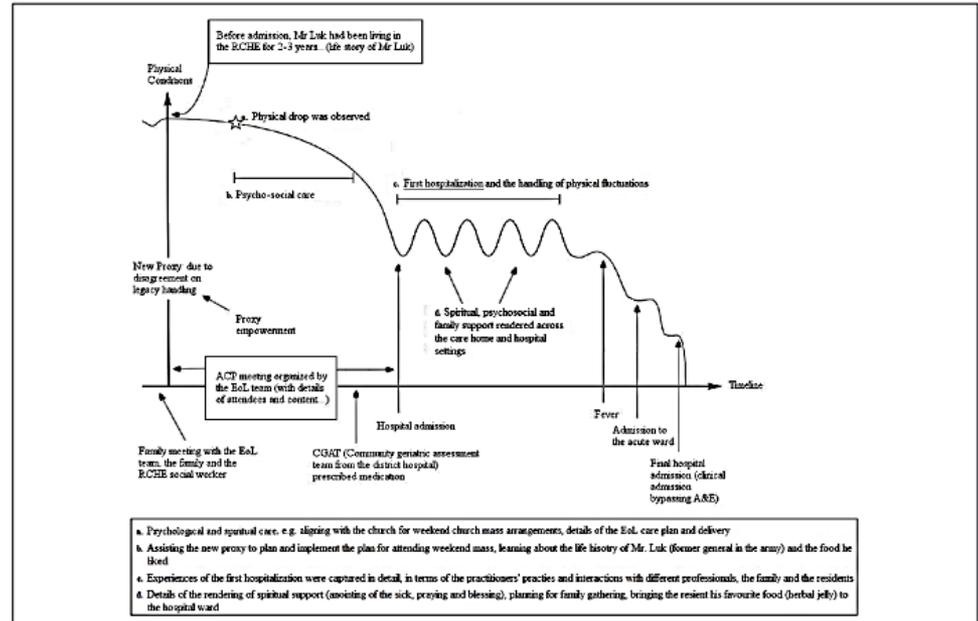
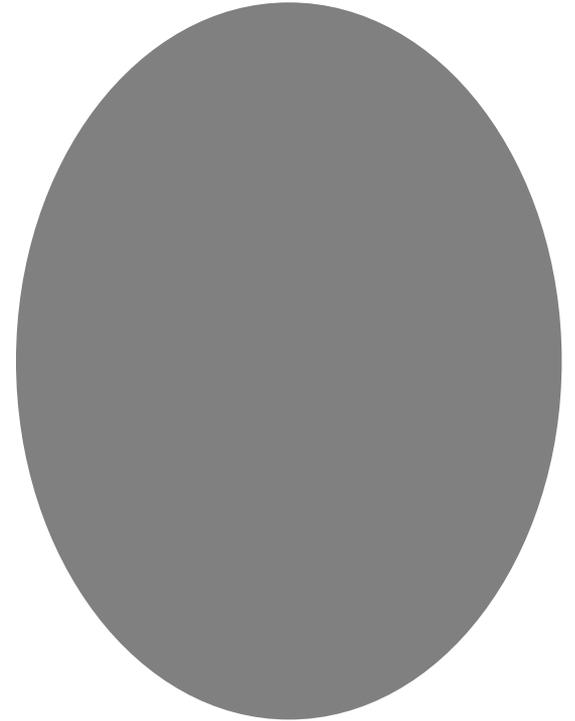


Figure 2. An example of "EoL case graph" constructed with the practitioner (reconstructed and simplified from Figure 1).  
Note. EoL = end-of-life; RCHE = residential care homes for the elderly.

# Methodology

# Resolving the personhood jigsaw puzzle



- 
1. Sufferings of older adults as perceived by care practitioners
  2. Understanding a person beyond a biological self
  3. Social and structural changes needed for alleviating those sufferings

# *Older adults' Sufferings:* *A critical reflection on ageing and dying in RCHEs*

- Stripping off personal qualities due to physical deterioration
- Uprooting from their natural habitat
- Proceduralizing by the care designed for communal living
- Marginalizing by medicalization (feeling like a passive recipient of care)

# RELATIONAL PERSONHOOD (「為人」)

- **DEPARTING FROM PATIENTHOOD** WHICH SEES A PERSON AS BIOLOGICAL BEING – TREATS A PERSON BY DISEASE
- INFORMS US TO LOOK AT THE RELATIONSHIPS IN WHICH A PERSON UNDERSTANDS ONESELF AND IS BEING UNDERSTOOD (REFERENCE: THE RING THEORY OF PERSONHOOD)
- THE **'HISTORY' AND 'RELATIONSHIPS' ARE THE ESSENTIAL CONSTITUENTS OF ONE'S 'PERSONHOOD'**, FOR EXAMPLE, 'A GENERAL OF THE WAR TIME', 'THE FIRST POLICEWOMAN IN HONG KONG', 'A WIDOWED MUM OF MANY CHILDREN'...ETC.

(Person-in-Relationship)  
(Person-in-Time)

# (Kong et al, 2016)

## Understanding the 'Person-in-Relationship' and the 'Person-in-Time'

- Structural: Increase in collaborative assessment and sense-making platforms for rebalancing the traditional body-focused assessment with familial and psychosocial assessment
- Social: Assessing family dynamics with both formal and informal carers, and the past, present and preferred future of the elderly



## Enabling Personalized Care to Enhance the Psychosocial outcomes

- Structural: Flexible staffing for personalized care in communal living
- Social: Resuming social connectedness, catering personal preferences and style in care, and bringing psychological comfort



## Identifying the Personhood-Inhibiting Experiences (Sufferings)

- Structural: Consolidating the value for conserving the dignity of the dying
- Social: Identifying experiences of losing oneself in the process of ageing and transiting to institutional care

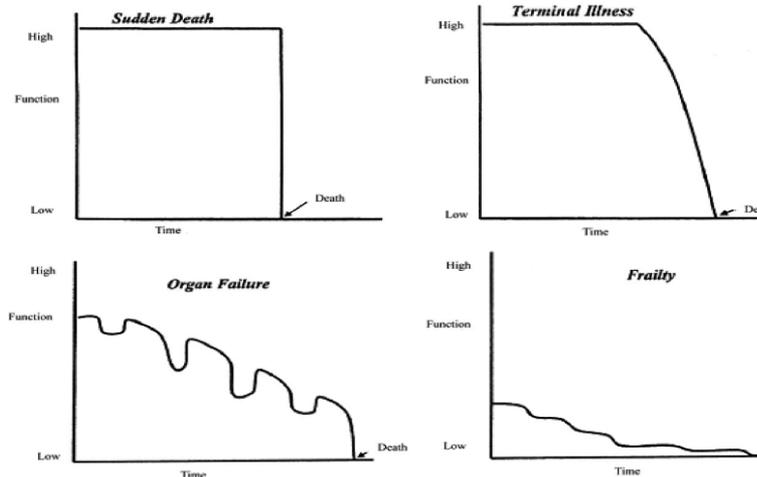
# Dignity: Patienthood & personhood

(Chochinov, 2014)

## Biological death

(Lunney et al., 2003)

### Proposed Trajectories of Dying



# Stage 2: Background of the Research

## Objectives

- proposing **components and best practices** for sustaining older adults' personhood in relation to their families alongside the deteriorating health
- contribute to the development of a more **personhood-oriented Advance Care Planning**

## Method

- 18 end-of-life cases are selected by experienced social work specialists on the basis that they are rich in psychosocial intervention.
- The data set comprise case recordings are coded according to the framework set out by the 'Ring Theory of Personhood' that captures the interactive nature of individual and relational constructs of self.

# A Modified Ring Theory for Achieving Relational Personhood in EoL Care

**Individual Ring:**  
Self-Realization and Self-Expression

**Relational Ring:**  
Bonding, Reciprocity and Engaged & Compassionate Care

**Societal Ring:** Care Tenor, Care Practitioners' Roles, and Professional Rules and Guidelines



Krishna, R. K. L. (2014). Accounting for personhood in palliative sedation: **the Ring Theory of Personhood**. *Medical humanities*, 40(1), 17-21.

Krishna, R. K. L., & Alsuwaigh, R. (2015). Understanding the Fluid Nature of Personhood—the Ring Theory of Personhood. *Bioethics*, 29(3), 171-181.

**Sensory** –  
low communicability

**Emotional** – Depression-  
Anxiety/Anger-Loss (DAL) ;  
Guilt-Ambivalence-  
Disagreement (GAD)

**Existential** – Sense of  
hopelessness, enmeshed self  
and difficulty to pass on one's  
legacy

## Sensory

(with proper pain and symptom control):

- (1) Assessment of residual sensory functioning,
- (2) Appropriate sensory practices,
- (3) Innovating non-verbal form of communication through sensory engagement

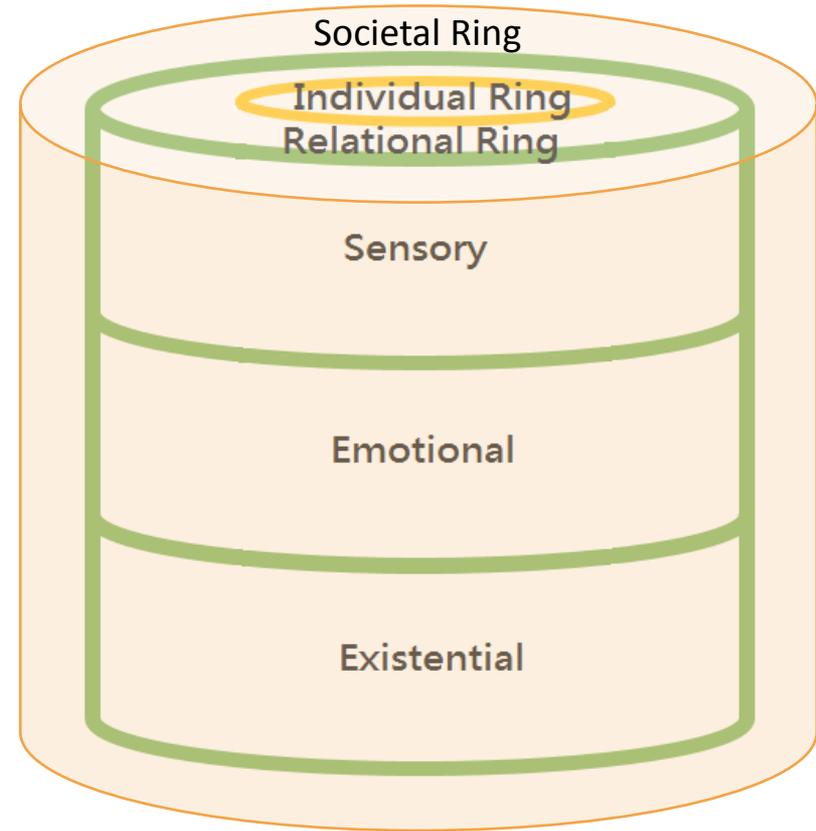
## Emotional:

- (1) Anticipation of negative emotions,
- (2) Ventilation of negative emotions and
- (3) Promoting moments of joy

## Existential:

- (1) Connecting to the past,
- (2) Connecting to significant others and passing on love and legacy,
- (3) Connecting to the spiritual self

# The Multi-dimensional and Multi-layer Model



For Psychosocial  
Advanced Care Planning

# Institutional Support

## Senior and Middle Management

- Believes in the practice-research synergy → sharing information
- Resources - human power, time and budget
- Smoothing out cross-system barriers to data access
- Supporting dissemination of findings/practice insights in the field

# Professional Support

## Frontline social care practitioners

- Defining the scope and purposes of the research
- Devising and appraising the suitability and appropriateness of methods/methodology
- Interpreting data and/or triangulating analysis
- Reflecting on their own practices and articulating their 'tactic knowledge'
- Building rapport with users and carers and supporting their participation
- Creating critique of conventional or inappropriate academic practices (use of the insider-outsider positions)

# User and Carer Participation

1

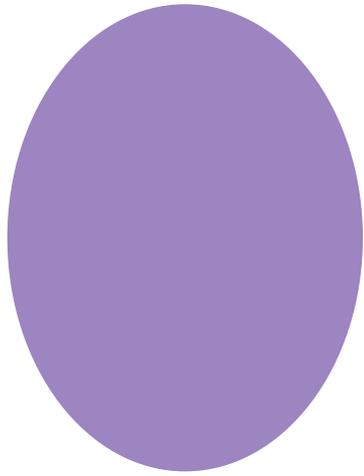
Inclusion of the  
marginalized  
experiences

2

Critique of the  
mainstream  
discourses

3

Encouraging  
collective  
action for  
change



**Example 2:**  
Post-separation Service Development  
with Domestic Violence Survivors  
重生者

- Inclusion of the marginalized
- Critique of the mainstreamed
- Encouraging collective action for change

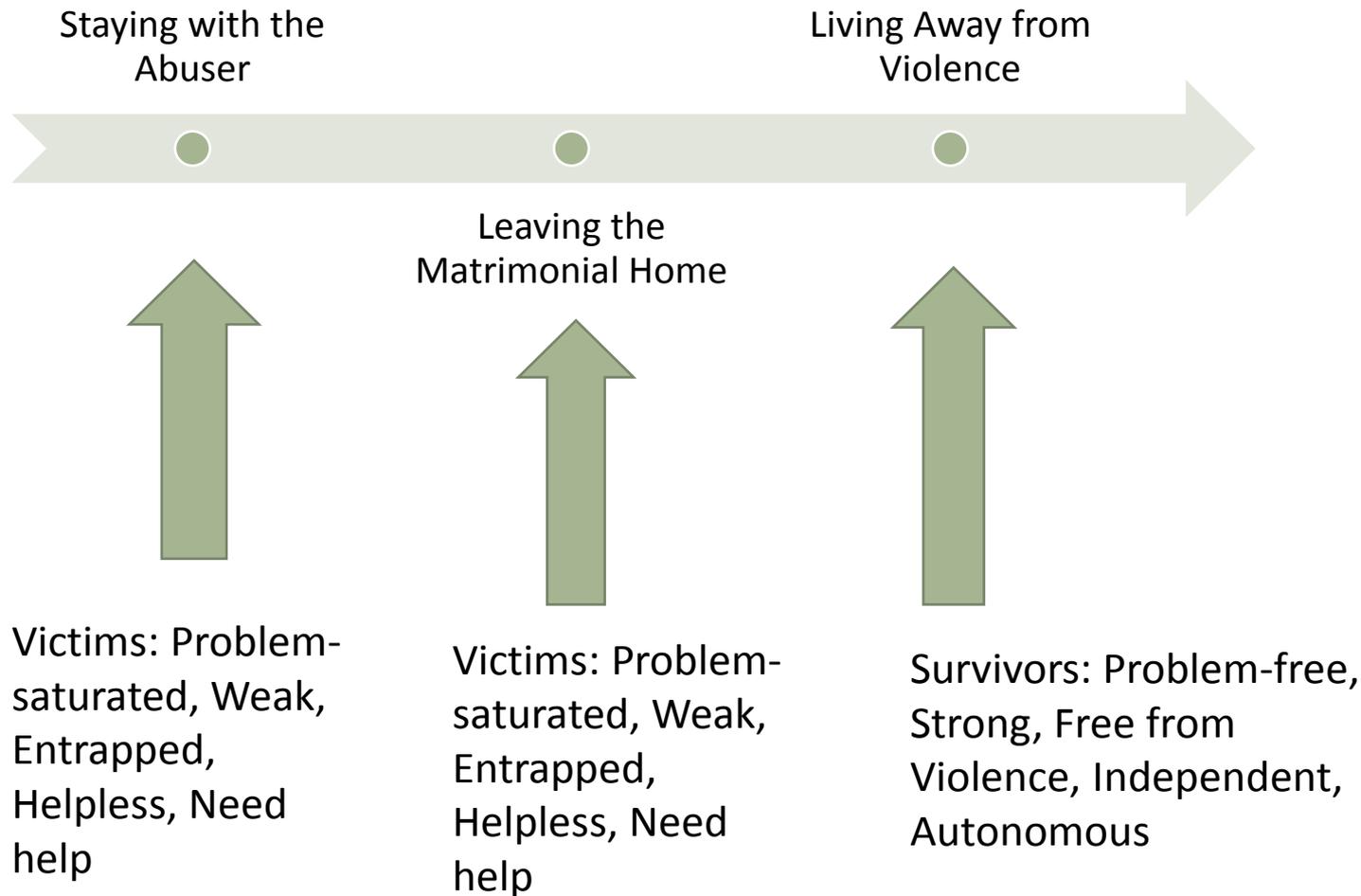
# Intimate Partner Violence Services in Hong Kong

- ◆ The procedural guidelines for all intimate partner violence related services clearly state that the service **will terminate when ‘violence subsides’**.
- ◆ Although the three-pronged service framework, as explicated in policy documents and the *Guideline*, includes supportive and prevention measures, **crisis intervention is still the heart of the framework.**

General Principles	Purpose(s)
<b>Spousal Abuse</b>	
Safety of victims first	Risk reduction
Continuous assessment of risks	Risk reduction
Direct communication with victims about observed wounds	Involvement of victims in assessment and action planning
Reduce chances for repeating the traumatic experience	Avoid re-victimization
Confidentiality	Protection of privacy
Report of integrated family services/FCPSU if risks prevail	Risk reduction
<b>Child Abuse</b>	
Safety of victims first	Risk reduction
Continuous assessment of risks	Risk reduction
Direct communication with victims and their non-abusive carers	Involvement of victims and their carers in assessment and action planning
Reduce chances for repeating the traumatic experience	Avoid re-victimization
Report to the integrated family services/FCPSUs if risks prevail	Risk reduction

An analysis of the principles of the Procedural Guidelines for Handling Cases of Intimate Partner Violence (revised 2011) in Hong Kong

# What is the staying-leaving process assumed by our IPV services?



Categories	Indicators	Proportion of attention
Dealing with psychological vulnerability	Rebuilding happiness and emotional stability: 1, 8, 15  Confidence boosting: 3, 4	5/18 (27.78%)
Dealing with physical vulnerability	10, 11, 14	3/18 (16.67%)
Dealing with social isolation	2,5,7,13	4/18 (22.22%)
Dealing with children's benefits	12,17,18	3/18 (16.67%)
Dealing with mother-child relationship	6	1/18 (5.56%)
Personal growth	9	1/18 (5.56%)
Future planning	16	1/18 (5.56%)

# Reality of staying-leaving process is...

- Staying-Leaving springs forward and backward
  - It is a **prolonged process** of decision making
  - **Returning** is not an uncommon feature in the process
  - Leaving permanently takes **many years**
- Post-separation lives are still full of challenges
  - **Escalation of violence** at the moment of separation, stalking, post-separation violence
  - **Financial deprivation and social isolation** due to control, violence and 'migration'
  - Hardship is further **aggravated by the current child-centred domestic violence services** that attribute children's undesirable outcomes to abused women's failures to protect and nurture



1 結果(彙  
編果累累)  
• 做  
2 反暴力  
(對女性一切歧視  
暴力)

3 家的感覺  
• 自由。有愛  
• 有著。開心。  
4 健康  
• 身體。心靈  
• 生活

- 有愛心\*  
(對自己,對別人  
對社會)  
- 密密甚對  
(開心,不開心)  
2 受虐婦女  
擁有:權利



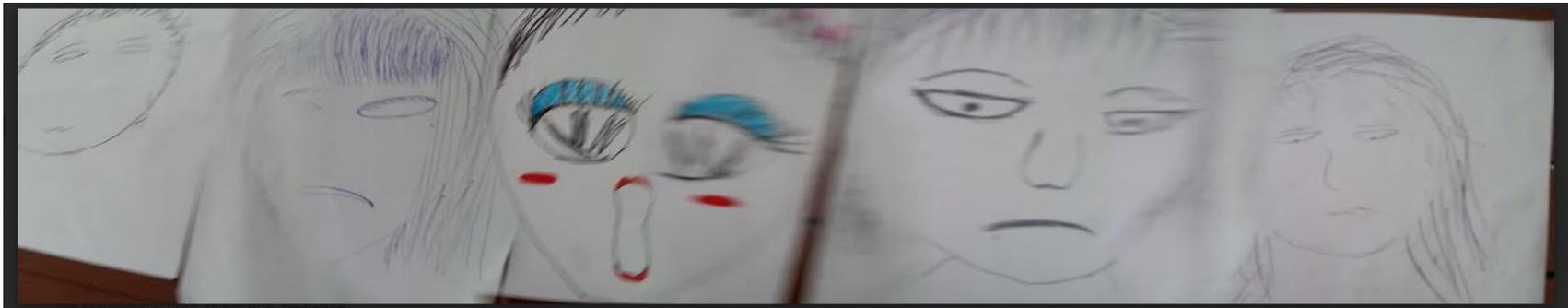
7 中國第一書  
(明珠計劃)  
• 個人經歷  
• 紀錄  
• 共同創作  
• 成書受虐婦女  
參與制定服務  
的第一次



1 平台(溝通)  
• 解決  
“難度”  
• 有不同背景  
的受虐婦女  
參與



# Victim-ChungSangJe Identity Construction and Care and Service Rendering



# From locating victim-chungsangje to 'care and service rendering'

Care	Victim	Chungsangje- Becoming	Chungsangje
Time spending on one's problem	+++	+	None
Patience	+++	+	+
Intensity of attention	+++ (to be cared)	+	++ (role model)
Tolerance to unreasonable acts/speeches	+++	++	+

Service	Victim	Chungsangje- Becoming	Chungsangje
Emotional Support	√	√	
Health Boosting	√	√	√
Person-based Problem Solving Conferencing	√	√	
Group-based Problem Solving Conferencing		√	√
Parenting Sessions		√	√
Re-engaging with the Community	√	√	√

Challenges:  
The Essential  
Conditions  
for  
Practitioner  
Research (Lunt  
and Shaw, 2015)

**Motivation**

**Capacity**

**Opportunity**

# The Importance of Partnership

No one knows everything, we need companions



# PRACTICAL

## i'm a dreamer

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