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LINDA KEMP*, DI BAILEY*, ADAM BARNARD*

Doing Participatory Action Research: Reflections on Criticality and Social Justice from the Researchers' Perspective

Abstract

This chapter explores Participatory Action Research (PAR) from the perspective of researchers who have applied PAR practises in two projects in the United Kingdom which are offered here as case studies. The first case study is a PAR based project which contemplates PAR by utilising the concept of "talking" as an activity for co-constructing knowledge about how young people who self-harm could be better helped when visiting their General Practitioners (GPs). The second is a Knowledge Transfer Partnership (KTP), funded to improve a UK local authority's children's service and participation of children and young people in service design and delivery. Each case study is written and reflected upon by an individual contributor to this chapter.

The chapter outlines what participatory action research is and advocates why PAR is valuable for Social Work. Case studies are then introduced and critically discussed leading to the authors' critical self-reflections and concluding comments.

Introduction

This chapter introduces and defines Participatory Action Research (PAR). Two case-studies using PAR are then discussed. The first is "talking" to co-construct knowledge about young people who self-harm. The second is improvement in participation of young people in local authority services. The case-studies add to the understanding of PAR and its efficacy for social work. Critical self-reflection on the process and application of PAR concludes the chapter.

* Social Work & Health, Nottingham Trent University, United Kingdom.

What is participatory action research?

The benefits of PAR are significant. The use of PAR as an inclusive, empowering and authentic methodological focus has been the feature of recent work on secure estates and self-harm amongst female prison populations (Ward, Bailey, 2011; 2012; 2013). PAR is part of a growing trend of action orientated research in social science and education (Greenwood, Levin, 2005).

Participatory action research is an orientation to research and research events that works with individuals, groups and stakeholders as communities that each hold respective knowledge and/or experience. As the titular acronym suggests, the focus is on participation and action to draw from said knowledge/experience to create a shared, new knowledge and/or experience. PAR seeks therefore, not only to understand the world but to change it collaboratively and reflexively: "Communities of inquiry and action evolve and address questions and issues that are significant for those who participate as co-researchers" (Reason, Bradbury, 2008: 1). The appeal of PAR is the democratic nature and orientation of the approach that borders on activism, and contrasts with any positivist world-view of disinterested and disengaged researchers. The replicability of findings is replaced with the authenticity of the collective co-construction of the research and the co-production of knowledge that derives from this process. Co-production as a concept in and of itself has similar roots to PAR in its connection with civil rights and social action in the US (Realpe, Wallace, 2010). PAR thus has a pluralistic orientation to knowledge making and social change by using sense-checking and meaning-making within a group of interested stakeholders using democratic processes.

The history of PAR develops with Kurt Lewin and the Tavistock Institute in the 1940s to develop a psychosociology (Lewin, 1947). K. Lewin's (1947) process is built on participation, action and critical reflection. It recovers human agency and includes a critical action-orientated understanding of society, communities and issues that need to be addressed. As a principled action, PAR is about bringing about change through applied research. PAR also contributes to the theory base of practice as "there is nothing as practical as good theory" (Lewin, 1952: 169). K. Lewin's (1952) message was twofold: theorists should try to provide new ideas for understanding or conceptualizing a (problematic) situation, ideas which may suggest potentially fruitful new avenues of dealing with that situation. Conversely, applied researchers should provide theorists with key information and facts relevant to solving a practical problem, facts that need to be conceptualized in a detailed and coherent

manner. More generally, theorists should strive to create theories that can be used to solve social or practical problems, and practitioners and applied researchers should make use of available scientific theory (Lens, 1987; Sarason, 1978). The application of theory is not in question but what is, is the expulsion of theory from research and the need for PAR to have an emancipatory theory of change.

William Whyte (1991) makes a case for participatory action research (PAR) as a powerful strategy to advance both science and practice. PAR involves practitioners in the research process from the initial design of the project through data gathering and analysis to final conclusions and actions arising out of the research. PAR thus evolves out of three streams of intellectual development and action:

– social research methodology;
– participation in decision making by low-ranking people in organizations and communities;
– sociotechnical systems thinking regarding organisational behaviour.

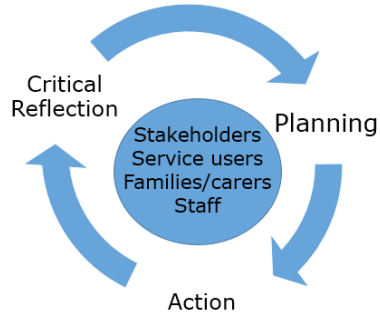
W. Whyte (1991) explores the development and implementation of participatory ideas and practices in both industry and agriculture.

The reach of PAR is from Paulo Freire's work and active and critical forms of pedagogy, indigenous people's research, the Civil rights movements, and South Asian movements. Hall (1992) charts its development from the margins of social research to the centre of attempts to promote social justice and challenges the inequalities in knowledge production. It borders on the "sociology of intervention" (Touraine, 1981).

PAR as a methodological process is where the researcher seeks to address or improve identified and self-defined areas of need through action and intervention involving those who are part of the research process (Reason, Bradbury, 2008). At its most successful it satisfies Arnstein's (1969) ladder of participation with high degrees of citizen control so what the researcher must prepare for is their own "changed" view and experience as a result of the participation and influence of interested others. PAR has been used at an organisational level (Eikeland, 2012), led to literature reviews (Dick, 2010; 2011) and PAR has become "central" (Hall, 1992) and diverse (Cassell, Johnson, 2006).

The strength of PAR is that it is inclusive, democratic, pluralist, critical, and contributes to and has a value base of social justice (Thompson, 2017), so there is a clear rationale for this methodological choice in research that seeks to answer research questions such as how can practice be improved. It also provides an overarching set of principles that are consistent with empowering Social Work and supportive practice. PAR uses a cyclical process of planning, action and critical reflection, with stakeholders at the centre (O'Brien, 1998; Wadsworth, 1998).

Schema 1. The Participatory Action Research cycle



Source: Adapted from Bailey, Wright, Kemp (2015)

The benefits and strengths of PAR, its inclusivity, democratic nature, pluralism, criticality, activism and potential for co-production warrant its inclusion in the pantheon of epistemological methodologies. Participatory Action Research as a social process exploring the realms of the social and the individual, its participatory nature, is collaborative, practical and emancipatory, critical and recursive (reflexive and dialectical) to transform both theory and practice. The challenge PAR presents is the successful resolution of the power relations involved in research, the degree of contribution PAR makes to social practice and the involvement of participants.

Why participatory action research is suited to social work

PAR is a dialectical process involving action and reflection with the political goal of social transformation (Bain, Payne, 2015). It interweaves knowledge, action and reflection and truths that are partial and socially constructed (Wright, 2010). PAR takes lived experience as its starting point – knowledge from below (Cahill, 2007) – and builds power with social groups to enact transformation (Gatenby, Humphries, 2000).

According to its international definition (BASW, 2014):

> The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

Thus Karen Healy (2001) argues that there is considerable convergence between PAR and many contemporary Social Work approaches, particularly progressive ones. PAR and Social Work are conscious of the inseparability

of processes and outcomes, raising critical awareness of oppressed people, and encourage collective responses to social disadvantage. PAR is consistent with Social Work principles that advocate social justice with service users. As Reason (1994: 334) acknowledges: “paradoxically, many PAR projects could not occur without the initiative of someone with time, skill and commitment, someone who will almost inevitably be a member of a privileged and educated group. PAR appears to sit uneasily with this”.

This paradox in the contextualisation of where and how power manifests in PAR can downplay the role of research workers in initiating, organizing and completing PAR projects. These less apparent dynamics also offer opportunities for reflexivity. The cross-cultural methodology and applicability also present challenges. For example, the emphasis on conflict can debase appropriate change strategies, there can be resistance to change, and does not fit with the cultural values of certain indigenous communities.

We now illustrate these particular challenges of power in our first case study.

Case study 1: Talk About Self Harm (TASH)

The following case study is a Participatory Action Research based project which contemplates PAR by utilising the concept of “talking” as a structure for consideration of implementation of the PAR theoretical paradigm.

Talk About Self Harm (TASH) was a time-limited scoping project designed with the aim of improving the help seeking experiences of young people accessing primary care for support for self-harming behaviours. As the titular acronym signals, a focus of the project was the action of “talking” about self-harm. In the following overview of the project TASH is explored as a case study of PAR in practise, using the lens of “talking” as a guiding thread to critique the application of PAR as a research method.

The focus on the role of talking takes inspiration from Thompson and Pascal’s approach to critically reflective practice which encompasses “take[ing] greater account of the central role of language, meaning and narrative as key elements in the process of meaning making” as a strategy to provide a basis for reflective practice to work towards emancipatory practice (Thompson, Pascal, 2012: 322). The rationale for focusing on the role of talking is that although the TASH project comprised three workpackages these were interlinked by the common thread of talking. Talking about self-harm occurred in specific stakeholder groups including GPs, practice nurses, a young person’s advisory group, and young people using GP surgeries, yet rarely were “talked about experiences” shared

between stakeholders largely due to the topic of self-harm being emotive and reflective of a highly personalised behaviour.

The spatial context in which PAR to talk about self-harm took place was in three GP Practices in the UK as sites of the particular focus of this research project. TASH aimed to use a PAR approach to engage with and listen to the experiences of stakeholders, particularly young people, GPs and practice nurses. Significant strands of the project reflected the cyclical process of PAR:

- Planning – Understand the experiences of primary care staff providing healthcare interventions to young people who self-harm and the barriers and support systems young people experience when accessing primary care for support;
- Action – Co-produce with relevant stakeholders, self-help/self-management materials for use in primary care settings;
- Action – Conduct training/coaching interventions with primary care staff to support the use of self-help/self-management materials in the primary care setting with young people who self-harm;
- Critical Reflection – Identify the barriers and support systems to using self-help/self-management materials within a primary care setting;
- Critical Reflection – Identify the barriers and support systems when using PAR as a research methodology in primary care settings with young people who self-harm.

Stakeholders were identified through the iterative process of assembling the project and included representatives from the third sector, GP Practice Managers, GPs with a specialist interest in self-harm, and local care commissioners. A steering group was established which later was to become one of the primary sites for each phase of the PAR cycle to unfold. An informal advisory group facilitated access to young people representative of the demographic TASH sought to support. This group became a young people's advisory group for the project. The lead researcher met with these young people at intervals throughout the project to develop research instruments, such as designing the participant information sheets and consent forms, posters used for recruiting young people to participate in focus groups and interviews, and advising on the content of focus groups and interviews. Their initial involvement with the project resulted in settling on the name "Talk About Self Harm", or "TASH", for the project's identity. The ongoing involvement of the young people's advisory group guided work on the development of self-help materials which would be delivered to GP practices, and created a blog detailing sources of self-help for self-harm (TASH, 2014). The young people's advisory group could be considered the most successful aspect of the project in terms of generating "talking" about self-harm.

Exploration of barriers to these processes of talking provides a way to critique the role of PAR in this project. It is instructive to consider talking firstly as a key function of the project, the "talking" aspect of Talk About Self Harm. In this way there are two forms of talking: the specific content of talk focusing on self-harm and experiences of seeking/receiving/giving help which is the purpose of the project, and the role of talking as an instrumentalist activity necessary to propel the project forwards. In the first instance a key challenge of TASH is the considerable stigma surrounding self-harm despite the practice of self-harm amongst adolescents being comparatively commonplace (Moran et al., 2012; Morey et al., 2008; O'Connor et al., 2009) and being well-understood for at least two decades as Strong's (2000) insightful account of self-harm testifies. This paradox between the well-established understanding of self-harm and the perceived difficulties of communication and treatment of self-harm as articulated in the healthcare literature (Flessner et al., 2007; Harris, Roberts, 2013; Jones et al., 2011; Loveridge, 2013; Milner et al., 2015) is suggestive of an intriguing gap in the discourses surrounding self-harm, in other words, the way self-harm is talked about and therefore (mis)understood. The barrier created by the sometimes perceived and sometimes actual stigma of "talking" about self-harm can be considered as a barrier between the at least two spheres of discourse circulating the practise and treatment of self-harm. A simple modelling of these discursive spheres might usefully represent them as

– the cultural (Clarke, Whittaker, 1998; Strong, 2000; Baker, Brown, 2016);
– healthcare-orientated.

Whilst the healthcare-orientated sphere clearly operates within its own culture of healthcare, the dialectic between the two spheres helps to articulate a number of barriers to communication which may initially appear to arise from and be attributed to stigma.

In the TASH project the young people who together formed the young people's advisory group emerge as being more able than the healthcare professionals to talk about self-harm in the abstract and in terms of their own experiences. Interestingly, in correspondence to an editorial by Bailey, Wright and Kemp (2017) in the *British Journal of General Practice* which reflects the TASH project, Roberts (2017) states that "[…] the development of the adolescent brain means a depleted lexicon until the second decade hence adolescents appearing as 'poor' communicators", focuses on the language function as it relates to self-harm. The articulate dialogue between the lead researcher and the young people's advisory group, and Roberts' reflection on language and its relation to self-harm in adolescents, construes an important link between self-harm and language. After all, self-harm should be understood as a form of communicating distress to self and

others. In light of conversations with the young people's advisory group it was interesting to find that the primary care staff providing healthcare interventions to young people who self-harm articulated to the research team their general reticence to talk with young people about their self-harm. Various rationales were provided for this reluctance, amongst which fear of consequences occurred frequently. The discrepancy between the young peoples' and the professionals' approaches to talking can be ascribed to the roles of each group; the young people are discussing their own experiences, and the healthcare professionals are speaking from the position of – albeit briefly – encountering the effects of another's pain. Each orientation to the act of self-harm attributes the responsibility for the consequences of self-harm very differently. When put into dialogue with one another, theoretically, the young person presenting with self-harm has already "talked" about self-harm through

– attending their GP surgery;
– possibly presenting with injuries resulting from self-harm.

Reluctance by healthcare staff to talk about self-harm with the presenting young person is a barrier initially arising from the stigma surrounding self-harm and which is clearly articulated across many domains of the healthcare literature. In other words, the barrier to talking about self-harm is, here, a structural one which is reinforced by professional discourses.

This close reading of the role of talking as applied in the practice, or "action", cycle of PAR in the TASH project points towards similar structural barriers to the instrumental forms of talking necessary to frame and conduct the project. The "planning" and "critical reflection" phases of the PAR cycle were iterative and in practice scheduled into the Steering Group meetings which took place at regular intervals to structure the project. The differing discursive spheres members of the steering group operated within as part of their professional roles and quite probably also through any personal experience of self-harm meant that the group comprised representatives some of whom were based primarily in the cultural sphere of discourses around self-harm, and others who predominantly worked from the healthcare sphere of discourses. In the context of a steering group whose Chair primarily approached the project from the perspective of a healthcare professional, it was unsurprising that the healthcare sphere of discourse dominated discussions and therefore the direction the TASH project would take as it unfolded. The cultural domain was largely silenced, emerging primarily in the 'action' phase when the young people talked about their direct experiences. This suggests that perhaps the discourses of healthcare which, by definition, problematise self-harm as a behaviour which requires "treatment", can act as a significant barrier to talking. Drawing on Maggie Nelson's assertion, "But why bother with diagnosis at all, if a diagnosis is but a restatement of the problem?"

(2009: 12) the barrier to talking may lie in that which is talked about; the "naming" of self-harm names a symptom not a diagnosis but easily slides into becoming the problem at the point of receiving treatment. Gathering around the table at Steering Group meetings the difficulties arising through the differences between the cultural and healthcare spheres of discourse, which manifested in practice as differing ways of talking about self-harm, the very focus of the project, became over time a barrier to engagement. Time and resource constraints in terms of attendance at meetings focused around reflection with minimal discernible action emerging from those reflections resulted in diminishing temporal and spatial resource allocation from stakeholders. PAR depends upon the uptake of those involved at all levels of the project and inevitably, without their investment, the PAR cycle naturally atrophies. The talking so vital to the PAR cycle fades to silence without attendance. There is less talking and less listening.

In the case of the TASH project it was heartening that the primary group of people for whom the project was targeted i.e. young people were indeed the group with the most enduring engagement with the project. One tangible outcome from the project was a short conversation guide for practice nurses to follow when talking with a young person about self-harm in a time limited conversation. The guide came directly from what young people characterised as helpful "talking" and was developed in response to a direct ask from practice nurses who took part in the project. As considered elsewhere (Bailey, Wright, Kemp, 2015: 26) it may be that this project is an instance of PAR working most effectively for a "captive audience", although how this fits with the emancipatory ambitions of PAR is less clear. As TASH drew to its conclusion Reason's acknowledgement that "paradoxically, many PAR projects could not occur without the initiative of someone with time, skill and commitment, someone who will almost inevitably be a member of a privileged and educated group. PAR appears to sit uneasily with this" (1994: 334) fits with the experience of the final Steering Group meetings which comprised the academics and practice staff from non-frontline roles guiding the project.

The ambitions of talking in Talk About Self Harm and the PAR approach to research appear at first view to be sympathetic towards one another. Both contain emancipatory aims. In practice, structural barriers to talking in the form of communicative discourses and temporal and spatial resources to take part in talking required that the researchers revisit their expectations about the limitations and the successfulness of PAR in this project and learn from this in terms of ambitions for similar research endeavours in future.

Case study 2: knowledge transfer partnership

The context of the second case study is a Knowledge Transfer Partnership (KTP) between a University and a local authority part funded by a local authority and the ESRC (Economic and Social Research Council) to improve the effectiveness of Early Help Services for children and young people in a specified geographical area. Participatory action research was used to generate evidence-based practice and improve outcomes for this service user group. The aims of the KTP were to inform service re-design that would provide a more robust evidence base to the delivery of programmes and provide frameworks to enhance practice.

The purpose of the knowledge exchange between an academic partner and a social work provider was to:

- inform the development of the Family Service to deliver support in a more timely and streamlined way for the most vulnerable families;
- provide the local authority with a more co-ordinated, evidence-based approach to the commissioning and delivery of parenting programmes;
- provide the local authority with a developed, over-arching evaluative framework that all services can use to support critical thinking, data management and data analysis.

Participatory action research was used to involve children and young people in the process of knowledge exchange. Priscilla Alderson (2005: 29–30) suggests there are three levels of children and young people's involvement in research.

- Children as unknowing subjects of research. Where children do not know that research is being carried out and are not asked for their consent;
- Children as aware subjects. Here the design of the research is tightly within control of the adult researcher;
- Children as active participants. Here there is flexibility over the methods used in the research and children themselves become involved in planning and carry out research projects.

Priscilla Alderson (2005) suggests each level implies a different degree of conception of childhood from seeing the child as innocent, needing control, or confident and competent individuals. As part of the participatory element of PAR, the children were engaged as competent and confident individuals with genuine and authentic needs that could help to inform services provided by the local authority. This follows Groundwater-Smith et al. (2015: 70) who recommend that research needs to be "relevant, meaningful and interesting" and engages children and young people as "active, informed and informing agents".

Through the PAR process the researchers sought to reflect what Harry Shier (2001) argues are five levels of participation:

– children are listened to;
– children are supported in expressing their views;
– children's views are taken into account;
– children are involved in decision-making processes;
– children share power and responsibility for decision making.

The openings of PAR, in this instance, are founded on a statement of intent and commitment to research in a certain way which requires resources such as time, skills and knowledge to be shared between the academic and practice partners. Obligation in this instance of PAR is when an organisation agrees a policy that young people should operate at this level.

The first phase in the PAR process (planning) was to address the ethical issues and to make them as transparent as possible to the University's ethics committee, the researchers, the local authority, key stakeholders, and children and young people. The next stage in the process was to alert managers across the local authority to the intentions for PAR. A memo of understanding was circulated to negotiate access and encourage participation from key stakeholders.

As part of the planning stage of the PAR cycle the research team approached established fora of representation such as Children's Trust Boards. Opinions from representatives (adults, children and young people) were gathered albeit limited to the methods that children and young people would find valuable such as taking photographs. Such an approach reflects Donaldson (1979) who suggests activity needs to be meaningful to children and young people, to have a purpose and to have value to them, and Hatch (1995) who emphasises the need to establish a rapport with young people in research and to make them feel comfortable. There was a moderate reception from practitioners and acknowledgement of participation and a desire to participate. On review, the engagement and participation of these children and young people was luke warm with nominal commitments to continue participation.

A final plan that was put in place was to garner involvement of young people in the project through schools using activities that had been suggested from the previous engagement with children and young people at the Children's Trust Board. With a thoroughly thought through set of methods that children and young people would find engaging, PAR was put in place across different schools from primary to secondary schools. Although modest in scale (in total three schools were involved), the activity and value with the children and young people was simple but profound. Working with the children and young people their ideas and wishes were included in the activities and levels of engagement were negotiated. Having

reviewed the ethics, principal managers and existing fora for children and young people, the existing access arrangements through schools was decided upon.

For each phase of the PAR cycle, activities were planned then put into action and a review/reflection of each session with children and young people was conducted. The research team planned engaging activities, took action and put them into practice, and reviewed the success, benefits and limitations of each action. Within this PAR cycle, the principles of PAR were extended to include all the children and young people. This took three forms. The first was approaching established and existing community groups for children and young people to canvass opinion on what activities would be most valued by the children and young people. On reflection, this approach suffered from a lack of clarity on roles, responsibility and purpose of the research for the pre-existing groups. The groups already had established roles and responsibilities and a purpose that was not transferable to research purposes but was orientated towards the community service provided by trusted and valued community professionals. For example, the research team participated in a community children and young peoples' group that was an established youth group providing sustenance and refreshment for those children and young people. Reviewing the participation and action, the benefit for the children and young people remained with that service and although their opinions and views were canvassed the focus was on getting a good meal and the reception of participation in the research activity was mild.

The challenge of the PAR methodology on reflection was the tension between existing groups and fora for participation. Without a thorough understanding and analysis of the context in which PAR was being enacted, the potential for the emancipatory and aspirational appeal of its participatory nature remained unfulfilled. The pre-existing groups in this project promoted a layer of experts in participation that acted as a barrier to more inclusive and encompassing participation or wider stakeholders. The values and aspirations of PAR remained laudable, the execution of PAR in this project required finessing to fully realise these values.

Critical reflections on PAR

As a stage of PAR in and of the process critical reflection remains fundamental. Neil Thompson and Jan Pascal (2012: 322) suggest critically reflective practice offers a basis for emancipatory practice that:

- incorporates issues of forethought or planning: reflection-for-practice;
- takes greater account of the central role of language, meaning and narrative as key elements in the process of meaning making;

- goes beyond individualism or 'atomism' to appreciate the significance of the wider social context;
- takes greater account of the emotional dimension of reflection;
- incorporates a greater understanding of the important role of power;
- is clear about the differences between reflection and reflexivity and understands the relationship between the two;
- takes account of time considerations, at both individual and organisational levels and, crucially;
- develops a critical approach that addresses the depth and breadth aspects of criticality and the interrelationships between the two.

As researchers being critically reflective of PAR there are distinct gains and benefits but also setbacks and disadvantages. The benefits of planning, meaning, context, emotion and power make significant contributions to individuals and organisations when using PAR as a methodology. However, a fully critical reflection on PAR involves the discursive power involved, particularly the distinction between the authentic discourses of young people and the professional discourses of health and social care professionals. The Talk About Self Harm case study suggests talking as applied to practice involves structural barriers and instrumental forms of talking between the competing discourses of young people and health professionals.

Critical participatory action research expresses a commitment to bring together broad social analysis, the self-reflective collective self-study of practice, the way language is used, organisation and power in local situations, negotiated access arrangements and action to improve things. The contextual detail and associated power dynamics need attention to address gender, ethnicity, sexuality and social class. As S. Kemmis and R. McTaggart (2000: 569) rightly suggest critical participatory action research "may be considered a 'romantic' aspiration, over-emphasing people's willingness and capacity to participate in programs of reform".

Although PAR is widely endorsed as consistent with Social Work's committment to social justice (Finn, 1994; Hicks, 1997; Mathrani, 1993; Sarri, Sarri, 1992; Sohng, 1992, 1996) the limitations of the link to social analysis, critical self-reflection of participants, the language used, the discourses exercised and the role of power limits the ability to deliver the romantic aspiration of PAR.

Central to PAR and to social work practice is the requirement to build relationships. The Knowledge and Skills Statements for Child and Family Social Work (DfE, 2018) suggests the use of effective direct work with children and families by building purposeful relationships. The statement for Adult Social Work (Department of Health, 2015) emphasises person centred practice with Social Workers working co-productively and innovatively with people, local communities, professionals, agencies to

promote self-determination, community capacity, personal and family resilience. Interestingly both statements are silent on the issue of power which is central to such relationships and fundamental to PAR as a research methodology.

Conclusion

The introduction of ideas, practices, policies and methodologies of PAR consolidates the participation of service users in Social Work research. However, the tension between levels of participation, authentic talk of service users, the power dynamics of the research itself, and the competing discourses at play in service delivery, demonstrate the potential limitations of PAR. On reflection, the context and situation of the research needs to be fully explicated, discussed, talked about and negotiated for a truly critical participatory action research process to emerge.

Sarah Banks (2012) speaks of a 'situated ethics of social justice' that takes social justice as its starting point and qualifies it by its situatedness. She provides a six-point plan:

- Radical social justice. A base line of equality of opportunities but an engagement with oppression and injustice for individuals, groups and cultures;
- Empathic solidarity. Involves abilities of critical analysis and critical thinking in the context of professional activity;
- Relational autonomy. Power as moral agents to work for 'power with' others, including service users;
- Collective responsibility for resistance - good and just practice and resisting bad practice. Autonomy is relational in the context of oppressive and constraining structures. Constructive alliances of professionals, workers, service users and sharing responsibility to promote social justice;
- Moral courage. The disposition to act in difficult, challenging and uncomfortable situations;
- Working in complexity and contradictions. Working in space of care and control, prevention and enforcement, empathy and equity.

This radical form of "situated" social justice addresses the critical and contextual detail that is needed for a critical participatory action research to be used.

The promotion of a values-based perspective through promoting social justice is a core principle for practitioners and researchers wanting to use PAR. The development of Social Work practice concerns an increasing awareness and ability to address issues of social justice, challenging structural inequalities across all social divisions, and the realisation of

human and citizenship rights. These are key issues that practitioners and social workers face in conducting PAR with and alongside service users to effectively deal with promoting social justice, talking about inequalities and realising rights.

Social justice operates as a regulatory heuristic for PAR in the values-based perspective on practice, the contribution made by practitioners and researchers using PAR enables, and the aspiration to promoting social justice.

Given the omission of power from the Knowledge and Skills statements in England and Wales, a fully critical participatory action research agenda has much to offer the practice of modern day Social Work.

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