Innovative methods

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Chapter 19 Innovative Methods

Rosalind Merrick, Sharynne McLeod and Clare Carroll

H1 What are Innovative Methods?

Methods are innovative when an element of the method has not been done before and is effectively implemented. At the cutting edge of qualitative research, investigators introduce methods of data collection and analysis, employ new techniques and technologies, design new ways of doing research and formulate fresh concepts. Research in communication disorders gains richness by drawing on techniques from a range of disciplines, and cross pollination of ideas fosters innovation. According to Taylor and Coffey (2008), innovation in qualitative social science methods has two aspects: *invention* (new ideas and approaches) and *application* (transfer of ideas and approaches). Key conditions of innovation are sustainability and diffusion: methods with some favourable outcome are communicated and adopted for the benefit of the wider research community. Taylor and Coffey (2008) noted that it takes creativity to generate new ideas, but innovation involves also being able to reject or select those ideas by critically reflecting on how beneficial they may be.

There are times when innovation is not necessary: we do not need to 'reinvent the wheel'. Pre-existing methods and resources can guide and support researchers. But they can also limit. There should always be some projects that call for innovative methods in order to generate the best data and provide the most advanced analysis. Innovation has an important role in the future of qualitative research in communication disorders. The aim of this chapter is to support you to have the confidence to recognize when innovative methods are desirable and necessary and provide criteria by which innovative methods may be critically appraised.

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To illustrate the many areas of innovation in research methodology, there follow some examples taken from both within and outside the field of communication disorders, recent and past. The research question itself may be innovative. If there has been a tradition of asking a particular type of question, innovative methods may come at a topic from a completely different angle or work with a new agenda. For example, Kellett, Forrest, Dent, and Ward (2004) (the last three authors were children) reported on 9- and 10-year-olds conducting research projects of their own choosing. The work reflected changes in perception of children's status in society and challenged notions of children's competence within research methodology.

The approach to sampling and recruitment may be innovative. We may, for example, find new ways of involving individuals or populations who were previously under-researched. O'Reilly-de Brún et al. (2016) specifically recruited migrant primary health care service users domiciled in the Republic of Ireland. To overcome cultural and linguistic barriers, the investigators offered training to peer researchers, who then acted as 'safe conduits' for recruitment through their community-based networks.

The conventional idea of the interview or questionnaire may well need adaptation when the research participants are young or elderly, and have particular communication difficulties. Murphy's (1997) 'Talking Mats' technique was a significant innovation in data collection with people with severe communication disorders. Germain's (2004) use of disposal cameras with young people with learning difficulties demonstrated how photography could transform the data collection process with this group and promote active participation.

Innovation can also be desirable at the analysis stage of a project. McMenamin, Tierney and MacFarlane (2015) employed practical and imaginative ways of involving

people with aphasia in co-analysis of data (see Chapter 8). The collaboration that they achieved was essential to the participatory ethos of their work and the trustworthiness of the findings from this group.

The case studies in this chapter present in some detail three different types of innovation in the field of communication disorders. Rosalind Merrick worked collaboratively with illustrators and children to develop picture materials designed to get children talking about communication. Sharynne McLeod developed an assessment that was applied flexibly in different settings and even across languages to explore children's experience of speech sound disorder and its impact. Clare Carroll pioneered the use of specialist cameras with young children with neurodevelopmental disabilities to gain insight into their everyday experiences; this was about giving voice to children who were supported by an early intervention team.

Innovative methods inevitably have limitations. Researchers may be wary of working with little guidance, with no protocols or published examples. The researcher may have to work harder to explain chosen methods to funders, ethics committees, examiners and reviewers. It takes courage and patience to justify an innovative approach that you know suits your research question, and if necessary to defend its use (see Chapter 12 on ensuring rigour). If innovations are not documented and shared effectively through publication, methods lacking clarity and rigour may arise. Finally, defining what counts as innovative is not straightforward. Much qualitative research involves the ability to work flexibly, to think creatively, the readiness to respond to unforeseen challenges and to break new ground. To count as innovation, methodological ideas need to be tested and found effective, communicated and adopted. It is important to recognize innovative methods as essential to

research capacity building, to encourage the use of innovative methods and ensure their critical appraisal.

H1 Why Would You Use Innovative Methods?

Qualitative research in communication disorders ultimately aims to benefit the children, young people and adults with those disorders and their families/carers. One of the two main reasons authors of this chapter have used innovative methods has been to support the credibility of our studies. As we saw in Chapter 12, credibility is a criterion of trustworthiness and essential for overall research quality. In the field of children's communication disorders, it is challenging to obtain and analyze rich data and ensure that each participant voice is captured and fairly represented. We aimed to recognize the many ways that children have of communicating, where necessary devising new data collection tools in order to triangulate data from a range of sources. Influenced by the mosaic approach (Clark 2005; Clark & Moss, 2011; Clark, 2017) we were working from flexible child-centred perspectives. The mosaic approach lends itself to innovative methods: it is about listening to children "on all channels" (Marchant, 1999, cited in Clark, 2017, p.25) and finding suitable ways of adapting trusted methods (such as interviews and observations) in collaboration with the children.

We took a reflexive approach in order to evaluate the innovative methods. Criteria for success related to ethical practice. We were looking for evidence of children's informed consent or assent, their meaningful engagement with the research question, and good research relationships. Criteria also related to data collection: did the chosen methods result in new knowledge? Finally, were participants able to check and/or influence the emerging

interpretations? This is seen as important for the credibility of the study within the interpretive paradigm.

The second main reason for employing innovative methods has been our participatory philosophy. The authors of this chapter share a commitment to the rights of children to participate in research, as well as their rights to participate in an inclusive society as a whole. The International Classification of Functioning, Disability and Health – Children and Youth Version (ICF-CY) (World Health Organization, 2007) specified participation as a component of functioning, and participation restriction as a component of disability. Participation was defined as involvement in a life situation: it was recognized that these situations change with children's development, and that the role of the environment was integral to understanding participation. McLeod and Threats (2008) highlighted the relevance of the ICF-CY framework to the work of speech and language therapists (SLTs). It is when we take a broad perspective on children's health and functioning that we can recognize and support children's rights to full participation in life situations and in society.

Qualitative research has an important role in understanding health and participation in society, because it has the potential to explore what life situations are like for participants and what they mean to them. Participatory research (see Chapter 8) promotes active participation of stakeholders in the research process and is in keeping with a democratic, rights respecting ethos. Participatory research is likely to call for innovative methods, as we illustrate below.

It is clear that children's and young people's perspectives can differ from those of their parents, carers and service providers (Dalrymple & Hough, 1995), and even young children can be regarded as active and competent, not passive recipients of care and knowledge. The Convention on the Rights of the Child (United Nations, 1989) set out in

Articles 12 and 13 children's rights to express their views and access information. Children can express their views, be involved in decision-making, and even share power and responsibility, and yet there are many areas of healthcare research where this is not the convention. Shier (2001) presented a model of the degrees of commitment that individuals and organisations show towards facilitating children's participation. Participation at any level, he argued, may begin with the intentions of individuals, but must then be supported and established if proper priority is to be given to children's rights. The task for the innovative researcher, according to Shier's model, is to identify an *opening* to work at a participatory level, and create an *opportunity* by developing a new resource, procedure or approach. At the final stage of Shier's model, a level of children's participation is built in to the policy requirements of an organisation. Applied to research methodology, this may equate to new methods becoming tried and tested and part of an established repertoire within the research community.

The traditional imbalance of power between investigator and participant may be redressed through innovative methods. Particularly where participants are not used to making a valued contribution to research endeavours and/or have communication disabilities, researchers need to think creatively to devise ways of facilitating empowerment in the research process. Our openness to the perspectives of our service users is a common thread running through the qualitative studies presented in this chapter. Providing a means to achieve meaningful collaboration with participants who have communication disabilities requires more than a surface understanding of how they access communication. One innovative aspect of Case study 1 was the use of artistic representation of communication situations, and the way that children were involved in both responding to and influencing the development of pictorial materials. Case study 2 was innovative in applying the concepts of

Activity and Participation from the ICF to children with speech impairment. This was achieved by working in a participatory way with SLTs and creating a flexible tool with the potential for "collaborative adaptation" (McLeod, 2004, p.78). Case study 3 harnessed technology to interact with children, so that they could 'show' the investigator about their life situations and have their own voice in the research process.

H1 Case Studies

The following case studies demonstrate the use of innovative methods. These separate accounts offer their own justification for selecting innovative methods and demonstrate the ways in which methods align with theoretical positioning and accommodate to the needs of children with communication disability. Table 18.1 summarizes the methods of the studies, and italics are used for the methods which were innovative within qualitative research.

Insert Table 18.1 about here

H2 Case Study 1: Children's Views and Speech and Language Therapy

Rosalind Merrick

My doctoral research involved collaborative development of methods and media to gather and analyze data from 6-11 year old children regarding their views of communication and therapy (Merrick, 2009, 2014; Merrick & Roulstone, 2011; Owen, Hayett, & Roulstone, 2004). At the time of investigation very little had been documented in this area and innovation was called for to better understand children's views.

H3 The research question and philosophy

I was a practising speech and language therapist working as part of a team to provide a service to children with speech and language difficulties in mainstream schools. As a service

provider I wanted to bracket my own preconceptions, to better understand children's perspectives on the work that we were doing with them, whether children were benefiting from their therapy, and what aspects were helpful. We knew from a pilot study that children may have a different angle from adults on speech and language therapy (Owen, Hayett & Roulstone, 2004). The challenge was to pose an initial question that was focused in its purpose, yet open enough to allow children to shape the nature of the findings. Otherwise we would not hear the messages we most needed to hear.

The pilot study showed that many children had very little concept of speech and language therapy as a distinct service that they received. Since therapy advice or activities were often carried out by teachers, teaching assistants or parents, children were not labelling their experience as therapy. Where children did refer to speech and language therapy, they saw it as indistinguishable from their school work, or contact with the doctor, dentist, occupational therapist or psychologist. Children also made little reference to their diagnoses. We could not presume that they saw themselves as having a communication disability or as in need of treatment or support. The focus of the investigation was therefore *communication* – how communication was viewed by these children, what (if anything) was problematic, and what was helpful or unhelpful. For research purposes, we then needed to operationalize the concept of communication, and this is the first point at which innovative methods were needed.

The design of the study shared the key features of grounded theory identified in Chapter 6 and was consistent with a Straussian approach (Strauss & Corbin, 1998). An account of the children's views (Merrick, 2009; Merrick & Roulstone, 2011) and a discussion of ethical issues (Merrick, 2011) are published elsewhere. Below is an account of how we

took an innovative approach to developing evidence-based materials to encourage children to talk about communication.

H3 Data collection: How materials were developed

Picture materials were instrumental in introducing and exploring the research question. For children with communication difficulties, visual skills are sometimes a relative strength. Images then offer a platform for discussion; visual art makes the abstract concrete and therefore easier to discuss; pictures provide a shared context that supports comprehension. To explore what aspects of communication may be represented visually, and how, I drew on expertise in the field of art, and worked closely with illustration tutors and undergraduates.

With their input, I began with a review of the way in which communication with (or between) children is portrayed in children's book illustrations. The books studied were fiction picture books aimed broadly at children aged 4 to 8 and covered a wide range of topics and styles. Two points emerged from this review. Firstly, is was possible to depict a vast range of communicative functions (not only sharing information, requesting and following instructions, but many others, such as refusing, comforting, gloating, gossiping, squabbling, pleading, scheming, larking about, talking to pets). Secondly, the review highlighted the power of communication in terms of the emotions and the dynamics of power between speakers. It was stimulating and exciting to explore how artistic representation might reflect and validate real life experiences.

The illustrator, Jess Bradley, worked creatively on materials for the investigation, consulting findings from the image review and pilot study. A set of picture cards were devised to support group interviews in a first phase of data collection with school children (aged 6 to 11 years). During these interviews, drawing materials were also available, as well

as snacks and drinks. Children were reminded of the purpose of the research and invited to take a picture card and say what it made them think of, and they made their own drawings to talk about if they wished.

Children selected certain pictures in particular, added their own drawings, and gave examples of communication from their own experience. Through this we were able to reflect upon the effectiveness of the method, considering the sense children appear to be making of the research question, their engagement in the topic and the nature of the findings. Jess revised the materials, tailoring the style of the drawings and incorporating images and themes brought up by the children. We found that presenting drawings with clear depiction was more useful than offering abstract drawings. The latter resulted in children trying to decipher the artist's meaning and asking questions rather than having the confidence to relate their own ideas. Children's own pictures highlighted functions that were under-represented in our initial materials, such as children seeing themselves in a helping role, not simply as the recipients of help.

Analysis of this first phase with groups of school children revealed four themes: enjoying company, dealing with conflict, learning, and (occasionally) something going wrong. Using these themes as a framework, materials were revised for individual interviews with children aged 7 to 10 years receiving speech and language therapy. They were invited to select and discuss the pictures and also carry out other activities: drawing; showing the researcher around; taking a disposable camera for a week to take their own photos; creating a scrapbook, in which they inserted their selected photos, pictures and quotations from earlier interviews. Some activities were entirely the children's initiative, such as creating puppets to represent people in their life.

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Throughout this second phase of data collection, sampling was theoretical and purposive, moving from analysis to data collection and back until categories were saturated. There was a point when it seemed that all the children sampled were relatively accepting of their difficulties. Theoretically, this could have been because children with less severe difficulties had come forward during recruitment. We therefore targeted children whose difficulties were known to be severe by recruiting within a language unit (a specialist class within a mainstream school providing structured input to children with primary language difficulties).

This investigation revealed that despite their communication disorders, children were able to share their views about everyday communication and demonstrated the value of art and innovative methods when listening to children. The materials devised in the course of the study had avoided putting words into children's mouths by overly specific questions.

Interpretation of the findings was influenced by discursive psychology, and generated theory about the ways of talking about communication and communication difficulty that are available to children. From a final review of the findings and materials, illustrator Helen Stanton generated a set of four composite pictures (published in Merrick, 2014). This output from the study provides an evidence-based 'visual questionnaire' for therapists and teachers to use in their discussions with school age children.

H2 Case Study 2: Innovative Methods for Exploring Participation with Children and Families

Sharynne McLeod

Communication is multifaceted, impacting the ability to participate in daily life and to interact with a wide variety of people including family and friends, teachers and strangers.

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Traditionally, SLTs primarily have focussed on speech and language functioning (e.g., the ability to produce consonants, grammatical morphemes) in their assessments and interventions, but have focussed less on the ability of children to participate in society. An innovative approach to understanding the participation of children with speech, language and communication needs is the Speech Participation and Activity Assessment of Children (SPAA-C, McLeod, 2004) (pronounced /spa si/ "spa see").

H3 Data collection

The creation of the SPAA-C took an innovative approach by involving over one hundred SLTs during a conference session in the design and then refining it at a separate workshop by drawing on the SLTs' collected narratives about the impact of communication impairment with a focus on children with speech sound disorder (McLeod, 2004; McLeod, McCartney, & McCormack, 2012). The SPAA-C was developed to provide a tool for SLTs and researchers to consider activities and participation (as described in the International Classification of Functioning, Disability and Health by the World Health Organization, 2001). Development of the SPAA-C also was motivated by the importance of asking children about views and issues that concern them according to the Convention on the Rights of the Child (United Nations, 1989).

The SPAA-C comprises semi-structured interview schedules that may be used with children with speech, language and communication needs and other important people in their lives. A series of questions are provided to support the semi-structured interviews that can be analyzed in a variety of ways. The questions were originally published in English as an appendix to McLeod (2004); however, they are now freely available as they have been reproduced with permission from the publishers at

http://www.csu.edu.au/research/multilingual-speech/spaa-c. Some sections of the SPAA-C have been translated into Afrikaans, German, Turkish, and Vietnamese. The SPAA-C is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License, meaning that people are free to copy and redistribute the material; however, the material must not be used for commercial purposes.

The SPAA-C questions are designed to guide conversations with children with speech, language and communication needs, their friends, siblings, parents, teachers and relevant others, as appropriate. The SPAA-C includes 17 questions for children with speech, language and communication needs (SLCN) addressing topics such as their talking, preferences, friends, school or preschool. There are 10 questions for children that rely on colouring a Likert scale using cartoon smiley faces indicating ☺ 'happy', 😐 'in the middle', ☹ 'sad', 'another feeling' or 'don't know'. Five questions are available for friends, siblings, and relevant others about common activities and what the child may have trouble with. These questions are worded broadly so as not to affect children's relationships and do not directly mention the child's speech and language capacity. For example, 'What do you like doing together?'. The SPAA-C also includes up to 20 questions for parents and teachers about the child. In contrast to the questions for friends, siblings, and relevant others, questions for the child's parents and teachers specifically ask about the impact of children's speech sound disorders including how their participation is limited. For example, 'Does s/he get invited to play at other children's homes/invited to birthday parties?'.

H3 Data analysis and application

The SPAA-C has been used as an innovative method within a number of research studies focussing on children and families' communicative participation. To date is has been used to

understand the lives of multilingual children, children with speech sound disorder, and children with cleft lip and palate. Analysis of these data from the SPAA-C interviews has been informed by the Mosaic Approach (Clark, 2005) that encourages listening to the "rich active child in contrast to seeing children as passive and in need" (p.31).

Understanding the lives of multilingual children has been the focus of two studies using the SPAA-C. Firstly, McLeod, Verdon and Theobald (2015) used the SPAA-C in a study of siblings who moved from an English-speaking country to live in Germany. The siblings and their parents were interviewed at four time points over 14 months to explore what it was like to become bilingual and the children drew themselves talking at each time point. The Likert scale questions answered by the children (Samantha and Bowser, pseudonyms chosen by the children) were particularly enlightening, showing changing perceptions of their competency in English and German and their social interactions. For example, Samantha indicated that she felt ☺ about the way she talked when she lived in Australia; however, over the next 3 time points she felt 😐, "nervous" and 😐 about talking in Germany. At time 2, when Bowser was asked how he felt about talking to his best friend he indicated "I don't have a best friend… I don't have any friends." The main theme that was apparent from the children's responses to the SPAA-C questions was the impact of becoming bilingual on their friendships, emphasising their inclusion and exclusion in the playground at school. This led to the researchers recommending that educators and SLTs consider the playground as an important location when supporting children's communicative capacity.

The second study that has used the SPAA-C to understand the lives of multilingual children was conducted in Fiji by Hopf, McLeod and McDonagh (2017). Seventy-five students completed the 10 SPAA-C Likert questions regarding how they felt when speaking

English and their main language. As in the example above, the children identified friendships as a key factor in their communication. Differences were not found relating to the language spoken; however, the students reported that they were the happiest when talking with friends and least happy when playing on their own. Their insights into their communication were triangulated with many other data sources from the students, their parents and teachers within the study to support the linguistic multicompetence of these Fijian school students.

The SPAA-C has been used to understand the lives of children with speech sound disorders and their families. Preschool children with speech sound disorders were the focus of a study by McCormack, McLeod, McAllister, and Harrison (2010). Thirteen preschool children and 21 significant others were interviewed using the SPAA-C. Data were analyzed using a phenomenological approach (see Chapter 9) to understand the experience of living with speech sound disorder and highlighted problems and solutions related to listening, speaking and frustration. One poignant insight was that many of the children indicated that they felt adults had a listening problem (rather than that they had a speech problem), prompting the researchers to recommend interventions that supported both the listener and the speaker. School-aged children with speech sound disorders were the focus of studies by Daniel and colleagues (Daniel & McLeod, 2017; McLeod, Daniel & Barr, 2013). Six school-aged children and 28 significant others were interviewed using the SPAA-C and the researchers applied interpretivist methods to build an understanding of the experience of living with speech sound disorder. McLeod et al. (2013) applied Bronfenbrenner's (1979) ecological model of children in context to the data to elucidate how children with speech sound disorders lived in different worlds. They titled their paper "When he's around his brothers he's not so quiet" to demonstrate how children were able to be themselves at home whereas they were much more reserved in public contexts. Daniel and McLeod (2017) re-

analyzed the data, providing insights for teachers and parents about how to support children with speech sound disorders at school. Other studies using the SPAA-C have addressed participation of the lives of German children with cleft lip and palate (Neumann, 2011), 129 preschoolers with parental concern about their talking (McLeod et al., 2017) and the siblings of children with speech, language and communication needs (Barr, McLeod & Daniel, 2008). The SPAA-C provides a flexible tool for exploring the lives of children and their communicative participation and data can be triangulated with many different informants and other sources including children's drawings and artefacts from the classroom.

H2 Case Study 3: Innovative methods with young children with developmental disabilities

Clare Carroll

This case study is from my PhD. I wanted to know more about how an early intervention team in Ireland worked. I knew that in order to truly understand how the team worked I needed to include the voices of the young children with neurodevelopmental disabilities as well as their families and professionals in the study. The focus of the investigation was on exploring children's lived experiences of early intervention contexts, that is, in therapy sessions and at home. Strauss and Corbin's Grounded Theory methodology framed the study (See Case Study 2 in Chapter 6). The voices of children aged between 3 and 5 years with neurodevelopmental disabilities were included using Clark and Moss's (2011) Framework for Listening. This case study aims to show how the six components of the Framework for Listening were incorporated in the study and how the children's data were innovatively collected and subsequently analyzed (see Carroll and Sixsmith, (2016) and Carroll (in press)

for further detail on how the children were facilitated to participate in the research process namely the data collection process.)

H3 Framework for Listening

The Framework for Listening involved a *multi-method process* whereby I was aware of the individuality of each child, and before interactions with the children I discussed at length with their parents how best to facilitate their child's participation. Knowing how each child engaged and interacted, their communication skills and communication style supported the building of rapport and the interactions. I used a participatory approach (see chapter 8), treating the children as experts and agents in their own lives. Multiple methods were used: SenseCam, SenseCam Images, pictures, photos, gestures, Lámh manual sign system (Lámh - Communication Augmentation Sign System Ltd.), and Talking Mats (Murphy, 1997). The SenseCam originally developed by Microsoft Research UK, is a wearable camera that passively takes images. It had not been previously used with children with neurodevelopmental disabilities. Ethical approval was obtained for the use of SenseCam given that images would be taken of unknowing third parties. The parents alerted people in the child's contexts about the camera and its purpose and use. The families were given a SenseCam for their child to wear during a week of their lives. The images, automatically taken by the SenseCam when worn by the children, offered a novel route to the collection of observational data and a way to include their voices in the study. I used SenseCam Image software to process all the images and I printed images from each child's world (e.g., toys, people, places, and activities) and used them to support the subsequent interactions with the children. Each child actively engaged with the pictures, shared their preferences and made choices using Talking Mats, gestures, vocalising, and/or words; parents shared more details on images such as the relationship of people to the child. During our play-based interactions I

followed the child's lead and watched what they did and what they liked. The use of participatory methods supported the inclusion of young children with developmental disabilities in research about their early intervention service.

I aimed to be reflexive through the use of active listening, audio-recorded interactions and taking field notes and memos. I constantly checked that my understanding matched the intended meaning of the child's response; parents were always present and they affirmed and/or clarified my interpretations when needed. I view disability within the social model of disability and view children within the sociological understanding of childhood, believing in the competency of all children (see Chapter 12 for more information on reflective commentary).

The approach was used in an adaptable way, varying methods in accordance with the children's abilities and preferences. Each child was an individual. For example, in terms of the use of the SenseCam, one child did not want to wear it around her neck and her mother innovatively stitched the camera into her vest. The child subsequently wore the camera, communicated to her mother when she did not want to wear it, and her mother responded by taking the vest off. Another child moved outside during the first interaction and I followed the child's lead and the interaction continued outside, thereby allowing her to participant to take the lead in the research process.

The study focussed on children's lived experiences and was embedded in interdisciplinary early intervention practice. Children were viewed as members of the early intervention team and their views were important to include. The SenseCam added a richness (i.e., breadth and depth) to the data generated about the children's worlds that I believe traditional methods would not have provided.

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H3 Data analysis

I used content analysis to reduce and make sense of the large volume of SenseCam images (Patton, 2002) (see Table 18.2).

Insert Table 18.2 about here

The data from children, collected during the multi-method process, were analyzed using a constant comparative approach and were coded alongside data collected, using semi-structured interviews, from parents and professionals in line with a grounded theory approach, following Strauss and Corbin (1998). This research adds to the evidence base supporting the use of photography with young children with communication disorders (Press et al., 2011) by including young children with disabilities.

H1 Top Tips

- Be open to new ideas and be reflexive about how to venture into the unknown. Creativity may, but need not, lead to innovation. Reflect on the potential that ideas have and look for ways to measure your success.
- Work with a narrow research question and keep your focus so that you are in a position to be precise in what you are able to claim, and at the same time remain open to participants' perspectives, agenda and interpretations.
- Choose a methodology where your ideas can be piloted. In our experience, this can result in changes to explanations, questions, timings and materials that considerably improve the trustworthiness of the study. Particularly if you are doing something new, it takes time to communicate and tailor the methods you wish to use with participants.

- Choose a flexible design, which lends itself to the development and revision of ideas. Grounded theory, action research and participatory research all incorporate movement from data to analysis and back to the field and fit well with innovative methods.
- Document, communicate and publish your innovative methods. Be transparent, including relevant detail about the context, so that others can learn from your procedures and judge for themselves the 'fit' and potential application to their own setting.
- Read widely, so that you will discover when ideas in one field or discipline have relevance in another; at the same time be alert to the adaptations that need to be made, in order for methods to be truly appropriate to the participants and the research question.
- Innovative methods should be subjected to the same critical evaluation as any other methods. Appraise the benefits of cutting edge developments in comparison to (or in association with) more conventional approaches (Taylor & Coffey, 2008).
- Contact authors of innovative methods in order to share insights and learn from their recommendations.

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