



Promoting Research and Evidence-based Practice

From Rhetoric to Reality

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Northern Ireland Social Care Council

Northern Ireland Social Care Council was established on October 1st 2001 as part of a commitment by the Department of Health, Social Services and Public Safety to raise standards in the field of social care. The Council will regulate the social care workforce through the publication of codes of practice for staff and for employers and by registration of the workforce. It will also ensure that staff are properly trained and qualified to do their jobs.

A handwritten signature in black ink that reads "Brendan Johnston". The signature is written in a cursive, flowing style.

Brendan Johnston
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FOREWORD

This document draws together the contributions and learning shared at a one day seminar held in February 2001.

Improving the quality, consistency and effectiveness of social work practice are at the core of the government's modernisation agenda. The consultation document *Best Practice – Best Care* (DHSS&PS, 2001) sets out proposals for new arrangements for HPSS aimed at providing high quality services. One of the main proposals to improve outcomes for users of services is by setting and implementing consistent standards based on sound research and evidence of good practice.

While the seminar took place before the publication of *Best Practice – Best Care*, it provided an early opportunity to examine issues about integrating research and evidence based practice into agency and practice activities from a variety of perspectives. It was concerned with how employers, practitioners, users of services, academics and education providers can work together to improve practice and services by building up and making best use of evidence drawn from research, from inspections, from audits and from the views of users of services and carers.

One of the recurring messages of the seminar is the need for a more user-orientated approach in planning and carrying out research. Another consistent message is the importance of involving front line workers in identifying areas for research and becoming more active in research. The importance of continuous dialogue and learning between users of services, practitioners, researchers, employers and academics when drawing evidence from research was also highlighted.

Communication and dissemination of research findings were identified as issues in promoting evidence-based practice. The proposal to establish a Social Care Institute of Excellence (SCIE) as a primary source of information about good practice in social care is therefore a particularly welcome and encouraging development, although thought needs to be given to how this London based organisation will relate to all regions in the UK.

This document presents the four main papers of the seminar, an overview of the workshops and a summary of the main recommendations. The papers give pointers to the difficulties and issues which need to be addressed and the recommendations will be of use in considering how to make research and evidence-based practice integral components of social work education and agency activity.

Mary Stewart
Director of Training, NISCC

CHAIR'S INTRODUCTION

The current drive towards evidence-based practice raises many questions:

- *What do we mean by research and evidence-based practice?*
- *Who defines what evidence is valid – professionals, employers, researchers, users of services?*
- *Does research commissioned and funded by policy makers further the practice knowledge base?*
- *Why are practitioners not more research active?*
- *Is social work education and training doing enough to prepare staff to be research literate and research active?*
- *Do employers create a culture of continuous learning and development?*

The development of practice through evidence drawn from research is critical to us at this time. This one day seminar on Research and Evidence-based Practice: *From Rhetoric to Reality* offers users of services, practitioners, academics, employers and education providers the opportunity to discuss what they mean by research and evidence-based practice, what they expect of each other and what needs to be done differently to meet society's expectations to improve standards of service and practice.

The morning's speakers gave us different perspectives on four important themes:

- (a) Social work training, research and evidence-based practice.
- (b) Organisational culture and the research agenda.
- (c) Evidence through lived experience – a user's perspective
- (d) Research and its impact on policy and practice.

The afternoon workshops provide the opportunity to explore the themes in more detail and to propose recommendations for promoting research and evidence-based practice both in and through practice and through social work training.

The need to add to the critical mass of researchers within the Personal Social Services has never been more important and this seminar has not only highlighted the issues but most importantly proposed recommendations to help take the agenda forward in a practical and co-ordinated manner.

One of the main messages of the seminar is that all stakeholders need to become involved in creating the conditions to develop and sustain a research literate and research active PSS workforce in order to improve the quality of practice and services through evidence-based practice.

Mr Dominic Burke
Director of Social Care, WHSSB

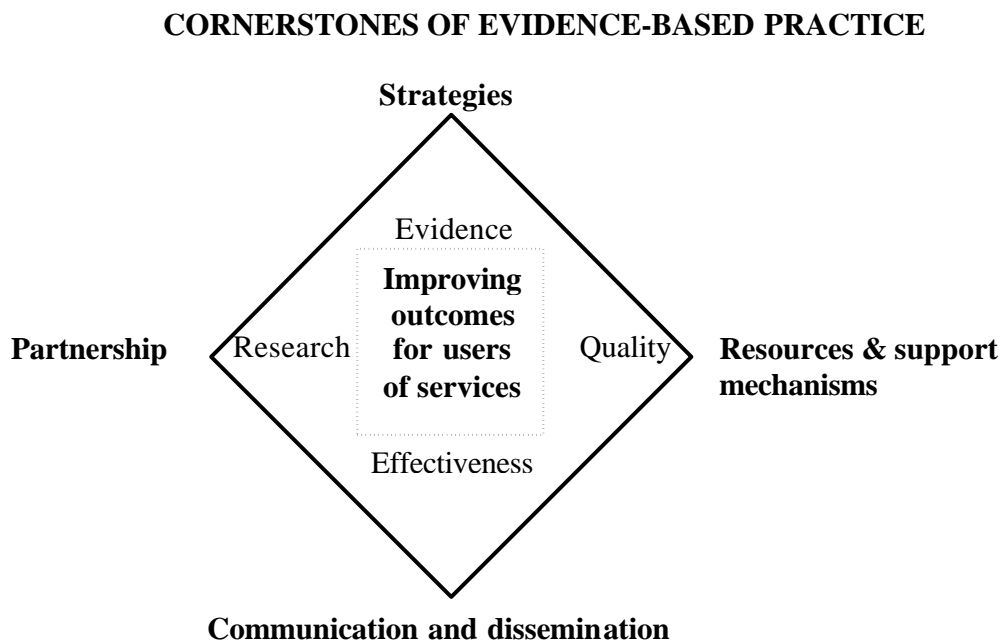
SUMMARY OF RECOMMENDATIONS

Consistent themes emerged throughout the seminar from both the main presentations and the workshop discussions about how research and evidence based practice needs to be progressed by all stakeholders at different levels throughout PSS – policy makers, employers, users of services, practitioners, academics, education providers. The recommendations that emerged are applicable to all stakeholders at whatever level:

- **The macro level** involving the laws, regulations, guidelines and funding arrangements that drive the research agenda forward, which are generated by government and allied departments (eg: Social Services Inspectorate, the Research & Development Agency)
- **The intermediate level** involving the policies and practices of organisations (including employers, universities, colleges) with responsibility for organising, managing and delivering services, producing research and training and educating the social care workforce.
- **The micro level** involving the interactions within and between users of services, carers and individual practitioners.

The overarching principle uniting the stakeholders is the aim of improving the quality and effectiveness of social work practice. This will never be fully achieved unless users of services and front line workers are centrally involved and participate as key contributors to the identification of priorities for research and become actively involved in the design, implementation and analysis of research.

Diagram 1 illustrates the four common themes which were repeatedly proposed as the cornerstones through which research and evidence based practice can be progressed as integral components of social work education provision and agency activity.



STRATEGIES

There needs to be coherent strategies in place to support research activity and evidence based practice. These strategies need to take into account the structures, processes, people and resource requirements necessary to develop the organisational cultures and climate that support and challenge staff to continuously learn from and develop their practice based on evidence of what works.

Some of the recommendations in respect of strategies included:

- **A balance between the vocational (employer), user, academic, professional and policy interests needs to be reflected in strategic decision making about the commissioning and funding of research.**
- **The concerns of users of services and frontline workers should inform decisions about research activities.**
- **A coherent social work training framework linked to graduate, Masters and doctorate academic levels could increase social worker participation in doctorate social work research.**
- **Criteria for registration and re-registrations of social workers with the Social Care Council should include current knowledge competence.**
- **Strategies and investment in information technologies should be progressed for PSS to support information provision and sharing.**
- **Employers should have a strategy to encourage practitioner based research and to support evidence based practice.**
- **Researchers need to consider a combination of research strategies which are flexible and responsive to user needs.**

PARTNERSHIPS

Research developed in isolation from the experiences and concerns of users of services, front line workers and employers will perpetuate the attitudinal and practical barriers and stereotypes around the relevance and application of research for practice. Partnership approaches involving users of services, practitioners, employers, universities and other professionals are an excellent basis for the development, implementation, application and dissemination of research that is relevant to practice.

Recommendations about partnerships included:

- **Partnerships between employers, researchers, practitioners and users need to be made possible by agencies**
- **Organisations and staff need to work closely with users of services to ensure they receive the appropriate training and supports to enable them to be actively involved as partners in research activity.**
- **Jointly funded posts with a research focus should be further encouraged between employers and universities.**
- **Take opportunities to learn from related disciplines where there is a strong research tradition.**
- **Identify areas of common interest to research across disciplines and work and learn together to build knowledge and expertise.**
- **Practitioners and teams, in partnership with users of their services, should routinely incorporate an element of evaluation and research into their work.**

RESOURCES & SUPPORT MECHANISMS

Organisational structures and culture need to support and value learning, knowledge and research if evidence based practice is to become an integral part of everyday practice. Supporting evidence-based practice has resource implications for organisations. Keeping up-to-date with or carrying out research takes time. Organisations will need to consider the appropriate staffing levels, IT requirements, training requirements and support mechanisms necessary to enable staff to participate actively in the research agenda. Staff cannot be expected to work in different ways unless the appropriate training and supports are in place to make this possible.

The workplace needs to become a *field of learning*’ as well as a *field of operations*’ (Pottage and Evans, 199). Attitudes and culture alone cannot achieve this - investment in staffing, equipment and training will be required to make this a reality. Education and training of social workers needs to help people to learn how to learn in and through their practice and how to be reflective practitioners and critical thinkers so that learning becomes an integral part of practice.

Recommendations for support included:

- **Organisations need to create a culture which facilitates staff to be more research active.**
- **Organisations need to ensure managers, especially team leaders, are equipped to promote and support practitioners in evidence-based practice.**
- **Organisations and managers need to demonstrate support and interest in staff involved in research.**
- **Team leaders need to embed evidence-based practice in the supervisory process.**
- **Research skills and methods should be taught as integral parts of social work training from qualifying through to post qualifying and advanced levels. This training should be progressive and include evaluation skills, research methods, research skills and analytical skills.**
- **Social work students should be given opportunities to carry out and be assessed in practice-based research.**
- **Social workers need to be taught how to evaluate the quality and validity of research.**

COMMUNICATION AND DISSEMINATION

An extensive body of social care research already exists yet research findings are slow to inform and influence practice. There are many reasons of this but one of the most fundamental issues is the availability of research findings in accessible and helpful formats for busy practitioners. Effective strategies need to be developed to ensure research findings are easily accessible for practitioners. In addition practitioners need to read more and be exposed to research material. Agencies need to create the culture where reading, learning and reflecting are valued activities and part of normal practice and not optional extras.

Recommendations:

- **National, regional and local strategies to disseminate and communicate research findings need to be developed and implemented.**
- **Maximum use should be made of information technology – this needs resourced in terms of ensuring sufficient hardware is available in all offices and staff are trained to be computer literate.**
- **Staff need to have access to up-to-date research findings and literature.**
- **Staff need to read more and keep up-to-date with developments in their area of practice.**
- **Opportunities for discussing practice, keeping up-to-date research etc should be created within and between teams.**
- **Research needs to be published in user-friendly, accessible ways.**
- **Good practice guidelines should be developed based on research findings.**

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SEMINAR PAPERS

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KEYNOTE ADDRESS

Can Competence-based Training Promote Research and Evidence-based Practice?

Rachel Pierce

Rachel was a child care social worker and a social researcher before moving into social work education and training. She then spent 15 years at the then North London Polytechnic, latterly as principal lecturer and course tutor of the Fourth years Honors degree in Applied Social Studies with options in social work and social research and planning.

She joined CCETSW in 1984, becoming Assistant Director (Education & Training) in 1987. Rachel has had direct involvement throughout with qualifying training and overall responsibility for the continuum of training and on her retirement on 1995 she was made a fellow of the Joint University Council (JUC) and an Honorary Doctor of the University of Central England. Since her retirement she has carried out some project work, most notably a project for the Joseph Rowntree Foundation on 'Social Care Research into Practice' and co-edited a book with a former CCETSW colleague Jenny Weinstein on 'Innovative Education & Training for Care Professionals: A Providers' Guide'.

CAN COMPETENCE-BASED TRAINING PROMOTE RESEARCH AND EVIDENCE-BASED PRACTICE?

INTRODUCTION

As someone who trained on the first generic course 1954-55 ‘The Carnegie Course’ at the London School of Economics (LSE), led by Dame Eileen Younghusband, and with Charlotte Towle as external consultant – in the ascendancy of psycho-dynamic case-work; as someone who later taught from 1968-1984 at the then Polytechnic of North London – in the hey-day of Sociological and Marxist influence; and as someone who then from 1984-1995 led CCETSW’s work on education and training, bringing together the CQSW and CSS qualifications into the DipSW, and completing a further review of the DipSW, not to mention overseeing the development of the PQ framework and vocational qualifications – I feel I have lived through a significant part of social work education and training history.

The two parts of the title ‘competence-based training’ and ‘research and evidenced based practice’ are both central to my commitment to social work training. So I am delighted to be talking about the connection between the two. However, I have to state from the start that ‘competence based’ must be broadly defined. I will say more on this later.

I would also like to express my delight when, as part of the package of papers for this workshop, I read the NI Consultation Paper ‘Reforming Professional Social Work Training (October 2000).

There I found proposals for the reforms that I had been striving for in my years at CCETSW:

- That the threshold level of knowledge and skills for social workers should be set at graduate level;
- That the professional entry qualification should be gained at a minimum through a 3 year degree programme or equivalent;
- That this should be followed by an assessed pre-registration year leading to qualified social worker status etc, etc.

This Northern Ireland response was so much stronger than its equivalent for England. It was my near despair at the Department of Health’s response in its ‘A Quality Strategy For Social Care’ (DH, 2000) that led me to give the talk to the Social Work History Network entitled ‘What does history tell us about who should control social work education and training?’ I found the DH’s ambivalent response to the JM Consultants recommendations unbelievably similar to Tony Newton’s, the then Minister of Health’s, response in 1988, when the government rejected CCETSW’s proposed reforms set out in ‘Care for Tomorrow’ (CCETSW 1987). I am quite clear that no *one* interest should have overall control, not even government. In parenthesis, it is good to be retired and to be able to speak my mind freely!

Northern Ireland has always led the way in training, in its range of CQSW programmes, its strong development of CSS, their transformation into college and employment based routes, and in the implementation of the PQ Framework. So I was also delighted to read in the Consultation Paper (October 2000 op. cit.) that there will be further development within the PQ Framework to ensure wider coverage at this level.

Today I want to look with you at 4 areas:

1. A broad definition of competence based training;
2. The voice of users in training;
3. Social work research and evidence based practice; in particular:
 - What counts as research which provides evidence for practice;
 - How can social workers become more research-minded?
4. The link between the lengthening and upgrading of competence-based training and the promotion of research and evidence based practice.

(1) A Broad Definition Of Competence-Based Social Work Training

Jenny Weinstein and I trace briefly the history of social work education and training in the opening chapter of the book we edited (2000) leading to the emergence of the competence approach. We identify the various influences on it historically – of employers, academics, professional associations, training bodies and government departments - all with legitimate interest in professional training, but seeking to have power over it, at times, to the detriment of other interests. Leading, in 1971, to the creation of CCETSW, funded directly by government, in order to bring together the competing interests – employment, academic and professional – and to make sense of a range of generic and specialist qualifications. We reflect, however, that the voice of users was largely missing, along with sound evidence from research-based practice. I shall return to these two key themes - the voice of users and research-based practice - later.

I was privileged recently to hear a recorded talk given by Dame Eileen Youngusband, her last talk, in 1981, before leaving for the States and her fatal car accident. Dame Eileen reflected in this talk on the changes over the previous 20 years, since 1961, and then looked ahead twenty years – to her pipe dream for 2001 – to our today. She envisaged training faced with the problem of ever expanding knowledge, and of how to cover the range in basic courses, with post qualifying education and training therefore taken for granted, also research and its application. She concluded that some things do not change; what matters in the last resort is commitment to those needing help as people, staying on the job, understanding, competence and resources to help them.... Yes, she used the word competence in 1981.

I believe she encapsulates my approach to competence-based training and confirms the importance of the three frameworks:

- First the Professional Framework: core professional social work commitment to users – individuals, families, groups, communities: *demonstrating the importance of professional values, standards and the professional framework.*
- Second the Academic Framework: the ever expanding knowledge base, research and its application, intellectual, analytical and reflective rigour: *demonstrating the importance of academic standards, research and the academic framework.*
- Third the Vocational Framework: the needs of the job, for social work competence in employment, as currently practised: *demonstrating the importance of occupational standards and the vocational framework.*

A broad interpretation of the competence approach embraces these three frameworks. To put it another way, professional and academic standards, as well as vocational standards, are integral to competence.

CCETSW has been criticised for tampering – ahead of other professions – with the vocational revolution and moves towards competence-based qualifications. But in many ways CCETSW was in advance of these developments; it had already brought together educational, employment and professional interests, first in the CSS, and later in setting the requirements for – and providing – the DipSW. It took a further step in 1995 with the revised DipSW (CCETSW, 1995), when its analysis of the context led it forward to explore and identify the strengths and contribution of the new vocational competence developments. It recognised, as Dame Eileen had, the legitimacy of the vocational employment interests, and, pragmatically, that the competency movement was here to stay at least for the foreseeable future. It also recognised that the competence approach was capable of development and transformation at the higher level of professional qualifications, and that it could improve the service to users, by demystifying professional practice, by clarifying more clearly what users can expect from social workers.

There are many books and articles which critically analyse the move towards competence-based training; for example, to quote from one:

“If narrowly defined the competence approach is reductionist and focuses on discrete behaviours, denying the importance of the process of learning, the need to integrate skills or apply knowledge, or the importance of creativity and innovation.”

(Cannan, C 1994-1995)

However, some writers more positively explore the relationship between competence and reflective practice, for example Yelloly and Henkel (1995), Winter and Maisch (1960) and Taylor and Gould (1996). A quote from the latter supports my argument:

“If the competence approach is broadly conceptualised, reflective learning offers the opportunity of providing a crucial component”.

This broad approach is my understanding of competence based social work education and training.

(2) *The Voice Of Users In Training*

In the work involved in developing the CQSW, CSS, DipSW, PQ and NVQs, CCETSW painstakingly consulted the key social work interests – academic, professional and employment. Over the years more and more key bodies and organisations were included. However, and very significantly, users were not specifically involved as users, though some groups may have represented a user perspective. The crucial role of users in social work education was not recognised then, and is only gradually being recognised. Jenny Weinstein and I hope that the book we edited together will help to take this forward.

My message today is that users need to be central stage. The chapter in our book that I find compelling, is the chapter by Miriam Hasting's, an Independent Mental Health Survivor Trainer, on 'User Involvement in Education and Training'. She sets out with clarity and conviction that services will not be appropriate for users until care professionals really understand the essential qualities of respect for users based on equality. This, she maintains, will only be achieved when users participate fully in the design, teaching, assessment and evaluation of training courses. However, what is so valuable about her chapter is that she addresses all the many problems that user involvement is said to pose for providers, including practical issues - such as representativeness and even payment issues. I hope if I do nothing else today I will encourage you to read her chapter; this could be seen as a publicity plug for our book, but I would happily settle for you all photo-copying the chapter!

My conviction that the thrust of any proposed changes in social work education should incorporate users fully was endorsed recently by a report from the Sainsbury Centre for Mental Health, which was published last month entitled 'Users' Voices', and reported on in *Community Care* (25-31 January 2001). The report recommends that mental health users should be involved in the training of psychiatric and social care professionals, and that training should aim to give them a detailed understanding of the experience of using services, as well as training them in the main side-effects of common psychiatric drugs. The report concludes that a change of focus from a "problems" to a "strengths" model of service users is required, including user involvement "at all levels from individual care, to local services, to national planning".

As I move on to my third heading, I want us to keep the link with users.

(3) *Social Work Research And Evidence Based Practice*

Over the last ten or so years one of the greatest changes, I believe, has been the growing recognition of the importance of research of - and for - social work practice. Previously, social work's academic origins, locus and standing in the social sciences had meant that social work knowledge and theory had been drawn almost entirely from the social sciences and not from social work itself. This is in no way to deride the essential and continuing contribution of the social sciences to social work, but to stress that social work needs also to research and derive theory from – and apply it to – its own practice; to build up its own knowledge base.

The holding of this conference and similar ones in other parts of the UK demonstrates that this change is taking place. There is a burgeoning now of social work and social care research. For example, in 1998, the Annual Conference of the Association of Teachers in Social Work Education (ATSWE), held in conjunction with the Joint University Council's Social Work Education Committee (JUC/SWEC) and the Social Work Research Association (SWRA), was entitled 'Research for Practice: Information and Inspiration'. The proceedings were reported fully in *Issues in Social Work Education*, (Vol. 18 No.2 Autumn 1998), and include a paper I gave on 'Promoting Student and Practitioner Demand for Social Work Research Findings'. For this paper I trawled and spoke about some of the major 'research for practice' initiatives and their dissemination: for example: the research being produced by:

- The Centre for Evidence-Based Social Services
- The Community Care *Research Matters* publication
- The Making Research Count Initiative
- The Research in Practice initiative
- The National Children's Bureau
- The National Institute of Social Work Research Unit
- The Joseph Rowntree Foundation
- Direct government department initiatives.

I was unaware previously of the extent of the research being undertaken, and this trawl, which neglected certain other key institutions, such as the Barnardos Social Science Research Unit, also took no account of the work being done by individual universities and agencies, much I am sure here too in Northern Ireland.

I had been employed as a project worker in 1997 by the Joseph Rowntree Foundation (JRF) on a project designed to promote the Foundation's research in social work education. I found that the Foundation had produced then nearly 100 of their Reports known as JRF *Findings*, many of them small-scale, qualitative projects, many of them involving users. My project identified those that were particularly relevant for practice. The outcome of my project was a report '*Social care research into practice: Using JRF Findings in social work education*' (1997) which was circulated to all DipSW programmes. The JRF Findings are extremely well produced, are also circulated widely, including to all DipSW Programmes, and are available on the inter-net. Some, but not all, of the research reports from the various other research institutes, are also well presented and accessible likewise. A follow-up study I undertook indicated that there was little familiarity with – or use being made of – the JRF Findings on DipSW Programmes.

So, although there is now social work research - from and for practice - two major questions remain:

- (i) What counts as research which provides evidence for practice?
- (ii) How can social workers make more use of research - become more research minded?

(i) *What Counts As Research Which Provides Evidence For Practice?*

There continues to be debate within academia on the validity of research, which can reliably be said to provide evidence for practice. Whilst not taking a partisan part in that debate, there are some important points in it which we need to consider.

Much has been written on Random Control Trials (RCTs) in medical research as the essential methodology for providing evidence of the effectiveness of different treatments/interventions. RCTs involve the scientific, empirical method of testing the relative outcome of two forms of intervention, or of intervention versus non-intervention, by comparing outcomes with appropriate control groups; all groups being randomly selected. Medical researchers view RCTs as the ‘gold standard’.

The growing importance attached to evidence-based practice in the social work arena has led to calls by Brian Sheldon, Director of the Centre for Evidence-Based Social Services at Exeter, and by Geraldine Macdonald, Professor of Social Work Bristol University, and others, for a hierarchy of valid methodology, with the same acceptance, as in medicine, of RCTs as the ‘gold standard’.

The debate about the efficacy of different research methodologies was taken up in workshops, organised by Barnardos and funded by the Economic and Social Research Council (ESRC), the report of which ‘Evaluating Social Interventions’, was published in 1996. The case for and against RCTs was explored in depth. Geraldine Macdonald, in her paper in the collection, claims the unrivalled status for RCTs, because they provide experimental control of *who* is exposed to *what*, *where* and *when*. She does, however, recognise the realities of social work and the misgivings of practitioners (however, as she feels, ill-informed), and she also recognises the cost of RCTs. She concludes that what is essential is that alternative approaches to evaluation are designed, analysed and interpreted in ways that attend to the concerns which make RCTs the ‘gold standard’ in the field.

Geraldine and Kenneth Macdonald, writing elsewhere (1995), consider why RCTs, which were a prominent feature of early social work evaluations are now used less frequently, and often only with rather small groups. They identify a number of reasons for the fall off in the use of RCTs, reasons which are often cited by those who favour smaller scale, qualitative rather than quantitative, methodology for social work evaluation; all of which the Macdonalds argue against:

- (i) that allocating clients randomly is not considered ethically acceptable, as it leaves some clients (those in the control group) without help;
- (ii) that the cost of RCTs is prohibitive. RCTs are often long-term and/or complex endeavours requiring considerable funding, and the Macdonalds are critical of some of the major funding bodies for failing to support more empirical studies. However, since they were writing, the DH is now funding the Centre for Evidence-Based Social Services;

- (iii) that they feel that social workers characteristically have confidence in their own assessments; that they simply *know* something works, or that it is right (I wonder if that is true?, worrying if it is);
- (iv) that anti-oppressive critiques of practice have been influenced by perceptions of our knowledge-base, including research. They feel that by equating, racist or sexist assumptions underpinning some research with the methodology used, that the methodology rather than the assumptions has been condemned ie the proverbial baby has been thrown out with the bath water.

As another researcher, Anne Oakley, wrote in 1989:

“Quantitative methods, ie large-scale RCTs...are cited as instituting the hegemony, the domination, of the researcher over the researched, and as reducing personal experience to the anonymity of mere numbers. Qualitative methods, on the other hand...are seen to be more suited to the exploration of individual experiences – the representation of subjectivity within academic discourse and to facilitate (in practice if not in theory) a non-hierarchical organisation of the research process”.

Certainly, social workers in general, favour qualitative methods.

Juliet Cheetham, in her chapter in our book ((2000), acknowledges and references Macdonald’s work, but takes us from a concern that research is an esoteric activity largely undertaken by academics, to a recognition that it is also a largely practical activity. She cites in support the Oxford English Dictionary’s inclusive definition of research:

- the act of searching;
- a search or investigation directed to the discovering of some facts by careful consideration or study of the subject;
- a course of critical scientific enquiry.

“A research-minded person can therefore be expected to be inquisitive, to observe, to question, record, analyse and weigh evidence; all activities which are at the heart of the practice of thoughtful care professionals”.

(Cheetham, 2000)

Juliet Cheetham writes that although the goal of identifying practice which can irrefutably be shown to be effective is a very challenging agenda, we can begin by considering what kind of evidence can count as worthwhile support for a particular intervention. She lists as possibilities:

- users' opinions;
- measures of improved well-being or of decreased problems;
- professional opinion (if backed up with serious argument and systematic observation).

Any of these she considers is better than nothing, some are more credible than others; none provides conclusive proof of effectiveness; all can provoke thoughtful reflection. All require systematic application, some the use of research instruments.

Cheetham and Macdonald *both* advocate the use of a practitioner and agency friendly method, *Single Case Design*, so far too little used in Britain. In *Single Case Design*, as its name suggests, a practitioner and user trace in a systematic fashion any changes, which follow intervention. Worker and user together identify the problem and take a baseline measure of its extent. They then agree the help needed to address the problem, and later the same measures are taken again to record whether change followed the help. Single case design is thus one relatively simple method whereby practitioners can undertake their own research and it directly involves users in the process.

You may have gathered from this brief look at approaches to research for evidence-based practice, that I take an eclectic approach. I recognise the value of large-scale random control trials (RCTs) where appropriate, but also of small-scale interpretative research projects, for increasing our understanding of the complex social situations and interactions, which are the core of social work practice. Above all I make a plea for the sharing of research – the sharing of research design, methodology and outcomes. Most research findings are only indicative, and merely suggest the next set of research questions. Research needs to be seen as cumulative, building from one project to the next. Hopefully this will be facilitated by the inter-net, and by the systematic compilation of a database of evaluations, similar to that being developed under the aegis of the Cochrane Collaboration for medical intervention.

(ii) *How Can Social Workers Make More Use Of Research - Become More Research-Minded?*

I am convinced this has to begin during training. Both Juliet Cheetham and Geraldine Macdonald in the chapters I have already referred to support this contention. The points they make are so valuable I shall quote from them again. From Macdonald (1995, op. Cit.):

“Research is integral to social work, not an optional second-order accessory of interest only to those wishing to pursue their career in academia”.

Macdonald (1995, op. Cit.):

Juliet Cheetham writes (2000 op.Cit.):

“All care professionals – students, practitioners, supervisors and managers – must question themselves and each other about the basis for their understanding of a particular situation and their preferred means of help. Routine questions should be: What’s the evidence for this? How was it gathered? How far can it be relied upon? What else do we need to know? How can we find out about this? This research-minded approach should be an established and ordinary part of learning and practice. It is a fatal mistake to isolate research to a particular (usually small) slot in the curriculum and treat it largely as a review of research methods. Research in its different manifestations has to be a central, ever-present component of learning and practice”.

This takes me neatly to my fourth and final section.

(4) *The Link Between The Lengthening And Upgrading Of Competence-Based Training And The Promotion Of Research And Evidence-Based Practice*

On the face of it the link is an obvious one. In only 2 years of education and training, and with the breadth of theory and practice to be covered in a basic generic social work course, there is inevitably too little time for a rigorous research-based approach. However, the corollary, that lengthening and upgrading the qualification, will produce research-minded social workers, may not be the automatic outcome. It is however what *has* to be the outcome.

In the remaining few minutes let us look at some pointers for achieving this. Returning to my earlier broad definition of competence-based training, I would remind us of the three essential elements/frameworks, which I believe should always be in creative tension with each other: the professional, academic and vocational. The proposed changes in training must address the needs of all three.

First, **the vocational framework** – the needs of the job, for social work competence in employment as currently practised, based on National Occupational Standards. Longer time in training will enable more thorough preparation for current employment practice, thus enabling qualifying workers to have greater competence at qualification. But this preparation must from the start of training, not only include effective employment input (as recommended in the NI Consultation paper) but effective user input, so that the Standards Specification, as revised by the regulator, will provide effectively for their needs.

A user effective service, particularly here in Northern Ireland, will mean enhancing inter-professional work. Jenny Weinstein and Helena Low, in their chapter on ‘Inter-professional Education’ in the book we co-edited (2000 op. cit.), write cogently that this does not mean the creation of a ‘generic care professional’; rather, it means the development of competencies – knowledge, skills and values – for collaborative practice. They also advocate that service users must be involved in developing these competencies *and* that research or evaluation must be incorporated to assess the impact on the quality of service to users.

Second, **the academic framework.** The opportunity for social work to be a graduate profession, with its entry qualification gained at a minimum through a 3 year degree or equivalent, is an academic upgrading long overdue. It acknowledges not only the complexity and responsibilities of social work, but also recognises its comparable status with the other caring professions and with European counterparts. It clearly provides opportunity for a more rigorous knowledge base and for an in-built research approach, throughout the programme, as advocated by both Cheetham and Macdonald.

Having myself been course tutor of a 4 year applied social studies degree, with professional options in social work and social research and planning, I know that the extension to 3 years will not solve all the academic and curriculum issues; it may even enhance the problems of what to include, in the time available. I would suggest, that attention needs to be given to *how* the students learn and *how* to help them learn as well as to *what* they need to learn. If this approach is adopted, there is a research-minded approach from the start. The set of questions that Juliet Cheetham set out, which I quoted above, should be the approach throughout.

Even with longer social work programmes, there will never be time to include everything relevant, and students need to know this. They need a process of learning, that has given them familiarity with core knowledge, theories and indicators, that has shown them how to learn, and has given them an insatiable interest to continue their learning in and through their practice. I believe this can come through helping them from the start to be research-minded, through involving them in research and through making research available and accessible to them. We must help them to take forward into their practice the habit of always looking for relevant research, as an essential part of good practice, *and* we must equip them to evaluate its quality and validity.

I very much hope, therefore, that the recommendation for the assessed pre-registration year – leading to qualified social worker status – will provide the opportunity for students to take part in practice-based research as part of this pre-registration year's practice and assessment. A recent study (Sloper, P et al 1999), of research into practice, or evidence-based practice, demonstrated convincingly that it is far better achieved through *action learning* than through the conventional dissemination of research findings. I hope this research action learning will enable students to go into appropriate depth in an area of practice, to read any previously available research, to consider this and their own research with users, so that they can feel competent in at least one area of practice.

But here I realise I may be straying into the post-qualifying arena, since clearly 'specialisation' and specialised training belongs at the PQ level. So before leaving my reflections on the opportunities afforded by the raising of the qualifying award to minimum graduate status, can I fly my final kite, namely, that I hope in time, this will lead to the Post Qualifying Award in Social Work (PQSW) being at minimum Masters level, and the Advanced Award in Social Work (AASW) being at the pre-requisite level for a PhD dissertation. This would provide the incentive for promoting doctorate social work research and a stimulus to the enhancement of social work as a knowledge, research-led practice discipline in the universities.

Third **the professional framework.** Whereas it is clear that the occupational/vocational base - social work as it is practised - will change over time, and that the academic base – its knowledge

and research content - will develop with time, is the professional base the one framework that remains constant? To an extent I believe this is so. Social work's core professional commitment to users – individuals, families, groups, communities - its commitment to social justice, must remain constant. These are not context bound. However, as we review social work's history, we can see that *how* these professional values are expressed in practice has changed. Feminist, anti-racist and anti-sectarian practice all flow from basic social work values, but are all products of the last twenty years, or so, of practice. If we take the recent Human Rights Act, as an example of a current change in context, full incorporation will clearly have implications for practice. So, to return to my theme of putting users at the centre of the proposed changes in training, I would suggest that further shifts in practice will flow from a deeper understanding of core professional commitment to users, especially in the context of the Human Rights Act.

CONCLUDING COMMENTS

I will end as I began, by expressing my delight that social work education and training in Northern Ireland is at the threshold of important change and development, long overdue throughout the United Kingdom.

My pointers for the future are these. As the improvements get underway, I hope the importance of the three sets of standards, which together make up the competence approach - professional, academic and vocational - will be acknowledged and developed, that research will become an ever-present component of the learning process and that users will be centrally involved throughout.

Finally, I hope these exciting changes will see social work training established within an inter-professional context to achieve collaborative practice, and, now that it will meet European standards, also within an international context to achieve international recognition, harmonisation and interchange of qualifications.

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Promoting Research and Evidence-based Practice

From Rhetoric to Reality

Developing a Research Oriented Culture within Community Trusts

Brian Dornan

A graduate of Trinity College Dublin and the University of York, Brian Dornan qualified as a Social Worker in 1975. After a short period as a Probation Officer he worked in social work posts in the Eastern Health and Social Services Board, mainly in Child Care. He was appointed Assistant Director of Social Services in 1988.

Since 1990 he has been responsible for community health and social services in Down Lisburn Health and Social Services Trust where he is Director of Community Services. One of his main interests has been the development of primary care teams integrating both health and social work practitioners. Brian has been recently appointed as Director of Social Services in Southern Health and Social Services Board.

DEVELOPING A RESEARCH ORIENTED CULTURE WITHIN COMMUNITY TRUSTS

PROFESSIONAL AND ORGANISATIONAL CULTURE

“The role of research in the Personal Social Services should be to inform, to stimulate debate and to help promote best practice through identifying particular components of practice or service delivery that enhance the health and well being of the recipients of that service. It is important that social workers are fully engaged in this process”.

This quotation is from the 1999 Annual Report of the Chief Inspector of the Social Services in Northern Ireland. It is the opening of the second chapter of the Report, a chapter which is devoted to research and which constitutes more than 10% of the entire document; longer indeed than the chapters on community care or child care or staff training. Does this say something about the current imperatives in social work, and about the direction in which those responsible for policy believe we should be moving?

So, having considered the writings of the most senior social worker in Northern Ireland, let me now look in another direction.

I qualified as a social worker a generation ago. Why I am all too aware of that is because my eldest daughter qualified as a social worker a few months ago. Through our discussion about her course, some of the academic work she had undertaken and her views on her training I have recognised some of the differences – some of the improvements - since I qualified.

One fundamental difference I notice is that she has joined the profession having been more exposed to an evidence-based approach to practice. Her course seems to have placed more emphasis on the importance of systematically evaluating practice, on learning the lessons of research and indeed on using research methods. Are she and her fellow newly qualified social workers more aware of the evidence base underpinning practice, better prepared to make use of research and perhaps to become involved in research?

This led me to reflect on the social work and organisational cultures which I experienced on qualification. In truth these were not cultures which showed much concern about research and evaluation, or even about academic excellence. Perhaps that was not surprising given the extreme shortage of qualified and experienced practitioners and the pressures to just focus on getting the job done.

Social work and social work agencies seemed not to place much value in trying to systematically evaluate the effectiveness of practice. Social work, after all, was often said not to be a clinical or scientific activity suited to analysis but more about, variously, relationships and doing practical things. It was only the exceptional social workers who pursued research and sought to publish in academic journals.

Since the advent of general management I, like many other social work qualified managers, have experienced working in much more multi-disciplinary environments. It was a revelation to me that some professionals, such as psychologists, seemed to be constantly aware of their research base and of the research potential of their work. It seemed second nature to them to look for research material and to undertake work which could provide the basis for an article in an academic publication.

As I reflected on the approach of some of my colleagues in other disciplines I became increasingly aware that we who worked in Trusts were surrounded by enviable opportunities for research and that we seemed oblivious to most of this. Opportunities seemed to be allowed to pass by. What research had we done into the integrated health and social services which had been developing since 1973, let alone the community care revolution of 1993?

More recently, as we have begun to put in place arrangements for clinical and social care governance it has become clear that every profession will need to be knowledgeable about its evidence base. Practitioners will be required to keep abreast of research findings and to be knowledgeable about what constitutes best practice. Research and the dissemination of research findings will be of much greater importance to both professionals and the agencies which employ them. We will need, in light of research, to be critical of our practice, terminating that which is ineffective and outdated and adopting that which is effective. When we develop new services and new ways of working we will need to build in critical evaluation.

Organisational cultures are slow to change, and professional cultures slower. Given that many of us who are now in senior positions were products of that era when research was not a priority in our practice I began to wonder what sort of environment we are providing in our organisations for both qualifying and experienced professionals. What messages are we giving them about the place of research? What messages are we giving them about their involvement in research? Have we created organisational climates which value and encourage research and which encourage them, or even reward them, for becoming involved in research activity?

RESEARCH BY PRACTITIONERS

Recently there was a series on television in which a senior manager would go and work on the shopfloor, or in practice, learn some salutary lessons and go back to his or her management post with some valuable insights. I feel that I have had such an experience. Two years ago I enrolled for the Introduction to Research Methods course at the University of Ulster.

I wanted to undertake a research project but when I reviewed my own competence I felt that it was not adequate to the task I wanted to complete. I had undertaken research methods and statistics courses at University but, as I reflected, my statistics course had included log tables and computer punch cards. I was not altogether convinced that my ability to manually calculate standard deviations was likely to be a great asset. I was also painfully aware that I had personally undertaken no piece of rigorous research or evaluation since leaving university.

As I went through the year, completed the course and undertook the research project I learned a lot about the implications of encouraging research activity by our professional practitioners.

- Firstly as I refreshed and extended my knowledge of research techniques I came to understand how important training and updating on methodology is. My knowledge at the end of the course was far from extensive but it did enable me to undertake a reasonable piece of work. More importantly it changed my whole perspective on the evidence base on which practice and service provision should be based. It was a little like having a new pair of glasses – my vision was a lot clearer. I was much more interested in research. I could appreciate and evaluate research much more effectively and was indeed more aware of the value of learning the messages of research.
- Secondly I realised that research is very hard work – particularly if you are trying to do it alongside the rest of your job. I learned that for a practitioner or manager to undertake research he or she needs time. He or she needs to have an employer who understands that some allowance will need to be made in relation to job demands. Some time has to be allowed by the employer to add to that which the employee is almost inevitably contributing from his or her personal time. But even with this the professional is likely to pay a significant price in terms of his or her own time.
- Thirdly I realised that practitioners and managers need support to keep going with their research. The discipline of a course or degree can give deadlines and a supervisor for advice and encouragement. In a practical way the Trust often assists with university fees. But you also need the support and interest of your agency and your manager. It is much easier to keep going if you feel that the work you are doing is valued by your agency; that it has a point; that it may make a difference; that it may be used, at least by your agency, to change practice or service delivery.
- Fourthly I realised that research can improve your practice or job performance. Research is stimulating. As you explore the literature and undertake your research you learn. You have more knowledge, more understanding, more ideas. The way you do your job is challenged. You become more objective and questioning.
- Fifthly I realised that research is good for morale. Research can be fun. As you work through your data, begin to discover correlations, and begin to reach conclusions you can feel that you are indeed discovering something fascinating. You find that you are really enjoying what you are doing. There can be an excitement which is refreshing.
- Sixthly I realised that research is good for personal and professional development. Completing a piece of research can give a sense of achievement. You can look back and see that the effort, work and product constitute a developmental experience of great value. In our profession, which sometimes seems reluctant to promote individual empowerment and accountability, much is to be gained from the experience of completing a major piece of work for which you have total accountability.

PARTNERSHIP WITH UNIVERSITIES

I am a believer in the value of partnerships – between professions, agencies, sectors and between service users and service providers. In social work and social care we have a tradition of recognising the value of partnership between employing agencies and the education sector in professional and vocational training. More recently that partnership has extended into continuing professional development through post qualifying and advanced qualification programmes. But do we make full use of the potential of this partnership?

Universities are knowledgeable about the evidence base of social work and social care. They have expertise in undertaking research and are seeking opportunities to develop their research activity. Agencies have a need to strengthen the awareness of practitioners and managers about evidence based practice and have an abundance of potential research material. This seems to provide an excellent basis for a mutually beneficial partnership in the development, dissemination and application of research which is relevant to practice.

On the basis of this analysis our Trust and the University of Ulster have appointed three jointly funded social work lecturer/researchers. They link university and practice, teaching at the university and undertaking research in the Trust. In other disciplines we have three nurses and one physiotherapist who are lecturer/practitioners. All are experienced practitioners seconded to time limited posts.

Each of our three joint funded social work lecturers is undertaking research which has been jointly agreed between Trust and university and which can impact on practice in the Trust. Each project was designed to investigate an area of practice of which the Trust and its professionals wanted better understanding. We understood that the result of the research might be to challenge our current practice.

Trevor Spratt was the first of our jointly funded lecturers. He has, incidentally, moved on to a permanent post at Queen's fully funded by that university, evidence that these arrangements can open new career development paths for practitioners. His research has indeed proved to be challenging. As a researcher with a sound base in practice Trevor came to his post with high standing amongst professionals and managers. Above all he had credibility amongst practitioners. His research was to be in the area of child protection investigations which had been central to his practice. As a joint appointee while spending time at the university, particularly undertaking teaching duties, he also had high profile in the Trust where his research was based. He was not therefore viewed as a distant academic disconnected from the reality of practice but as a senior social work professional who was bringing research methodology to bear on practice with which he was himself identified.

Trevor's findings have not been reassuring. They have questioned the consistency and appropriateness of our practice. They have, however, been remarkably readily received, indeed welcomed, largely because, I believe, of his closeness to practice.

During 1999 I was involved in a two day workshop which involved every member of the Family and Child Care Programme of Senior Practitioner grade and above. The workshop led to a determination by the Programme to embark on significant change. The findings of Trevor's research, and his input on other research findings, proved to be among the most influential inputs to the workshop. They were accepted as valid by, as far as I could judge, all present and proved to be an influential lever for change. What is even more encouraging is that our monitoring of indicators of practice indicate that change is indeed taking place.

It seems to me that one of the advantages of Trevor's status as a joint appointee was that he was viewed by professionals as "one of us." "We" were therefore evaluating "our own" practice in light of research and were identifying the need for change. That, for me, seems to be the right way for a profession to proceed.

This model has parallels with that which operates in medicine where the concept of joint appointments between practice settings and university is the norm. Academic doctors maintain their practice base, remain in touch with practice issues and are as much part of the hospital or primary care team as they are of the university department.

The way in which our joint funded lecturer posts have operated shows how far we have come from the organisational environment which I experienced when I qualified. Now we have three social work lecturers two of whom were appointed from senior posts in Trusts and one who was appointed from the voluntary sector. These three senior social work professionals are appointed with a research brief and both the agency and the university want to use their findings to influence practice and social work training.

Above all they are well placed to make a difference to the development of social work and social care services. From a managerial perspective I see that as giving an efficiency and effectiveness payback for our investment. From a professional perspective not only can practice be improved but university teaching can be in touch with practice and relevant.

I feel that there is scope to develop joint appointment arrangements much further. The lecturer/practitioner posts which our health colleagues seem to favour are of less cost to the Trust as the postholder remains part time in practice. The main implication from a resource perspective is funding at a higher grade. The benefit is, however, significant in terms of the knowledge of research and evidence based practice which is brought with the post.

Another model which could be explored by Boards and Trusts would be the conversion of some of our training officer posts into joint appointments. Such posts involving teaching in the university and training in the agency could make a significant contribution to staff development and the promotion of evidence based practice.

SUPPORTING THE DEVELOPMENT OF A RESEARCH ORIENTED CULTURE

We must recognise that most practising social workers are not highly research conscious. Many are not confident about their ability to critically evaluate research. Few are confident about their research skills and very few indeed are research active. I would suggest that we need to pursue a strategy which will ensure that all social workers are up to date with research which is relevant to their work and judge themselves competent to evaluate research findings. Much larger numbers than at present should have skills to undertake research and evaluation projects and more should be research active.

These aspects of professional development need to be addressed in supervision, and in appraisal, and need to be reflected in personal development plans. If this is to be achieved supervisors and more senior managers will need to be more confident in their own knowledge base and have support in addressing these areas of responsibility.

I have some suggestions about how we might achieve the more research-oriented culture which is required.

Fundamentally we should recognise that we are not alone in facing this challenge. Our colleagues in many of the health disciplines which practice in community settings do not have strong research traditions but are eager to see development. Research skills are highly transferable and many of the areas which are, or require to be, the focus of research activity are of common interest given the multi-disciplinary nature of much of our work. There is therefore good reason for use to work together to build knowledge and expertise.

In my Trust we have formed a Research and Development Group which I chair, as the member of the Clinical and Social Care Governance Committee with responsibility for research. The Research and Development Group brings together the jointly funded lecturers, other staff who have qualifications and expertise in research, professionals who are pursuing higher degrees by research and senior managers who will promote the development of a research expertise in their Directorate of programme of care. Our Group has the potential to:-

- Lead the development of a strategy for research in the Trust.
- Through membership of professional forums and training teams be a resource supporting managers and senior professionals in staff development and training.
- Provide mentoring to practitioners who wish to undertake research and evaluation projects.
- Provide training and updating in research methodology.

Working in this multi-disciplinary way is proving stimulating and enlightening. It should help us to make much more impact in the agency than could be achieved by working on a single profession basis.

EXPLOITING OUR OPPORTUNITIES

What we should recognise is that, compared to other parts of the UK, we in Northern Ireland are well placed to develop a research culture within our organisations. In particular we have a social work workforce which includes a significant number of highly qualified practitioners. They come with the potential not only to keep abreast of research but also to undertake research themselves. Many work in a uniquely integrated service which provides valuable research opportunities. Often they work in multi-disciplinary teams with other professions some of which may have more established research traditions. In my view we would be unwise not to capitalise on these opportunities to develop a research culture in the profession and in our agencies.

If we are to make the most of these opportunities we in employing agencies must create the right organisational climate. We must be seen to value research and research activity and above all we must encourage the development of our staff. We must recognise that we cannot do this alone. Social work training is delivered through university and agencies in partnership and is regarded as the business of lecturers and practitioners. A similar partnership approach could be an important element in achieving an evidence based, research oriented profession and service.

Promoting Research and Evidence-based Practice

From Rhetoric to Reality

Evidence through Lived Experience: Mental Health Service Users' Experiences as Evidence for Social Work Practice.

Stephen Gharbaoui

Stephen Gharbaoui co-ordinates a user involvement initiative (The Mental Health Alliance) within Down and Lisburn Trust as well as being a member of TOPSS (NI) executive committee and TOPSS user sub-group.

Formerly a graduate accountant and user of services, he is a fervent advocate of citizenship and human rights and believes that the best progress in care provision can be made through partnership between users and providers.

EVIDENCE THROUGH LIVED EXPERIENCE: MENTAL HEALTH SERVICE USERS' EXPERIENCES AS EVIDENCE FOR SOCIAL WORK PRACTICE.

I am going to talk today about the concept of evidence-based practice in social work, from the perspective of mental health service users. The presentation will include references to two broad themes:

- User involvement and Social Work
- User-led research

To conclude, I will make several recommendations to inform the discussion on “Promoting Research & Evidence-Based Practice” in Social Work by answering the three seminar questions:

- What do we mean by research and evidence-based practice?
- What are the demands and expectations from a users' perspective?
- What needs to be done differently and who needs to do it?

INTRODUCTION

I intend to argue that lived experiences of both mental health difficulties and services are valid as evidence on which to base social work practice:

“Never judge a man until you have walked two moons in his moccasins.”

(Traditional Sioux Indian Prayer)

The best people to tell you what it's like to experience prolonged mental health difficulties are those who have had the experiences. To research ways of improving care practice we ideally want to source which interventions might best offer supports and the primary source as I see it is the experience of these very people as they are the experts by experience as opposed to most social workers who are experts by profession.

As will be shown there have been studies compiled by users of services detailing how they see living with mental health difficulties, yet recognition of these findings has traditionally been scant or non-existent because of the established criteria for acceptable evidence as adhered to by journal editors. According to the Oxford Concise Dictionary:

“Evidence : information indicating whether a belief or proposition is true or valid”

I thought long and hard about what this definition means to me. How do I translate the lived experiences of users from rhetoric to reality? I hope through the presentation to show a way to do this. However, to set my qualifications to speak in context, it might be helpful first to explain my own experience and current project work.

MY EXPERIENCE

After using Down & Lisburn Mental Health Services from May 1994 to June 1997, I started voluntary advocacy work from the interest I developed in the lack of control service users appeared to have with respect to issues affecting their current and future lives. The services seemed to be configured around the thinking and timetables of service providers. On the whole people providing and looking for (or in need of) support, tend to accept that this is the way the services are but I'm not so sure that I was comfortable that I could only be distressed in certain acceptable ways or that I could only be distressed at certain acceptable times and that I could only expect to receive certain acceptable supports which were deemed appropriate to patients in general. I was pragmatic enough to understand the limitations on service providers but I could not understand why the so oft heard phrase from other service users: "the workers just don't listen to you" should have to apply in a mental health care setting. This sort of thinking sustained my determination to contribute to the fledgling school of those who wish to have validated the lived experience of people who have had mental health difficulties. I then became involved in setting up and developing a user involvement initiative in 1998 and eventually was appointed full-time co-ordinator of the Mental Health Alliance in January 2000.

Our project (whose working motto is Progress Through Partnership) aims to improve services and empower users by involving service users in the planning, design and evaluation of mental health services within Down & Lisburn Trust. The group formally meets six times each year as a reference point or conduit for ideas as well as moulding the direction of my project work. We have representation from all professional backgrounds with an equal number of users, carers and advocates building understanding and relationships. The Mental Health Alliance offers discussion groups, user and provider training, peer advocacy, a users' voice, user-led research and user access to the strategic direction of the services. We believe that every service user has a right and a part to play in service developments. The project has had some tangible successes in the last three years and is very much an organically growing initiative responding to users' voices. But to me the most important contribution of the Mental Health Alliance has been in the feedback we get that people feel they are being listened to which in some cases for long-term users is the first time they have actually felt this. Please note that whether they were listened to or not, the important element in the context of this presentation is the perception that they were never listened to by service providers before. I will cover this idea further in the presentation.

To conclude on a personal note I am also a member of the TOPSS (NI) user sub-group and TOPSS (NI) executive committee since Easter 2000 having welcomed the opportunity to influence Social Work training of which I do feel research (as in any field) is an important element.

USER INVOLVEMENT AND SOCIAL WORK

For those working in the statutory services :

“Commissioners and providers should continue to explore different approaches to involving users and potential users of services and their carers in the decision-making process”

(DHSS 1997-2002)

which is, I am glad to see, being embraced by TOPSS (NI) as well as any large body I know of.

CCETSW states that:

“Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focussed upon their social relations which constitute the interaction between man (sic) and his environment.”

Furthermore, social work is based on three premises:

- (1) that the person is important;
- (2) that he or she has personal, family and community problems resulting from interaction with others;
- (3) that something can be done to alleviate these problems and enrich the individual’s life. (Skidmore, Thackeray, Farley 1991).

These are well-founded principles yet the Department of Health 1999 review of the DipSW found that social work: “needs to raise its level of competence and effectiveness”, so there are obviously some parts of the jigsaw missing from current practice.

Mike Lawson, a service recipient, writes:

“If you are in a position to help people in crisis, ask yourself why? The answer can be quite illuminating”.

We all know that social workers are sometimes perceived as do-gooders or only interested in covering their ass with far too much paperwork who come in to make interventions or assessments. Why is it necessary to use this jargonistic language of one-sidedness when the principles of social work are based on inclusiveness and empowerment? And on the subject of empowerment, I would put it to you that we should be aiming to re-empower people since they only lost their citizenship once they encountered mental health problems and mental health services.

“When user/survivors do not want to use mental health services, it is because they have found the services unacceptable”.

(Sayce 2000)

In my area of interest, again and again there are recurrent themes:

- Users of services want someone to talk to;
- Someone who will listen to their situation;
- Someone who will listen on their terms;
- Someone who will engage in the users' language;
- Someone who will practice in a manner that allows the user to perceive that he/she is being listened to;
- Users would like that the practitioner will feed back to the user about realistic aspirations;
- A practitioner who will not make promises they can't keep;
- A practitioner who will provide a seamless, consistent face;
- Users are not always clear what the role of a social worker is or what a social worker can offer them.

Although social work within psychiatry would generally not align itself with the stymied, medical model, the fact that Approved Social Workers do make decisions to detain people means that their relationship with users is going to be potentially compromised. In recognition of this factor, I feel it is extremely important to acknowledge and indeed embrace the role that independent advocacy services have to play in creating a holistic, responsive, effective mentally, healthy environment.

I have seen the situation where a gentleman who had ongoing mental health difficulties which led to him being very isolated and his only recourse was occasional contact with a good social worker who applied the social work value base to her job but who only had limited time resources available to offer this gentleman. His personal circumstances got to the stage where a decision was taken that for his own welfare he would have to be detained in a psychiatric unit. After a period of time had elapsed and the gentleman became aware of the process that led to his involuntary admission, he felt that the social worker was no longer a viable outlet for any kind of relationship. Although the gentleman was eventually released from the psychiatric unit on a value deemed fit to manage, he was even more isolated in the long term because he tried to fend for himself in every way without the social worker who did try to build up the relationship again, although without success. I know that after a protracted period of time this gentleman found a way of sustaining himself out of hospital by going through a lot of further turmoil and accessing what he considered to be a strategy for living with mental health difficulties outside of the services.

Perhaps if the services were configured in a manner which allowed the social worker to spend time doing something to alleviate these problems and enrich the individual's life, the individual would have gone through less distress and the social worker would have achieved greater job satisfaction.

Another live example, colleagues had identified a situation where there was virtually no provision for carers. It was decided to attempt to set up a carers' support group by inviting known long-term carers to a discussion group which would be facilitated by a social worker. The social worker was willing to take this role and ran the group for several weeks based on sound theory and research. The group of six carers became frustrated with the format of the meetings and asked for a different approach but the social worker was adamant that they could benefit from her input in her style or she would have to retire. As a result she left the group altogether and they attempted to carry on as a self-help discussion group. The social worker was right to say they needed her input because the group started to fall apart. It faltered without any access to information for over a year. Only when one of its members was fortunate enough to be offered support by a well-established carer support organisation did the group get going. There was a whole year that those carers were frustrated even though they had been in contact with the mental health services. The social worker, although practising according to accepted theory, had missed the point for users. That is when working with anyone, listen to what exactly they as a group of individuals specifically feel would help them.

“The enabling professional... contributes to the process of user self-empowerment by assuming that all people are expert in their own problems and that there is no reason to assume that a worker will or ever should know more about people and their problems than they do themselves, and certainly not before they do.”

(Smale and Tuson 1993)

I feel that because of lack of time, social workers do not perform much meaningful research and any that is carried out by those interested may not approach it from the angle that users of mental health services feel might be most useful. Remembering that “the person (client) is important” and that “evidence is information indicating whether a belief or proposition is true or valid”, a thinker might propose that people's opinions about their experiences are valid evidence. Standards say that opinions themselves are not measurable. I ask you; who sets the standards, who carries out the research, who analyses the outcomes?

CURRENT RESEARCH

The mental health survivor movement in the UK has been campaigning for some years now (cf. Professor Peter Beresford) to have users opinions validated and for user-led research to be acknowledged by journals. There have been several studies completed recently whose work and findings are very robust.

“We are all the primary experts on our own mental health and about what works for us...we can and should value the coping strategies we have developed for our selves”.

(Strategies for Living Report; 2000)

According to Dr Phil Thomas in the introduction the best outcomes in mental health care will be found in a marriage of expertise by profession and expertise by experience and Strategies for Living is the definitive statement about expertise by experience. When you read the report, you will find it was a research project undertaken by trained users of services to find out what is important to other service users without having any pre-set agenda. For many people in this study the relationships they formed with others, whether family, friends or mental health professional, constituted the most important factor in helping them cope with mental distress in their lives. There is a whole range of recommendations in the report which are referenced in this presentation.

As an adjunct to expertise by experience, Professor Shula Ramon promotes *“Participative mental health research: users and professional researchers working together”* about the experiences of two projects linked to Anglia Polytechnic University (see Mental Health Care March 2000).

“Research, with its aura of ‘scientificity’, is frequently considered beyond their capacity by mental health practitioners and service users alike; particularly the latter. It may be seen as distant from and irrelevant to the day-to-day business of providing services and/or coping with daily life, and therefore something that is not needed or wanted. Users often feel that research has been done to them, rather than with them, and regard it in the same light as other oppressive methods and relationships employed by the psychiatric establishment”.

(P.Reason)

The part of Professor Ramon’s conclusion that I see as most interesting is where she writes:

“When embarking upon the co-enquiry process the participants have to be prepared to work out a shared perspective about the specific research undertaking. This entails exchanging ideas and perspectives, negotiating power relations, give and take on both sides, including at times giving up some cherished ideas, recognition of the value of both partners’ contributions by each, a lot of informal and at times formal support, sharing the uncertainty that any research project brings with it but especially one as open-ended as co-operative inquiry, and ensuring that there are intrinsic rewards that enable participants to continue”.

(Ramon)

The final study I would like to talk about is our own action research project which is being completed presently by Brian Magee (QUB psychology researcher) having started last April. In order to inform service providers, the Mental Health Alliance (under the chairmanship of Dr Tom Teggart) set out to train six current or former service users. This was to enable them to facilitate group discussions on what people felt about the services; how the services might be improved and how people felt they might be involved in service planning, design and evaluation. The process involved negotiating with facility managers and encouraging other users that they would remain anonymous and that this was an opportunity to influence service developments. Feedback from participants was more positive than we anticipated. All the groups commented that having ex- or current users running the group both inspired them and made them feel secure to open up about their experience without fear of repercussions. Also the sessions (8 in total) were damn good fun !

INVOLVING USERS IN RESEARCH

If you are going to use questionnaires, ask users what questions to ask. Do not expect long questionnaires with big words to have a high response rate. If you are going to interview individuals, do not expect meaty data if you have not designed your approach to be flexible and responsive to where users are at. If you choose to hold discussion style focus groups, be prepared to miss out on some of the relevant facts due to users' reticence towards a professional.

Should you use a combination of data collection methods, you are more likely to get an accurate picture. Remember service users are all individuals who respond and engage differently to different approaches. In day-to-day practice when you take notes on individuals, put this data to good use as evidence in an ethically sound way.

Those social workers who feel inclined to commit themselves to long-term collaboration with users on research will find users have a lot to offer and will find they have to provide a range of supports to the collaborating users.

In the world of mental health services, the providers work a fixed proportion of the week and then go home to their private lives. Users live their entire 168 hours a week as sufferers with no separate private life to go home to. People have to not only live with mental distress and the disintegration of their world. Also, they have to rely on bureaucracy, wait longer in queues, live in sub-standard housing, try and develop relationships without having a job often ending up stigmatising themselves. They are intimidated and taken advantage of by people around them.

Service users spend a lot of time waiting around for some sense of the world to appear to them in the meantime being on the whole isolated and fearful. Service users are offered a fixed list of treatments that may or may not have passed the evidence-based practice test in mental health services. These services are actually the vehicle for psychiatry to operate. The limits of understanding in society about mental health difficulties impose a heavy burden on sufferers. Discrimination in itself prolongs and /or exacerbates mental distress. It is incumbent upon all those employed in mental health care provision to understand these factors by researching lived

experiences and using them as evidence for best practice. I ask you to consider that the definition of evidence is “information indicating whether a belief or proposition is true or valid”.

SEMINAR OBJECTIVES

Of today’s five objectives I have tried to examine the contribution of users of services to research and evidence-based practice and so to answer the three questions asked I would briefly say the following:

- ***What do we mean by research and evidence-based practice?***
Research should be about consulting users and the evidence is in every user’s opinion.
- ***What are the demands and expectations from a service user’s perspective?***
The demands come in terms of acknowledging people’s citizenship and the expectation is that users will be listened to so that services actually provide what they users see as important.
- ***What needs to be done differently and who needs to do it?***
Partnerships between providers and users in research must be made possible by agencies.

RECOMMENDATIONS

To conclude this presentation, I would like to recommend that:

1. Agencies

- Create opportunities and facilities for social workers to spend active time in research;
- Develop services like advocacy.

2. Practitioners

- Work in partnership with users;
- Listen to users;
- Use appropriate language.

3. Researchers

- Use data collection methods acceptable to users;
- Involve users in setting objectives;
- Involve users in carrying out research;
- Involve users in outcome analysis;
- Make sure results are accessible to users.

“All we want at the end of the day is to be listened to properly.”

(Survivor at 1999 conference of the Irish Advocacy Network)

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Promoting Research and Evidence-based Practice

From Rhetoric to Reality

The Influence Of Research: From Policy To Practice

Greg Kelly

Greg Kelly is a Senior Lecturer at the School of Social Work, Queen's University of Belfast.

Greg's main research interests are in Fostering and Adoption and he has researched and published widely in both these areas. He was the Editor and contributor to a recently published book on a Review of Issues in Fostering.

He is currently involved in a Review of Freeing Orders for the DHSSPS and the Guardian-ad-Litem Agency.

His work on Risk Analysis has recently been published in Polish and he says that if his research doesn't influence policy and practice in Northern Ireland it might influence it in Warsaw!!

THE INFLUENCE OF RESEARCH: FROM POLICY TO PRACTICE

INTRODUCTION

The overall aims of this paper are:

- to discuss the considerable impact research, as a form of evidence, has had on policy making;
- to contrast this with its limited and faltering impact on practice;
- to look at some of the reasons for this relative failure;
- to consider what means are available to us to remedy this problem.

The examples chosen will be from social work in child care, the area of my specialist knowledge but the limited application of research to social work practice is an issue in all programmes of care.

DEFINITION

‘Evidence based social is the conscientious, explicit and judicious use of current best evidence in making decisions regarding the welfare of those in need.’

(Sheldon & Chilvers, 2000)

Conscientious. An old fashioned word that reminds us that we have an obligation to keep our knowledge of research and best practice up to date – as we would expect of our dentist or our gas fitter. It requires us to review and examine our practice critically - not just when we are required to by a public enquiry. It requires that the profession and employers provide opportunities for staff to reflect on their practice. In my experience of running short courses, they are only a success when we get to the point where staff are thinking and talking about the issues in their practice.

Explicit. We need to be able to unpack what we do and explain it. This is not a call for paralysis by analysis, naturally as we progress in our professional lives we develop skills and experience in how to behave and respond in many situations, they become part of us enabling us to react in a natural but professional manner. Many of these reactions are informed by theory – we know from our counselling theory that solutions that are agreed with users are more likely to be accepted, than those imposed so our approach is instinctively respectful and in the spirit of negotiation. Despite doing this almost instinctively, we should be able to unpack this in discussion – particularly where our tried and tested approach does not work. This is the essence of reflective practice, so beloved of all stages of social work training.

Judicious – the key word – how can we choose from among all that *might* be done what *should* be done in this situation. Our decisions so often seem to be governed by routine and resources in the short term and by fad and fashion in the longer term. For example: the routine of partnership with parents which dominates child care practice can make it very difficult to pursue the child’s best interests in the small minority of situations where this runs counter to the parents wishes. In the same way the routine of child protection 10 years ago made it very difficult to support

disadvantaged families who were offering poor care to their children, without drawing them into the child protection network. The judicious use of evidence should enable a more rounded approach that is not swept along by the current fashion but draws from the wide body of professional knowledge and research.

Evidence based practice should be about moving beyond the routine, being able to justify an input of resources out of the ordinary, in an old fashioned sense it is about the return of professional or clinical autonomy albeit within a team and organisational context. But not the 'old fashioned' professional knows best form of autonomy, rather one that requires the professional to justify their decisions on the basis of evidence and research.

THE INFLUENCE OF RESEARCH ON POLICY & PRACTICE

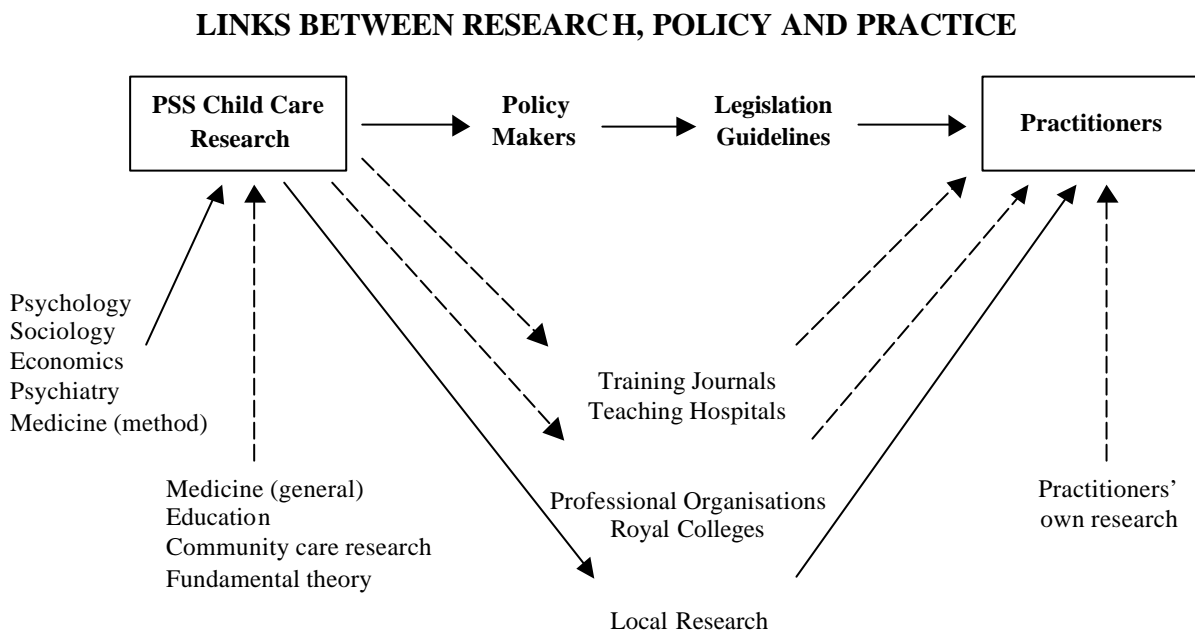


Figure 1 (Bullock and Little quoted in Iwaniec and Pinkerton 1998) is an attempt to graphically represent the links between research policy and practice. It is useful because it reinforces a sense of the complexity of the means by which research impacts on policy and practice and also suggests that there is at work a process involving relationships between a range of interests.

This view postulates that the strongest relationships are between researchers and policy makers with the links to practitioners mediated through legislation / guidelines. This reflects the current situation where the policy makers most often commission the research and they have the greatest investment in using it. The development of the direct commissioning of research by a front line statutory agency in Down & Lisburn that Brian Dornan refers to in his paper is a healthy new development. The other mechanisms by which research impacts on practice are along 'dotted' lines and seen as weaker. How up to date are the trainers in current research? Do the staff

receive training? Is there local research? Do staff read journals? Is there practitioners' research?

So the model would describes current research in child care as having its most immediate impact on policy and legislation with many more questions about its influence on practice.

CHILD CARE

However this relationship between research and policy in child care is a relatively recent phenomena. Much child care policy and practice in the last 30 years has been most profoundly influenced by tragic incidents and the enquiry reports that followed them.

The best and most cited example of the influence of research policy and practice has been on the formulation of the Children Act 1989 and the subsequent Children (NI) Order. Among the research publications central to the thrust of the Children Order were:

- Social Work Decisions in Child Care (DHSS 1985);
- Children Lost in Care (Millham et al 1985);
- Leaving Care (Stein & Carey);
- Child Protection Messages from Research (1995).

All in their own way pointed to the mostly poor outcomes for children in state care. They describe children admitted to care usually to protect them from their abusing parents the children frequently lose contact with their families. They go through a range of care placements with little stability and the range of disadvantages that this brings. As adolescents they are discharged, with little support, to the families they have become estranged from with predictably poor outcomes for many.

The proposed remedies, drawn from the wide-ranging body of research in Great Britain, supported by similar studies in Northern Ireland (Kelly 1989, Pinkerton 1999, McAuley 1996) were: support families - don't admit unless there is 'significant harm' to the child – keep children in touch with their families when they are in care – support young people on discharge from care – try to achieve permanent placements for those who cannot return to their families.

All this is, of course, not without its problems but it has a rational research base. Compare this to policy making in the previous era – policy made, as we would say in Northern Ireland, on the back of the 'last atrocity'.

The Jasmine Beckford Report (London Borough of Brent 1985) represented possibly the apex of the growth in public and professional panic about child abuse which led to what Sheldon has called the 'full metal jacket' child protection squads. Huge resources were devoted to policing and assessing what all research has shown to be mostly poor families struggling to parent their children rather than the deliberately abusive parents of the small minority of seriously abused or murdered children.

So the Children Act/Children Order represents something of a breakthrough in the development of child care policy. A similar breakthrough appears to be much harder to achieve in terms of the direct influence of research on practice. Why is this?

Five reasons are discussed below, the list is not exhaustive.

PROBLEMS IN THE RELATIONSHIP BETWEEN RESEARCH AND PRACTICE

(1) Research Is Mostly Funded By Policy Makers For Policy Makers

Social work is unlike other 'clinical' disciplines in that it does not have a tradition of practitioner-based research. There are complex reasons for this lying in the origins of the profession and its traditional location within the United Kingdom as a part of local government. The result has been that the principle interest in and funding for research has come from policy makers – chiefly government departments and the research agenda has tended to reflect their 'macro' concerns of policy direction rather than the 'micro' issues of work with individual clients that preoccupy practitioners.

(2) The Type Of Research Valued In The Academic/Research Community Is Not The Most Useful Or The Most Accessible To Practitioners

Academics are the other major source of research energy in social work and as will be discussed below there has been a major increase in output from this source. The usefulness of much of this work to practitioners is a complex issue that is much debated in academia. However, there is widespread acceptance that there is a problem of squaring academics' push for prestige and acceptance within the scholarly community with their responsibility to inform an ever-changing professional practice that often has its roots in local as well as global issues and concerns. This applies both to what academics study and to how they disseminate it. One of the familiar ironies of academic publishing is that the more academically prestigious the journal is the less likely it is to be read by practitioners. This needs a two pronged approach:

- research findings need to be made more accesible and there has been much progress in this in recent years (eg the Barnardos *What Works* series (e.g. Macdonald & Winkley 1998) and the local journal *Child Care in Practice*).
- Practitioners need to read more and otherwise be exposed to research material, agencies and their training departments need to build on the traditions of 'journal clubs' that have made some beginnings.

(3) *Research Indicates Tendencies Does Not Provide Answers*

Practitioners, reasonably enough, come to research findings looking for answers to the problems that particular cases pose for them. They are often disappointed by the ‘on the one hand... and on the other hand...’ results that most research studies produce. Even the most robust of findings in social work research and indeed all research on human behaviour admit exceptions. For example, some studies record an 86% breakdown rate where foster children are close in age and the same sex as foster parents’ birth children. The under pressure placing social worker may hope and may be right to hope that their placement is in the 14%.

(4) *Our Cases Are Just Too Complex With Poor Motivation To Engage Or Change*

Even where there is extensive research into practice it usually involves the evaluation of a particular therapeutic technique – family therapy or applied behavioural techniques and these generally involve the consent of the client to work on a problem or a series of issues. Much social work is with clients who do not recognise that they have a problem, and have a low motivation to cooperate with the social worker. Often social work clients have a wide range of problems originating in poverty and deprived circumstances.

(5) *Organisations Have No History – Tradition Of Evaluating Their Own Practice*

If you want to find out if long term foster care works in Armagh reading the latest research conducted in Australia may be of some help, but usually not as much as even a small study in conducted in Armagh. However there is virtually no tradition of evaluative research in the statutory social services in Northern Ireland; I believe they are not funded for it. Basic evaluation is hard to find even on high profile schemes that have pioneered new ways of working. We would expect our hospitals to know the success rates for their surgical procedures why do we not expect the same standards from our social services interventions? We claim, rightly in my view, that much of what we do is as important for people’s welfare as medical interventions yet we fail to conduct even basic evaluation on its effectiveness on a routine basis.

IS CHANGE POSSIBLE – A CAUTIONARY TALE

In the late 1980s the Government was dissatisfied that it was getting value for the research funding it was making available to universities. In true Thatcherite style it decided on an assessment process where each department would be graded on a scale of 1 to 5 and funded according to their grade with obvious implications for prestige inside and outside the University. The Research Assessment Exercise or RAE as it has become known. Social work schools like all others were and are subject to this latter day 11+. Queens under performed in the early RAEs. This time (1995–2001), led by a new vice-chancellor, we were to aim for our rightful place the traditional large ‘civic universities’. So how has Queens set about this improvement in research performance? In short by widespread use of the age-old management techniques – the carrot and the stick. Research performance has been the yardstick used to judge almost all preferment from school finances to individual promotions. Failure to be seen to perform up to standard has led to the ‘Dear John’ letters that went to over 100 staff and has seen many of these leave University

employment. In the school of social work the number of research active staff has grown from 3 in 1992 to 14 in 2001.

It is not a strategy I would recommend but there may be some lessons for social work agencies trying to develop their research culture. It is at least worth asking the questions:

- What are the rewards for staff who develop and maintain a research and evidence base to their work (as opposed to those who do not)?
- What are the penalties for staff who do little or nothing to update their professional knowledge?

One window on these questions is the Post Qualifying structure for social workers in Northern Ireland. PQ qualifications are an important and measurable means of staff's further professional development and all PQ work involves updating on relevant research and its application. We have one of the best and most successful UK PQ partnerships in Northern Ireland.

BUT:

- What are the rewards for staff who achieve PQ credits? - none on a routine basis.
- What are the rewards for staff who achieve full PQ and advanced awards? - none on a routine basis.
- What are the penalties for staff who do not engage in PQ training or who enrol and fail to complete programmes and submit for assessment? – none routinely.

Is social work the only profession with a post-professional education and training structure with nationally accredited and academically linked awards that are not routinely recognized by employers in pay or grading?

CONCLUDING POINTS

- Social work organisations need to develop concrete strategies for encouraging evidence-based practice. Strategies and measures that address the reality of what promotes and achieves change within organisations.
- The social care profession as a whole needs to pressurise research funders to make more resources available to research the concerns of front line practitioners.
- All social service programmes at team level should incorporate an element of evaluation that is contributed to by and regularly shared with practitioners.
- Academic researchers need to continue to develop dissemination strategies that relate to the needs of practitioners.

- Practitioners will need to read more, will need to be resourced to and committed to keeping themselves up to date.
- The Northern Ireland General Social Care Council will need to address the issue of continued training and current knowledge competence in the conditions it sets for registration and continued registration of social workers.

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Promoting Research and Evidence-based Practice

From Rhetoric to Reality

Summary of Workshops

- (a) ***Integrating a Research Focus into Supervision and Management Processes***
John Devaney, APSW, Family and Child Care, Ulster Community and Hospitals Trust
(Recorder: Lorraine Simmons, SWEA, TOPSS (NI))
- (b) ***Embedding Evidence-based Practice into Organisational Culture***
Raman Kapur, Director of Threshold and Chair of the Division of Clinical Psychology
(Recorder: Christine Smyth, SWEA, TOPSS (NI))
- (c) ***Research and Evidence-based Practice in the Court Room***
Theresa Donaldson, Research Fellow, Queen's University of Belfast
(Recorder: James Marshall)
- (d) ***Empowering Users to Participate in Research and Evidence-based Practice***
Paula Rodgers, Policy and Research Manager, Save the Children
Vivian McConvey, Senior Professional Adviser, First Key
(Recorder: Katherine Robertson, SWEA, TOPSS (NI))
- (e) ***Promoting Research and Evidence-based Practice Through Teaching, Learning and Assessment***
Billy McCullough, Senior Lecturer, University of Ulster, Jordanstown
(Recorder: Eilis Barry, SWEA, TOPSS (NI))
- (f) ***Supporting Practitioners to Contribute to Research and Evidence-based Practice***
Tom Ward, Quality Support Manager, Down & Lisburn HSS Trust
(Recorder: Veronica Callaghan, SWEA, TOPSS (NI))

INTEGRATING A RESEARCH FOCUS INTO SUPERVISION AND MANAGEMENT PROCESSES

John Devaney

INTRODUCTION

The current drive towards evidence based practice requires a re-evaluation of the way that social work staff use information, knowledge and research to ground and inform their practice. This is part of the wider quality agenda within health and personal social services of building a modern and dependable health service based on a skilled, knowledgeable and motivated workforce.

The Department of Health (1999:16) referring to children's services defines evidence based practice as:

- Using knowledge critically from research and practice about the needs of children and families and the outcomes of services and interventions to inform assessments and planning.
- Gathering, recording and updating information systematically, distinguishing sources of information e.g. direct observation, other agency records or interviews with family members.
- Learning from the experiences of users of services.
- Evaluating rigorously the information, processes and outcomes from the practitioners' own interventions to develop practice wisdom.

There is a wide acceptance across the social care field of the need to ground practice on a clear knowledge base. For example, in reviews of reports commissioned by the Department of Health following incidents of fatal or serious child abuse (Reder and Duncan, 1999; Munroe, 1998; Reder, Duncan and Gray, 1993) serious deficiencies in social workers knowledge base was found as one of the most significant recurring themes.

The challenge that lies ahead is to find a way to support staff to develop their practice and to incorporate new innovations in a way that enhances the service that users receive:

“Indeed it seems that many of the ways in which new forms of practice are developed and introduced actually inoculate the organization against adoption, rather than leading to widespread implementation of new forms of work.”

Smale (1998:15)

As such the Ulster Community & Hospitals Trust embarked on a project to develop a strategy to assist staff within the Family & Child Care programme to use information, knowledge and research to ground and inform their practice.

THE ISSUES

The strategy was informed by two sources. Firstly a review of the literature on evidence based practice, research mindedness and adult learning theory. Secondly, two focus groups were run for staff to discuss their perspective on the benefits, pitfalls and possible solutions in moving towards evidencing their practice base. The groups involved staff at all levels in the organization, from new employees who had recently qualified to the Director of Social Work.

Within the space available the issues amounted to supporting staff to:

- Access information easily and in a format that would assist understanding.
- Make sense of the information, including having the confidence to be able to state why, for example, a certain piece of research is reliable and valid.
- Incorporate knowledge gleaned from research, reports and other sources into their work in a meaningful way.

Devaney (2000)

THE PROCESS

The literature on the introduction of innovations is littered with examples of good ideas that have failed to gain acceptance. Therefore the process of the development of the strategy and its subsequent implementation have been informed by the work of the late Gerald Smale and his '**Innovation Trinity**':

- **Mapping the people** involved both in terms of introducing the innovation, and those of whom change is being expected. This will provide a clearer picture of who can promote the innovation, whilst also identifying the needs of potential adopters.
- **Analyzing the innovation** in order to appreciate the likely consequences and reactions to its introduction. This should help to establish how the innovation could usefully be introduced into a climate that will be receptive to the idea.
- **Understanding the context** within which change is to take place. Local factors will have a much greater bearing on the situation, and an awareness of these will help to shape the idea to local needs and priorities.

Smale (1998)

THE STRATEGY

In order to avoid the strategy ending up as an exercise in itself, the first recommendation was for the Trust to set up a strategy group to promote, develop and monitor the implementation of the report's recommendations. This group has representatives from each of the different parts of the Family & Child Care programme, as well as staff at different grades. The group has been responsible for ensuring that:

- Every office and facility has internet access.
- All staff members receive a half-day's training in the use of the internet.
- Every member of staff is enrolled in the Clinical Medical Library at Queens University as a DHSSPS member and has a half day tour of the facilities and training in using the library catalogues, which can be accessed over the internet from their offices.
- The Family & Child Care programme was asked to identify four core area's of work, and over the next year efforts will be concentrated on gathering research, literature and other information on these topics primarily, and disseminating them widely and in various ways.

It is further planned that:

- Every staff member will receive training in research literacy - being able to decide if a piece of research is valid and reliable, as well as interpreting the findings.
- A series of seminars will be run around the four core areas bringing together researchers and practitioners to discuss the implications of particular pieces of research for practice, and exploring the fit between the two.
- Two pieces of practitioner research have already been commissioned on two of the core area's, and a further two pieces of work are being planned.
- Workshops are to be run for staff exploring how they can incorporate knowledge from other sources more explicitly into their practice and recording.

It has been noted that first line managers are the real opinion leaders within any organization (Larkin & Larkin, 1996). This is especially so in social work, with its strong reliance on supervision as the main tool for quality assurance and staff development. Therefore in order to empower Team Leaders to both promote and expect within their staff teams a culture of research informed practice, Team Leaders themselves must be comfortable with the concept. As such additional training for Team Leaders around evidence based practice and the supervisory relationship is essential.

CONCLUSION

The biggest challenge that faces the introduction of evidence based practice and research mindedness is the shift in the organizational culture that most, if not all, agencies will face. Whilst the majority of staff want to take time to think about and inform their practice, in the face of heavy workloads and the constant deluge of new initiatives the gap between current and future realities seems too great.

Therefore organizations that wish to become learning organizations (Handy, 1990) that not only encourage but expect continual professional development and learning need to give active consideration to how they can support and empower staff to bridge that gap, so that the potential benefits outweigh the perceived drawbacks.

Alongside this shift in intra-organizational culture, there is a need to realign inter-organizational relationships. For example, students completing qualifying training need better skills in the ability to assimilate knowledge (Secker, 1993) and the ability to transfer learning from one situation to another (MacAuley & Cree, 1999) as it is impossible for them to acquire all the knowledge necessary for practice during their qualifying training, and besides the knowledge base for practice is constantly evolving. There also is a need to develop closer links between those commissioning, carrying out and using research, so that it moves outside of the academic and policy making discourses (Pinkerton, 1998) and becomes more accessible and useable for practitioners.

In conclusion, the development of evidence based practice provides an opportunity to support professional practice and articulate the benefits that social work can bring. It requires a commitment from both managers and practitioners and a shift in not only how staff do their job but also in how they think about their work. The near future holds exciting opportunities for social work. It can establish itself as a force in shaping the social inclusion agenda, but along with this will come ever higher expectations of accountability and transparency. One significant pillar will be the ability to articulate the knowledge base that informs practice, and to demonstrate that service users will receive the quality service that they need.

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EMBEDDING EVIDENCED BASED PRACTICE INTO ORGANISATIONAL CULTURE

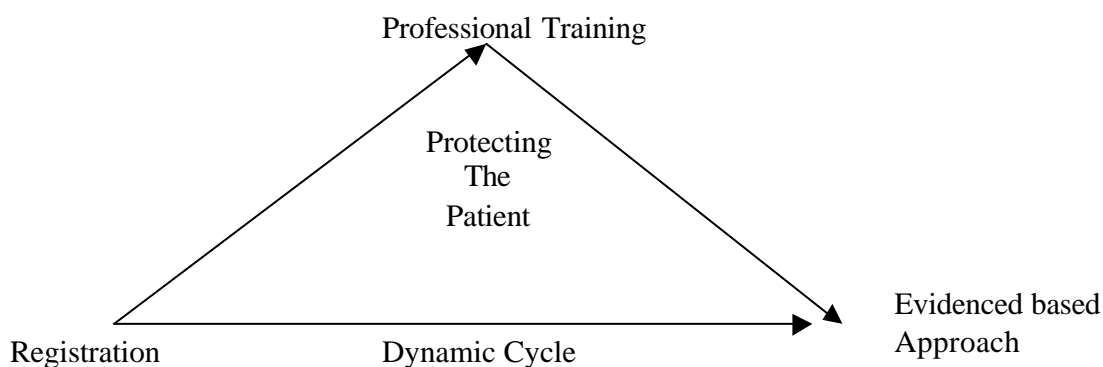
Raman Kapur

An evidenced based approach in social care has been opposed for many reasons, one of which is the concern of professionals that reductionism will lead to the peripherisation of more complex emotional aspects of their professional work. This need not happen. Research methodologies and procedures have advanced in the last 30 years to provide ways of investigating social and emotional processes. Social work can now access research methodologies that can improve the quality of outcomes in their day to day work. In particular, in social work, it is often assumed that a good theory equates to a good outcome; this is not true and coherency of argument cannot guarantee positive outcomes. Independent evidence, with the minimum of bias has to be collected to protect clients from poor evidence which can lead to poor outcomes. It is important that social work practice is characterised more by a discourse of rational debate rather than 'weight of argument'. We have to base critical decisions on the best independent evidence available.

Here, it is important that social work is not 'put off' by models of research that emphasise only the primacy of 'Random Control Trials' (RCTs). Many levels of evidence exist and we have to strive all the time to gather the most objective evidence to reduce the existence of harmful interventions. Suggestions for embedding a research culture in organisations are listed below and taken from work of my own mental health agency, THRESHOLD.

- Training senior staff to become 'research literate'
- Implementation of research informed guidelines
- Routine collection and publication of outcome data
- Asking clinically relevant questions

The following quality triangle is proposed to ensure best practice



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RESEARCH AND EVIDENCE-BASED PRACTICE IN THE COURTROOM

Theresa Donaldson

We discussed two main themes in the workshop that was essentially theoretically based rather than focussing on court skills. A number of current debates that appear to underline the uncertain nature of social work and emphasise the clash of culture that exists between law and welfare were discussed.

- (1) Contemporary debates illustrate the ‘shifting sands’ nature of the social work task in child protection. For statutory workers who report to the court keeping track of current thinking in order to feel confident in the legal setting that the action taken was the action that should have been taken has never been more challenging. A number of debates were discussed in the workshop. Among these were the refocusing debate that has caused concern about the number of child protection referrals that are eliminated from the system with no service, the difficulty of defining child abuse that has been examined by a number of theorists among them Dave Archard (2000) who has described child abuse as open to ‘persuasive’ definition where more harms are added and the arguments of Parton (1997) and others about the shift in the constitution of child abuse from a socio-medical problem to a socio-legal one with the focus on assessing evidence.

These debates were used as a backcloth to discuss the treatment of welfare issues by law and the clash that exists between welfare and law.

- (2) The work of Michael King (1991) was used to explore this issue. King has conceded that the bond between welfare and justice within the courtroom has in recent years been cemented by the arrival in care proceedings of the Guardian Ad Litem to advise courts on how best to protect children’s interests. But having conceded this point and welcoming other changes introduced by the Children Act 1989, he remains pessimistic about the actual institutional changes that have taken place and argues that changes have in practice made very little difference to the manner in which courts, lawyers and court welfare professionals conduct their business.

Importantly, King argues that welfare within the court is constructed differently and more narrowly than outside the law by welfare professionals.

The problem for child welfare is that within the legal arena the information will almost invariably be constructed, King argues, according to the demands of the legal discourse. The uncertainty and imprecision of statements produced by child welfare both in relation to existing knowledge about children and predictions for their future make both the statements and the statement makers even more highly vulnerable to ‘enslavement’ within the legal arena. The law demands decisiveness and finality, for winners and losers, for rights and wrongs to be identified and exposed to the public gaze.

This material was used to enable workshop participants to discuss and analyse their experience of court. Time limits precluded sufficient discussion about the use of research and the importance of evidence-based practice but the quote from a solicitor sums up the message social workers need to hear:

“Research is very valuable, it heads off the advocate who knows little about social work... it’s clear you are working to a body of knowledge not just something you thought up last Friday night. It establishes expertise...”

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EMPOWERING USERS TO PARTICIPATE IN RESEARCH AND EVIDENCE-BASED PRACTICE

Vivian McConvey & Paula Rodgers

WORKSHOP THEMES

The workshop commenced with an exploration of participatory research with particular emphasis placed on definition and principals.

Principles

- Research subjects have a right to participate in the formulation and generation of knowledge
- Research should lead to action
- Researcher and ‘researched’ should be involved together in entire research process
- Participative research is co-operative - with and for people rather than on people
- Aim is to place power in hands of ‘researched’ - community/young people

Definition

Participatory research is not just about improved research methods. It is also about achieving democratic participation and social justice for children and young people. By influencing what is researched, and how their lives are represented, they participate in institutional decision-making processes. The more young people become actively engaged in research, the more they personally gain, and the more they may expect – and demand – that changes come out of the findings.

Level of Involvement

- Be informed
- Express a view
- Influence decisions
- Partner decider
- Main Decider

The next stage of the group involved an exploration of the facilitators experience with regard to three participatory research projects:

- A partnership project between Disability Action and Save the Children aimed at enabling a group of young people with disabilities to conduct a piece of research on a topic of their choice.
- An audit/evaluation of the needs, views and aspirations of careleavers (First Key).
- An examination of how young people in public care experience the education system in Northern Ireland.

OUTCOMES

The final section of the working group explored expected outcomes from participatory research methods:

Organisational Outcomes

- Quality of information gathered
 - “In most cases, the goal of finding out about people through interviewing is best achieved when the relationship of the interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship”.* Oakley 1981
- Access to young people
 - “The critical factor is to understand the perspective of the people from whom one is gathering data, thus allowing them to express opinions and views on their own terms.”* (Bamford et al 1995)
 - “Emphasises a non-exploitative relationship between researcher and researched which is based on collaboration, co-operation and mutual respect.”* (Smith & Nobel Spuell 1986)
- Services informed by service users
 - Ensure they are more effective.
 - Changes status of young people from consumers to creators.
 - Promotes ownership of the service
 - Promotes democratic principles and practice.

Outcomes for Young People

- Improved citizenship
 - Ownership of research
 - Opportunity to have a say in planning & decision making
 - Greater understanding of decision making and how to influence change

- Personal Development
 - Personal confidence, self work, a sense of their level of competence
 - *New skills*, listening, ability to work in groups, communication, computers,
 - *Knowledge*, research, policy, decision making, about the subject matter
 - *Experience*, of interviewing, working with people, training and learning about people,

- Social
 - Meeting new people
 - Making friends
 - Having fun
 - Building a social network

- Recognition
 - Payment
 - Outings
 - Certificate of achievement
 - Reference for future work

PROMOTING RESEARCH AND EVIDENCE-BASED PRACTICE THROUGH TEACHING, LEARNING AND ASSESSMENT

Billy McCullough

Over recent years, social work education has struggled to respond to the many changes within the profession. The public focus on cases of child abuse and other examples of bad practice have resulted in the movement from humanist-welfare approach to a more technological procedural form of practice. Indeed education, in general, has tended to focus more on skill development, learning objectives, competences and outcomes which is supported by the introduction to a system of modularisation. It has been argued that the danger for social work is that it could become a purely training process rather than a comprehensive educational experience. Social work education has also had to deal with the criticism that it has no clear knowledge base but has had to draw on other disciplines such as Psychology and Sociology which are often in conflict in terms of their theoretical concepts. How then should one seek to promote research through the taught curriculum?

Research quoted by Lyon (1999) in the ESRC funded series 'The Place of Research in Social Work Education' reported that in a recent analysis of DipSW courses only a minority of qualifying courses included teaching and assessment of research methods and these were mainly at postgraduate level. The respondents went on to suggest that the focus of research teaching should be at post qualifying and advanced award level. It is understandable that with the very prescriptive nature of social work education, finding space for social research as against the social work core modules, can be difficult to argue. Also, the differing levels at which social work education is taught, ranging from masters to nongraduate, can create major problems in producing a common research curriculum, particularly given the relatively short period over which training takes place.

Nevertheless, recent developments in social work education suggested that there is now a recognition of a clearer commonality between social work theory, practice and research. Many social work agencies are now more aware of the importance of supporting a 'research culture' that would encourage social workers to develop the necessary research skills to carry out empirical research or use research literature to inform their practice. Indeed, research and practice skills are very similar in terms of their basic processes, ie: setting aims, objectives, methods, evaluation, etc. Being a reflective practitioner and the art of reflexivity in research share many common characteristics. Recent terms, such as stakeholders, partnership, service users, etc, are now part of the social work agenda and their significance can only be evaluated through the research process. This will begin to give some meaning to what we understand to be 'evidence based practice'.

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SUPPORTING PRACTITIONERS TO CONTRIBUTE TO RESEARCH AND EVIDENCE-BASED PRACTICE

Tom Ward

INTRODUCTION

This workshop explored social workers' attitudes to and participation in research and evidence-based practice. A range of practical and cultural factors influencing participation in these activities were identified and recommendations for how these might be addressed were proposed.

ATTITUDES TO RESEARCH

On the topic of research workshop participants were in agreement that :

- research is integral to Social Work and is not simply an option.
- most Social Work practitioners are proactive in questioning their practice – this questioning can lead to opportunities for research.
- there was agreement with Brian Dorman's earlier analogy that research is like putting on a new or first pair of spectacles – "giving a better definition of what can be seen"

FACTORS INFLUENCING RESEARCH ACTIVITY

There was also agreement in the workshop that whether or not research takes place on the part of an individual Social Worker, a Social Work Team or a Social Work Department is dependent to a very large extent on the "enthusiasm level". This "enthusiasm level" is determined by a number of factors:-

- the necessity to demystify and normalise the "researcher role"
- the influence of the manager which is often dependent on whether she/he is doing a course or is a practice teacher.
- the availability of a qualified "research person" to offer guidance and assistance.
- The availability of ring-fenced time for research.
- fear of "exposure" - (identified as a cultural phenomenon) - on the part of the individual or the team, which requires re-assurance through open discussion that the research will not be detrimental to self.
- the lack of incentives to get involved in research – "what's in it for the already hard-pressed Social Worker"?

FACTORS INFLUENCING EVIDENCE-BASED PRACTICE

On the topic of evidence-based practice members of the workshop agreed that:-

- there was a poor understanding of the concept of evidence-based practice.
- evidence-based practice was hampered by the many departments and offices which are “information-free zones”
 - -- poor circulation of journals or articles
 - -- no journals subscribed to
 - -- no internet access points
 - -- no immediate access to library
 - -- no dissemination of “learning material”
 - -- no organised seminar-type discussion
- there were instances where “case discussion” or “reflective practice” in teams was, in fact, a well-used form of evidence-based practice.

RESEARCH ACTIVITY

Workshop members were able to give examples of research opportunities and research-based practice and agreed that the situation was far from being “at rock bottom”.

Within the workshop itself there was the following evidence :-

- Trust A :- Child Care Manager who was quite proactive in promoting research
 - research group established
 - research topics selected and actioned
 - all teams Q.U.B. library training
- Trust B:-
 - engaged in extensive reflective practice
 - 30 internet access points available to staff
 - four research dissemination / presentation meetings per year
- Trust C:-
 - Trust Research Group established
 - joint posts established with University
 - active participation in Short Research Course at Jordanstown.
 - Research advisors / helpers within the Trust

CONCLUSIONS

In summary the workshop members agreed that while research & evidence-based practice was not at “rock-bottom” among social work practitioners there is a need for managers and team leaders to be more proactive in demystifying, promoting research .

Members agreed that there is a need to integrate individual social work expertise with the best available external evidence and to this end evidence-based practice needs to be better understood as a concept and resources put in place to assist and promote opportunities for evidence-based practice.

Social workers need to be more pro-active in making appropriate use of up-to-date, reliable, (and statistical) findings from research and to be able to use routine data collection in decision making.

Social workers also need the skills to be able to interpret and apply such data and research findings, and this requires dedicated time for training and additional resource allocation to enable this to happen.

GLOSSARY OF TERMS

AASW	Advanced Award in Social Work
ATSWE	Association of Teachers in Social Work Education
BASW	British Association of Social Workers
CCETSW	Central Council for Education and Training in Social Work
CQSW	Certificate in Qualifications for Social Work
CSS	Certificate in Social Services
DH	Department of Health
DHSS	Department of Health and Social Services
DipSW	Diploma in Social Work
ESRC	Economic & Social Research Council
JUC/SWEC	Joint University Council's Social Work Education Committee
JRF	Joseph Rowntree Fund
NVQ	National Vocational Qualification
PQ	Post Qualifying
PQSW	Post Qualifying Award
PSS	Personal Social Services
RAE	Research Assessment Exercise
RCT	Random Control Trial
SWRA	Social Work Research Association
TOPSS	Training Organisation for Personal Social Services

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