Organizational support for evidence-based practice within child and family social work: a collaborative study

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ABSTRACT

Research in Practice works in collaboration with over 50 English local authorities and voluntary childcare organizations, to explore new and dynamic ways to increase the use of quality evidence to improve services to children and families. One Research in Practice initiative was a two-year collaborative project involving the social services departments of six local authorities. This paper reports on how the views of more than 100 professional staff involved with the provision of services to children and families have been gathered to offer insight into how evidence-based practice can be supported or frustrated in social care organizations. The findings suggest considerable uncertainty about the nature of evidence in social care and its validity in relation to decision-making, policy and planning. Mechanisms essential for the dissemination, implementation and adoption of research messages are underdeveloped and tensions exist around the explicit use of research evidence within reports and reviews. Many practitioners and teams may be excluded from making decisions based on the best available research evidence through lack of access to internet resources and adequate information dissemination mechanisms. The paper concludes that there remain considerable areas for further debate if evidence-based practice is to become a reality in work with children and families.

INTRODUCTION

The British Labour government's current agenda for modernizing the public sector as a whole, and social services in particular, is underpinned by a focus on 'what works', and the development of evidence-based practice is one of the key mechanisms for achieving this policy goal:

> Excellent councils will ensure...that knowledge based practice informed by research evidence is supported and applied in everyday practice...that there are clear mechanisms for keeping staff up-to-date with practice development, research findings and action participation in research and learning networks...[and] that there is a shift to a culture of continuous improvement. (Department of Health 2000)

Although there is growing interest in increasing the use of research evidence in services for children and families, a range of barriers to achieving this aspiration may stand in the way. One of these is an oral, rather than a knowledge-based, culture within social services which results in staff valuing direct practice experience over, and often to the exclusion of, other forms of learning (Sheldon & Chilvers 1995). This is compounded by poor links between those who carry out research and those who provide services to vulnerable children and their families. The research community continues to underestimate the need to make research understandable and relevant for practice, and many social care agencies fail to offer tangible assistance to staff to access and use research in their day-to-day work (Atherton 2002).

The pursuit of evidence-based practice has a longer tradition of exploration within the health sector, and effort to change practice has been the subject of considerable investment. Nevertheless a systematic review of the work undertaken to promote evidence-based practice in health settings found that 'barriers

to change can be formidable' (NHS Centre for Reviews and Dissemination 1999). Barriers to evidence-based practice in healthcare have been found to include lack of individual motivation, lack of clarity about roles, and unsympathetic organizational cultures (Newman *et al.* 1998). The systematic review above concluded that dissemination programmes alone are unlikely to lead to changes in behaviour at any level in healthcare and that multifaceted, broad-based and carefully targeted strategies were required if evidence-based practice was to flourish. It is likely that similar success factors will apply in social care settings (Bullock *et al.* 1998).

Evidence-based practice requires organizations and the staff within them to ask searching and challenging questions about their practice and the services they provide. They answer these questions with reference to published research but crucially they must also monitor and evaluate what they do to determine relevance and effectiveness. Research in Practice defines an evidence-based approach as

> ... [one] informed by the best available evidence of what is effective, the practice expertise of professionals and the experience and views of service users. (Barratt & Cooke 2001, p. 2)

This inclusive and pragmatic view of evidence-based practice as a process is gaining a wider acceptance within services to children and families but the approach also attracts criticism:

> ... the ensuing orientation towards evidence-based practice and related requirements of evaluative effectiveness may well undermine traditional professional practice, whilst further legitimating a harsher managerialist ethos of performance culture in social work. (Webb 2001, p. 58)

Webb proposes that social work should 'abandon mechanistic processes' in favour of something he apparently finds difficult to define. It is easy to forget that social work in the current climate does not have the option of choice in the matter. Those who support the development of evidence-based practice acknowledge that there is much yet to debate, not least to negotiate the minefield surrounding the exact nature of evidence as it relates to social care (see Trinder 1996; Sheldon 2001; Webb 2001 for more on this). It is, however, difficult to imagine the basis on which structured, fact-based and well-informed decision-making and planning referenced to the best available published research can be viewed as counter either to the provision of effective outcomes for service users, or to the ethos of the social work professional.

Research has had little impact on day-to-day social

care practice and many different reasons are suggested for this, from the difference in values and attitudes that exist between the research community and practice, to the necessarily imprecise nature of social care knowledge which is undervalued by policy-makers (Davies *et al.* 2000). An oversimplification of the dissemination and implementation process

> ... both misrepresents the process and hampers the search for more effective implementation models. (Davies *et al.* 2000, p. 342)

This view is supported by studies undertaken in the health sector. Closing the theory–practice gap requires more than just making research and locally collected evidence available (Newman *et al.* 1998). As a model 'seductive in its simplicity' (Newman *et al.* 1998, p. 17) evidence-based practice is influenced by a complex array of social, organizational, political, economic and cultural factors that require a range of multifaceted interventions to address potential barriers to change (NHS Centre for Reviews and Dissemination 1999). Kitson *et al.* (1998) suggest that the successful integration of evidence into practice may require action on three levels: the nature of the evidence, the organizational context, and the process of the facilitation. The aim of the Research in Practice collaborative study was to consider how the evidence-based approach could be supported at these three levels within social care organizations, where potential barriers to progress might lie, and to determine how evidence-based practice might be further promoted, developed and sustained in services to children and families.

THE STUDY

The study was designed in three consecutive stages and sought to build upon the knowledge and experience of professional staff involved with the design and delivery of services to children and families within the Research in Practice partnership. The first stage was an open exploration of evidence-based practice during a two-day annual meeting. Forty agency representatives were asked to consider, in small group discussion, the existing and perceived barriers and supports to evidence-based practice in their work with children and families and to give examples from their own experience. Responses were collated and these highlighted a number of key questions:

- How can access to evidence be improved and managed at all levels?

- How can evidence-based practice be demonstrated throughout an organization, and what is the role of senior managers in this?
- Which organizational functions can contribute to the successful development of an evidence-based culture?
- What role might audit, monitoring, evaluation and feedback systems play?
- How is evidence-based practice related to policy and planning?

To take the investigation further, six Research in Practice partner agencies volunteered to form a project steering group and agreed access to relevant service managers, their directorate and other senior managers with policy, planning and quality functions, who could offer their experience and views to the work. The project group, consisting of a representative of each of the six agencies, met with the researchers at regular intervals throughout the two-year project to co-ordinate the work. Stage II of the study involved semi-structured telephone interviews with a total of 36 managers, six from each of the project group agencies. These included service and area managers, and planning and quality assurance staff who held responsibility for services to children and families. Each respondent was asked a series of semi-structured questions, clustered under each of the issues that emerged from the group discussions in Stage I. Responses to telephone interviews were collated, analysed thematically by the researchers and then condensed to 110 statements representing the range of views put forward by those interviewed. In Stage III, a questionnaire, comprising the 110 statements, was devised and sent to a total of 50 staff, up to 10 nominated by each of the six project agencies, including a Director and Assistant Director of Social Services, as well as policy, planning and quality managers. Respondents were asked to rate their level of agreement, disagreement or uncertainty against each statement and were offered additional opportunities to add their own comments or qualification. Forty questionnaires were returned (80% return rate).

More than 100 senior staff from a range of local authority areas and social services departments offered their views and experience during the three stages of the study. However, unless otherwise noted, the findings discussed below are based only upon responses to the third-stage questionnaire ($n = 40$). Since the questionnaire was derived from two iterative rounds of investigation, the findings offer a fair representation of the views of all who were consulted during the study. This was, however, a small sample group and the views expressed by respondents may not be representative of the wider population of staff in services for children and families. Organizations that choose to subscribe to the Research in Practice partnership have already indicated a willingness to engage with the development of evidence-based practice, although they are each in varying stages of developing the approach. It is likely therefore that their staff, particularly those in the project group, already to some extent functioned within an organizational culture that is aware of evidence-based practice. Since members of the project group nominated colleagues to take part in the telephone interviews and to complete the questionnaire, it can be speculated that there will have been an element of selection of staff to take part who were known to have some knowledge of the debate and issues around evidence-based practice. There is need for further research with social care agencies and staff who are less engaged with the development of evidence-based practice to determine if the findings of the study resonate in the wider social care community.

FINDINGS

The nature of evidence

At an early stage of the study there emerged considerable uncertainty about the exact nature of evidence in social care: whether evidence-based practice implies a narrow focus on published research or a wider interpretation to include for example locally gathered data, social care theory, policy or expert opinion. The almost unanimous view of those who responded to the questionnaire was that evidence from published research, locally collected data and the accumulated views of service users were the three examples of evidence that had the greatest influence on decision-making in their agencies. Expert opinion was an example of a wider definition of evidence that had been suggested during the first stage of the study. Although 61.5% of respondents agreed that expert opinion did influence decisions made in their agency, some expressed misgivings. A third of respondents were suspicious about the criteria that define 'an expert':

'Unsure about expert opinion as very often this relates to the experts' view or model as opposed to an objective view of the evidence.'

Some managers doubted the possibility of ensuring that the expert in question was a leader in their field.

Others were concerned that cases that reached court sometimes resulted in opposing sides calling their own 'expert' witnesses with very different views about the same body of evidence. There also remained doubt amongst managers (45% unsure) about the criteria for the inclusion of quality evidence in the construction of policy, and their concerns may have some foundation. Although it is claimed that national policy is underpinned by research evidence, some policy initiatives do appear to contradict this aspiration. Davies *et al.* (2000) point to examples from the fields of education and healthcare where supporting research evidence for policy initiatives seems sadly lacking, concluding that

> ... society appears to be guided more by politics than science, and politics is more about the art of the possible or generally acceptable than what is rational or might work best. (Davies *et al.* 2000, p. 14)

The majority of respondents (92.5%) considered it essential for organizations to share a common understanding of what constitutes evidence in social care, specifically what constitutes 'best evidence'. The project group as a whole, in further discussion based on the study findings, concluded that agencies must stimulate internal debate about the nature of evidence and its relevance to decision-making and policy before they can be expected to effectively manage the dissemination, implementation and adoption process. They would look to national agencies involved in promoting evidence-based practice for agreement on a common working definition, and they would look to a recently established non-governmental public body, the Social Care Institute for Excellence (SCIE), to play a key role in this.

Access to evidence and dissemination

Research evidence must be accessible if it is to be put into practice. How evidence was accessed and by whom, how it was disseminated and in what form, was explored. Access to evidence was found to be a very difficult practical issue for practitioners, teams and many managers. Eighty-two per cent of respondents agreed that investment in information technology was essential to support evidence-based practice, although 20% were unsure if internet access should be made freely available to all practitioners. A concurrent audit of all Research in Practice partner agencies found that only 12 out of 43 agencies surveyed had computers with internet access available at team locations, although many had plans to invest in this area

(Research in Practice 2000). Since most new developments to provide access to research evidence are web based, the SCIE and the Research in Practice Evidence Bank being two examples, lack of access to the internet clearly diminishes the potential for optimum use of these resources. Responses to consultation on the Department of Health *Quality Strategy* (Department of Health 2000) identified lack of resources as a key factor that inhibited the wider use of electronic information, and it can be speculated that the extreme variation in the ability of agencies to invest in information technology may have influenced managers' experience of the value of web-based resources and therefore their views on the issue.

All of those surveyed agreed that evidence should be presented in an understandable and usable format, with information flowing up as well as down through an organization. Eighty per cent of respondents supported a view that good library facilities were essential to support an evidence-based culture and that librarian or research support staff were essential to enable staff to find relevant research evidence and, crucially, to make sense of it. Some agencies, however, maintain central libraries from which many staff are geographically remote, some do not employ staff in librarian or research roles, and a small minority of agencies no longer maintain a social care library at all. Little thought appears to have been given to the *process* of accessing and understanding evidence. The findings suggest some tension between the desire to have evidence free flowing and widely available in agencies and continued uncertainty about how to develop the mechanisms to enable this to occur. Although some agencies offer comprehensive library facilities and some maintain research sections to collate and critically appraise research, and facilitate its dissemination, these remain in the minority. Unfortunately the rhetoric of evidence-based planning, decision-making and practice is frequently not underpinned by a managed dissemination process.

The overt and explicit use of evidence

The explicit use of evidence in documentation was an issue that was hotly debated throughout the project. The study findings presented a view that all policy and strategic planning documents, as well as social services departmental training materials, *should* be explicitly referenced to evidence. The methods for ensuring that this occurred, however, remained unclear, with those consulted considering it unnecessary to have in place any mechanism that would mon-

itor or filter out reports or materials that were not so referenced:

'It may be that over time reports that are not evidence based should be or will be rejected as invalid but this is probably not an ideal starting point.'

Opinion varied with regard to referencing a wider range of documents, for example individual childcare plans (54% agree, 18% disagree, 28% unsure), case reviews (49% agree, 23% disagree, 28% unsure) and court reports (72% agree, 8% disagree, 20% unsure).

'It is very difficult to use research on a very individual basis; to be confident about the use of research needs a good deal of time and energy to ensure that individual research projects are not given too much weight.'

The aim of the government is for social care practitioners to be 'research minded' and to develop the skills to evaluate, monitor and collect evidence of outcomes and effectiveness:

It is important that professionally qualified social workers base their practice on the best evidence of what works for clients and are responsive to new ideas from research. (Department of Health 1998, 5.32)

Social care agencies and their most senior managers claim to agree and to aim for social work practitioners and teams to practise in an evidence-based way. However, those consulted during this study expressed a view that the overt and explicit use of evidence might be appropriate only at the level of strategy and policy rather than in decision-making related to individual cases and team action planning. Uncertainty on this issue appears to arise both out of lack of confidence in the ability of practitioners and teams to work with evidence as part of a structured and managed process, and out of a genuine reluctance to require more of overstretched staff.

Responsibility and accountability

There was a high level of agreement (90%) that responsibility and accountability for evidence-based practice should be devolved down through an agency but with a crucial role identified for the directorate to 'lead from the front'. There was equally strong agreement that accessing evidence and taking time to reflect upon its relevance should be an integral part of everyone's job and that staff needed time away from their normal work commitments in order to read and reflect. But managers were mindful of competing pressures:

'Staff do need time to read and reflect; however, this is not currently possible given the high level of vacancies nationally and the reduction of people entering the profession.'

It was also agreed that evidence-based practice should be co-ordinated by a strategy group with the responsibility of supporting the continual implementation of evidence into practice throughout the organization. Clarification of how research evidence should be disseminated, implemented and adopted would be a key task of such a group. Earlier in the study it had been suggested that the membership of such a strategy group should carry authority and reflect the complexity of the implementation process, and 76% of respondents supported this possible approach. It was felt that managers required access to additional training in order to develop the skills necessary to promote evidence-based practice and to act as role models in this respect for their staff. Both managers and practitioners should expect to be asked for, and to ask for, the evidence that supports decision-making, but there was again uncertainty about where and how this should occur:

'Managers should role model good practice, as should staff vis a vis clients, but it is an ongoing development issue which needs to be supported by a learning culture.'

It had been suggested that supervision could provide valuable opportunities for the development of evidence-based practice. Although all agreed that agencies should have a supervision strategy aimed at improving the effectiveness of supervision generally, 22.5% of those who responded to the questionnaire were uncertain if such a strategy should expressly identify the expectation that research evidence be shared in supervision.

Teams

None of the staff consulted in Stages I and II of the study identified social care teams as key to the development of evidence-based practice in organizations. Since the literature searched in preparation for the study suggested the central importance of teams both as potential catalysts for change in organizations and as vehicles for the development and support of practice learning (Argyris & Schön 1978; West 1996; Firth-Cozens 1998), the project group sought to explore this apparent anomaly. Senior managers were therefore asked additionally to consider this issue in the questionnaire. Responses suggested that managers did recognize that social care teams can play an important part in driving change forward:

'Teams can be a catalyst for change given appropriate leadership and direction: equally, if poorly led they can be reactive and resistant to change.'

'Teams are an excellent conduit for the assimilation of evidence-based practice; individuals within an organization cannot make sufficient difference (except of course to individual children).'

It was agreed that teams should have open access to feedback on their performance and that teams should develop action plans to guide their use of evidence. Eighty-two per cent of respondents agreed that team meetings provided a valuable forum for the discussion of evidence, although 23% were unsure if teams should review individual cases together in the light of evidence:

'Teams are a good forum for reviewing cases – in principle – but they also have a million other things to do so there could be limited opportunities.'

Research suggests that one of the essential elements of effective teamwork is for teams to be involved with setting their own performance standards and objectives (Hayes 1997; West 1996). Sixty-six per cent of managers agreed in principle to this, although 18% disagreed and a further 16% were unsure.

'Team objectives should be specific and local but within an overall organizational framework for standards.'

Additional comments offered on this subject suggested that managers were concerned about devolving responsibility to teams, citing the difficulty this might cause the organization as a whole in maintaining overall control. It is possible that management reluctance to lose 'control' inhibits innovative thinking in organizations about how to harness the potential of social care teams in the most effective way. Findings from this study offered little to explain why managers did not independently identify teams as key to the development of evidence-based practice, but a concurrent Research in Practice collaborative project involving teams from nine partner agencies has been exploring the nature of evidence-based practice in teams and the organizational supports essential to promote it.

Systems for monitoring and evaluation

An issue that remained one of the most debated throughout the study was that of the most suitable mechanism for auditing and monitoring the development of evidence-based practice. There was most support for the proposal that evidence-based practice should be monitored through existing audit mecha-

nisms (61% agree, 6% disagree, 33% unsure), but 27% of respondents did suggest that a separate mechanism might be more effective, at least in the initial stages of development:

'Doubtful if current processes are sufficient and robust enough to undertake this type of monitoring.'

The *Quality Protects* framework (a government initiative to direct more funds into child and family services and to monitor their effectiveness) was identified as one audit mechanism that might assist in monitoring the use of evidence, although it was noted that 24% of respondents were uncertain if national frameworks generally were helping to change services in a way that is evidence based.

Barriers to the development of evidence-based practice

Only two barriers to the development of an evidence-based culture in work with children and families were agreed upon during the study. Most respondents supported a view that the existence of 'blame cultures' prevented both practitioners and planners being experimental when applying research to practice. The fear of 'getting it wrong' encouraged agencies and staff to remain within the boundaries of existing practice and assumption – regardless of the potential for perpetuating ineffective practice. New ways of working can appear particularly vulnerable in a social care environment that demands certainty.

It was also agreed that there existed a limited approach to continual professional development in social care. Staff development departments were not thought to take as active a role in promoting evidence-based practice as they might, and it was suggested that this could inhibit the development of an evidence-based culture. Few of those surveyed recognized their staff development or training departments as demonstrating an evidence-based approach to training offered or commissioned. Personnel in these functions rarely appeared to actively contribute to initiatives promoting evidence-based practice. Managers, however, did not support the view that social workers generally lack the skills to use research evidence effectively, and there was a mixed response to the suggestion that social workers were resistant towards evaluation of their work (26% agree, 44% disagree, 30% unsure). There appeared to be a reluctance to identify either organizational structures or practitioners as responsible for blocking progress towards an evidence-based culture.

CONCLUSION

From their work in the health sector, Kitson *et al.* (1998) suggest that the successful integration of evidence into practice requires sustained attention to the nature of evidence, the organizational context and the facilitation process. The findings of this study suggest considerable uncertainty at all three levels amongst those surveyed, and a number of fundamental difficulties therefore face social care agencies if they are to develop an evidence-based approach to decision-making, policy and practice. The children and family services managers and quality, planning and research staff who took part in the study endorsed *in principle* that an evidence-based approach was both desirable and necessary to improve the quality and consistency of services for children and families. In practice, however, they confirmed that there was no clear, commonly held view of what constitutes the nature of evidence in social care and consequently little consensus about how such evidence can be put to best use. Those surveyed agreed upon only two potential barriers to the development of evidence-based practice, from a wide range suggested, and they were uncertain about the mechanisms that must be put in place in order to overcome resistance, to promote and sustain an evidence-based practice culture.

Access to research and locally collected data is essential to inform and guide both practice and policy. Nationally, the focus of research dissemination networks has been the development of web-based facilities and resources, yet investment in information technology varies significantly. Not all managers agreed that practitioners and teams should have access to the internet at work. The senior social care managers surveyed supported the need for good library resources backed up by research or library support mechanisms to underpin evidence-based practice, but it is recognized that many agencies do not have these facilities. It remains difficult therefore to envisage how all practitioners and teams can be enabled to practice in an evidence-based way without mechanisms in place that support both access to evidence and an understanding of its relevance to practice. In some locations key front-line staff may be effectively excluded from actively promoting continuous improvement based on quality research findings. If accurate information, presented in a usable format, is to flow freely throughout an organization then the process must be strategically managed and monitored. Although managers endorsed this view, they had significantly divided opinion about how to co-ordinate this core function. It can be speculated that uncertainty regarding the nature of evidence in social care significantly influences the lack of strategic direction in agencies for managing the dissemination, implementation and adoption process. The project group took the view, based on these findings, that national direction was urgently needed to guide and to stimulate social care organizations to address this issue.

The findings suggest a view that research evidence should primarily inform service design and strategic direction, with practitioners and teams guided by cascaded policy and service standards. Although clearly research evidence *should* underpin planning and strategy both locally and nationally, social care provision *is* the experience of service users and it is the systematic and conscientious collection of quality data about service user experience that informs what is effective (Thomlinson 1984; Marsh & Fisher 1992; Department of Health, Research in Practice and Making Research Count 2000). Practitioners and teams on the front line of service delivery are pivotal agents in both generating evidence and working innovatively with it. Evidence-based practice, as defined by the pragmatic definition suggested above by Research in Practice, is significantly more than a focus on the dissemination of research messages. It is a process that requires staff at all levels of social care to ask searching questions about their practice and service outcomes. The answers to these questions must be informed by national research findings and locally collected data on need and effective outcomes, and must integrally involve the views and experiences of all stakeholders in the process. A range of multifaceted interventions is required if an evidence-based culture in social care is to be developed which is both inclusive and participative.

Organizations can learn, adapt and develop only if the individuals within them also see the need to do so and learn new skills (Garratt 1990). This was supported by those consulted throughout the study who strongly endorsed a view that staff development is required to enable staff at all levels, but particularly managers, to learn the skills necessary to role model effective evidence-based practice in their agencies. It was recognized that all staff are responsible and accountable for developing evidence-based practice but that it is important for the directorate to 'lead from the front'. The development of the essential strategic vision and direction of an organization that is capable of sustaining evidence-based practice should be inclusive, but it is emphasized that the most senior

managers in any organization have the greatest influence, with teams as catalysts for driving change and continuous improvement.

Further collaborative work is continuing to explore these issues further within the Research in Practice partnership, with the aim of producing materials to guide the development of evidence-based practice in teams and to encourage essential organizational support for evidence-based practice in social care. There is clearly much work still to be done. Social care organizations and their professional staff membership have a long way to go before the goal of truly evidence-based services for children and families can be developed and sustained.

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