Exploring the Relationships Between Evidence and Innovation in the Context of Scotland's Social Services

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Executive Summary

This report uses theoretical, empirical and practice literatures and case studies to reflect on the links between evidence and innovation in the context of Scotland's social services. It bridges two of the core work streams at The Institute for Research and Innovation in Social Services (IRISS); evidence-informed practice and innovation and improvement. The first section of this report provides the necessary context, with a consideration of the challenges facing Scotland's social services, and the reform agendas that have been ventured in response to these. The second and third sections deal separately with evidence and innovation, providing an overview of the core debates surrounding their definition and conceptualisation. Section four reflects on the different relationships between evidence and innovation, and the implications of these for practice. This is done through the theoretical and empirical literature in the first instance, and is follow by a detailed exploration of two practice case studies.

Summary of Key Findings:

1. Evidence and innovation are potentially complementary or antagonistic reform agendas depending on how these words are defined, conceptualised and mobilised.

2. How evidence and innovation are defined, conceptualised and mobilised can have important implications for practice, particularly in relation to issues of implementation, risk and scale.

3. It is likely that the meanings of, and relationships between, evidence and innovation varies and evolves during the process of implementing a new policy, and in the process of everyday practice.

4. What counts as good or useful evidence is likely to be highly contextual, varying according to the immediate requirements of those involved at different stages of the innovation process. This means that quite different types of evidence may become useful and different points during the implementation process.

5. The case studies reviewed here emphasise the view of evidence as an integrating vehicle for disparate types of knowledge and expertise. This includes theoretical and empirical research, practitioner wisdom and views, and the views and ideas of those who use services. In particular, the latter has been vital in the case studies reviewed, where the innovations in question have aligned with the Scottish Government's emphasis on service-user autonomy, personalisation and prevention. They accord with the view that "user-led" and "open" innovation processes "can develop better products and services at less cost than traditional, closed innovation processes" (Bunt and Harris, 2009, p. 4).

6. We need individuals and organisations to document innovation processes in an honest, detailed way. Not only would this be of benefit to future projects on evidence and innovation, but it would also be extremely valuable to other individuals and organisations who are attempting their own innovations.

To contribute to discussion about some of the issues raised here please visit the innovate blog, http://bit.ly/18npVXZ.

Section One: Context and Background

Introduction

This section outlines the context for the remainder of the report. It begins with a review of the perceived challenges facing Scotland's social services, before discussing the dominant reform agendas that have been put forward in response to these challenges. It highlights the core aims of social service policy and practice in Scotland and outlines the overall structure for the report.

1:1 Reforming Scottish Social Services

The Scottish Government has presented the need to reform social services in three pivotal policy documents: *Changing Lives* (The Scottish Executive, 2006), *The Commission on the Future Delivery of Public Services* (The Christie Report, 2011), and the Government's response to this in *Renewing Scotland's Public Services* (The Scottish Government, 2011). This agenda is presented as a response to a number of perceived changes and challenges (Cottam & Leadbeater, 2004), which mean that the current social service provision in Scotland is deemed to be inadequate and unsustainable. The first of these is demographic changes, which mean more people require care and support, and yet there are fewer taxpayers to fund this increased demand (The Scottish Government, 2011 p. 2; The Christie Report, 2011, p. viii). The second is the consequences of the financial crisis, which again have increased demand for services, as society's most vulnerable feel the impact of austerity, at the same time budgetary cuts have decreased available resources (The Christie Report, 2011, p. viii). A third problem is that service users and the public now have higher expectations of social services, from which they seek "high quality, accessible, responsive and personalised" services (The Scottish Executive, 2006, p. 2; Simmons & Brenna, 2013, p. 5). This implies that social services are not currently meeting public expectations consistently and throughout the system. These requirements can be linked to shifts in political ideology, towards the neo-liberal idea that "citizens as consumers are entitled to monitor and demand certain minimum standards of performance" from publically funded organisations (Munro, 2004; Small, Cooney & O'Connor, 2009). The fourth challenge is that the current system is perceived to be bureaucratic and slow to change, presenting the need to instigate reforms that make it responsive and capable of continual and sustainable change and improvement (The Scottish Executive, 2006, p. 2). Finally, there is concern that best use is not being made of the skills of practitioners (The Scottish Executive, 2006, p. 10), and that there is insufficient use of collaborative working strategies, which is reducing efficiency across the system.

These criticisms are articulated within the wider context of the national outcomes and priorities of the Scottish Government (The Scottish Government, 2013). There are aspects of this national agenda that present a strong social justice imperative. These include the need to tackle significant inequalities in Scottish society, the need to improve the life chances of children, young people and families at risk, and the need to promote a strong, fair and inclusive national identity (The

Scottish Government, 2013). This is relevant to social service practice, with its core professional values and aims of inclusiveness and meeting the whole needs of individuals and families (The Scottish Executive, 2006, p. 3). These values and aims were "reinvigorate[d]" in *Changing Lives*, where they were listed as:

1) Respecting the right to self determination
2) Promoting Participation
3) Taking a whole-person approach
4) Understanding each individual in the context of family and community
5) Identifying and building on strengths

                                                            (The Scottish Executive, 2006, p. 11).

These priorities and aspirations should be understood alongside the claims made in The Christie Report (2011) that, since devolution, inequalities have remained unchanged or become more pronounced in Scotland (p. viii). They should also be understood in relation to the "growing mismatch" between social service professional values and the experiences of people who use services (The Scottish Executive, 2006, p. 8). This presents the context for reform, and explains some of the urgency that has been present in Government rhetoric.

1:2 What areas require reform in Scotland's social services?
In the face of these challenges and aspirations, an overarching discourse of 'change' is presented. Indeed, the need for social services to change is treated as an unquestionable truth. Both innovation and evidence are expected to play a crucial role in this change. Innovation is implicated because the changes which are sought are radical and transformational, rather than incremental and moderate (The Scottish Executive, 2006, p. 12; The Christie Report, 2011, p. 44). This is justified on the grounds that the challenges facing social services are unprecedented. This is accompanied by the realisation that there are not the resources to continue to do things if they are not effective. This agenda aligns with the wider national and international drive to innovate in the public sector (Brown, 2010, p. 1212). Evidence is implicated because these changes need to be underpinned by the best available evidence (The Scottish Government, 2009; The Christie Report, 2011).

Alongside evidence and innovation, five other solutions have been presented. First, that social services move away from a reactive approach which focuses on consequences, towards a proactive approach which prioritises prevention and seeks to address the complex causes which underpin service users' needs (The Scottish Executive, 2006, p. 11; Christie Report, 2011, p. 54). Second, that more partnerships and collaborative activity should be used by public service organisations in the design and delivery of an integrated, effective and efficient provision for their local area. This collaborative working should include social services, public services and other stakeholders including the third and private sectors (The Scottish executive, 2006, p. 8; Christie Report, 2011, p. 42). To this end, the Scottish government passed the Public Bodies Joint Working Bill on 28th May 2013, requiring health boards and local authorities to work more closely in the provision of care in communities. Third, that social services will be improved through a greater emphasis on empowering users and on ensuring that services are tailored to their

needs (The Scottish executive, 2006, p. 8; The Christie Report, 2011, p. 26). Forth, that the capacity for sustainable change and innovation is improved across the social services, which includes technological advances, visionary leadership and building the capacity of the workforce through continuous learning (The Scottish Executive, 2006, p. 9; SSSC & IRISS, 2008). Finally, that these improvements, and social services as a whole, are overseen by tighter accountability and more rigorous regulatory regimes (The Scottish Government, 2011).

1:3 The remainder of this report
In order to understand the relationships between evidence and innovation we must first begin at the level of language. The definitions, conceptualisations, and application of these terms will have implications for the relationships between them. Section two and section three consider each term separately, before bringing them together in section four to reflect on the implications for their relationship with one another.

Section 2: Defining and Conceptualising Evidence

2:1 Evidence-Based Approaches and Scottish Social Services
In relation to social service reform, evidence has most commonly been referred to in the context of discussions concerning evidence-based approaches to policy and practice. Such approaches have been borrowed from medicine where they have existed for centuries, although they have only been explicitly labelled 'evidence-based' since the early 1990s (Claridge & Fabian, 2005). This approach to the delivery of services can be defined as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individuals" (Sackett, et al, 1996). There is an affinity between this view of evidence and the Oxford English Dictionary definition of the word: "To attest, prove. To support one's testimony. To make evident, demonstrate".

It was in the 1990s that there began to be an increasing recognition of the need for evidence to play a greater role in informing policy and practice in a social service context (Amara, Ouimet & Landry, 2004, p. 75-6). In 1997 New Labour came to power with the mantra "what counts is what works" (The Labour Party, 1997). In 1999 The Campbell Collection was launched. Inspired by The Cochrane model, it aimed to prepare, maintain and disseminate high-quality systematic reviews of research on social interventions for an international audience (Sanderson, 2002, p. 4; Johnson & Austin, 2005, p. 3). From 2000-2004 The ESRC had a Centre for Evidence-Based Policy, which published relevant reports on the area, including work by important academics in the field such as Sandra Nutley and Ray Pawson. The 2013 launch of the What Works Centres illustrates a continued emphasis on evidence-based approaches to public and social service reform in the UK (HM Government, 2013a&b). The aim of these centres is to "ensure that rigorous, high quality, independently assessed research shapes decision making at every level" (HM Government, 2013a, p. I; What Works Scotland, 2013). In the Scottish context in particular, the introduction of a National Performance Framework and Single Outcome Agreements (SOAs) has placed greater local and national emphasis on the availability and use of evidence (Noble, 2010; North Lanarkshire, 2013; Dumfries and Galloway, 2013).

But why has there been such an enduring belief in the ability of evidence-based approaches to improve social services? This agenda has been driven by the perception that there are particular challenges facing the social service sector across the UK. These include increased demand for services, reduced budgets, and stubborn patterns of poverty and inequality. This context has led to the view that we require evidence to ensure that "scarce funds are allocated in more cost-effective ways (The Scottish Government, 2011; Noble, 2010, p. 7; Nutley, Powell & Davies, 2012, p. 3; HM Government, 2013, p. i). Thus evidence-based approaches are underpinned by a desire for the greater efficiency and effectiveness of social services, which will save money and improve the level of care they are able to provide. This also accords with the move towards greater and more transparent accountability in the spending of public money, which has been a powerful public sector reform discourse since the 1980s (Sanderson, 2002, p.3; Munro, 2004). There

is an increased emphasis on evidencing decisions and documenting outcomes, to enable greater scrutiny of social service practice and expenditure (Johnson and Austin, 2005). This has led to the view that policy and commissioning decisions, as well as everyday social service practice, should be based-on, or informed and enriched by, the 'best' available evidence (Sharp, 2005, p. 2, Andrews, 2013).

In the face of these considerable and enduring challenges and complexities, evidence-based approaches are also favoured for their apparent rationality. As Oliver Letwin, Conservative Party MP, said of evidence-based policy and practice at the 2013 launch of the What Works Centres:

once you've decided that you're trying to achieve something…it does make abundant sense to try and find out whether the thing you are doing to achieve it has actually shown that it is capable of achieving it, and then to adjust it or remove it if it hasn't, and reinforce it if it has…this is blindingly obvious stuff and I just feel ashamed, on behalf of not just our country but actually every country in the world almost, that this is regarded as revolutionary. It ought to be regarded as entirely commonplace (HM Government, 2013a&b).

Here evidence is depicted as a technical, rational, problem-solving tool, rather than as an exploratory process that also considers what it is we are trying to achieve. The What Works Centres approach is underpinned by the idea that "reliable knowledge provides a sound basis for effective action" (Sanderson, 2002. P. 3; HM Government 2013a&b).

2:2 Barriers to Evidence-based Policy and Practice
However, evidence-based approaches have faced, and continue to face, barriers. There is wide recognition of the complex reality of both evidence-based policy and evidence-based practice, and of the difficult nature of using evidence to secure significant change in public and social services (Nutley, Walter & Davies, 2003; Sharp, 2005). There is debate about why this is the case. Several explanations have been proffered to explain the underuse of evidence by practitioners:

1. Resources: Practitioners do not have the necessary resources to try new things out in their practice. This includes having insufficient time to read and engage with evidence, and to put it into practice (IRISS, 2010).
2. Attitudes: Some practitioners, managers and policy-makers have a negative attitude towards evidence and do not see its value (Stevens, 2012). In part, this may be caused by evidence saturation; practitioners are bombarded with ideas, initiatives and evidence, and have had to contend with many changing 'trends' over the years. This may increase their scepticism over the lasting relevance of evidence, and their unwillingness to change their practice to respond to the latest evidence.
3. Training: Practitioners do not have the appropriate skills to be able to understand and use evidence, to be able to undertake their own research, and to have the confidence to believe that the work they do could contribute to the evidence base (Stevens, 2012).

4. Inadequate Research and Access to Research: There is a lack of quality research, which is accessible and relevant (HM Government, 2013a). The existence of conflicting evidence bases may also be problematic in this context (Nutley et al, 2012, p. 6). Part of the problem here may be caused by the difference in culture between academic research and practice contexts (Shonkoff, 2000).
5. Competing Demands: Knowledge is not the only thing that impacts on practice. This can also be affected by competing policy demands, cultures of practice, values and so forth (Nutley et al, 2002, p. 132).

There may be different key barriers to the effective use of evidence in the policy arena and practice arena, since these constitute "related but separate cultures" (Shonkoff, 2000, p. 181; Nutley et al, 2012). For instance, the influence of political ideology may be more of a hurdle in the policy arena, although it may also be of varying importance in different practice contexts.

2:3 How is Evidence used?

'Evidence' is a contested term. It is defined and used differently in various discursive and practice domains (Puttick, 2011). In the context of evidence-based approaches, this also becomes partly a question of what counts as high quality evidence for the informing of social policies and services. This too is contested (Nutley et al, 2012, p. 3). The following section provides an overview of some of the existing definitions and debates in this area.

2:3:1 An Instrumental view of Evidence Use

In evidence-based approaches, evidence is sometimes viewed in an instrumental way. This is where evidence is seen as the product of research and as a means to an end. It is a piece of knowledge or information that is of direct practical use, telling us whether or not a policy or practice is capable of achieving a particular outcome (Amara et al, 2004, p. 76). This is the view of evidence which appears to underpin the 'What Works' agenda, viewed most recently in the discourse of the What Works Centres (Cabinet Office and HM Treasury, 2013). There are also parallels with two of the categories of research utilisation Weiss identified in her influential 1979 paper *The Many Meanings of Research Utilization.* In Weiss' Knowledge-driven Model and Problem-solving Model (p. 427-8) evidence is the "fruits" of research, and from this "new policies emerge" (Weiss, 1979, p. 426). These approaches are also characterised by the view that the very existence of evidence is enough to ensure that it has an impact on policy and practice.

The appeal of this view of evidence is its apparent simplicity, rationality and pragmatism. It implies that evidence is a bounded and useful entity, which can be directly used to guide decision-making. Arguably, this fits with the move to create more accountable, transparent and rigorous public and social services throughout the UK (Munro, 2004; The Scottish Government, 2011). Evidence-based approaches may be popular with governments and policy-makers because they have the aura of a 'science'; decisions are presented as grounded, logical and traceable, rather than as ambiguous or ideological.

In the context of social work, evidence-based approaches underpinned by this instrumental view of evidence can be linked to the endeavour to make social work more defensible (Forrester, 2010). Forrester (2010) argues that, in the context of high profile cases of child abuse, social work needs to be able "to articulate and defend a convincing vision of what it does and the contribution that it makes". The implication here is that what would be required is a commitment to using those methods and practices that have been proven to be most effective, and that this would turn social work into a more rigorous profession, which is less likely to be the target of criticism when something goes wrong.

However, Otto and Ziegler (2008) are concerned that this commitment to using 'proven' methods may, if taken to its logical conclusion, encourage the standardisation of social work practice. This is because:

to replicate programs that have been evaluated as effective, they must not be altered and adopted to different conditions and situations. On the contrary, the so-called principle of program integrity is critical to ensure the validity of the evidence-based impact estimations (Otto & Ziegler, 2008, p. 276).

In theory this requires a "cook book" approach to social work, where a set practice recipe must be carefully followed to ensure the success of the evaluated policy is matched (*Otto & Ziegler, 2008,* p. 276). This may be problematic given the considerable variation and nuance across social service contexts, not least because an array of different people will be involved in social service practice across different settings.

2:3:2 Other Models of Research Use
Some commentators have argued that the instrumental model provides a rather mechanical view, which does not reflect the reality of how most evidence is used in policy and practice (Weiss, 1979; Sanderson, 2002, p. 5; Amara et al, 2004, p. 77-8; Stevens, 2012). Instead the process through which research influences policy and practice is "more often anarchic and unpredictable than well ordered and predictable", as the instrumental model would suggest (Amara et al, 2004, p. 78). With this in mind other models of research use have been presented with the aim of better explaining the reality of this process.

Weiss' (1979) 'enlightenment' use of research has remained influential, and has been referred to elsewhere as the 'conceptual' use of research (Amara et al, 2004). This refers to the role evidence plays in influencing what is on the policy agenda and how it is framed, conceptualised and discussed. Thus it is;

the concepts and theoretical perspectives that social science research has engendered that permeate the policy-making process... the imagery is that of social science generalizations and orientations percolating through informed publics and coming to shape the way in which people think about social issues (Weiss, 1979, p. 429).

So research and evidence can stimulate ideas and curiosity, which can lead to a reframing of the agenda and new ways of understanding the world, which, in turn, may suggest new ways of "intervening and changing the world" (Nutley et al, 2003, p. 130; Gough, 2013, p. 163). However, Weiss pinpointed the potential problems with research being used in this way, arguing that some of the social science generalisations that gain currency in policy and practice may be "partial, oversimplified, inadequate or wrong" (Weiss, 1979, p. 430). In this model, the process of knowledge transfer can also be slow and unpredictable. Finally, it may lead to a situation where there is a strong evidence-base to justify a variety of positions, which may be uncomfortable for policy-makers and practitioners (Shonkoff, 2000; Puttick, 2011).

The final category of evidence use to be discussed here is ideological or political (Weiss, 1979; Amara et al, 2004, p. 78). This refers to the use of research to support predetermined positions and policies. Nobel (2010) sees political demands and ideologies as playing a critical role in policy-making decisions (p. 3). There may be conflict between this model of evidence use and the conceptual model, which considers the way evidence can be used to challenge and reframe existing policies and agendas, rather than reinforcing them.

Amara et al (2004) conclude that the instrumental, conceptual and ideological models of research-use are taking place side-by-side, with different approaches being consciously and unconsciously used depending on the particular decision-making situation a policy-maker or practitioner is faced with. However, even this broader three-fold schema may be insufficient to explain the "the real-world complexity of [evidence-based practice] implementation" (Nutley et al, 2003, p. 134). Each of these models still assumes a linear relationship, with evidence influencing practice, and positions evidence as something that is external to the practice environment (Nutley et al, 2003, p. 133). Instead, research use is said to be nonlinear and complex, something akin to Weiss' (1979) interactive model where practitioners search for evidence from multiple sources, including their own and colleagues practice wisdom. This process is a "disorderly set of interconnections and back-and-forthness that defies neat diagrams" (Weiss, 1979, p. 428). Another approach would be to argue that "evidence is inextricable intertwined with the actions, interactions and relationships of practice" (Nutley et al, 2003, p. 133). This will be elaborated on in section 2:6.

2:4 What counts as 'good' evidence?
Evidence-based approaches insinuate the existence of a research 'ideal'; that is, a vision of what constitutes 'good' evidence. However, this remains a contested point. For example, there are differences between the view of 'good' evidence that typically underpins the What Works Agenda (Cabinet Office & HM Treasury, 2013), and the views of other organizations and individuals.

The consideration of what constitutes 'good' evidence to aid decision-making by policy-makers and practitioners taps into on-going paradigmatic debates in the social

sciences concerning the value and prestige of different research designs. In the areas of evaluation and efficacy research, experimental and quasi-experimental research designs continue to be favoured (Nutley et al, 2012, p. 7). More specifically the Randomised Controlled Trial (RCT) and systematic reviews of existing experimental studies on a particular intervention are still ventured as the gold standard of evaluation research (Johnson & Austin, 2005; Puttick, 2011; The Social Research Unit at Dartington, 2013).

There are several reasons why this might be the case. First, like the instrumental view of research use, underpinning this prioritisation may be a search for clarity and simplicity (Sanderson, 2002, p. 5). Experimental studies are thought to be more capable of informing us, in a definitive fashion, of the consequences of deliberately varying a treatment (Campbell, 1969; Otto & Ziegler, 2008, p. 275). Shonkoff's (2000) description of the cultures of policy-making and practice emphasises the demand for both domains to seek out clear, unambiguous guidance to inform efficient decision-making. In such conditions, the nuance and contradiction that may arise from qualitative methods may be viewed as unhelpful.

There may also be a sense that, in utilising methods that have an established history and dominance in medical research, the domains of social and public policy can also come to be associated with the image of rigour, validity, objectivity and conclusiveness which are often ascribed to such research. This style of research may better lend itself to the defensibility of policy and practice decisions and provide reassurance which, in a context of high scrutiny and accountability, may be a valued trait. Thus there may be a political dimension to the prioritisation of experimental methods; these methods may be easier to use as 'proof' in order to demonstrate something to the public and to political opponents.

However, the prioritisation of experimental and quasi-experimental methodologies in evaluation and efficacy research is subject to debate. One of the reasons for this is that RCT studies are not always possible or appropriate, particularly where there is a small sample size (Puttick, 2011, p. 2). Alternative approaches to the experimental, quantitative model of how we attain 'good' evidence have been ventured. Perhaps the most important of these opposing paradigms in the context of the current discussion is interpretivism, which would tend to advocate qualitative methods. The starting point for interpretive approaches is methodological dualism; the idea that, since the object of study for the social and natural sciences are distinct, we require different methodological approaches when we study them (Williams, 1998, p. 7; Benton & Craib, 2011 , p. 76). Since the social sciences are concerned with people, institutions and societies they must contend with questions and complexities that are absent from the study of the material world, "not least because human beings are able to think, interpret and reflect" (Bryman, 2008, p. 15). Interpretivists do not believe that value-free research exists, and do not seek to find a covering law which explains and predicts human behaviour. Instead they believe in the existence of multiple truths, and highlight the importance of researchers acknowledging and reflecting on their own influence on the research process (Rubin & Rubin, 2005, p. 21).

Clearly, on the surface, multiple truths and subjectivity may not seem to compliment the need to act decisively and to be able to easily convince others of the integrity of decisions. Yet, what has also been made apparent in the literature is the inability of experimental studies to provide us with all of the information required to effectively inform the implementation of a new policy or practice (Otto & Ziegler, 2008; Nutley et al, 2012; Cartwright, 2013). Experimental studies such as RCTs can be extremely useful at telling us whether or not an intervention works; i.e. achieves the outcomes we have assessed it against. However, this research design may be less adept at answering a host of other questions, which need to be answered if a social service intervention is to be successfully embedded in a range of contexts (Otto & Ziegler, 2008; Cartwright, 2013). For instance, we need to understand *why* this intervention has or has not worked, and to understand in greater detail, *how* it works. We also need to understand *who* the intervention has worked for, when and where? The *who* question enables us to identify which client group(s) the intervention has been used with, and the extent to which their characteristics and needs can be viewed as typical across a range of social work clients. Issues of spatiality and temporality are particularly important if we seek to scale-up an intervention (Nutley et al, 2012, p. 6). Put another way, what we are trying to ascertain is both the causal ingredient – i.e. the thing to which we can attribute the effectiveness of our intervention – and the necessary support factors required for this causal relationship to hold in a given context (Otto & Ziegler, 2008; Cartwright, 2013). These support factors could include organisational culture, the individual attributes of the practitioners involved, the practitioner-client dynamics (Cnaan & Dichter, 2008, p. 281), the availability of the necessary resources and so forth. RTCs alone cannot provide us with all of this information.

Since there is "no such thing as context-free evidence" (Davies, 1999, p. 111, Obeng, 2012) some of the nuance and depth that can be provided by qualitative methods, underpinned by an intepretivist philosophy, is valuable. Arguably, such studies will draw-out complexity and nuance because complexity and nuance is present in the social world. This could link to the personalisation agenda and the increasing recognition of client diversity in social services. Moreover, although the evidence provided by qualitative studies may not always be clear-cut, it is also problematic to implement policies and practices on the basis of oversimplification and generalisation. As Nutley et al (2003) note, "there will always be a trade-off in utility between the extremes of generic knowledge, and local knowledge specific to context" (p. 131). In reality, we need both, and the best results may be found when approaches are combined, perhaps at different points in the evidence-implementation process. Indeed there has been a growing recognition amongst social scientists of the value of mixed-method and interdisciplinary research studies (Blackwell et al, 2009; Puttick, 2011; Nutley et al, 2012; Cartwright, 2013). If applied to evaluation and efficacy work, this approach might begin with large-scale and/or experimental studies in order to find out what works in general, before smaller-scale, quantitative and qualitative studies are used to understand how a policy might be successfully modified to fit a particular context.

2:5 Social Service Contexts: A broader conceptualisation of evidence and its use

Section 2:3 discussed queries concerning the assumed linearity of evidence-based approaches, where the direction of travel is from evidence outputs of research to policy and practice. Section 2:4 focused on some of the debates concerning what constitutes 'good' evidence. This section revisits and develops both issues with specific reference to the context of social service practice.

Research on evidence-based approaches from a practice perspective has tended to depict this process as multifaceted and non-linear, rejecting the straightforward, linear model which has been "conceptually appealing"(Nutley et al, 2003, p. 134). In order to try and understand this gap between conceptual models and reality, Nutley et al (2003) have distinguished between 'research into practice' and 'research *in* practice'. The latter sees the generation of evidence as being intimately involved with professional practice, and begins to question the hierarchy inherent in the former, which "privileges the objective 'facts' of research over the subjective 'knowledge' of practice" (Nutley et al, 2003, p. 133).

Collins and Daly (2011) see evidence more helpfully and realistically conceptualised as an integrating vehicle, which enables practitioners to combine different forms of expertise in order to make judgements (p. 36). This is because in order to make decisions, social workers will draw on, and piece together, a variety of different types of knowledge and evidence (Collins and Daly, 2011). This will include case notes from a range of professionals, their own observations and previous knowledge and experiences, and service user views. The interpretive skills of social workers are therefore paramount in making sense of the complex, multi-faceted and, often, incomplete picture they have of a client or situation (Shonkoff, 2000; Otto & Ziegler, 2008). These are skills that may be more closely aligned with interpretive research traditions, which seek to understand and interpret the actions and meanings of agents, and advocate the existence of multiple truths. This fits with the IRISS definition of practice wisdom:

The set of skills and quality of thinking, gained through experience, that allows practitioners to make sense of the array of evidence available to them, particularly when that evidence is inadequate in some way (Collins and Daly, 2011, p. 37).

Similarly, Moriarty et al (2007) argue that there is a need for policy makers and service managers to "draw on diverse sources of information" to inform their decision making about complex health and social care problems (p. 386). This highlights the value of other sources of evidence, which have nothing to do with academic research. This includes the experiential or practice knowledge of the individual practitioner, and the views of those who use services (NHS Institute for Improvement, 2009). With this in mind, perhaps in the 'real' world of evidence-based practice, evidence will "come from multiple respected sources" (Nutley et al, 2012). This approach to evidence is acquiring increasing recognition. For instance, IRISS advocate a three-pronged approach to evidence, arguing that it includes "research, the views of people supported by services and practice wisdom" (Collins & Daly, 2011, p. 8; IRISS, 2013b). Nutley's (2012) model of evidence 'types' works in

a similar vein, but instead labels the categories as empirical, theoretical and experiential forms of knowledge, rather than explicitly linking certain kinds of knowledge with particular groups of stakeholders (p. 4).

Mixed evidence may be particularly important given the increased emphasis on the autonomy and preferences of those who use services in the Scottish context (Cottam and Leadbeater, 2004; Changing Lives, 2006, p. 8; The Christie Report, 2011, p. 26; Simmons and Brenna, 2013, p. 6). This suggests that service-user views may be increasingly recognised as an important source of evidence to inform the improvement of social service policies and practices (Stevens, 2012; Simmons & Brenna, 2013; NHS Institute for Improvement, 2009). Moreover, perhaps the existence of multiple truths and views in a social service contexts means that multiple methods and evidence sources are required to capture such diversity.

Finally, alongside this multifaceted view of evidence, there is also an implied debate concerning whether evidence is a set outcome, or whether it is an on-going process. The former is present in an instrumental view of evidence and evidence-use; evidence is a definitive piece of knowledge that directly and determinably influences policy and practice decisions. The latter posits evidence as transient, context-based and "in a constant state of becoming" (Nutley et al, 2003, p. 133; Sanderson, 2002; Nutley et al, 2012). The latter view may fit with the idea that policies and practices should be subject to on-going, summative evaluations, as the relevance of policies and practices can shift depending on the contextual shifts that occur over time.

2:6 How is evidence-viewed by practitioners?
Some of the above discussions and debates resurface when we analyse research that considers practitioner views of, and uses of, evidence. Collins and Daly (2011) found that evidence was seen as important and was used to inform decision-making, but that it was often called something other than 'evidence', such as information or knowledge (p. 11). Practitioners saw one of the pivotal roles of research to be the justifications of decisions that had already been taken, rather than as "a primary driver for making a judgement or decision in the first place" (Collins & Daly, 2011, p. 11). This suggests a link between practitioner uses of evidence and the ideological or political models of research use discussed by Weiss (1979) and Amara et al (2004). They found that practitioner wisdom and decision making can often be quite private, and highlighted the need for this to be shared in order to facilitate greater reflection and learning across the system (Collins & Daly, 2011, p. 5). A study of social workers by Jordon et al (2009) depicted them as active makers and users of knowledge, rather than passive recipients (p. 8).

Conclusion
This section has been guided by two questions: How is evidence used to inform social service policy and practice, and what counts as 'good' evidence in this context. I have rehearsed some of the definitions, models and debates that have been ventured in response to these questions, the diversity of which would make it difficult to provide any definitive answers. The diversity presented also raises doubts over the usefulness of a definitive conclusion, even if one could be reached. Perhaps

this variety of views and debates is necessary if we are to encapsulate the variety and complexity of what evidence means and how evidence is used in a social service context. Conclusions that advocate a particular route through this debate would risk oversimplification. Instead, it seems most useful to echo, and broaden, Amara et al's (2004) argument that many different uses and definitions of evidence will be in play across social service contexts at any given time. In part this will be in response to the decision-making contexts being faced, and in part it will reflect other contextual specificities such as the characteristics of those involved and the immediate demands of the situation.

Section Three: Defining and Conceptualising Innovation

There is a general consensus amongst politicians and policy makers that innovation is a way of achieving economic and social development (Van De Ven, 1986, p. 590; Albury, 2005; The Coalition Government, 2010, The Scottish Government, 2011). Indeed it has become a 'go to' concept for those attempting to improve organisations and services, saturating the reform agendas of governments and organisations around the world (Snyder & Duarte, 2003, xiii; Brown, 2010). In the Scottish context in particular, the Government has promoted the importance of radical innovation and transformation, rather than incremental innovation (The Scottish Government, 2011). This is required, they argue, given the unprecedented nature of the challenges facing Scotland's social services (The Scottish Government, 2011; NESTA, 2012). But why has 'innovation' gained such a positive image, and such currency, in government and organisation reform agendas?

3:1 The Popularity of Innovation

Often the demand for innovation is underpinned by the sense that what is required is for organisations to do more with less (Bunt and Harris, 2009). This is certainly the case in the context of Scotland's publically funded services which, increasingly, "will have less money but will be asked to do more in response to seemingly intractable social problems" (Bunt and Harris, 2009, p. 1). Such a climate is felt to demand bold, groundbreaking reforms, otherwise organisations will fail to meet the challenges ahead. Innovation has been presented as a logical solution to these problems; we must do things differently in the future if we are to meet these demands. There is also something exciting about the idea of innovations. Some advocates may get swept along in the appealing idea that a new idea waits to be 'unlocked' and that this idea could simultaneously revolutionise practice, improve outcomes for those who use services, and save money (Bunt and Harris, 2009, p. 3). Innovation may be valued by practitioners where they are exasperated by the shortcomings of current systems (Cottam, 2013).Finally, innovation is a key driver of private sector reform, which may have influenced the push for innovative solutions in the public sector (Bunt & Harris, 2009, p. 15). In the face of this compelling rhetoric of the necessity of innovation in a Scottish social service setting, it is important to pin down what exactly innovation is, to understand how it takes place in Scottish social services, and to consider the implications for practice.

3:2 What is Innovation?

Despite a general consensus regarding the importance of innovation across public and private sector organisations, the word innovation is used and understood in different ways by different commentators. One of the relevant issues concerns the positive, or otherwise, connotations of 'innovation'. The Oxford English Dictionary definition does not characterise innovation as a positive thing. However, through its relationship with its synonyms – inventive, original, ingenious – and its antonyms – habitual, uncreative, unimaginative – innovation is positioned as a positive thing. Such positive connotations are also visible in political rhetoric in the UK context (Van De Ven, 1986; Brown, 2010). With reference to Government usage of the word, perhaps it is natural that, if innovation is being ventured as a key reform agenda, it will be presented in a positive light. However, when innovation has been discussed in other contexts it has not always been depicted as necessarily

positive. For instance Brown (2010) argues that this "positive bias" exists despite a dearth of evidence to support the idea that innovation is always a positive thing, and highlights the important learning that can stem from failed innovations (Brown, 2010, p. 1215; Cottam, 2013). Similarly Mulgan (2007) argues that there are sometimes good reasons why innovative ideas fail (p. 13-15).

Other important definitional debates hinge on the apparent strength or weakness of 'innovation'. Put another way, does innovation refer to something radically different, such as a paradigm shift or transformation, or can it be applied to less radical changes too? The Oxford English Dictionary definition is broad and moderate in terms of how radical a change has to be to count as innovative:

the alteration of what is established by the introduction of new elements or forms…A change made in the nature or fashion of anything; something newly introduced; a novel practice, method, etc.

In contrast, the language of radical, transformational innovation has been adopted by the Scottish government to refer to the sorts of changes they believe are necessary in the country's public and social services (The Scottish Government, 2011; The Christie Report, 2011). Others suggest that incremental and "additive" innovation is more realistic and appropriate in this context (Mulgan, 2013). This may also be conceptualised as the difference between innovations that disrupt and transform practices and environments and those which sustain and add to what is already there (Van De Ven, 1986; Leadbeater, 2010; Mulgan, 2013).

Perhaps one way of understanding this variety is to acknowledge that there may be different types of innovation. A possible unifying point in a public sector context may be that innovation tends to mean that something new to sector, scale or place has been adopted, and that this has added value in some way (Mulgan, 2007, p. 6; IRISS, 2013a). However, beyond this, we may not be able to pin innovation down to a single definition. This has lead some commentators to use a spectrum to illustrate the potential diversity of innovations. This stretches from incremental, denoting a "novelty at the level of products, services and processes", to radical, denoting innovation which "encompasses a wider sphere of activity", to game changing or a paradigm shift, denoting "a profound transformation of the practices, structures, and even the very aims" of the organisation (Szekely & Strebel, 2013, p. 2).

Innovation has been used to refer to new ways of organising things, of communicating, of delivering services, of rewarding staff and so forth (Mulgan, 2007, p. 6). As well as innovative systems and practices, there are also innovative ways of framing and approaching issues (Szekely & Strebel, 2013). The term has been applied to something new within a single site, to cross-site changes, and to whole-system changes. This variety of usage has led Brown (2010) to argue that innovation has become an overused term, which has resulted in a watering down of its true meaning. This means that, sometimes what is being referred to as innovation, would be better categorised as improvement. Innovation should be reserved for those ideas that are transformative, revolutionary and original (Blackwell et al, 2009).

However, others negate the idea that innovation refers to original, transformative ideas that are the product of one person's genius or epiphany (Drucker, 1985; Van De Ven, 1986; Ferguson, 2012). Ferguson (2012) argues that "everything is a remix", that is, all ideas build on what has gone before. He compares innovation to 'evolution' and argues that all creativity stems from a process of copying, transforming and combining what already exists (Gladwell, 2011; Ferguson, 2012). This can be done by anyone, and is not the reserve of a genius or expert.

This debate concerns the difference between an instrumental and an evolutionary or 'process' view of innovation. The former would posit 'an innovation' as a specific identifiable and measurable change or component that has brought about improvements. The latter may see innovation as part of an on-going evolution of ideas that are constantly informing one another and being combined in new ways. In this view, ideas are not neatly defined and demarcated entities. Instead all innovation sits within a wider context of ideas and innovations, which it borrows from, references and influences. Under this view, an innovation could be a "recombination of old ideas, a scheme that challenges the present order, a formula, or a unique approach which is perceived as new by the individuals involved" (Van De Ven, 1986, p. 591-2).

3:3 What are some of the barriers to innovation in the social service sector?
Like evidence-based approaches, innovation suffers from a gap between rhetoric and reality (Snyder & Duarte, 2003, p. xiii). There is considerable evidence attesting to the difficulty of innovation in the public sector, which evidence suggests is a complex, nonlinear process (Mulgan, 2007; Pattoni, 2013). Despite the emphasis on radical innovation as a way of securing necessary reform, the Government has exhibited an awareness of some of the difficulties that may be involved in this task:

 Experience tells us that all institutions and structures resist change, especially radical change (The Christie Report, 2006, p. vi).

Indeed, the process of implementing innovative changes in the public sector can be replete with difficulties. In an introductory guide to implementing change and innovation, the Centre for Effective Services (CES) summarise the barriers to implementation into three groups (Burke, Morries & Mcgarrigle, 2012, p. 12). First they discuss factors that occur in the external environment, which may impede implementation, such as the speed of policy cycles, and changes in popular research, theories and practices. It would also make sense to include budgetary influences here (Naysmith, 2013). Second they discuss resistance to change, with a consideration of the impact that the attitudes of those delivering an innovation can have on its successful implementation, and of how resistance can be mediated. They judge resistance to be more likely in cases where those delivering innovations do not feel they have been properly consulted, if things are perceived to be moving too quickly, and if what they are being asked to do clashes with other parts of their practice or with their professional values. Third, under the heading 'vested interests' the CES report refers to the way that the interests of stakeholders – practitioners,

managers, lobby groups, trade unions and politicians – can be problematic if these are used to steer or interfere with particular innovations.

This is a useful summary of the 'types' of barriers to the implementation of innovations. Others have highlighted practitioners' fear of a loss of professional identity through greater joined up working (Brown, 2010, p. 1218; Naysmith, 2013). This may also be true of the move towards user-driven innovation, as some practitioners may feel resistant to losing control and transferring power to those who use services. This suggests that resistance to change may arise from different perceptions about who is or should be the 'expert' in different situations. The literature also suggests that resistance to change is linked to practitioners' and managers' perceptions of risk in the social service sector, which will be elaborated on in section 3:4.

Finally, due to the considerable barriers that exist when innovating in a social service context, there are examples of individuals and groups who have moved to the fringes of practice in order to innovate. There are a number of examples of this process on the Community Catalysts website. This includes schemes such as Funky Fitness and Fun, a creative way for people with learning disabilities, physical disabilities or mental ill health to shape and enjoy a range of activities to enhance their overall wellbeing. For some this scheme has offered an alternative to standardised local authority services, which were not always able to adapt to their needs and wishes. Having the space away from overreaching systems is felt to have enabled innovation in this case (Mulgan & Leadbeater, 2013).

3:4 What are some of the potential risks with innovation in the social service sector?

Risk is ever-present in the drive to innovate, and can be managed but never eliminated (Brown, 2010, p. 1216). Brown (2010) argues that social services face a particular set of risks and challenges when it comes to innovation and experimentation (p. 1216). Not only do individuals and organisations have a lack of incentives to innovate, they also face potential disincentives (Mulgan, 2007, p. 4; Cottam, 2013, p. 26-7). Perhaps most pertinent here is the risk to their clients and themselves in the wake of a failed innovation. There is a "lower tolerance of risk where people's lives are involved" (Mulgan, 2007, p. 14). This is particularly problematic if we consider the vulnerability of social services users. We must also situate this discussion of risk within the wider context of audit and 'blame' in the public and social services, which has led to a situation where "social workers can be publicly named, shamed and sacked when mistakes are made" (Brown, 2010, p. 1216; Munro, 2004). This means that the risk of getting something wrong can be high-stakes for practitioners as well as their clients. Risk may also be particularly problematic in a social service context because of the scarcity, and decreasing nature of, resources. Although Government rhetoric promotes innovation, this is not always supported by increased expenditure on Research and Development (Brown, 2010, p. 1217). This can lead social service practitioners to be predisposed to incremental change, which may mean relying on iterative design-based processes as a means of managing change through the continual testing of ideas and subsequent

revision of programmes and practices (NHS, 2009; Tan & Szebeok, 2009; Cottam, 2013). Supporting people to be more involved in the design of the services and support they receive is also a way of shifting the focus from practitioners producing services to them investing their time in co-design and co-production. Co-designing and producing innovations may be a way of sharing some of the risks and responsibilities for outcomes between policy-makers, practitioners and service-users (IRISS, 2012).

3:5 What conditions are required for innovation to take place in the social service sector?
There is a considerable literature on the process of implementing innovations, and the conditions that are required for this to be a successful process. These are usefully condensed in an Introductory Guide to Implementation by the Centre for Effective Services (p. 10-11). These have been combined with the lessons that have been communicated through a number of innovation case studies to create a more comprehensive list (Tan & Szebeko, 2009; Brown, 2010; IRISS, 2011a; Cottam, 2013). These texts suggest that innovation is more likely to be effective if the following conditions are in place, although to some extent the conditions required for innovation will also depend on how we are defining this.

1. Relevant stakeholders are well informed about the innovation process throughout, are clear about why it is being done and the main benefits, and are consulted and encouraged to offer their ideas and opinions.
2. People are championing the innovation throughout the organisation, and beyond it too, perhaps including relevant voluntary bodies or pressure groups.
3. The innovation process is underpinned by a clear plan, and has a strong and competent leader and implementation team overseeing it.
4. The necessary funding, staff, technological and other resources are in place.
5. The relevant stakeholders have been provided with appropriate training, and on-going assistance is available.
6. The necessary systems and structures are in place within the organisation, including monitoring systems.
7. On-going monitoring and evaluation of the innovation (and any pilots) feed back into the design and implementation plan. This is essential in order to understand if the innovation is having the desired effect, and to identify any risks or perverse outcomes.
8. An organisational culture and value-base that is in tune with the innovation being implemented. This culture would need to encourage well-informed risk-taking and experimentation.
9. Effective and appropriate accountability mechanisms.
10. Someone in the organisation with a responsibility for interpreting, synthesising and dispersing evidence that is relevant to the innovation process.
11. Coordination between the relevant stakeholders and organisations involved to create effective partnerships. This should include service users.

12. A realistic time frame.

Conclusion

Like evidence-based approaches, innovation is the subject of contention. Various definitions and models have been ventured to explain what innovation is and how it takes place in a social service context. Once again, it is not necessarily helpful to try to pinpoint a single definition and explanation of innovation. Instead, this diversity will be central to the discussion in section four.

Section Four: Exploring the Links Between Evidence and Innovation

Introduction

Sections one, two and three show that both evidence-based approaches and innovation have been separately, but simultaneously, ventured as ways of improving

Scottish social services. To some extent they are both reform agendas that are concerned with value for money; they are presented as viable ways of getting 'more for less' (Nutley et al, 2012, p. 2). As such they have been paid considerable attention by policy-makers and politicians. Yet, even though they share a space with one another, and with other reform agendas, they have rarely been discussed side-by-side. The following exploration of their relationship is based on one possible synthesis and interpretation of the literature and relevant case studies. In the first half of this discussion some of the relationships between evidence and innovation are explored using different definitions and conceptualisations from sections two and three. The other half provides a detailed discussion of two case studies, reflecting on what can be learnt from practice examples regarding evidence, innovation and the relationships between them. Following this section, a conclusion reflects on the key lessons from this report and future work in this area.

4:1 Theoretical and Empirical Literature: The relationships between evidence and innovation

Table one summarises the models and definitions of evidence and innovation that have been discussed so far. These models are ideal types and should not be considered as exhaustive or as necessarily depicting the reality or entirety of evidence-use and innovation. These models could combine in a variety of ways, resulting in quite different relationships between evidence and innovation and consequences for practice. The key argument here is that there are ways in which evidence and innovation can be mutually supportive and potentially antagonistic reform agendas, depending on how they are defined and mobilised in theory, policy and practice.

In the interests of exploring these relationships, three combinations have been selected for a more detailed discussion. These combinations have been selected because of their prominence in the literature, or because they illustrate some of the foremost issues concerning evidence and innovation in a Scottish social service context. In order to understand the relationships between evidence and innovation we must analyse them within this wider context, taking account of other pertinent reform agendas such as prevention, collaborative working, service-user empowerment, efficiency and accountability. In the following discussions there are reflections on the impact of these other reform agendas, and the wider context of social service reform in Scotland on thinking about evidence and innovation. This discussion also draws on debates concerning what counts as 'good' evidence, which were discussed in section two.

Table One

	Definition/	Description

	Model	
Evidence	Instrumental	Positions evidence as the outcome of research, which directly informs policy or practice decisions.
	Enlightening/ Conceptual	Evidence is a catalyst for ideas, curiosity and the reframing of problems and agendas.
	Political/ Ideological	Evidence is used to support pre-determined positions or policies, rather than to guide decision making.
	Evidence as a process	Viewing evidence as partial, context-based and in a constant state of becoming. This encourages on-going, summative evaluations of policies and practices
	Gold-Standard of Evidence	Evidence from randomised and experimental studies is seen as the most useful. It provides us with definitive answers to the question of 'what works'.
	Mixed Forms of evidence	The mixing of different types of evidence, including evidence from different 'experts' (academics, practitioners, service-users) and evidence which stems from different methodological approaches.
Innovation	Radical	Transformational, systematic change. A breakthrough.
	Moderate	The introduction of something new to sector, scale or place.
	Innovation as a process/ incremental	All innovations are part of an evolutionary process; copy, transform, combine.
	Solely a positive thing	Innovation only refers to changes that have been implemented and have had a positive impact.

4:1:1 Approach One: Evidence as instrumental and innovation as radical
This is the first combination to be discussed because this is the one that has the most prominence in government rhetoric and in the literature of key organisations like the What Works Centres. An instrumental view suggests that evidence is an output: a

distinguishable product of research. This is expected to assist the Scottish Government's demand for more rigorous and tighter accountability across public services (The Scottish Government, 2011), and make social work better able to articulate what it does and why, improving the defensibility of decisions and of the profession at large. Radical innovation is required in order to meet the impending challenges facing Scotland's social services (The Scottish Government, 2013). In this definition, innovation also becomes an output; it is the embedded new policy or practice that alters and improves social services. Viewed in this way, we may see one of the most obvious links between evidence and innovation. This is where evidence is used to inform decisions regarding if and how an innovation should be implemented. Alternatively, radical innovation could suggest that changes are not based on evidence, rather this process is about moving into uncharted territory.

In theory this pairing could lead to tensions between evidence and innovation. Three points need to be made here. First, there may be a tension between the use of evidence as a means of standardising, accounting for, and defending social service practice, and the desire to boost radical innovation in this context. This is because there is a potential antagonism between the pursuit of innovation and tighter regulatory regimes, particularly where the latter is based on narrow, high-stakes performance criteria that are used publicly to facilitate competition, to scrutinise and to pass judgments. Innovation risks being stifled in a climate where practitioners have to 'watch their backs' and ensure that they are achieving particular performance targets (Munro, 2004; Brown, 2010; Cottam, 2013, p. 8). This issue may be intensified if it is radical innovation that is being sought, as it is in the Scottish context. Regulatory regimes that can serve to create a 'blame culture' may undermine desire and willingness to implement radical innovations, as social service practitioners may fear the repercussions for their clients and themselves if something goes wrong (Munro, 2004; Brown, 2010). Innovation and creativity require experimentation; if we are not allowed the room to make mistakes, creativity and originality become scarcer (IRISS, 2010). Yet the above discussion implies that Scottish social services may be increasingly risk-averse environments.

Second, what would be required to fulfil the Government's aims here would be a commitment to using those methods and practices that have been 'proven' to be most effective, so that social workers can clearly articulate the logical and objective grounds for their decision making if something goes wrong. This approach to evidence-based policy and practice necessitates some level of standardisation. If the aim is to base policy and practice decisions on evidence that tell us which option is 'best', then by implication we should be turning to particular practices, models and decisions when faced with particular situations. However, some have suggested that, taken to its logical conclusion, this implies that there is one right way to do something (Forrester, 2010), which could lead to a "cookbook" approach to social work practice (Otto & Ziegler, 2008, p. 273).

The problem is, elsewhere politicians are arguing that this is exactly what we need to move away from; standardised, uniform services which treat those who use public

services as passive and homogenous (Simmons & Brenna, 2013, p. 5; The Christie Report, 2011). This links to another reform agenda, greater service-user autonomy, which feeds into the neo-liberal idea of service-users as customers who can demand high quality, personalised support (Munro, 2004; The Christie Report, 2011). This is part of the reason why innovation is being sought, because the current system is criticised for lacking the necessary ability to "fit and flex to changing needs and conditions" (Cottam & Leadbeater, 2004, p. 16). However, the connotations of 'standardisation' are, theoretically, out of kilter with those definitions of innovation that emphasise the transformation of practice, doing something radically differently and breaking free of organisational constraints and traditions (Sammons & Brenna, 2013 p. 5-6).

This view of evidence and innovation also implies a particular view of what counts as good or useful evidence. If we want evidence to play an instrumental role in influencing policy and practice then we want it to be decisive and unequivocal (Shonkoff, 2000; Cabinet Office and HM Treasury, 2013; The Social Research Unit at Dartington, 2013). This has been the justification for using experimental and quasi-experimental methods, since these are the most adept at telling us whether a particular policy or practice 'worked', that is, had the impact that we assessed it against. This approach also presents the evidence-innovation process as linear; evidence is the product of research, and this informs the implementation of innovations. This creates a hierarchy with academic research sitting above, and removed from, practice wisdom.

Third, an alternative interpretation would be to highlight the tension between radical innovation and evidence of any kind. If an innovation is truly radical, it constitutes a breakthrough or a move into uncharted territory. This implies that evidence is not used, because there cannot be evidence for something which has no predecessor. What is interesting is that, although the Scottish Government has emphasised the need for radical innovation, they have also emphasised the need for evidence-based policy and practice. This suggests that their use of the term 'radical' is different to those definitions of radical innovation which emphasise the idea of unchartered territory.

Implications for Practice
There may be some benefits for practitioners of instrumental approaches to evidence-use, given the clarity and logic of this approach. This, and the unequivocal results of RCT-type studies, would lend themselves to a culture that requires answers (Shonkoff, 2000). The pursuit of radical innovation may be particularly beneficial to practitioners where they too share the view that transformation is necessary, perhaps as a result of exasperation with current systems and practices (Cottam, 2013). In some cases, implementing radical innovations may be considered as a way of mediating risk, where systems and practices are felt to be so poor that they themselves constitute a risk.

However the relationship that might ensue from these conceptualisations of evidence and innovation may also be problematic for practitioners, who will have to

accommodate the tension between innovation and risk in their practice. Furthermore, if it is radical innovation that is being sought, the risks may be considerable. This is because the level of change is higher, yet at the same time social service practitioners are more scrutinised than ever before. This could lead to a highly pressurised working environment.

This may be even more problematic if we have relied purely on RCT-style research to inform innovation. As discussed in section 2:4, the evidence from RCTs cannot tell us everything we need to know in order to implement a new policy. We also require rich, situated evidence, and without this there may be an increased risk of the innovation having unintended consequences. This could have important implications for scale. In order to scale-up a program we need a detailed understanding of the similarities and differences between the original context and the context(s) of transfer. Again, if we do not have this, scaling maybe be a more risky process. These risks would be amplified if our view of radical innovation means that we seek a genuine breakthrough, which does not have an evidence base. Finally, a radical view of innovation may not encourage practitioners to innovate because it suggests that innovation is the preserve of genius inventors, rather than being something that occurs over time due to the hard work, insight and creativity of practitioners.

Alternative Definitions and Models
Although a prominent approach in Government rhetoric is to position evidence as instrumental and innovation as radical, other models and definitions are also present in the literature. To some extent these may be the outcome of discontent: a feeling that these ideal 'types' cannot adequately explain how evidence is used or how innovation happens in practice. These alternative models imply other relationships between evidence and innovation.

4:1:2 Approach Two: Evidence as enlightening and innovation as moderate
Adopting these definitions may, theoretically, mean that evidence and innovation are mutually reinforcing agendas or processes. Both are about engaging with on-going processes of reframing, rethinking and rearticulating as part of the wider process of change and reform.

Implications for Practice
This may result in a culture that is more geared towards creativity. It also implies a more critical approach to practice, a questioning of the very goals of practice (Ferguson, 2009). This approach may also reduce the level of risk involved, because it is accepted that innovation needs to be moderate and gradual. However, this combination still assumes a linear relationship, promoting a model of research into practice rather than research in practice. The enlightenment view of evidence may also be uncomfortable for practitioners since it is implies a greater level of nuance and complexity, which may not lend itself to the demands of highly pressurised decision making. Furthermore, change may be slow in this model. Where practice is poor, this in itself could pose a risk to the wellbeing of service-users and practitioners.

4:1:3 Approach Three: Evidence and Innovation as Processes

Another approach might be to see evidence and innovation as 'processes' or 'journeys', rather than as set, bounded entities or outputs. In this view evidence is partial, temporary and situated. It is conceptualised as a continual quest for knowledge and expertise, a quest that has no definitive end point. A process view of innovation would emphasise the way that the original idea is modified in light of on-going evidence. If we view both evidence and innovation as on-going processes, this makes more room for on-going evaluation, feedback and learning. This approach may mean that the relationship between evidence and innovation varies as they weave in and out of dialogue with one another during the innovation process. In this view evidence and innovation accord with the Scottish Government's continuous learning agenda, which aims to improve services by improving the skills, knowledge and expertise of practitioners (SSSC & IRISS, 2008).

In this approach, a variety of types of evidence are valued, and might be sought at different stages in the innovation process. Evidence will originate from different ideas, places and combinations of people. This will include evidence based on research, practitioner experiences and wisdom, and service-user views. The latter links to reform agendas that are concerned with improving service-user autonomy. This approach would combine evidence from a range of professional and disciplinary sources. Such interdisciplinary evidence may invite news ways of looking at problems and of working together to solve them (Collins & Daly, 2011, p. 23). This can create an environment where innovation thrives. So whilst contradictory evidence may be uncomfortable from the point of view of straightforward decision making, it can be a prompt for innovative thinking by bringing together disparate evidence-sources, disciplines, professions and views.

Implications for Practice

The case studies reviewed in section 4:2 suggest that this combination may be the most helpful approach to evidence and innovation when it comes to scaling. We need this continual process of evaluation, in order to be able to effectively scale-up social service interventions. Without this we may not have sufficient detail to be able to 'tinker' with innovations so that they fit with the demands of specific, localised contexts. This approach suggests a greater role for evidence in informing innovations. Rather than an innovation stemming from a flash of genius or an epiphany, innovation become a process of smaller moments of creativity, informed and accompanied by evidence and evaluation. This approach also suggests that practitioners can be innovators too. Rather than pitching innovation as the realm of a handful of genius inventors, this approach highlights the role practitioners and people who use services can play in building on what already exists in order to innovate in their immediate context.

However, this approach could be problematic because some of these multiple views may be contradictory, raising important questions over how such contradiction is resolved in a way which respects diversity but also enables progress. There could be considerable cost and resource demands involved in on-going, detailed and varied

evaluation. Finally, this approach raises questions about where the quest for knowledge ends and the process of innovation begins.

4:2 Case Studies: The relationships between evidence and innovation

This report has also been informed by several case studies, from social services and beyond. This section includes a detailed discussion of two of these. The purpose is to highlight what they can tell us about evidence, innovation and the relationship between them. Much of what happens in relation to evidence-use and innovation depends on front line staff and those who use services, therefore it is crucial that this topic is surveyed from a practice perspective (Bunt & Harris, 2009, p. 5).

4:2:1 Case Study One: The Life Programme
Source: Cottam, H (2013), *The Life Programme: An Interim report*, London: Participle Limited (All references in this section refer to this text, unless otherwise stated).

The Life Programme works with families who are facing very challenging circumstances, supporting them to become and remain independent, and to "enjoy healthy and creative lives" (p. 16). It supports the idea that social services should understand the needs of each individual in the wider context of their family and community (The Scottish Executive, 2006, p. 11).The programme includes systemic culture change for practitioners. It seeks to remove the barriers to practice – such as bureaucracy and excessive administration – with the aim of liberating practitioners so that they can spend more time with families. The model is also built around a different kind of relationship between practitioners and families. These relationships should be sustained and mutually trusting. The programme is multi-disciplinary, working across – and drawing staff from – multiple relevant fields. It is also collaborative, seeking to involve service-users in the evaluation, amendment and running of the programme. This case study highlights the following points in relation to evidence and innovation, and the relationships between them:

1. The Life Programme values, and is informed by, mixed sources of evidence. The initial design of the innovation is based on academic research (p. 26), drawing on a synthesis of research on programmes that have been designed to support families in challenging circumstances. Subsequent developments and modifications of this innovative program draw on other types of evidence. The team engages in reflection and measuring of outcomes on a cyclical basis (p. 22). This includes the collection of experiential evidence from staff and those families using the service. They also seek the views of other bodies working around the service, including Local Authority staff (p. 26). In this case the nature of the innovation impacts on the nature of the types of evidence being sought. One of the key innovative features of the Life Programme is the empowerment of users, for instance they are involved in the recruitment process for new staff (p. 26). This aligns with the rejuvenated values of social services, one of which is about promoting participation (The Scottish Executive, 2006, p. 11). As a result of this, evidence is required which captures service-user views on the effectiveness and development of the program. The training that staff

receive is also described as "highly experiential" (p. 19). Experiential knowledge is valued highly in terms of the delivery of the programme and the on-going evaluation of it.

2. This case study challenges the view that innovation is only a positive thing. The interim report notes some of the shortcomings of the original design, for instance there were concerns that not enough emphasis was being placed on younger children in the early phases of the project (p. 23). This posed risks to the success of the project, which aimed to include the whole family. It might have also meant that safeguarding levels were not as high as they could have been. This problem was rectified, however it serves to illustrate the potentially serious nature of the risks that can be involved in social service innovations. Complexity was also noted when it came to scaling-up the innovation, where contextual specificities proved to be crucial (p.21-3). On-going evidence collection and evaluation was seen as a way of mediating these problems and turning them into opportunities for learning. Thus evaluation is posited as a "tool for [the] continual improvement" of innovations (Sharp, 2005, p. 2-3; Puttick, 2011, p. 7). This also presents innovation as a complex, non-linear process.

3. The Life Programme is an example of a moderate, rather than a radical, innovation. It is situated within a wider evidence-base, pertaining to similar programmes that have been implemented elsewhere, particularly the American context. Thus, in introducing the Life Programme to Swindon, Participle modified an existing policy and introduced it to a new context.

4. The Life Programme recognises and builds on other innovative approaches, for instance the designers drew inspiration from a programme supporting homeless people in New York (p. 22). This suggests that innovative projects can become evidence with which to inspire and inform other innovative projects.

5. The complexity of scaling-up The Life Programme is discussed in the interim report. The authors wrongly assumed that it would be relatively straightforward to locate families in the most challenging circumstances in other local authorities, as it had been in Swindon (p. 22). However, this was not the case. In other Local Authorities there was much less consensus on who the most challenging families were, which led to considerable delays in beginning the programme (p. 22). This illustrates the importance of taking account of contextual nuances prior to each new 'roll-out' of a program. A randomised controlled trial may have shown that the programme worked in Swindon, but it would not have picked-up on the contextual disparities which the program encountered once it was scaled-up.

6. The underpinning approach of The Life Programme is one of broadly defined principles and flexible strategies, rather than standardisation. This is in recognition of the complexities of the client group in question (p. 17). This challenges notions of standardised programmes, policies and practices, and of programme fidelity. As point 5 illustrates, programme fidelity can sometimes be problematic. In this case, it initially made it more difficult to scale-up the program, because the Participle team were approaching the project in the same way in new contexts as they had in Swindon. Instead,

flexibility may be one of the conditions for the effective scaling-up of innovations.

7. This case study reminds us that evidence and innovation do not operate in a policy vacuum. There are other agendas operating alongside these, which can impact on their relationship. Collaborative working (p. 25), service-user autonomy (p. 15 & p. 19) and preventative approaches (p. 3) all have a presence within The Life Programme. The interim report also explicitly notes the tension between short-term targets and outcomes and The Life Project, which is about building a longer-term approach to supporting families in challenging circumstances (p. 5). In part, this short-term approach may be the result of election cycles, which reminds us of the influence politics can have on evidence and innovation (Puttick, 2011). The election cycle may be a barrier to the realisation of truly preventative approaches, which require a long-term vision and investment. High-levels of audit and high-stakes targets may also be detrimental to innovations which adopt a longer-term approach.

8. As well as other policy agendas having an impact on one another and on evidence and innovation, a range of other issues may also be relevant here. In particular the interim report notes that this new innovative way of working was the source of tension between social service staff who were part of The Life Programme, and those who were not. This was due to conflicting perceptions: from the outside the emphasis was on the small number of cases staff had on their books, whilst on the inside staff felt that they were under considerable pressure due to the extremely complex nature of these cases (p. 25). There were also concerns from staff involved in The Life Programme over the contractual uncertainty of their role (p. 25). Thus staff attitudes, and the wider workforce, can have important implications for the innovation process.

9. This interim report notes some of the disincentives for innovation, and some of the barriers to innovation. These include the complexities of the system already in existence, which can make it difficult for practitioners to engage with new systems (p. 5, 8, 10, 12 & 25). Staff perceptions of a highly stressful workload combined with contract insecurity was another disincentive (p. 25). Based on experiences from The Life Programme, the report also highlights some of the things that have proven to be beneficial to the implementation of an innovation. In particular, leadership (p 12), appropriate recruitment, on-going evaluation, tapping into workforce desires for particular changes (p. 8), and a culture shift (p. 5&25) are seen as crucial.

4:2:2 Case Study Two: Dott 07 Alzheimer 100
Sources: Tan, L & Szebeko, D (2009) Co-designing for dementia: The Alzheimer 100 project, *Australasian Medical Journal*, 1:12, pp. 185-198.

Design Council (2013) Dott 07: Alzheimer 100, Design Council Website, accessed 09/10/13.

Alzheimer 100 was a project between the Alzheimer' Society and Thinkpublic to explore how service design techniques could be used to improve Dementia services, and to include those with dementia, and their carers, in this process. The aim was to capture the views of all relevant stakeholder groups, and to use this to inspire experience-led improvements and innovations in Dementia services. Design was seen as an integral part of this, because a core part of design is "about interpreting experience" (The Design Council, 2013). This project included a day of events – a co-design day - which stimulated many innovative, co-designed ideas for how dementia care could be improved (Tan & Szebeko, 2009, p. 188). There were a number of initial outputs from this project, including a 15-minute film on dementia, capturing the daily life of people with dementia and their carers (see Tan & Szebeko, 2009, p. 188-9). The legacy of this project has been considerable. It has led to programmes being implemented and widespread learning amongst stakeholders. This case study highlights the following points in relation to evidence and innovation, and the relationships between them:

1. Alzheimer 100 was an innovative endeavour in itself. It brought together a range of stakeholders including practitioners, people with dementia, carers of people with dementia and local authority staff. These people were invited to work with each other, but also with a design team from Thinkpublic, which meant that they were engaging with new skills, tools and ways of working.

2. The result of this innovative endeavour was further innovations. At the most obvious level, one of the ideas that the stakeholders came up with during the co-design day - the Dementia Adviser Service - was included in the National Dementia Strategy. It was then rolled out to 22 sites around the UK (Design Council, 2013). Thus Alzheimer 100 is an innovative approach to gathering the evidence, views and ideas necessary to stimulate innovations in dementia care.

3. Beyond this immediate context, Alzheimer 100 has also had a broader lasting legacy. Those involved in the co-design process have benefitted from having better technological skills, interviewing skills, increased confidence and improved communication skills. Furthermore, The Alzheimer's society is now using this approach to innovation – co-design between designers and a range of stakeholders – on other projects (Tan & Szebeko, 2009; The Design Council, 2013).

4. This approach is underpinned by the importance of service-user autonomy: "it's about more focused insight and valuing what different people can contribute" (The Design Council, 2013). It therefore taps into one of the key reform agendas noted in section one; increasing the autonomy of those who use services. It also coheres with the rejuvenated values of social services, as outlined by The Scottish Executive (2006, p. 11).

5. The Alzheimer 100 case study reveals a complex and non-linear relationship between evidence and innovation in practice. The idea of co-design was itself drawing on an evidence-base, which is increasingly highlighting the importance of including a range of stakeholders in the development of innovations in public and social services (Tan & Szebeko, 2009). The innovative outputs of the co-

design day then had to be evaluated themselves, to check that they could work (The Design Council, 2013). This required the search for new evidence, and service-user views played an essential role here. This presents a complex, on-going relationship between evidence and innovation whereby evidence collection and evaluation permeate the innovation process at key moments. So on-going evidence-collecting and evaluation was used to inform the innovation process.

6. This on-going evaluation continued to include "the people that would use the services created" (The Design Council, 2013). For this reason it had to take the form of an experiential, rather than a reflective process, due to some of the difficulties some service-users may have with memory. Instead of asking people to 'remember', those evaluating the programmes spent time with them to see and understand their experiences in 'real time'. Here the importance of service-user autonomy is being recognized and valued as a source of evidence. However, the approach being used has been adapted to take account of the particular needs of stakeholders.

7. Some of the ideas which were originally thought of during the co-design day were trialled and prototyped on a small-scale in a couple of locations, illustrating the importance of piloting and experimenting in the early phases of an innovation (The Design Council, 2013). Clearly one of the key aims of this process is to gather evidence to inform the on-going development (or not) of these innovations.

8. This case study provides an insight into the amount of work it takes to get a feasible innovation that stems from a co-design project. It has to begin with, and continue to utilise, innovative ways of engaging a range of stakeholders, in order to come up with user-led innovations in the first place, and to continue to evaluate these during the implementation process. Commissioners need to be convinced of the value of the innovation, which takes further time and evidence (The Design Council, 2013). However, if any of these stages are skipped it may be problematic, and ultimately lead to more delays. For instance, the first dementia service guidebooks that were developed as part of the Dementia Advisor Service were found to be too complex. People with dementia had not been involved in producing these guides. This illustrates the importance of service-users being on board from the start, and at key points throughout the remainder of the process. This can lead to an increased sense of ownership and voice for service-users, and may mean that the final innovation is more in-tune with their needs.

4:3 Discussion

Section four illustrates the importance of considering the relationships between evidence and innovation from a theoretical and empirical position, and from a practice and service-user position. Each of these highlights specific dimensions of

the relationships, and this topic may be more fully understood by combining the learning from each. The literature provides useful definitions and theoretical models aimed at explaining, in a more systematic way, what is taking place in policy-making and practice with regard to evidence-use and innovation. The literature also outlines the necessary context for this exploration, which is crucial if we are to acquire a thorough, situated understanding of the relationships between evidence and innovation in Scottish social services. Practice examples and case studies highlight the nature of the complexities that can arise during the innovation process, how these can be mediated, and the role that evidence can play in transforming these difficulties into learning opportunities.

Recurring themes emerge from section four. The importance of seeing evidence as an integrating vehicle for different types of knowledge and expertise is present in the literature and case studies. Concerns over risk in the literature appear to be justified by practice examples, although the later also, encouragingly, shows how such risks can be mediated through the careful and continual use of evidence. Scale is also visited as a core concern in the literature and case studies, and the case study evidence suggests the importance of context-rich evidence to inform this process.

However, it is when we reflect on what can be learnt from theory and practice that we also become aware of the limitations of each. The literature, and Government discourse in particular, can still fail to grasp the complex reality of evidence-use and innovation in a social service context. There is little acknowledgement of the potential tensions between the Government's reform priorities. For example, evidence-based approaches which focus on instrumental evidence, and therefore link to discourses of standardisation and accountability in social services, may impede some of the other reform agendas which are being simultaneously promoted, including innovation, prevention, service-user autonomy and joined-up working. If a definition, model or discussion of evidence and innovation is to be useful, it must take these tensions and complexities into account. The available models and discourses also tend to imply a hierarchy where evidence is removed from, and used to inform, practice. This does not necessarily capture the fragmented, non-linear nature and processes of evidence-use and innovation in practice, or encourage practitioners to value diverse sources of knowledge and evidence, including those derived from their own experiences.

Case studies that document the innovation process do not always exist, and where they do they are not always presented in a way that enables the maximum amount of learning. Case studies can show a reluctance to describe the innovation process in all of its complexity, which would mean drawing out the glitches that occur along the way. The Participle case study was, arguably, a rare find in this regard. In documenting early shortcomings of the programme and of the difficulties of scaling an innovation, this case study enabled a more meaningful process of learning and reflection for readers (Tan & Szebeko, 2009, p. 185). This was the only social service specific case study that I found to have any real engagement with the difficulties of the innovation process. Yet, even here there were other shortcomings. This, and other case studies, offered very little detail about how evidence was used during the

innovation process. It is hardly surprising then that our understanding of the relationships between evidence and innovation is currently based more on theory than on practice examples.

There may be legitimate reasons why social service case studies are failing to adequately document the innovation process. In part, this surely feeds back to the wider context of social service reform in Scotland, which is increasingly geared towards high-stakes accountability (Munro, 2011; The Scottish Government, 2011). In such a context individuals and organisations may not be comfortable with documenting their failings in the interests of promoting a better understanding of the complexities of evidence-use and innovations, through fear that this may impact on their reputation or funding. It may also be the case that, given the complex nature of these issues, some individuals and organisations do not feel equipped to engage in discussions which capture the complexity of the process, whilst still managing to present this information in an accessible way.

4:4 Conclusions and Future Work

The evidence and innovation project at IRISS has been exploratory. This exploratory approach has been necessary throughout due to the lack of existing work that considers evidence and innovation side-by-side. Given the nature of this approach, and the topic itself, definitive conclusions are unrealistic. However, the report has served to highlight the following points in relation to this project, which would benefit from further exploration in future work.

1) Evidence and innovation are potentially complementary or antagonistic reform agendas depending on how these words are defined, conceptualised and mobilised. This topic is therefore complex and dynamic. Complexity also lies in the relationships between some of these definitions and models. There are potential dichotomies between instrumental/output approaches and enlightenment/process approaches to evidence-use and innovation. There is also a potential dichotomy between radical and moderate innovation. Future work exploring this would be beneficial.

2) How evidence and innovation are defined, conceptualised and mobilised can have important implications for practice, particularly in relation to issues of implementation, risk and scale.

3) It is likely that the meanings of, and relationships between, these terms varies and evolves during the process of implementing a new policy, and in the process of everyday practice.

4) What counts as good or useful evidence is likely to be highly contextual, varying according to the immediate requirements of those involved at different stages of the innovation process (Puttick, 2011). This means that quite different types of evidence may become useful at different points during the implementation process.

5) The case studies reviewed here emphasise the view of evidence as an integrating vehicle for disparate types of knowledge and expertise. This includes theoretical and empirical research, practitioner wisdom and views, and the views and ideas of those who use services. In particular, the latter has been vital in the case studies reviewed, where the innovations in question have aligned with the Scottish Government's emphasis on service-user autonomy, personalisation and prevention. They accord with the view that "user-led" and "open" innovation processes "can develop better products and services at less cost than traditional, closed innovation processes" (Bunt and Harris, 2009, p. 4).

6) We need individuals and organisations to share more, and to share in an honest, detailed way. There is a gap in the evidence-base concerning the links between evidence and innovation. In part this is a gap at the theoretical level: these concepts have rarely been discussed together in the academic arena. However, this is not helped by another gap in the evidence-base; a gap in the documenting of innovations by the social service workforce, and by service-users. Where this is done it tends towards a rose-tinted view, and a rather thin documentation of how evidence is used and why. Instead we need more thorough documentations of the innovation process, including its setbacks and complexities. Perhaps encouraging and facilitating organisations and individuals to engage in 'real time' documenting of innovation processes would be one approach here. Not only would this be of benefit to future projects on evidence and innovation, but it would also be extremely valuable to other individuals and organisations who are attempting their own innovations. Important questions to consider going forward are how can individuals and organisations be encouraged and supported to provide quality descriptions and analyses of the innovation process, and how can this information be better shared with other individuals and organisations?

This project will feed into IRISS's exploration of their position on evidence use and innovation, and on how we are supporting evidence-use and innovation across the social services. To contribute to discussion about some of the issues raised here please visit the innovate blog, http://bit.ly/18npVXZ.

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