Enabling better use of evidence in social work policy and practice:

A BASW/NIHR roundtable discussion

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More research relevant to social workers is coming through the pipeline than ever before, with increasing investment by major funders in high quality studies which have potential to improve practice, outcomes or understanding. There is strong policy and practice support for better use of evidence, identified as a priority by the Chief Social Workers for England in their annual report (DHSC 2020). Recent years have also seen drives to increase evidence use, from capability statements for social workers through to post-qualifying education frameworks. Local authorities are asked to show how evidence informs policy and practice. And yet this can be difficult to do.

At the same time, debates about chasms between practice and research have grown rather tired. While there are real barriers to better evidence use, there are also real opportunities. The pressures of fiscal restraints and the particular difficulties of the current coronavirus pandemic pose undeniable challenges. But they also put research centre-stage in the need to focus on effective practice and best ways of working.

A roundtable event was organised by the British Association of Social Workers (BASW) and the National Institute for Health Research (NIHR) to discuss better use of evidence in social work policy and practice. Details of participants and scope of the host organisations are given in Annex One. In September 2020, we brought together twenty eight thought leaders from social work practice, management, research, service users, regulation and evidence centres to move this discussion forward. This paper reflects their rich discussion and insights on challenges and opportunities for improving the use of research in social work policy and practice, with positive pointers for ways of embedding research use at organisational and individual levels.

Challenges

Two cultures

Much has been written on the gap between research and practice in social work. Participants discussed reasons for this enduring problem, including perceived 'resistance' to research from the profession. Recent theory and practice on evidence use in many areas of social policy including social work have rejected traditional notions of two separate communities of research and practice. Linear models which assume expert research knowledge being handed down intact to passive practitioners as 'empty vessels' (Green 2008) are outdated. More dynamic models of evidence generation and use recognise the wisdom of practitioners, bringing to the research their experiential insights and interrogating evidence through the lens of practice. In this sense, the need is seen as being to mobilise evidence *in* practice rather than shifting evidence *into* practice (Ghate and Hood 2019).

Too little, too late

There is often a disjunction between timeframes for research and practice. Social work leaders and commissioners making service change or investment decisions cannot wait three to five years for a completed monograph. There are real risks for researchers missing a window of influence in completing a project to traditional academic timelines. Policymakers and practitioners often need immediate responses to a problem. On the other hand, participants noted the need for cumulative knowledge – for instance, the time it took for credible evidence on the portability of care plans (Marsland et al 2019) to have traction, rather than single studies.

Yes, Ministers

Participants noted some of the structural issues which impede effective evidence generation and use in social work. This included separation of responsibilities of government departments in England, with adult and children's social care falling under different ministries and remits of local government administrative departments or agencies, from housing to environment. A major research funder, like the National Institute for Health Research (NIHR) focuses largely on adult social care (funding research in the main part on children only as patients in healthcare systems), but social work practice often involves families, individuals in social and relational context and through transitions between life stages. Social work is one profession and often questions the firm divisions in specialisms and organisational structures promoted by policy and law in recent decades.

Joined-up information

This compartmentalised approach also applies to where data are collected and stored. Participants highlighted the need to track client journeys which might span different agencies. People should not have to tell their stories more than once. And researchers should not struggle to access and transfer data in research, practice and policy silos.

Issues around data quality and completeness in social work services also surfaced more than once in the discussion. A recent official enquiry highlighted the variability of data quality within and across local authorities, with information interpreted in different ways (Office for Statistics Regulation 2020). This report also noted that adult social care has not been measured or managed as closely as healthcare, with sustained under investment and resourcing in data and analysis.

Parity with health

There was much discussion of the ways in which research in social work and social care has not had the standing or centrality of research in the NHS. Evidence-based care and treatment are well-established in health, with many practising clinical academics at senior levels and substantive infrastructure and programme investment over many decades. The movement of evidence-based care in health is predicated on the possibility of controlled, experimental studies of well-bounded

interventions which can be replicated. By contrast, social work is a relationship-based practice, highly contingent on environment and context (Webb 2001). Many aspects of health and healthcare lend themselves to this formulation of evidence-based practice in ways that other fields, from management (Walshe 2001) to education (Davies 1999) to social care find more problematic. More than that, participants at our event highlighted the common experience of trauma, however defined, as a given rather than exceptional feature of practice. These factors all contributed to a paradigm which was distinct in many ways.

However, participants challenged some of these distinctions. The contrast between healthcare and social work could be overstated, given the predominance of therapeutic-based activity in areas such as mental health and addiction. Shared decision-making has become more central in healthcare, particularly for people with long-term conditions, bringing it closer to social work values and partnership working. Although there could be challenges for social care in robust measurement of outcomes, compared to indicators of health function, participants noted that measures such as people feeling well supported were in themselves legitimate outcomes and could be assessed. There was healthy debate about methodology, recognising space for a range of study designs (as shown in the research examples in this paper) which were appropriate for the question being asked. Many different methodological approaches are needed, given the complexities of social work practice and knowledge.

What 'counts' as research and good evidence

Participants noted that there was sometimes a sense of anxiety and lack of confidence in interpreting research. Individual practitioners may be concerned if they have a case that goes to court or subject to audit that they will be challenged about the authority of research and evidence used. While evidence syntheses carry more weight than single studies, there is still sometimes difficulty for practitioners in making sense of mixed evidence. Interpreting contested or partial evidence is difficult for all decision-makers. This underlines the importance of deliberative processes such as that for developing guidelines by NICE, providing systematic approaches to interpreting and translating evidence into actionable form. Agreeing the implications of research and

interpreting it through multiple perspectives is also seen for instance in a recent NIHR themed review on learning disability services, bringing together different social care and health practitioners with service users and researchers to make sense of recent evidence (NIHR 2020).

Research which matters (i) working with partners

Reducing challenging behaviour in social care settings

A study by Peter McGill and colleagues at Kent University developed and evaluated an approach to improving the quality of social care in supported accommodation for people with learning disabilities with challenging behaviour. (McGill 2018) The intervention used positive behaviour support principles, with an expert practitioner/researcher working with staff over 8-11 months problem-solving, coaching and training around an improvement plan for their home. Feedback was given on how the supported accommodation met eight key standards for high quality social care, like communication, which might influence behaviour. This approach was tested in a pragmatic trial in 24 homes run by one provider (Dimensions). This showed significant reductions in staff-rated challenging behaviour in residents by two thirds, which was maintained at 18 months after the study started. This approach has since been adopted as a core quality and development activity among all 7000 staff of the research partner organisation, Dimensions.

Source: **www.sciencedirect.com/science/article/pii/ S0891422218300969?via%3Dihub**

Whose research is it anyway?

Participants noted a sense that social workers may not feel a sense of ownership of research. This has also been true, to a greater degree, for people using these services. To date, there hasn't always been enough research which embraces the experiential knowledge and authority of families and individuals. This lack of citizen voice in the research was noted by

participants (and highlighted in NICE guidance on peoples experience of adult social care (NICE 2018)), although there were good examples of participatory research and co-production with service users[1] and carers in more recent activity. This takes time and effort to do well and there is still much to learn. There were also risks given financial instability of user-led organisations at this time, who provided one possible home for research participation and use. Initiatives like Think Personal Act Local to the Social Care Future movement suggest interesting new ways of working with families, community groups and others to re-imagine social care and social work.

There are still very few black professors of social work and participants noted the need to engage with multicultural perspectives in an ongoing agenda of decolonising research and research use (Rowe 2015). The day-to-day business of social work forces practitioners to confront issues of discrimination and exclusion, working with people often at the margins of society. This reality should be reflected in research which is funded and how it informs practice.

Research which matters (ii)
Understanding lived experience

LGBTQI+ disabled people

In an under-researched area, a team from the University of Bristol working with advocacy groups surveyed and interviewed LGBTQI+ disabled people to understand constraints and realities. They reported many positives from self-directed support, including having more choice, control and power. But some reported reservations about being open about their sexual orientation or gender identity; and experienced direct and overt discrimination from some personal assistants or support workers; problems in recruiting and retaining good support staff and difficulties in securing support for 'social hours' leading to social isolation. This understanding is important to identify staff awareness and service needs which are not currently being met.

Source: **www.sscr.nihr.ac.uk/wp-content/uploads/SSCR-research-findings_RF077.pdf**

Using research in local authorities

Participants noted the pressures and demands on local authorities and social services, with a relentless focus on core statutory duties. There was support at national and local level for evidence-based decision-making, but few frontline practitioners or local authority departments would routinely access academic journals. A survey in 2015 on adult social care research capacity with responses from seventy local authorities showed only a minority could identify senior managers in their organisation who could act as champions or had formal responsibility for research (Rainey 2015). In a more general way, participants noted the ways in which developing a culture in which organisations and individuals seek evidence, sometimes known as absorptive capacity (Cohen and Levintal 1990) or learning organisations, was still difficult especially at time of operational pressure.

These challenges to embedding and using evidence in social work decision-making were well recognised by participants. But the mood of the roundtable was optimistic, identifying enablers at organisation and individual levels which could drive forward better use of research in practice and policy.

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[1] The term service user has been used as a general designation in this report, but we note it is contested (see for instance McLaughlin 2009) and different communities use different terms

Opportunities

Finding research which matters

A clear message from participants was the first order importance of research which was relevant and resonated with practice. There were now structured mechanisms for identifying and prioritising research which mattered. NICE guideline committees identify knowledge gaps which are shared with funders such as NIHR. And many participants mentioned the groundbreaking participative exercise of the James Lind Alliance priorities for adult social work in 2018, involving practitioners, service users and researchers in identifying the most important research topics (JLA 2018). These were now flowing through to research which was being commissioned by NIHR, including research projects on self-neglect to family group conferences. There was more investment in social work and social care research than ever before by major funders like NIHR.

Examples from the NIHR School for Social Care Research are given throughout this paper of research which has made a difference. These reflect a range of study designs and approaches to engage stakeholders. Practice and policy need a healthy mixed economy of research capacity. Participants celebrated investments in infrastructure by funders from the NIHR and What Works centres to research councils and charities which enabled robust research, including important cross-disciplinary and pluralist approaches to throw light on very complex areas of practice (Ghate and Hood 2019). Participants noted the growing confidence of a social work evidence base which understood the appropriateness of different research approaches for different questions.

Research which matters (iii)
Testing promising interventions

Connecting People

Martin Webber and colleagues at York University developed an evidence-based intervention to strengthen social networks for people who were vulnerable and isolated. They piloted this approach in fourteen agencies, mainly in the third sector, working with people with learning disabilities and poor mental health. This was a complex intervention, which included two day training and ongoing support. The evaluation used quantitative and qualitative methods, including observation, and demonstrated better social participation and wellbeing in those agencies and individuals adhering most closely to the intervention. Improved outcomes included participants accessing more social resources from within their networks, from advice on money problems or information on health and fitness to practical support such as help round the house. The evaluation found lower use of other services and reduced costs for those taking part in the intervention. (Webber 2019) A further implementation study is using quasi-experimental approaches to test the application in everyday practice. (www.sscr.nihr.ac.uk/projects/p114)

Source: **www.sscr.nihr.ac.uk/wp-content/uploads/SSCR-research-findings_RF028.pdf**

No research about us without us

There was a real focus on the importance of sustained and close engagement with service users and with practitioners during the course of the study to strengthen its value and relevance. As Green stated, 'for evidence-informed practice, we need practice-informed evidence' (Green 2008). Appropriate research means those which have a client or practice focus and

which reflect the values of social work in terms of ethos and care. But we need research that challenges our understanding as well as those that resonate and confirm what we already know. Participants noted the usefulness of theoretical framing of 'bridging' capital – as well as `bonding' capital – in research projects to reach out to minority and under-examined areas. As a separate point, more developments to use big data are likely to be needed in social care, but caution was expressed that this should not be at the expense of relationship-based practice of social work and research which privileged diversity and the complex reality of individual lives. Overall, there was a sense that for research to have legitimacy and value, it needed to reflect the lived experience of frontline staff and service users and carers, but that this was now a welcome feature of much research funding and activity.

Research which matters (iv) seldom heard voices

Communication problems of people with learning disability

Almost half of people with learning disabilities have severe communication difficulties. Communication passports have been introduced to share formal assessments and join up services. Jill Bradshaw and colleagues from Kent University carried out interviews (using communication aids) with service users, family and support workers and staff, as well as carrying out observations on interactions. Findings in 2020 showed that communication passports were generally poor and did not lead to better communication or agreement about communication skills. Worryingly, staff overestimated service user comprehension skills and did not always see communication and interaction as part of their role. Observations showed that few staff used adapted methods of communication, even when available so service users had very limited access to information about what was happening in the future.

Source: **www.sscr.nihr.ac.uk/wp-content/uploads/SSCR-research-findings_RF124.pdf**

Building confidence and capacity using existing partnerships

There was recognition of the interdependence of teaching, research and practice. Not all practitioners need to be able to *do* research, but a spirit of critical enquiry and understanding of evidence is essential. The development of 'research-minded' professionals is welcome (Macintyre 2013), together with teaching partnerships and other active links between social work professionals and higher education institutions.

Closer practice-research working through active collaborations are a positive feature in social work. These range from formal partnerships through to self-generating communities of practice, coming together to generate and share evidence on topics of mutual interest. NIHR issued a call in 2020 and will be funding a series of adult social care research partnerships in the UK to develop and evaluate new collaboratives in different parts of the UK. Other helpful initiatives to bridge the research-practice gap include the recently formed BASW Practitioner Research Network, as well as initiatives like Research in Practice and Making Research Count, to which most local authorities subscribe. Although our discussion was focused on using research, it was difficult to see this in isolation from the practice of doing research. Participants pointed to examples of participatory and action research, from poverty in Teesside (Banks 2017) to unaccompanied young migrants (Clayton 2019), as a way of developing sustainable and meaningful changes in practice beyond the end of a study project.

We noted these exciting developments bringing research and practice closer together in social work but more is required. There are other ways of bridging these worlds which could be explored and evaluated. Little is yet known, for example, about the potential for models of practitioner-researchers to have more impact in this field.

Culture, leadership and reflective learning

At an organisational level, the importance of using evidence was now more established than twenty years ago. It was part of a discourse of a `learning organisation' (Gould 2000). Participants reflected on what a good evidence-using organisation or leader looked like. There was no one model but it would include a general willingness to reflect on mistakes and

identify learning points as well as encouraging specific activities such as coaching, inter-team meetings, journal clubs to develop a research-using culture in organisations. Rickinson (2020) points to structures, resources and values in an organisation which encourage evidence use, as well as the way leaders model and influence behaviours throughout the organisation.

Participants also highlighted the central place of reflective learning and development as a way of blending formal research with tacit or professional knowledge and experience in helpful ways. Worked examples by NICE and others show how principal social workers can use evidence and guidance to improve practice in areas from developing community assets to applying principles of the Mental Capacity Act 2005. Embedding research in training, supervision and continuous professional development activities – including reflection and learning in After Action Reviews – was a way of sustaining interest and commitment to evidence use.

Creative dissemination and engagement

Participants agreed that researchers should invest time and effort in thoughtful and lively outputs. Rather than an afterthought to research, this should be a substantive activity, identifying the audiences, their networks and channels and using creative means to highlight key messages. Knowledge exchange from conception to conclusion of studies was seen as an essential element to help bridge the worlds of research, lived experience and practice. Practitioners will not always or often seek published research articles and few local authorities have access to academic journals. However, most research articles are now free in university repositories, funders like NIHR and ESRC are committed to open access of funded work and useful functions exist like NICE evidence search to access resources and specialist networks in areas like autism. It is easier than ever before to access published research. However, participants also emphasised the need (often now a requirement by major funders) for researchers to reach new audiences with practice-facing outputs.

Some examples were cited of creative engagement, such as the use of music version of photovoice to illustrate the lived experience of male gang members as survivors of domestic abuse in a recent BASW seminar or a dynamic infographic to illustrate research into family-led child protection enquiry from Camden Conversations (Figure 1).

The importance of intermediary (knowledge broker) bodies as trusted service-facing agencies which could interpret research into actionable findings and insights was noted. Examples cited included recent Research in Practice guidance on strengths-based work (Ford 2019) and SCIE curating of COVID-relevant guidance (www.scie.org.uk/care-providers/coronavirus-covid-19). NICE shared learning case examples also show how local authority commissioners, principal social workers and others use evidence to drive improvements, for instance to reduce numbers of children entering care in crisis (NICE 2020).
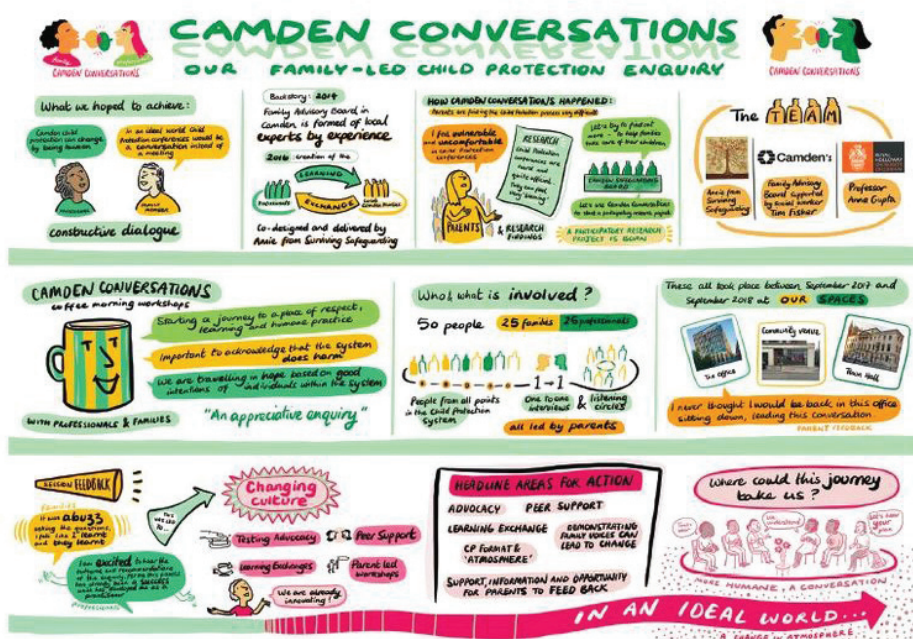

Figure 1

Summary

Thought leaders in social work practice, regulation, research and improvement came together to discuss current challenges in using evidence to drive improvements. Several barriers were noted, from structural issues of ministerial and functional responsibility to data sharing and possible cultural resistance to research by practitioners. But there were many more positive signs of flourishing interest in evidence, paired with networks and activities for teaching and reflective practice. Social workers were seeing more relevant and high quality evidence coming through, with sustained engagement from practitioners and service users in research studies. This reflected a commitment by NIHR and other funders to involve these stakeholders in identifying, prioritising and commissioning research in areas which were important to them, such as self-neglect.

Participants discussed the dual pressures on practitioners of perennial fiscal restraints and the current coronavirus pandemic. These were both a challenge and opportunity. Some participants were fearful that demands to fulfil statutory obligations with fewer resources may squeeze out activities which might be seen as 'luxury', from spending time engaging service users in research to reflective learning for practitioners. On the other hand, cost pressures provide an imperative to look to evidence for insights on new ways of working and effective practice. And the pressures of the pandemic have foregrounded the importance of evidence and rapid sharing of good practice, creating a 'pull' for high quality and timely research in areas of uncertainty.

There were other ways in which this debate was timely. At a time of fake news and lack of faith in experts, there was a need for trusted and high-quality evidence to counter misinformation and trial by twitter. Individual practitioners need the skills and experience to assess information and identify reliable evidence – and a responsibility to share and promote good evidence which could make a difference.

References

Banks, S, Herrington, T & Carter, K (2017) Pathways to co-impact: action research and community organising, *Educational Action Research*, 25:4, 541-59

Clayton, S and Gupta, A *eds*. (2019) *Unaccompanied young migrants: Identity, care and justice*. Bristol: Policy Press

Cohen, W M & Levinthal, D A (1990) Absorptive capacity: a new perspective on learning and innovation. *Administrative Science Quarterly,* 35(1), 128-52

Davies, P (1999) What is evidence-based education? *British Journal of Educational Studies* 47(2), 108-21

DHSC (2020) Chief Social Workers for Adults Annual Report 2019-2020 **www.gov.uk/government/publications/chief-social-workers-for-adults-annual-report-2019-to-2020/chief-social-workers-annual-report-2019-to-2020#the-chief-social-workers-priorities-and-actions-for-the-coming-year**

Dodd, S and Epstein, I (2012) *Practice-based research in social work: A guide for reluctant researchers* New York: Routledge

Ford D (2019) *Developing strengths-based working: Strategic Briefing* (2019) Dartington: Research in Practice

Ghate, D and Hood R, (2019) Using evidence in social care. In *What Works Now?* Eds. Boaz A, Davies H, Fraser A and Nutley S. Bristol: Policy Press (pp89-105)

Gould, N (2000) 'Becoming a learning organisation: A social work example', *Social Work Education*, 19(6) pp.585-96

Green, L W (2008). Making research relevant: if it is an evidence-based practice, where's the practice-based evidence? *Family practice*, 25(suppl_1), i20-i24.

James Lind Alliance (2018) Top Ten Priorities in Adult Social Work. **www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/top-10-priorities.htm** [Accessed 27 November 2020]

McGill, P et al. (2018) Reducing challenging behaviour of adults with intellectual disabilities in supported accommodation: a cluster randomized controlled trial of setting-wide positive behaviour support. *Research in developmental disabilities*, 81, pp.143-54

MacIntyre, G and Paul, S (2013) Teaching research in social work: Capacity and challenge *British Journal of Social Work*, *43*(4), pp.685-702.

McLaughlin, H and Tan, JP (2009) *What's in a name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User' – What's Next?* British Journal of Social Work (2009) 39(6), 1101-17

Marsland, D, White, C and Manthorpe, J (2019) The continuity of social care when moving across regional boundaries *Journal of Social Work*, 19(5), 557-77. **https://doi.org/10.1177/1468017318762226**8

NICE (2018) People's experience in adult social care services: improving the experience of care and support for people using adult social care services. NICE guideline [NG86] **www.nice.org.uk/guidance/ng86**

NICE (2020) Shared learning database. **www.nice.org.uk/sharedlearning/time-out-team-hopewell-children-s-home** [Accessed 27 November 2020]

NIHR (2020) Better Health and Care For All: Research on health and care services for people with learning disabilities. **https://evidence.nihr.ac.uk/themedreview/better-health-and-care-for-all**

Rainey C, Woolham J and Stevens M (2015). Research capacity, knowledge, skills and use in councils with adult social care responsibilities. London: SSRG/PSSRU, SCEiP. **www.kcl.ac.uk/scwru/pubs/2015/reports/rainey-et-al-2015-sceip-research-capacity-report-web.pdf**

Rickinson, M, Walsh, L, Cirkony, C, Salisbury, M and Gleeson, J (2020) Quality Use of Research Evidence Framework

Rowe, S, Baldry, E and Earles, W (2015). Decolonising social work research: Learning from critical Indigenous approaches. *Australian Social Work*, 68(3), pp.296-308

Walshe, K and Rundall, T G (2001). Evidence-based management: From theory to practice in health care. *The Milbank Quarterly* 79(3): 429-57

Webb, S A (2001). Some considerations on the validity of evidence-based practice in social work. *British Journal of Social Work*, 31(1), 57-79

Webber, M, Morris, D, Howarth, S, Fendt-Newlin, ., Treacy, S and McCrone, P (2019). Effect of the Connecting People Intervention on Social Capital: a pilot study. *Research on Social Work Practice*, 29(5), pp.483-94

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