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PART I

Key Issues in Applying Research Evidence in Social Work Practice

Introduction to Part I

Part 1 introduces some of the key issues, debates and considerations related to applying research evidence in social work practice. You are encouraged to read through the chapters in sequence, though each can be read individually if you are interested in particular issues.

Chapter 1 blends expertise from the worlds of practice, research and lived experience to provide a critical introduction to the notion of 'evidence-based practice' and its adoption in social work. Martin Webber and Sarah Carr explore the hierarchy of evidence and the primacy of randomised controlled trials in determining 'what works', taking a critical approach to the apparent denigration of qualitative research. Finally, they explore different approaches to the use of research evidence in social work.

Chapter 2 is written by Paul Ross, an information specialist, who takes us through the steps of searching electronic databases to locate research evidence to answer a practice-based question. He discusses how to develop a potentially answerable question and translate this into concepts for database searching. He demystifies some of the technical approaches to searching databases and provides a number of handy hints to help you find appropriate sources.

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Chapter 3 is co-authored by social care research analysts Sarah Carr and Lisa Bostock, who are both experienced in appraising social care research and presenting it in a digestible format to practitioners. They introduce critical appraisal techniques and discuss a method for systematically extracting data from papers to help determine their usefulness for practice.

Social work academic Mark Hardy explores the role of research in assessments in Chapter 4. He reviews debates about the art and science of social work assessments and, consequently, the role that research evidence might play. He argues that research evidence represents one of a variety of sources of knowledge that practitioners might draw on to inform their assessments, together with service user and practitioner knowledge, as well as organisational and policy frameworks.

This is followed in Chapter 5 by social work academic Tony Evans with an exploration of how research evidence informs decision-making. The decisions social workers make vary in their urgency, with some decisions offering more opportunities for practitioners to consult research evidence than others. However, this chapter explores the key roles of discretion – understood as freedom and as professional judgement – and intuition in the context of evidence-informed decision-making within contemporary public services.

Finally, a practitioner perspective is provided by Victoria Hart in Chapter 6 on the realities of using research in social work practice. She discusses the practical issues of balancing a busy caseload with being an evidence-based practitioner and working within organisational structures that do not always promote the use of evidence in practice. Importantly, though, she provides some suggestions and examples for students on placement and practitioners, particularly related to building learning into the culture of a team and into one's own practice.

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CHAPTER 1

Applying Research Evidence in Social Work Practice: Seeing Beyond Paradigms

Martin Webber and Sarah Carr

Introduction

Social work knowledge is derived from multiple sources including social theory, social research and the experiential knowledge of individuals, families, communities and human service organisations. Additionally, social work is informed by many disciplines – psychology, sociology, anthropology or psychiatry to name just a few. The inherent complexity of social work means that practitioners are required to draw on many diverse sources of knowledge to inform their practice; rarely is one source of knowledge alone sufficient. Whether their knowledge is derived from legislation or policy, research, service users or carers, or their own experience, social work practitioners need to be equipped with the skills to engage with each type and source of knowledge. Furthermore, they need to know when, and how, to use different types of knowledge in their practice.

Knowledge derived from research plays an important, though frequently hidden, role in social work practice. Although practitioners may not routinely read research papers, the domains of research and practice are interwoven in social work. Many aspects of social work theory, social policy, legislation and practice guidance, for example, have been informed by research at some point in their development. By its very nature as an applied social science discipline, social work research is informed by practice, and vice versa. Arguably, the domains of research and practice in social work are inseparable and interdependent. However, there is a perceived gap: social work researchers are seen as distant from practice, and practitioners are criticised for not being aware of recent research findings or using them in their practice.

This book aims to bridge the gap – perceived or real – between the domains of practice and research in social work. It is primarily written for social work students and practitioners as an accessible, yet critical, introduction to engaging with and applying research in practice. It discusses how practitioners may

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critically engage with research and explores its relevance for their practice. However, it also brings researchers closer to practice by asking them to apply their research knowledge in different social work domains to specific case scenarios. Above all, it challenges the 'pipeline' assumption of a one-way transfer of social work research knowledge from the heights of the 'ivory towers' of academia to the 'real world' of social work practice, although this may be erroneously assumed by the title. If readers put the book down (after reading it!) understanding more about the inter-relationship of research and practice in social work, it will have achieved its aim.

The backdrop to this book is the desire to make practice more 'evidence-based' or 'evidence-informed'. This chapter provides a critical introduction to these concepts and their common use of the notion of 'evidence' in the context of social work practice. It engages briefly with the history of evidence-based practice and its adoption in social work. It then critically interrogates the notion of a hierarchy of evidence and the primacy of randomised controlled trials in determining 'what works', particularly the denigration of qualitative research. It explores the debate between protagonists of evidence-based and evidence-informed practice, while avoiding a discussion of semantics. First, though, it explores the professional requirements for social workers to use research in their practice with a little historical context.

Using research in social work practice

Social workers are required to draw on research in the course of their practice. In England, it is a requirement of registration with the Health and Care Professions Council (HCPC) that social workers meet standards of proficiency, which include the ability to use research evidence to inform practice (Health and Care Professions Council, 2012). The requirement to use research in practice is woven into the Professional Capabilities Framework (PCF) for social workers in England (College of Social Work, 2012) and the National Occupational Standards for Social Work (TOPPS UK Partnership, 2002) in Wales, Northern Ireland and Scotland. Some examples of requirements from these professional frameworks can be found in Box 1.1. Similar requirements can be found in the United States (Council on Social Work Education, 2008) and Australia (Australian Association of Social Workers, 2013), for example.

If you were to read through a whole professional framework, rather than just extracts such as those in Box 1.1, you would see that social workers are required to draw on many other sources of knowledge in addition to research. But the inclusion of the requirement to use research in practice raises some interesting questions. Is research so under-utilised in practice that practitioners have to be reminded in their professional frameworks to engage with it? Has the paradigm of evidence-based or evidence-informed practice been so influential that it has successfully permeated the fabric of the profession? Has research knowledge been identified as so important that it is essential for practitioners to utilise it to transform the lives of the clients with whom they work? While these questions may be rhetorical, it is clear that the profession views

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BOX 1.1 USING RESEARCH IN PRACTICE: EXAMPLES FROM PROFESSIONAL FRAMEWORKS

Standards of Proficiency: Social workers in England

Registrant social workers must:

- be able to engage in evidence-informed practice, evaluate practice systematically and participate in audit procedures (12.3);
- be able to gather, analyse, critically evaluate and use information and knowledge to make recommendations or modify their practice (14.1);
- be aware of a range of research methodologies (14.5);
- recognise the value of research and analysis and be able to evaluate such evidence to inform their own practice (14.6).

Examples are drawn from across the 'Health and Care Professions Council Standards of Proficiency' (2012).

Professional Capabilities Framework

Social workers must be able to:

- demonstrate a comprehensive understanding and use of knowledge related to the area of their practice, including critical awareness of current issues and new evidence-based practice research;
- recognise the contribution, and begin to make use, of research to inform practice;
- demonstrate a critical understanding of research methods.

Examples are drawn from the knowledge domain of the social worker level of the Professional Capabilities Framework (College of Social Work, 2012).

National Occupational Standards for Social Work

Performance criteria:

- Use supervision and teamwork to identify different sources of knowledge that can inform best practice (18.2.a);
- Use procedures and practices, and prioritise time and commitments, to ensure that you have sufficient time to:
  - access and review literature;
  - access and review guidance on best practice;
  - review and evaluate the effectiveness of team practice (18.2.c);
- Continually evaluate and learn from current and emerging research (18.3.b).

Examples are drawn from Unit 18: Research, analyse, evaluate, and use current knowledge of best social work practice (TOPPS UK Partnership, 2002).

research as important. However, the connections between research and practice are not new. From the origins of the profession in the nineteenth century to the present day, social workers have used methods that some have likened to those used by qualitative researchers. Additionally, the influence of social research on the profession is quite apparent.

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The Charity Organisation Society (COS) founded in 1869, to which the origins of contemporary social work in the UK can be traced, boasted of its use of 'scientific principles' to 'target relief where it was most needed' (Rees, 2001: 193). COS became known for its social casework, which involved thorough investigation of individual and family needs and the targeting of resources towards those most in need. COS aimed to address the 'human weakness of the social workers' (Young and Ashton, 1956: 93) who gave relief to anyone who appeared distressed, rather than according to their actual need. They trained their workers in the process of social investigation which, although over one hundred years old, has a surprisingly contemporary feel about it:

> Their spokesmen were determined to rid themselves of vague generalizations and opinions not based on evidence, and to substitute careful enquiry into the facts of the economic and social life of the family, its previous history, its friends and relations, and above all a clear understanding of the way the client himself thought he could be helped. (Extract of a description of the COS Annual Report in 1895, Young and Ashton, 1956: 103)

The process of social investigation in social work informed the early work of the Chicago School (of sociology) in the 1920s and 1930s. Researchers in this tradition used life histories of marginalised groups collected by social workers in the course of their work. The 'thick description' (Geertz, 1973) of human behaviour provided by these social work case notes, which also examined the social context of the individuals and families concerned, provided fertile material for these social researchers. The resultant insights into the role of social structures and physical environmental factors in human behaviour have been influential in the development of social work theory and practice throughout the twentieth century.

Social work methods of investigating complex social problems within their wider social, economic and cultural contexts are not dissimilar to ethnographic field methods used by social anthropologists and other social scientists. Ethnography provides an understanding of human behaviour and culture through a process of researchers immersing themselves within the groups or communities being studied. Although social workers are not ethnographers – and the relationship between the methodologies of qualitative research and social work practice is complex and contested (see Shaw and Gould, 2001, to explore some of these arguments) – there are undoubtedly some synergies between the practice of social work and the methods of undertaking research that inform it. After all, social work is an *applied* social science discipline that informs and draws on research from cognate disciplines to intervene in the lives of vulnerable people to safeguard them and enhance their well-being.

The relationship between research and practice in social work is complex and this book highlights the importance of a critical interrogation of research findings, rather than a simplistic acceptance and uncritical adoption of them in practice. From the origins of social work in COS in the UK to the present day, social work has taken a critical stance towards research. For example, the

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maps of the extent and location of poverty in London produced by Charles Booth (1889) or the studies of poverty in York by Seebohm Rowntree (e.g. Rowntree, 1901) contained a wealth of data about the living conditions of the poor with whom social workers were working. These studies revealed the extent of poverty and were influential in shaping government responses, but they were not universally embraced by the early social workers. COS was critical of Rowntree's (1901) study, which revealed that poverty was mainly caused by low wages, or by not having a household member in work. As his findings ran counter to the COS principles of self-help and beliefs that the poor were poor of their own accord, they rejected his report. It is clear that not accepting research findings that challenge preconceived ideas has a long heritage.

Using evidence in social work practice

The concept of 'evidence' is used repeatedly throughout this book, so it is worthwhile spending a few moments to consider what it means. Box 1.2 contains a few definitions.

Common to these definitions is the assertion that evidence is used to prove or disprove something, or to discover the truth. It is most frequently applied in court proceedings to help establish the facts in a case. In criminal proceedings, evidence is used to establish the guilt or innocence of a defendant. Evidence is tested under cross-examination in criminal courts to establish its reliability. Generally, evidence provided by professionals – for instance, forensic scientists – is seen as more reliable than that provided by witnesses of the crime or others personally involved in the case, for example. Key hallmarks of reliable evidence are that it is objective, scientific and independent. However, evidence is rarely 100 per cent reliable and there are notable cases where it has subsequently been found to be flawed.

In family courts, mental health tribunals or other civil proceedings involving social workers, evidence is used to support the argument of a practitioner to help them achieve the outcome they are seeking. The evidence that is presented to the court often relates to the history of the presenting problem and the social circumstances or behaviour of the people involved. Evidence is typically gathered about the case from the individual or family concerned, other professionals working with them or from previous case notes.

BOX 1.2 DEFINITIONS OF 'EVIDENCE'

The available facts, circumstances etc. supporting or otherwise a belief, proposition etc., or indicating whether or not a thing is true or valid (*Concise Oxford Dictionary*)

That which tends to prove or disprove something; ground for belief; proof (*dictionary.com*)

Evidence, broadly construed, is anything presented in support of an assertion. This support may be strong or weak. The strongest type of evidence is that which provides direct proof of the truth of an assertion (*Wikipedia*)

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Occasionally, relevant research is introduced as evidence to inform the court's decision-making. Social workers' evidence is tested by those adjudicating the court case, so it needs to be as robust and reliable as possible to ensure it can withstand scrutiny.

This book is about the use of *research* evidence in routine social work practice. It is concerned with how the findings of research can inform social work assessments, decision-making and interventions. We must be aware, though, that the use of the word 'evidence' in this context implies there exists an objective truth that can be discerned through research. This view is derived from empiricism, a theory of knowledge that gives primacy to sensory experience and the role of experiments in deriving our knowledge about the world. Favoured by natural scientists, empiricism has been influential in the development of the notion of 'evidence-based practice'. As we shall discuss, this favours experimental evidence over experiential evidence. Empiricism has an important place in the canon of social work knowledge, but it must be appreciated that empirically derived data only becomes knowledge when it is referred to theory for understanding. (As this is not a textbook on the theories of social work knowledge or social work theory, we do not have the space here to explore this in full; however, we can point the reader to many good books that do – e.g. Lishman, 2007; Payne, 2014.) Suffice it to say that social work cannot live on empiricism alone.

Social work textbooks contain a plurality of theories as it is recognised that no one single theory can guide practice. Social work students often find that applying theory to practice during their placements is not a straightforward process, as the development of 'professional artistry' (Schon, 1987) in social work takes time and experience. It requires exposure to many complex situations characterised by uncertainty and uniqueness to develop the tacit knowledge that qualified practitioners come to rely on in their daily practice. Tacit knowledge lies just beneath the surface of professional practice and is often referred to as 'practice wisdom' in social work (Sheppard, 1995). Tacit knowledge is acquired through experience of practice, but it is not written down, is seldom made explicit and people are often unaware that they have it (Polanyi, 1958). It accounts for the automatic way in which decisions are made, frequently represented as intuition in social work practice (Carew, 1987). Practitioners place a high value on their tacit knowledge (Martinez-Brawley and Zorita, 2007), though one study has found that it does not lead to improved outcomes for users of services (Enguídanos and Jamison, 2006).

Practice learning in social work is aided by the process of reflection, which provides the practitioner with the opportunity to illuminate their practice with knowledge derived from theory and research to deepen their understanding of what they did and what intervention options they have going forward. As we have mentioned, there are many books on social work theory that support students and practitioners in applying knowledge derived from theory in their practice. This book seeks to do the same for research by helping social work students and practitioners to better understand how they can use research findings to inform, enrich and support their practice so that they become as familiar with using research as they are with using their intuition and tacit knowledge in making decisions.

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Our use of the word 'evidence', therefore, is a reference to any research findings that can support the development of social work practice, rather than a narrow search for objective truth. 'Evidence' has entered the social work lexicon through the notion of 'evidence-based practice', to which we now turn our attention.

Origins of evidence-based practice

The notion of 'evidence-based practice' has its origins in medicine. It can be traced to a book published by the British epidemiologist Archie Cochrane about how decisions are made in the National Health Service (NHS) (Cochrane, 1972). He argued that his colleagues generally based their decisions on opinion and tradition, rather than evidence, and that this could lead to inequality, inefficiency and ineffectiveness. He proposed that:

> allocations of funds and facilities are nearly always based on the opinions of senior consultants, but more and more, requests for additional facilities will have to be based on detailed argument with 'hard evidence' as to the gain to be expected from the patients' angle and the cost. (Cochrane, 1972: 82)

However, Cochrane was also critical of research, particularly that which had little practical use:

> British science divided itself into pure and applied [research] … this has had a detrimental effect … I remember being advised by the most distinguished people that the best research should be utterly useless. (Cochrane, 1972: 9).

Finally, he argued that for 'applied research' the experimental randomised controlled trial (RCT) is the most reliable and robust study design for health services and interventions because the design minimised the impact of bias. However, he conceded that 'the assessment of the "quality of life" in such trials has proved very difficult' (Cochrane, 1972: 24), which potentially raises issues about its applicability in social work.

Cochrane's ideas were largely discredited during his lifetime and it was not until the 1990s that findings from RCTs were routinely appraised and synthesised to summarise the effectiveness of particular health interventions and inform medical practice. Exploring the process of applying research in medical practice, Sackett *et al.* (1996) articulated the principles and practice of evidence-based medicine which, they argued, had its origins in the mid-nineteenth century. As Cochrane, they were critical of practice based only on opinion, but they introduced the idea that professional experience could have a valuable role to play alongside research evidence in decision-making. They warned against a purely mechanistic, generalised or inflexible approach:

> Evidence-based medicine is not 'cookbook' medicine. Because it requires a bottom up approach that integrates the best external evidence with clinical expertise and patients' choice, it cannot result in slavish, cookbook approaches to individual patient care. (Sackett *et al.*, 1996: 72)

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With the caveat that Sackett *et al.*'s argument does not account for the importance of service user or patient expertise (see Beresford, 2003), they maintain that outcomes for the individual should remain of central importance:

> Without clinical expertise, practice risks becoming tyrannised by evidence, for even excellent external evidence may be inapplicable or inappropriate for an individual patient. (Sackett *et al.*, 1996: 72)

They were critical of Cochrane's approach in so far as they were sceptical about the general application and use of RCTs, warning that such a research design was not necessarily the 'gold standard' methodology for all circumstances:

> some questions about therapy do not require randomised controlled trials or cannot wait for the trial to be conducted. And if no randomised controlled trial has been carried out for our patient's predicament, we must follow the trail to the next best external evidence and work from there. (Sackett *et al.*, 1996: 72)

Sackett *et al.*'s definition of evidence-based medicine (again, noting the absence of service user and carer expertise alongside practitioner expertise) has been highly influential in the development of evidence-based social work in the UK:

> Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating clinical expertise with the best available external clinical evidence from systematic research. (Sackett *et al.*, 1996: 71)

In defining evidence-based social care, Sheldon and Chilvers barely changed Sackett *et al.*'s (1996) conceptualisation:

> Evidence-based social care is the conscientious, explicit and judicious use of current best evidence in making decisions *regarding the welfare of those in need of social services* (our emphasis). (Sheldon and Chilvers, 2000: 5)

They argued that evidence-based social work requires practitioners to seek out the best quality research evidence relevant to the practice situation with which they are faced and use that to inform their decision-making, assessments or interventions. Their definition carried three injunctions for practitioners: conscientiousness, transparency and judiciousness.

First, social workers are to be conscientious in their use of research in their practice. As reinforced by the professional frameworks discussed earlier in this chapter (see Box 1.1), practitioners are required to keep up to date with relevant research so that they can use the most effective approaches in their practice.

Second, the use of research to inform decision-making in practice helps care and support planning to become transparent, open and accountable. If research evidence is used to inform decision-making, it can be presented to

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