Developing research-informed practice in child care social work teams

Sandra Wallis

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Abstract

The thesis centres on a two-year project with childcare teams in a local authority social services department encouraging the use of research materials to inform social workers' day-to-day practice. The intervention was intended to encourage research-mindedness in social workers in order to develop research-informed practice, describe its implementation and evaluate its outcomes.

The thesis first considers various strategies for the improvement of professional practice found mostly in the health field, whilst also looking at educational aspects of adult learning theory allied to problem solving and peer group learning. The development and evaluation of an intervention project is then described.

The project was delivered by organising and setting up practice development groups (PDGs) in each of the teams, which were facilitated for a period of six to nine months. Group meetings were held fortnightly during this time and lasted two hours. Within the PDGs, social workers' live cases were used during group discussions to arrive at a request for research information relating to the case in order to generate "research informed practice". Data for the evaluation were collected by means of participant observation, the administration of standardised measures of team functioning and follow-up interviews.

In the course of the intervention some essential features that were found to assist with the project's success were built into the design. These included the introduction of training sessions in critical thinking skills that were needed to enable social workers to evaluate their cases to see what research information might be useful. The project also identified the need for basic IT skills training and updated software packages together with a requirement for access to electronic journals.

There was a high level of commitment to the project by the social workers and evidence that they were able to utilise research information in ways that sometimes changed the direction of their cases and often empowered both the social worker and the client. However, learning at the individual level was not reflected at the organisational level of the employing department.

Sandra Wallis

DEVELOPING RESEARCH-INFORMED PRACTICE IN CHILD CARE SOCIAL WORK TEAMS

By

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CONTENTS

CHAPTER 7. DISCUSSION AND CONCLUSION

LIST OF FIGURES AND TABLES

Tables

APPENDICES

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CHAPTER ONE - INTRODUCTION

Introduction to the research

The thesis explores the use of research evidence in social work practice. In particular it describes a project in which I worked for two years with seven childcare teams in a local authority social services department encouraging the use of research materials to inform social workers' day-to-day practice. The perceived failure of social workers to use research evidence in their practice is an aspect of social work training that has come in for much criticism of late. (See for example MacDonald 1996, 2000). One of the failures of social work training is the lack of any emphasis on continuing professional development (CPD) and this has long been recognised as an important requirement for all professional groups. What it means in practice varies between the professions. As Taylor (2000) has pointed out, what counts as CPD ranges between voluntary and compulsory procedures. Doctors and lawyers, for example, have to show that they have continued their training as a registration requirement. Some, like the Royal College of General Practitioners, which awards its fellowship only on the basis of assessment of the practitioner's clinical work in his/her own setting, are quite pragmatic in their approach to CPD. The form that CPD will take for social workers in the future is not yet clear. Until very recently they have not been required to register or to show that they have engaged in CPD. Social work has traditionally had a very short training period compared to other professions and did not require university education to degree level, although around 25% of recruits have been graduates who go on to achieve a postgraduate qualification.

This research sits within the current debate on improving professional practice. Although there are now some moves by the Government to improve the training of social workers and social care staff, when I began the project no decisions had been made by the Government about

improving training for social workers. The Government has extended the training period to three years at degree level for all new social workers and introduced a requirement for all to be registered. The new registration system will insist on some sort of proof of continuing professional development for registrants.

The General Social Care Council (GSCC) has been appointed and the 'Codes of Practice' for employers and employees have been published. One of the codes, for employers, requires them to provide training and development opportunities to enable social care workers to strengthen and develop their professional skills and knowledge. Similarly, a code for the employees says they will be expected to undertake relevant training to maintain and improve knowledge and skills (GSCC, 2002). Regarding the registration of social workers –- the Council has suggested that qualified social workers would have to prove continuing professional development in order to be re-registered. This is affirmed in a recent article by Brooke (2003) - the newly appointed Chair of the General Social Care Council - who writes that "registered social workers will be required to complete 15 days or 90 hours relevant post-registration training and learning over the three year registration period". This will bring social workers in line with other professions such as nurses and lawyers.

It could be speculated that the newly trained all-graduate workforce that will emerge in 2006 would use research in their practice. However, the indications from the all-graduate health professions are that they do not routinely use research in their practice and they have to be continually encouraged (see for example, Donald and Milne, 1998, p.57). Either way, there will only be a slow change in the composition of the workforce through the gradual addition of these 'new' social workers and hence any changes in overall working practices will take time. In the meantime the existing workforce will need continuing professional support if they are to be encouraged to use research in their practice. This thesis is about

encouraging research mindedness in social workers. It was conceived and started before the Government's initiative in an early recognition of this need to encourage social workers to use research information in their day-to-day practice.

Another Government initiative that is directly related to my thesis is the launch of the Social Care Institute for Excellence (SCIE). Formed in October 2001, it gathers and publicises knowledge about how to make social care services better. This is an independent organisation funded by the Government as one of the partners in the Social Care Quality Programme to create a knowledge base of what works best in social care services and to make sure that it is used to improve services. It has three main functions:

- Reviewing knowledge about social care
- Developing best practice guides based on that knowledge
- Promoting the use of best practice guides in policy and practice (www.scie.org.uk)

This initiative is concerned to find and communicate knowledge to promote best practice. However it does not address the kinds of issues surrounding dissemination of this knowledge that I confront in this thesis.

In what follows I explore an approach to fostering research mindedness in practising social workers in childcare teams. This first chapter has a dual purpose. It fulfils a general introductory function by outlining the context within which the project that forms the basis of this thesis arose and my involvement in that process. It also explains the general arrangement of the thesis, before outlining the *research questions* the thesis seeks to answer.

General background

The fieldwork for this study came from my involvement in a three-year project working with some childcare teams of a County Council's Social Services Department. The County is situated in the north of England and is mostly a rural area; half of its residents live in settlements of fewer than 10,000 people. The County's overall population is a little under 500,000, which has fallen significantly from a peak in the mid-1970s. The decline has principally been a consequence of outward migration, with the most deprived parts of the County experiencing the greatest loss. Current projections suggest continuing falls in the number of school-age children and young people and adults aged 16-39 years, accompanied by a continuing rise in the number of older people, particularly those aged over 85. Many of the County's settlements suffer from high levels of rural and urban deprivation, coupled with severe difficulties in terms of accessing jobs, learning and services. The area was once at the heart of the English coal mining industry but now it has a significantly more deprived population than any other county and many people are among the poorest in the country. The average resident can expect to have a shorter life, more chronic ill health, poorer educational attainment, lower wages and more unemployment than the average person in all other counties (Source: Joint Review, 2002).

The County's Social Services Department's childcare provision was organised around fourteen teams, half located in the department's Northern Division and half in the Southern Division. My project was targeted at the seven childcare teams of the Northern Division. Each team office was based at one of three main centres in the northern part of the county. Of these seven teams, six were case accountable and had statutory responsibility, whilst the remaining team ran various community based projects in the area. The project was delivered to these seven childcare teams between January 2000, when work started with the pilot team and January 2002, when the facilitation of the last team ended.

During the course of the research there were many changes taking place in all social services departments in the UK as well as in some significant partner organisations. Because of this a large number of the staff in the County's children's services had either moved teams and/or location, or else they moved to other local authorities, during the course of the project.

The fieldwork in context

Butler (2003) has claimed to have noted a high level of interest in social work research amongst the practitioners he met during his visits to social work departments. This position is seen to be somewhat different to the situation at the start of my project, where there was little evidence of such an interest. The research project came into being as a result of collaboration between the County's Social Services Department and the Centre for Applied Social Studies (CASS), University of Durham. The Director of the Department had discussed with CASS how the use of research evidence might be encouraged within its children's services. By January 2000 a proposal that built on these discussions had been agreed. Its aim was to develop research-informed practice (RIP) within the County's childcare teams, describe its implementation and evaluate its outcomes.

The proposal defined RIP to mean:

1. Using research evidence to
   - Establish best practice in direct work (e.g. evidence concerning the needs of clients and carers for information and support).
   - Inform the assessment of client need.
   - Identify the interventions which have established effectiveness for given problems and needs.
2. Using research methods to
   - Assess client satisfaction.
   - Evaluate outcomes.

It was expected that since this was proposed prior to the fieldwork, these definitions would need to be altered or expanded following a review of the literature and learning from the project.

At this early stage it was envisaged that the initiative could be introduced as part of the Social Services departmental *Quality Protects* (QP) Action Plan relating to Placement Choice and Leaving Care. The Social Services' QP Project Officers designated to promote these two action plans would work with the University to promote the use of research evidence in these two areas, as the plan is implemented successively in all localities. This would be achieved through the work done within the new Practice Development Groups (see below) and followed through in individual supervision.

The implementation required:

1. The development of a protocol and a proforma for case discussion in Practice Development Groups (PDGs) and individual supervision. The Protocol would guide staff in identifying and using research evidence in practice.
2. Initial training for teams in identifying, assessing and using relevant research. This would be in the form of workshops for practitioners and supervisors.
3. Access to research information with assistance from the Research Team.
4. Training and support for team managers.

The proposal envisaged the setting up of what were called *Practice Development Groups* (PDGs) in each of the teams involved in the initiative. These groups had a number of distinct purposes, including:

- To provide a forum for the dissemination of research material which was applicable to the work of the team in relation to Placement Choice and Leaving Care.
- To promote discussion of the research material, its meaning and potential relevance.
- To encourage team members to reflect critically upon particular aspects of casework in the light of the research evidence, using the protocol mentioned above.
- To allow team members to identify gaps in their research knowledge, which can be met in further meetings. This to include research findings, which help develop understanding of client's situations (e.g. family circumstances and abuse) as well as evidence about effective interventions (e.g. therapy for abuse survivors).
- To promote case reviews and the systematic evaluation of outcomes.

The PDGs would be facilitated and structured. The intention was for the Research Team and the Project Officers to give initial training on research-based practice, the evaluation of outcomes, and the role of the practice development group. A standard and agreed format for the meetings was to be devised to ensure that the above aims were met. PDG meetings were to be convened by the Team Manager and facilitated for a period of six to nine months by the relevant Project Officers, in tandem with the researcher. This was to allow consistency of approach across the different localities. After this time it was expected that the Groups would continue under the leadership of the Team Manager.

The Practice Development Groups were intended to complement rather than replace the existing practice of individual supervision by the team manager, which should build upon the group discussion. This was meant to ensure that agency accountability was maintained, consistent with the expectations for supervision outlined in the Department's supervision and appraisal policy. Team (line) managers needed to retain casework

responsibility and therefore their input into the Practice Development Groups would be crucial. It was ultimately decided that PDG meetings would take place at fortnightly intervals in the weeks alternating with the already established fortnightly team meetings. These Groups would be given high priority within teams, with an expectation that all team members involved attend.

Evaluation of the project would involve an assessment of the functioning of the Practice Development Groups using a combination of qualitative and quantitative research methods, and ascertain the views and experiences of practitioners and supervisors. It would include the use of a time-series ("before-and-after") design, in which the research team would aim to identify changes in practice as the intervention was introduced into successive teams. It was anticipated that teams would vary to some extent in the standard of practice, but if consistent improvements in outcomes could be measured, then it may be argued that these could be attributed to the "intervention" (Research-informed Practice). This design meant that data would need to be collected before the Practice Development Groups were started and after they ended, and would require the collection and collation of data by the researcher for analysis.

The initial proposals between the County's Social Services and CASS had envisaged that a *researcher* would be appointed to deliver the project and that this would be someone with social work experience so as to lend credibility to the work. The responsibilities of the project researcher included:

1. Liaison with team managers and support to teams.
2. Observation and analysis of the process of implementing research in practice.
3. Collection and analysis of outcome measures completed by team members.

4. Independent assessment of outcomes with clients who agree to participate in the evaluation, using complementary measures.
5. Developing a theoretically informed understanding of the use of research in practice.

The fieldwork for the project was to run for two years, with training of the first team to begin in March 2000 and implementation thereafter. A third year was meant to be concerned with data analysis and report writing. I was appointed as full time researcher to the project in November 1999. Up until then I was a childcare team manager in social services with over twenty years experience in this area of social work.

Overview and general arrangement of the thesis

It is difficult to describe how the thesis is organised without first setting out the relationships between its different parts. With this project, the relationships are quite complex and seem to incorporate several layers each interacting with the other. Earlier on I used to think of the thesis as an onion composed of different layers that could be peeled away to expose its various parts. But as the project progressed I now find that the simplest way to describe how it is organised and the way the various parts relate to each other it is by referring to the parts of an apple. In this analogy the apple represents the thesis. The peel of the apple contains the methodology overarching the thesis and includes the identification of the problem the project is concerned with – getting social workers to use research in their practice. It includes the literature review carried out at the start of the research that looked at who was defining this as a problem, the nature of what that problem was seen to be and what likely solutions were being put forward to deal with it. The peel also contains the methodological considerations connected with undertaking a project of this nature. It is these peel type features that are dealt with in the first four chapters. This first chapter, Chapter One, gives the general background

to the project before setting out the main research questions that the thesis addresses.

The order in which the remaining chapters are presented follows a roughly chronological sequence based on the way the project developed. The first priority of the research was to organise and implement the programme of the proposed intervention. This involved carrying out a literature search to see what commentators were saying about the dissemination of research findings to professionals. At the same time I was engaged in looking for research information that would be useful to social workers in childcare and preparing for the fieldwork. The results of this preparatory work are in Chapters Two and Three which present updated versions of the initial literature reviews I first carried out early on in the project - when the main priority was getting ready for the fieldwork - rather than addressing any issues relating to the wider thesis *per se* that were dealt with later on. Chapter Two sets the scene by giving an overview of the various discussions arising in the literature regarding 'research-informed practice' and how they relate to the development of social workers' use of research. I also put forward what has been seen as the difficulties connected with implementing, describing and evaluating programmes of this kind. This is followed, in Chapter Three, by some commentators' views on what might be useful interventions regarding the problems identified in the second chapter. The major focus here was on how adults learn and how professionals are encouraged to change their practice.

The last of the 'apple-peel' chapters, Chapter Four, deals with some important methodological considerations. The first part acknowledges and gives an account of the likely influences of my own personal biography on both the selection of the topic and the research methods and methodology used. This is where I address some key issues about how best to go about the research endeavour. It is written as a response to the particular research question that voiced this concern (see below).

The second part of Chapter Four moves on by setting out the methodology of the project that informs the thesis through a description of the evolution of the research process and outcomes as well as its participants. Here I explain and justify the methods used for gathering, analysing and presenting the data by linking them to the remaining research questions.

The project is the fruit of the apple. Some of the methodology discussed in the 'peel' filters down into the fruit. The work of researchers on adult learning and others dealing with how professionals learn, for example, helps to inform the implementation and evaluation of the project. The centre of the apple is the core of the research and contains the work within the practice development groups - the collection and presentation of the field data that informs the thesis by way of the participant observation and questionnaires. It is here that an action cycle – where different approaches are tried, evaluated and reflected upon and often altered or changed as a result – best describes the activity within the groups and also the way the project developed during its lifetime. This is a very simplified analogy and none of the different parts of the apple are mutually exclusive and often feed back into each other. The collection of the field data and analysis of the findings, for example, moves out from the core back into the fruit (at the project level) where the results are augmented by the interviews with some of the participants and given to the client in the form of a report. The whole of the apple – the core where the work in the groups took place, the fruit where the project was conceived and actioned and the referral back to the methodological considerations of the peel – is finally analysed and concluded upon in the final chapters. Chapters Five and Six are where the results of the questionnaire and the participant observation and the interviews are presented and discussed. Chapter Five deals with the findings of an evaluation of team functioning questionnaires that were completed by the participants. In a departure from what is the more usual presentational practice I describe the process of the intervention within Chapter Six and not separately. This is

because, as I noted above, what happened both outside and inside the groups – the processes that occurred – mostly evolved and often changed as the intervention proceeded as a series of responses to an action cycle paradigm. This evolutionary feature was thus an integral part of the interaction that occurred in the groups and so is included in the discussion of the results of the participant observation. The last chapter, Chapter Seven, is where I bring together a final analysis and draw some conclusions by referring back to the original research questions as well as also assessing the contribution made by the different approaches adopted.

The research questions

For Strauss and Corbin, the "research question is the specific query to be addressed by this research that sets the parameters of the project and suggests the methods to be used for data gathering and analysis" (1998: p.35). However, the research questions for my thesis are not as straightforward as their definition seems to suggest. This is because the research was on two levels. At one level there were those research questions that it was intended the literature review would answer. They needed to be addressed early in the project, so they could inform the implementation of the original commission as set out in the proposal:

- What were the major issues identified in the literature that related to the research brief?
- What methods of achieving the aims of my project did researchers working in this area advocate?

Thus, the early part of the project was devoted to an extensive literature review. This found out what similar work was ongoing in this area and also pointed to the strengths and weaknesses of the different methods that others had employed in their attempts to influence professional practice. These first two research questions are addressed in the next two chapters

(Chapters Two and Three) and resulted in the adoption of a range of likely strategies and methods that were recommended as being more likely to be successful in delivering and evaluating the intervention. Where possible, these were incorporated into my research design. Where it seemed appropriate I have updated some parts of these two chapters to incorporate relevant later readings. Most of the up-to-date information that was available for the review was accessed electronically – either through the university's journal database or from Internet web page resources from other providers. In the initial review there was not much information available about whether or how social workers used research in their practice. However, since the project started the number of people working in this field has escalated and so has the amount of research available - mainly as a result of a series of government initiatives (for example, DoH 1998a, 1998b, 1999 and 2000).

At the other level there was a set of research questions that informed the thesis itself and emerged as the project progressed. Though they included questions at the implementation level they also concerned the wider range of methodological issues surrounding my research. At this level I both explain and justify my decisions regarding the choices made. The main questions were:

- What would be the likely effects of my position as the researcher on the various methodological approaches and methods I employed?
- What were the social workers' attitudes and views about research at the start of the project and at the end?
- What processes were evident in the course of the intervention, how did they work and under what conditions did research-mindedness develop in the PDGs?
- How effective was the intervention in encouraging social workers to use research in their practice?

The first of this group of questions is addressed in Chapter Four, which discusses the methodology and the research methods I have used in the project. The other questions are attended to in the subsequent chapters.

CHAPTER TWO - CENTRAL CONCERNS OF THE THESIS

Introduction

This chapter addresses issues relating to the first research question posed in Chapter One. That is: "What were the major issues identified in the literature that related to the research brief?" It defines the problem that the thesis is concerned with – namely encouraging the use of research-informed practice (RIP) by social workers in social services departments - by referring to commentators and those currently working in this area.

Evidenced-based or research-informed practice

This study uses the term research-informed, rather than evidence-based research information for social workers. It seems to me that the difference between the two is that evidence-based practice (EBP) is premised on a 'treatment' model using evidence that is testable and repeatable as in the case of randomised controlled trials (RCTs). An example from the field of social care would be in the use of family therapy. The intervention here is one that is acknowledged to be an effective treatment of behavioural problems in young children.

On the other hand research-informed practice uses knowledge that informs practice. Taylor and White (2001) argue that neither evidenced-based approaches nor the more complex models proposed elsewhere are sufficiently realistic to take account of the complexities of the task where workers form the kinds of judgements they have to make. They consider that the social work task is to find out what really happened, or is happening, in a particular situation and then to decide how to respond. It seems to me that it is whilst reflecting on how to respond to the particular situation they are confronted with that the acquisition of any available and useful research information becomes an essential part of this process. For example, informing social workers of the issues around pornography

on the Internet widens their knowledge of the topic, without in this case, implying that there is definitive evidence or best outcomes for any decisions they may make.

Webb (2001) suggests that increasingly the phrase 'using research evidence' to facilitate practice is being dropped and replaced by the more monolithic assertion that practice should be 'grounded in' evidence or show a 'commitment to' evidence-based practice. The purpose behind the project that forms the basis of this thesis was to increase research-mindedness in social workers to help inform their professional knowledge, and produce practice decisions based on sound principles.

Influences for change

Political Influences

The Government is the main protagonist in the recent changes in social policy. These recent government initiatives have focussed on the whole range of public services. They include major changes in health, education, and the criminal justice system as well as social services. By targeting effectiveness and efficiency they have provided much of the present impetus for improving practice. The way they have gone about it however, has been widely criticised and derided as 'tick box' solutions by all of the public services involved. Critics of the Government programme dislike the 'league table' mentality, which they claim, fails to deliver the basic changes needed to improve services. An example of the criticisms is found in the report of a joint project between staff from a university social work department and a local social service department (Clifford et al 2002). They contend that the Government's latest training initiatives on assessing children in need "largely relies on a top-down 'expert'-led approach, providing sometimes patronising guidance that course members are expected to accept". What is needed they go on to explain

is for a framework to be developed *"together with practitioners"* (my emphasis).

A further example of this questioning of the Government initiatives comes in a recent paper on Children's Services in the UK (Little et al 2003). In their review of developments in this sector Little and colleagues argue that the current approach of providing predominantly low level interventions to large groups ('the thin approach') may need rethinking if significant and lasting changes are to be effected. In particular they note that the initiatives such as "Surestart" wherein a lot of children are getting a little support, encourages a thin approach. They suggest that an alternative would be to offer much more assistance to a smaller group of children ("the thick approach"). Davies (1998), writing from a Government perspective seems to be confirming Little et al's 'thin' approach. She reports that a major focus of the Governments' current research programme is aimed at outcome measurements purportedly to provide reliable evidence of the effectiveness of services to the larger group of children "in need" that they previously knew little about.

Macdonald (2000) who is one of the foremost proponents of evidenced-based practice in social work, notes that political ideology plays a major role in shaping policy and practice and suggests that "the concept of evidence-based practice is potentially as much a political tool as a professional concern." (p.120). She uses social work as a case study to explore the issues, dilemmas and challenges inherent in developing evidenced-based social care. Macdonald concludes that evidence-based practice in social care is at an early and turbulent stage of development (p.134).

There have been a string of published Government initiatives in the area of social care during the last decade. Most affect social work practice and, taken together, they form a large volume of literature to read and

implement. Examples come from a look at some of the publications from the Department of Health during 1998-2000. In this period alone there were several major documents detailing social policy changes that affected social work (DoH 1998a, Modernising Social Services; 1998b, Caring for Children Away from Home; 1999, Working Together to Safeguard Children; 2000, Framework for Assessment of Children in Need). Social work staff have to operate within these constantly changing legal and organisational requirements.

Social policy

Amann (2000) has traced back some of the most recent initiatives in social policy to two influential national conferences on evidence-based policy that were held in early 1999. One was under the auspices of the Association of Research Centres in the Social Sciences (ARCISS) and the other was convened by University College London's School of Public Policy in association with the Cochrane Centre at Oxford. They coincided with the Economic and Social Research Council's (ESRC's) plans for a new National Resource Centre for Evidence-based Policy. There are high-level concerns to improve the quality of policy making as well as a push to improve practice. The new Labour government's worries about improving the quality of policymaking led to the setting up of various units within the government's Cabinet Office. They include the Social Exclusion Unit and the Performance and Innovation Unit as well as the Centre for Management and Policy Studies. The latter started work as recently as June 1999 and was given the special task of developing a new approach to policymaking based on the latest techniques of knowledge management.

The government has stressed the need for collaboration to identify "what matters" as well as evidence for "what works". As Nutley and Webb (2000) note:

> This has presented enormous challenges for policy makers, practitioners and researchers. Central government ministers have offered to work with local agencies to develop and test out new models of service delivery (p.23)

Knapp and Lowin (1998) see the present Government policy of needing evidence as economically driven. They use the Children Act 1989 and other social and health reforms to illustrate how these needs manifest themselves. The government, they consider, is trying to do three things: improve services, reduce the "dependency culture" and with their commitment to fiscal restraint, get "best value". These add to the weight of need for evidence on how to deploy resources more efficiently. Ultimately, it is the policy needs that dictate the practice requirements.

An example of the continuing pressure for change towards EBP is one that originates from government-backed initiatives to modernise the public services. These emanate from a series of government comprehensive spending reviews that looked at the pattern and level of public spending. They were undertaken with a view to changing public spending policies to take account of the government's priorities. The first review took a year to complete and its conclusions were published in July 1998 as 'Modernising Public Services for Britain'. (DoH, 1998). In it, the government's agenda is set out quite clearly and covers the services and areas where changes are expected to be made through the "modernisation" of social services' provision.

Glass (1999), the ex-treasury minister who was responsible for setting in motion the early stages of the 'Sure Start' programme, has pointed to the transient nature of much of the country's social policy initiatives. It is the nature of the political process in this country that new programmes generally get adopted because they have political pressure behind them and because ministers are identified with them. The result is that the life expectancy of most policy initiatives is "brutish and short", whilst even

those initiatives that continue, rarely survive unaltered. Although Glass (1999, 2001) acknowledges the tendency among researchers to become discouraged by these changes, he nevertheless recommends an approach to policy evaluation that is sufficiently robust to cope with changes in design. He neglects to indicate what the elements of such an approach might be.

Braye (2000) too, stresses the political nature of the move towards evidence-based or research-informed practice. She cautions that,

> The relationship between research and practice is (also) political. For example, resources may be withdrawn from interventions that are not effective or are not cost-efficient" leading to "a danger that evidence-based practice becomes equated with pursuing only actions that serve the dominant interests of those who commission or provide services.

Stein (1999) has asserted that:

> The Government is committed to modernising the NHS, Local Government and Social Services. One of the main drivers by which this will be achieved is through a skilled and well-informed workforce using research informed knowledge and evidence where it is available.

Adams et.al. (1999) also believe there is renewed interest in research activity involving UK local authority social services departments. The interest has been promoted nationally through initiatives such as the 1994 Department of Health Paper *A Wider Strategy for Research and Development Relating to Personal Social Services*, which predates the present Labour Government's involvement. According to them this renewed interest has led to contemporary social work:

> being re-constructed and re-evaluated in the context of its activities and outcomes that relate to both caring for people (i.e.

the provision of caring services) and caring about people (i.e. the managing and allocation of resources).

Evidence-based practice

The largest body of research into evidence-based practice has been carried out in the field of health care. Thus it is hardly surprising that the model used by those who advocate evidenced-based research for social services is copied from health. Medical research has a much longer history and has included randomised controlled trials for many years and it has addressed such issues as evaluation, outcomes and 'what works'. The UK Cochrane Collaboration with the central pivot of the 'gold standard' of randomised controlled trials has pioneered the way in synthesising health care research. The Collaboration consists of a worldwide network of centres that prepare, maintain, and disseminate high-quality systematic reviews on the efficacy of health care. The Cochrane Collaboration has now spread to other countries who have set up local centres to promote the use of vigorously tested research results in medicine, and to co-operate with each other to promote and update the collection of information about research results. A recent initiative for social care research has been the establishment of the Campbell Collaboration in February 2000. It is an international collaboration to prepare and maintain systematic reviews of research on the effects of interventions in areas such as education, criminal justice, social policy and social care (Gambrill, 1999, MacDonald, 2000: p.133). This collaboration is still in its early stages and my recent attempt to access a basic request for child protection found the software difficult to use.

Sinclair (2000) has described the dilemmas of social work research by suggesting that using RCTs is different for medicine than for other areas of social care provision. This is because in an ideal RCT in some medical field there would be an agreed protocol to sample individuals who have been diagnosed by standard methods as having a known disorder, and

whose response can be compared with that of others picked at random. The mechanisms through which the medicine is likely to work are known and the effects can be measured. Ethically there is agreement on the effects of interest and little difficulty in measuring them. Patients are eager to take part in the trials, and outcomes can be measured on a continuous scale. Doctors are interested in taking part in the trials and there are no major practical difficulties in their doing so. Sinclair goes on to state that though many of these factors may be missing from many medical trials they are routinely absent from almost all social work ones. "As a result these trials commonly lack scientific depth, are sometimes open to ethical attack, and are practically very difficult to mount."

Smith (2000) agrees with Sinclair and has said that it is very hard to argue against the proposition that practice in social work should be 'evidence-based'. However, he suggests, the demand that practice should be based on evidence reveals an over-simplified and over-certain view of what evidence does or might consist of, and how it should be interpreted and used. One of the reasons "why there are few adequate evaluations of practice, and therefore so (relatively) little evidence to base practice on, is that evaluation is difficult"

There has been a considerable backlash from medical practitioners as well as social science researchers about the concentration on RCTs in health research. They point out that this method of research ignores the very important place of diagnosis and the patient/doctor relationships in medical outcomes, these areas are difficult to quantify and cannot be measured by this approach (see, for example, Miles, 1997; Downie and MacNaughton, 2000).

In the US, Shahar (1997) has said,

> If the term evidence-based medicine conveys more than is conveyed by the word medicine, then there must be a way to

distinguish between evidence-based medicine and non-evidence-based medicine.

Shahar examines the nature of medical theories and the nature of the evidence that is produced by empirical tests of such theories. He then relates these to the medical decisions made. He concludes that the attempts to classify medical decisions as 'justified' or 'unjustified' by scientific evidence have no foundation in logic. He goes on; "the use of the term evidence-based medicine calls for a new type of authoritarianism in medical practice". This perception of evidence-based justifications being imposed on practitioners is found also in the literature of educational and social services' research.

Greenhalgh (1997) says that evidenced-based medicine "has become a political and ideological hot potato". She contends that clinicians have been imposed upon to declare their allegiance either with the 'hard science' or with the 'traditional values' camps. Whilst acknowledging this as largely a false dichotomy, she mentions the danger of the misapplication of evidence-based medicine, in which irrelevant or outdated evidence from RCTs can potentially make the ignorant, naïve or incompetent clinician even more dangerous. Greenhalgh argues that in reality they are closer together than ever before and each are attacking the other for a viewpoint it no longer holds. These first and second stages have given way to stage three, where an important concession to old fashioned clinical judgement is taken forward in a scientific and objective way – so that the clinician's entire decision-making sequence can be subjected to full scientific scrutiny.

Downie and MacNaughton (2000) acknowledge the existence of a widespread view that medicine is a scientific enterprise with decisions based on evidence-based science. In considering whether medical research is indeed scientific, they identify three kinds of research. First,

that which is conducted into normal and pathological workings of the body. Second, observational studies into doctor patient interactions. Thirdly, experimental studies which involve randomised trials of interventions. They argue that although the first is scientific, the other two are doubtfully so and conclude that medicine is both a science and an art (2000: pp. ix, 37).

Other research-mindedness projects

I have found a recent and growing literature concerned with evidence-based and research-informed practice in social care. Included in this are several projects aimed at getting more research into social services' policy making and social work practice that have been set up in recent years.

Research in Practice

Social services' directors have recognised the need for informed policy and practice, hence their involvement in a number of joint initiatives. One of the earliest of these projects is *Research in Practice*. It was formed in 1996 as an initiative of the Association of Directors of Social Services and located at the Dartington Research Unit (now also at the University of Sheffield). At the outset, twenty-five local authority social services departments (SSDs) were involved. This has now grown to fifty-four local authority social services departments and two large voluntary child-care organisations. Atherton (1999), the original director of Research in Practice, Dartington, makes some timely comments by stressing the very *idea* of evidence based practice in social work as being quite recent, while even "Its older sister, in medicine, still counts in years not decades." She has also indicated that there is not always an evidence base to use – and that some decisions have to be made without the benefit of evidence. She continues by asserting that "there is a gulf between research and practice but responsibility is too easily laid at the door of social work alone." In discussing the allocation of resources she notes that the sector

is a "poor relation indeed", since in terms of expenditure, the whole of social care receives less finance than that allocated to just one of the National Health Services UK regions.

The *Research in Practice* project was planned around three themes. One, getting research to decision makers in practice and policy and to service users. These aspects are to be achieved by means of an evidence bank, audiotapes and research pamphlets. In addition, the aim was to locate evidence, critically appraise it and find innovative ways of disseminating good evidence. Two, encouraging research use within practice and policy by motivating and enabling members to share ideas and experience, as well as targeting evidence dissemination to fit local and national policy initiatives such as 'Quality Protects'. Three, developing and supporting research from topics selected by member agencies, as well as building onto ways of giving service providers a voice in the development of research priorities. (Atherton, 1999).

One of the most influential projects, which Dartington shared and developed in association with the Universities of Bristol, Bath, and Swansea and the National Children's Bureau is the 'Looked After Children' material. This project was concerned with disseminating best practice and designed to help social services collect data, make plans, review progress and monitor outcomes for children looked after by local authorities. By 1998, 90% of local authority social services departments were using the materials. The design of the project included advice on planning and ongoing feedback, as well as ways of implementing changes to the package resulting from that feedback.

More recently, in a review of the developments in children's services since 1997 (Little, Axford and Morpeth, 2003) the Dartington unit has pointed to the continuing considerable effort to improve assessment and administrative data. They argue that the present approach of providing

predominately low level interventions ('thin' approach) to large groups may need rethinking. In their evaluation of Government policy over the period they note that Department of Health sponsored research has traditionally been strong on process – what agencies and courts do to support children in need – and outputs – how many children get help. There has, however, been less emphasis on outcomes, that is the impact of an intervention on child health and development. Against this, they note the increasing interest being shown in intervention outcomes by other researchers in the area of child development. They highlight the work being done where, in projects similar to this one, the interventions are designed to achieve specific outcomes. They quote Jordan (2002) who considers that arguably Government has redistributed some of the social work profession's traditional functions and left them with the more controlling elements such as investigating abuse. Little et.al. say the developments described by Jordan prompt questions regarding the kind of training that is required to help the professionals discharge their social work responsibilities.

Statham and Aldgate (2003) have also reported on recent Government sponsored research into children's services. Their report looks at the Department of Health overview of research commissioned over the eight-year period since the Children Act came into force in October 1991. They note that this draws together findings from as many as 24 different studies and also point to the sheer scale of change affecting social services and other government departments over this period. The studies show that there were many organisational upheavals that could be considered as impediments to some of the developmental changes envisaged by the Act. For example, the Children and Family Court Advisory and Support Service (CAFCASS) initiative has resulted in a shortage of Guardians leading to delays in bringing cases to court. The upheavals discussed by Statham and Aldgate were reflected in my project, which was carried out against a

background of fluctuating team membership and the restructuring of the Department.

The Centre for Evidence-Based Social Services (CEBSS)

The Centre for Evidence-Based Social Services started in 1997 and is located at the University of Exeter. It was jointly funded between sixteen social services departments in the south west of England and the Department of Health. The Centre covers a dissemination and research commissioning service embracing all aspects of social care. Its aims are to:

- establish a centre to promote the dissemination of research findings relevant to the work of social services generally
- identify gaps in existing knowledge
- commission research to fill these
- develop empirically based training in social services departments and courses in higher education. (CEBSS, 2000)

An example of one of the research projects they have commissioned is that carried out by Spittlehouse (2000) and her colleagues from the Critical Appraisal Skills Programme at the Institute of Health Sciences in Oxford. The commission was to develop, implement and evaluate a project to introduce critical appraisal skills to social services practitioners and managers from eleven local authorities across the south and southwest of England. Spittlehouse had previously delivered similar workshops to health professionals advocating the use of the random controlled trial as the 'most robust' form of study. She decided to keep this focus in the social services' workshops, though one wonders whether this may have been the most appropriate, given the paucity of randomised controlled trials in social work research.

The key elements of the one-day workshops were:

- an interactive introductory session giving information on research methods and what to look for in critically appraising a random controlled trial.
- small group work where participants critically appraise a RCT using a checklist introduced in the introductory session.
- a feedback session to discuss the findings from the group work.

The evaluation of the project was carried out by way of 'before and after' questionnaires and a single satisfaction survey of participants. They asked participants to indicate their knowledge of certain topics before the workshop and then again after it. The questionnaire included topics that had not been taught in the workshops to guard against the 'Hawthorne' effect. The results indicated that participants believed they had gained knowledge. Spittlehouse interpreted this result "as a substantial overall short-term gain".

Sinclair (2000), in a fairly light-hearted but well-argued response to Spittlehouse's paper, was surprised that a fervent supporter of RCTs has herself made assumptions about the workshop outcomes which were not backed by 'gold standard' evidence.

CEBSS has organised many regional activities over the years, mainly concerned with promoting critical appraisal skills programmes. Their most recent initiative is the setting up of a new 'Be Evidenced-Based' website of research findings. The site is meant to provide easy access to key findings from critically appraised research in the field of social care. This is in response to their experience that busy practitioners would like to base their working practices around evidence of what works but that searching out individual journal articles on specialised topics can be time-consuming. However, in July 2003, this resource was still under development with material expected to continue to be added throughout 2003. The resource is available for member authorities only (CEBSS, 2003).

Making Research Count

The Making Research Count initiative (MRC, 2000) was started in 1998. Four universities (Royal Holloway, York, East Anglia and Luton) joined together to provide research-based services for social care staff in local authorities in their regions, with an emphasis on local initiatives. The number of universities participating in Making Research Count has since increased to eight. The MRC model of delivery disseminates research and takes account of the available evidence to help managers and front line workers to implement research evidence in policy and practice changes. It is difficult to generalise about this programme as each university is developing different approaches in their particular MRC project, but all work to a regional model within a national framework. The regional work takes place with agencies within the broad geographical area in which the university is sited. The York team's model for a 'leaving care' project, for example, is one that seeks to link the dissemination of research findings to an implementation strategy. After the initial drawing up of a programme of research dissemination days, the programme is delivered to practitioners by way of a two day input from the researchers and project staff. The participants are then expected to return to their agencies with the remit of cascading the key messages from the research through meetings with colleagues within their agencies and externally, if appropriate. Although Stein (1999) has recognised that such training events and conferences may increase individual participants' knowledge, he also notes:

> However, evidence and experience suggests that attendance at training events and conferences has *only limited impact in achieving sustained changes in policy direction or practice* unless clearly linked into agency-agreed implementation strategies (my emphasis).

In their latest summary of the evaluation of the model by participants, Stein and his team drew attention to the complexities and difficulties associated with trying to deliver research informed practice. They also said:

> Our work suggests that an important contribution to helping staff use research to increase evidence-based planning and practice can be made through the use of a well-informed model for moving towards implementation delivered by staff with the appropriate skills to effect this (reported by Crawshaw, 2001).

One of the other universities in the partnership, East Anglia, has six local authorities in membership and has provided training for over 400 social care staff on topics as diverse as direct payments in adult services and the role and importance of research. In addition to conferences, the member local authorities can have workshops or study days in their own premises and also receive research briefings. These latter are summaries that "will save busy social workers having to sort through dozens of books and journals to support decisions that they are making " (MRC, 2000).

Other initiatives

Many local authority social services departments have now established good working links with their local universities. Kent Social Services Department, for example, approved a recommendation for developing a departmental research strategy which involved establishing a Research Strategy Group to focus on its key tasks. These were to spread information about research, support staff carrying out research projects and to work closely with other local authorities. They developed a number of initiatives, including the establishment of Area Research Groups, the publication of a research journal and organising Research in Practice seminars. Christchurch University College undertook a study of the impact of these initiatives on practitioner research within the Department one year after implementation. This consisted of the

distribution of 300 postal questionnaires. The 90 returned questionnaires gave the respondents' answers regarding their knowledge and evaluation of the initiatives, their perception of the opportunities for research available to them and indicated their research interests and activities. The study concluded that research activity in Kent personal social services was problematic since it was increasingly constrained and directed by agency priorities in other areas. In addition, many practitioners still did not consider research activities to be part of their normal working practice (Adams, et.al. 1999).

From the voluntary sector, Barnardos has also played a major role in placing the issue of evidence-based policy and practice on the agenda. Its series of publications on 'What Works' are aimed at providing practitioners with readily accessible views on current evidence on interventions in children's lives. In 1999-2000 they funded a series of workshops for practitioners specifically around the use of evidence in practice (Hughes, et.al. 2000).

Issues identified from the literature

Are research-informed approaches appropriate?

Social services departments are statutory bodies operating in the public sector. Since they are charged with implementing government policies, the question of whether or not the evidence-based approach is appropriate could be seen as something of a rhetorical question. In the numerous reports and papers that have been published on the subject there appears to be a tacit assumption that evidence-based practice is 'good' practice. Whilst commenting on the papers that were published in their recent book devoted to evidence-based policy and practice in public services, Davies and his colleagues (2000b) remark:

> Most of the arguments set out in this book are predicated on the assumption that the pursuit of evidence-based policy and practice is a desirable aim, in the sense that it will lead to the

> delivery of services closer to society's preference than would otherwise have been the case. It is something of an irony that there is little evidence on which to base such an assertion - it remains an act of faith (Davies, et.al, 2000b: p.352)

In pursuing my enquiry into how research-informed practice might best be delivered to social workers, the question of whether or not this practice is 'good' has been left to one side. In a recent statement, which shows the Government's current position, Gray (2001) of the Children's Services Branch at the Department of Health, noted that it is Government policy to end poverty and social exclusion for children and their families. To this end they are committed to improving the quality and management of those services responsible for supporting children and their families. The effectiveness with which this aim can be achieved is in part dependent on the capacity of the workforce. This means that staff must have the requisite knowledge and skills to respond appropriately. "It is crucial that all staff keep up to date in practice, research and policy". She stressed the need for practitioners, managers and policy makers to have an evidenced-based approach to their work (2001: p.11).

Webb (2001) thinks that to stress the efficacy of evidence-based practice in social work in this way is to propose a particular deterministic version of rationality. He goes on to suggest that a more complex relationship exist between social work interventions and decisions made by social work agencies which is governed by imperatives which fall outside of the workings of the rational actor. For him, such imperatives include:

> the politics of inter-agency relations, internal organisational interest groups and managerially led initiatives aimed at enhancing 'productivity statistics' (2001: p.63).

Smith (2000), in a seminar series at Cardiff on evidence and social work, cautioned about the danger of the social work profession putting

all its eggs in the positivist basket. He referred to his earlier critique (1987), where he had argued that Sheldon's traditional version of positivism, and his rejection of other research approaches, were epistemologically and methodologically limited and limiting. Smith advocates attention to processes as well as to outcomes on the grounds that measuring and counting outcomes was of little use unless one knew what had produced them. He argued that positivist methods can be used to investigate processes. He also thought that social workers were not unique amongst comparable professional groups in neglecting the evidence of evaluative research. With regard to whether or not social work practice should be evidence-based, he noted:

> On the face of it, it is very hard to argue with the proposition that practice in social work should be 'evidence-based'. The same demand has recently been stressed in relation to medicine and most of us are likely to find that reassuring. What else could practice be based on? Intuitions, gut conviction, habit, whim, obsession, mania? But in the language of politicians and many social work managers, the demand that practice should be based on evidence reveals an over-simplified and over-certain view of what evidence does or might consist of, and how it should be interpreted and used (Smith, 2000).

It follows from this that the real need is to examine critically what evidence is available to see if it has the potential to enable social workers to improve their practice.

What research is available?

There is a large volume of literature concerning attempts to disseminate research findings within the medical profession. Writing in the U.S. in the mid nineties, Kanouse and his colleagues (1995) utilised much of the then existing research on how adults (professionals) learn in order to address

the issues. More recently there have been a great many articles and studies in this country that are concerned with the issue of getting research findings into practice. These focus on both health care (e.g. Haines and Donald, 1998) as well as areas more specific to social services delivery (e.g. Balloch, 1999; Broad, 1999 & 1999a; Fawcett, 2000; Trinder, 2000). Many of these are still at the point of discussing empirical versus pragmatist practice and the notion of effectiveness is viewed with some suspicion.

Atherton (1999) along with Trinder (2000) question whether research findings are readily available for social workers to use. In looking at what research evidence is available for social workers, there are some important points to consider. One is the avowed paucity of research in social work. Gould (2000), in a paper on the development of best attainable knowledge in social work, pointed out that a complaint of protagonists of evidence-based practice is that the supposed weakness of social work's knowledge base lies in the dominance of qualitative methods in published social work research. He reported the results of a recent literature search conducted as part of work in progress. This confirmed that there exists a very large qualitative literature in the social work journals. His argument centres on the value placed on qualitative work vis a vis quantitative studies.

This argument is taken up by Macdonald (2000) who asserts that in social care in the United Kingdom, those who share the core assumptions about evidence that underpin evidence-based health care comprise a minority voice. She believes that there is a hierarchy of research methods, with 'soft' [qualitative] research designs used by social care at the bottom. For her, the research methods that are required for decision-making with regard to policy or individual practice need to score well on internal validity. That is those that can "maximise our confidence that any pattern of results (good or bad, intended or unintended) can be attributed to the

intervention" being evaluated. She sees practitioners as having more enthusiasm but says they struggle in an environment that does not support a close relationship between practice and research. In addition, she claims practitioners are not equipped by training "to identify, critically appraise and use research" (2000: pp.120,121).

Webb (2001), on the other hand, sees the view that evidenced-based practice is scientific and its methodologies are objective as being a value-laden belief which is constantly fostered in social work practice and government policy. In a telling remark that relates closely to my project, he asks whether:

> It is realistic to assume that a rigorous and standardised method of evidence-based practice can be implemented within the cost-cutting social work departments, by practitioners who already struggle to keep abreast in overloaded information environments? (2001: pp.74, 75).

The debate surrounding the use of research seems to have resulted in a polarisation of some of the commentators. At one end are those, such as Sheldon (1999a) and MacDonald (2000), who champion the use of evidenced-based research. In the middle are others, such as Everitt and Hardiker, who are sceptical about the transferability of the particular approaches to evaluation that are used in evidenced-based practice in health, albeit not against evaluation of practice in social work (Everitt and Hardiker, 1996, Everitt et al. 1992). At the other end of the continuum there is Webb (2001) who considers that evidence based practice proposes "a particular deterministic version of rationality". There are others who adopt a more pragmatic approach. Davies et.al. (2000a), for example, choose to use a very wide definition of what constitutes evidence. For them, "evidence takes the form of 'research', broadly defined. That is, evidence comprises the results of systematic investigation towards increasing the sum of knowledge". They go on to

argue that while all sorts of systematic enquiry may have much to offer, their primary interest is in evidence of what works. That is what interventions and strategies should be used to meet the goals and satisfy the clients' needs (2000a: p.3). In my view their emphasis on goals and client satisfaction is very narrow. Social workers have to deal with many social problems where there is no right or wrong answer. Some decisions do not elicit client satisfaction; for example, the removal of children. Who is the client in these cases? Surely not the parents who have their children removed? It is difficult to see the decision here as producing client satisfaction in Davies' terms. In such situations useful research information may be whatever information is adjudged as helpful in informing the social work decision.

Little (1998) thinks comparing different types of research is not the main requirement. For him, providing a framework within which the research can be utilised is more important:

> the requirement is not so much to compare one type of research with another (although this can help) as to find a common conceptual framework with which the key players in children's services - policy-makers, managers, practitioners, consumers and researchers - can agree. The test of any framework should be its ability to link different types of research; to link the key concepts necessary to an effective service; to link evidence with the other influences on professional behaviour; and therefore to link research and practice (1998: p.55).

Little's functional suggestion seeks to put the key players in children's services at the centre of policy making. In my view this approach is more useful than the polarised views of some of the other commentators

Schaffer (1998), putting the practitioners' view, appears not to be concerned with defining evidence-based research but with what counts as

good and bad research. While speculating on what counts as evidence, he notes that objective enquiry has only recently come to be recognised as a legitimate source of information for practitioners in the area of child development and family life. With regard to research findings he considers that for them to be of use to practitioners " it is essential to know not only *what* findings have been obtained but also *how* these findings have been obtained" (1998: p.4). He reminds us that as well as there being clearly both good and bad research, the research endeavour itself is a slow affair, causing frustration to practitioners. In addition, he cautions that what applies to one locality and to one period may not be related to another place and time. He reiterates that single-cause explanations are rarely appropriate for psychological events and that "multiple causation is the rule." In essence, "'it all depends' may be an annoying phrase, but it accurately reflects reality." (1998: p.246). His discerned need for local solutions and multi-causal explanations is echoed by Stringer (1996), who, in discussing the American scene, is very critical of centralised solutions to what he sees as local problems:

> We have witnessed, over the past half century or so, determined efforts to find general solutions to social problems, be they low pupil achievement, drug abuse, alcoholism, AIDS, or other challenges. The cost to national economies has been prodigious, and there is precious little to show for it, little "bang for the buck" as some folks are wont to say. It ought to be apparent by now that generalised one-size-fits-all solutions do not work. The devil (or God, if you prefer) is in the details. Without intimate knowledge of local context, one cannot hope to devise solutions to local problems. *All* problems are de facto local; inquiry must be decentralised to the local context (Stringer, 1996: pp. ix, x)

This may, of course, reflect the more devolved political system in the United States.

It seems from these commentators that they have different agendas regarding the availability of research for social workers. Atherton asks whether it is accessible, whilst Gould wonders whether because most of the research is qualitative its value has been questioned. On the other hand, MacDonald states social workers are not trained to use research anyway. For Little it is providing a framework within which research can be used that is important.

From my experience as a social work practitioner, I find that social workers tend to use research if it is readily available and seen as useful for informing their decisions. An example of the use of a piece of research is that of the so-called *Blue Book*. Entitled *Child Protection: Messages from Research* that was published by the Department of Health in 1995. This book was distributed to social workers and gave an overview of 20 studies of child protection and a set of exercises. As a later evaluation by Weyts and her colleagues (2000) reports, this initiative was seen to be effective.

Within a social services department there are often two quite different perspectives. Senior management sometimes look for quantitative approaches, such as the compiled results of attempts to increase the number of adoptions of children in care in response to recent government initiatives. Social workers, on the other hand, will often look for qualitative research, such as, in this case, that which informs them of how best to assess potential adopters and 'match' the child with the prospective adopters.

Although there is much concern in the literature with the nature of the research, it is perhaps more important to see the acquisition of research information by social workers as a way of informing social work decision making. The research itself is only part of the complex set of issues that social workers are required to address in the course

of their day-to-day decisions about their ongoing cases. The central concern surely must be how to assist social workers in accessing available research and how to help them to make informed judgements about the usefulness of the research information encountered.

Do social workers use research?

Some commentators (Parton, 1996; Giddens, 1991; Dingwall et. al., 1983) have suggested that the social work process is socially constructed and constituted by the professional actors, who intentionally construe their roles and tasks in meaningful ways. Yet there are very few published works that look in detail at what social workers actually do. Carew (1979) has pointed to the large number of authors writing about what knowledge social workers ought to have as a basis for activities with clients. Looking back over the previous fifty years he could find only one empirical investigation of an attempt to determine the nature of the knowledge that is used by practitioners. This was by Karpf in 1931! Carew's study of social workers in the North East of England showed that their use of knowledge in everyday activity was not based on propositions from social science. Although the researcher did interpret a number of responses as possibly being based on 'role theory', further discussion elicited the conclusion that these responses were probably best referred to as 'commonly held beliefs'. Generally, he found his respondents indicated that their primary source of reference, as far as obtaining ideas for practice was concerned, would be from their more experienced colleagues rather than from books or journals.

Fisher (1999) has commented that dissecting what social workers do is an extremely complex task. "In fact, most social workers go about their daily business untroubled by the need consciously to synthesize material from different knowledge bases, simply because it is what they are educated and trained to do and because they often do it rather well". He continues by saying, "this helps to explain why conventional thinking about social workers' use of knowledge (often specified as 'theory') suggests that they

do not use it much, because they do not report its use". He says that some commentators mistake a low ability to verbalise knowledge in practice as a low ability to use it. Similar thinking lies behind the often-repeated call for greater use of research in practice and for greater emphasis on evidence-based practice. Neither of which appears to be underpinned by concerted and systematic enquiry into either the kind of knowledge required for practice or the extent of research in use by practitioners (1999: p.94).

Webb (2001) has also pointed to the lack of research in this area. He says that:

> Little is known about the ways in which social workers' understandings of their activities will change as a consequence of developing an evidence-based approach to their work

A few researchers have investigated social work practice in an attempt to explain the processes that underlie how social workers go about the social work task. Pithouse (1998), for example, studied teams of childcare social workers in 1987 and revisited them again in 1997. In discussing aspects of social work knowledge he says that the social workers employ their own common-sense theories drawn partly from the formal occupational knowledge base, but also containing the accumulated experience and wisdom of working in the setting itself (1998: p.125). He also draws attention to the oral traditions within social work. These "oral traditions are typically bereft of a technical or medical volcabulism" (1998: p.158).

Schőn's 'reflection-in action' theory (1983) also sheds light on how social workers go about their professional business. For him:

> When we go about the actions of everyday life we show ourselves to be knowledgeable. Often we cannot say what it is we know. When we try to describe it we find ourselves at a

> loss, or we produce descriptions that are obviously inappropriate – 'our knowing is in our actions' (1983: p.49)

The best professionals, he maintains, know more than they can put into words. To meet the challenges of their work, they rely less on formulas learned in university than on the kind of improvisation learned in practice. It is this unarticulated, largely unexamined process that is the subject of his work, where he tries to show precisely how 'reflection-in-action' works and how this creativity might be fostered in future professionals. Schőn considers that 'reflection-in-action' is where people think about what they are doing and engage in a process of thinking back on the action. Then in making their professional judgements, people may ask themselves questions like

- what features do I notice when I recognise this?
- what criteria do I use to make this judgement?
- what procedures am I using for this skill?
- how am I framing this problem?

The process can move through the stages of puzzling and troubling before making sense of an action. This is followed by reflecting on understandings implicit in action which then surface. These understandings are then possibly criticised, restructured and embodied in further action (Schőn, 1983: pp.49, 50).

Sheppard et al, (2000) have begun to analyse social work practice in order to identify and categorise the range of processes used collectively by social workers. The study involved monitoring social workers as they 'thought aloud' in response to vignettes with which they were presented. The social workers were given three vignettes (one at a time) of situations which characteristically might confront them at the point of referral. These concerned children who were described as having been referred as potentially at risk from sexual or physical abuse, but deliberately

constructed to include ambiguity in relation both to the nature of the problem and how it might be interpreted (2000). The main study used twenty-one social workers, recruited from child and family care teams, who agreed to participate. The eventual coding system they identified included codes relating to 'critical appraisal', 'hypothesis generation' and 'hypothesis testing' (2000). The authors have seemingly reached the stage of identifying some concepts that they consider will help with future analyses of social work practice. This said, the debate on whether or not social workers use research in their practice remains largely inconclusive. It seems likely that on the whole, they do not. There are a number of reasons for this. Trinder (2000) believes that although research awareness is part of the qualifying requirements for the DipSW (Diploma in Social Work) limited time is available on training courses for research training. But she continues even if research training were more prevalent, there is a limited amount of research available. She claims that personal social services research has always been the poor relation of health services research, with proportionally less funding (2000, p.144).

Without a fuller understanding of the way that social workers arrive at their day-to-day decisions it is not possible to decide whether they do or do not use whatever research may be available in informing their practice. The availability of research and its dissemination is however, an area that has been the subject of investigation by researchers.

Dissemination of research findings

An issue that has been identified as a major problem is that of dissemination of research findings. Sheldon (1999) is a strong advocate of evidence-based and research-informed practice for social services. He has been critical of the way that fellow academics have ignored dissemination of research findings:

> The twin problems of (a) academics in our field writing predominately for other academics, and (b) evidence from surveys

> of research usage suggesting that the 'trickle down' or 'cascading' effects expected to follow publication simply do not happen naturally. In fact, they require as much intellectual and managerial effort as does the original research itself. (1999: p.1)

It is important to take note of these two points. The closed nature of much of the published research in social work makes much of it both unintelligible and inaccessible to the practitioner and acts as a barrier to using it. Social workers will hardly agree with MacDonald, for example, who says that the emphasis on practice as the most important aspect devalues the knowledge base of the occupation, thus casting doubt on its standing as a profession (1996: p.135). Practitioners might wonder why concerns about the discipline's knowledge base are seen as more of a priority than their commitment and emphasis on practice.

On a more upbeat note and continuing with the issue of dissemination, Sloper and her colleagues (1999b) consider that "the difficulties of bridging the gap between research and practice have long been recognised" and point to "the need to find new ways to link the two." They also usefully summarized a number of conclusions resulting from systematic reviews of different dissemination and implementation interventions as:

- there is little evidence that passive dissemination alone promotes change – good accessible information can increase awareness, but does not actually bring about change in behaviour;
- implementation of research findings is more difficult where changes required are more complex and less easy to pilot;
- multi-faceted interventions and *those that assess and address potential barriers to change are more likely to be effective*, but are more costly. (1999b: pp.1,2, my emphasis)

They have drawn attention to the fact that interventions that assess and address potential barriers to change are likely to be more effective.

Potential barriers to change – organisational context

Several commentators have drawn attention to the way that the organisational structures and cultural norms that prevail within a public service organisation can enable or disable particular forms of individual practice (see for example, Metcalfe and Richards, 1990; Davies et al. 2000c; Nutley and Davies, 2000a; Gould, 2000a). Gould (2000a) has pointed out that although there is a considerable literature on 'learning organisations' within the field of management and business theory, this is an aspect that is relatively unexplored within social work research. He considers that learning at an individual level does not automatically lead to learning at an organisational level and has also suggested strategies to support 'successful' learning.

Potential barriers to change – professional status

There may also be barriers resulting from the low-status of the profession (Foster and Wilding, 2000). Does the perceived low status of the social work profession act as a barrier to top-down initiatives and managerially imposed changes? Foster and Wilding have drawn up a provisional balance sheet of gains and losses resulting from the changes in the status of the profession. Among the latter, they warn that the attempt to cut the professions down to size has "neglected to build upon the positive elements in traditional professionalism: the service ethic, the principle of colleague control, and the commitment to high-quality work" (2000: p.157). So why do social workers fail to undertake their own research and why do very few initiatives come from the profession itself? There seem to be issues around the education and training of social workers. MacDonald (2000) points to the fact that social workers are not trained to identify and appraise research. Dowie (1994), who writes about "cognitive mismatch", echoes this aspect. He suggests that those who seem unable to

incorporate research findings into practice may act this way because previous training and socialisation have not equipped them with the appropriate skills.

If this is so, calls from Spratt & Houston, for social workers to reassert a critical position will continue to go unheeded by the profession. They consider that the wholesale bureaucratisation of childcare and social work practice has prompted them to comment that "remedies to perceived failures in the child protection system, will continue to be couched in technocratic terms; that is, change will be directed towards systems, policies and procedures". (1999: p.315). Their call for the profession to reassert a critical position is an unrealistic response to a situation that is largely a result of central government control.

Recently, in response to a perceived recruitment crisis, the Department of Health has reorganised the training for social workers. This initiative involves creating a graduate-only profession with students undertaking a three-year degree course. There is also a new registration procedure that includes a requirement for continual professional development. The Department have also announced a commitment to expanding post-qualifying training. It will be interesting to note whether any research will be initiated to chart the changes that these procedures will bring about.

Potential barriers to change – top down imposed policy

There is a long history of government imposed policy changes in the social work area. Very few local authorities have taken the initiative on policy changes, but with the government holding the purse strings there is little leeway for a local authority to go it alone. Huntington (1999) usefully reminds us that there is nothing new in government-imposed initiatives on social service departments: social work services to children and their families having a long and contentious history. As a result they are

continuously struggling to keep up with the need to meet externally imposed criteria.

Hart and Bond (1996) warned about potential difficulties regarding action research which is initiated by senior people (in my case by the director of social services) to promote change at grass roots level. Their analysis suggests that such research often involves a clash of both values and methodological approach; such that top-down goals and bottom-up initiatives come into conflict, despite what might appear as a convergence of interests around a particular problem (1996: p.5).

Schőn (1983) has noted that, "Professionally designed solutions to public problems have had unanticipated consequences, sometimes worse than the problems they were designed to solve" (1983: p.4). An example of an externally imposed government initiative resulting in 'unanticipated consequences' is to be found in the area of child protection. Numerous enquiries into child abuse tragedies highlighted communication problems among agencies as a major factor. As a result child protection conference procedures were initiated. These were seen as part of the answer to the problems of inter-agency communication. The resulting imposition of complex and bureaucratic procedures have produced other problems; expenditure on complicated and expensive systems of registration, stigmatising families who come into the system, and social work emphasis on children who are registered to the detriment of other children seen to be equally in need of services. Research was never undertaken to ascertain whether the child protection conference format is in fact the *best way* to answer the communication problem that was originally identified. Research into child protection conferences has instead concerned itself with such things as, for example, how parents feel about attending conferences and the numbers of child protection referrals compared with numbers of children registered (Thoburn et. al., 1990; Thoburn et. al., 1995; Lewis, 1994).

Potential barriers to change - interpersonal

A recent Government report (NHS, 1998) comments on a whole range of reasons as to why practitioners may not use research.

> Reasons for not implementing research-based findings may include attitudes and motivation; problems with access to the relevant information or the format in which the information is presented; the value of the individual places on the particular research; the value he/she places on different modes of learning about the research; views of the relevance of research findings to their particular practice to difficulties of working within an organisation.

More specifically, other commentators have identified likely barriers on an interpersonal level arising from the attitudes of social workers towards research and researchers (Cohen, 1975; Everitt et.al, 1992). We can expect any group that sees itself singled out to be studied, to be suspicious. Social workers may be wary of research. Why is the research being undertaken? Who is the research for? These are entirely reasonable questions. Nearly thirty years ago, Cohen (1975) reported that, "social workers have criticised researchers for being detached, elitist and preaching about practice from a distance." More recently, Everitt et.al. (1992) have opined, "At best, practitioners experience research as irrelevant; at worst, as the process of being ripped off. In other words, practitioners and their practice may be used for research purposes which may not necessarily enhance practice" (1992, p.5). Ten years later, the situation did not seem to have improved. Cox and Hardwick (2002) noted that in their study, when the research group "eventually did get access to social workers, we found suspicion and hostility to us as so-called 'experts'". Other researchers have described similar situations (e.g. Janis, 1982, Lawson et.al. 1995). At a more general level, a further likely barrier to research has been identified by Draper (2001), who notes the problem of 'user overload', where feedback from respondents suggests

that they were rather tired of being asked what they think and in particular "hated continual requests to fill in forms".

The evaluation of the effectiveness of interventions

Kazi (2000) has usefully reviewed current British evaluation of social work practice research and attempted to categorise where this stands in relation to current perspectives. He classifies the main contemporary perspectives under four heads. The first, called the 'Empirical practice approach', he considers to be associated with positivism in the sense of a single paradigm. A major limitation of this approach is the tendency to concentrate on effects to a virtual exclusion of consideration of the context of the intervention. The second position, named 'Pragmatism or methodological pluralism' - is one where the desire to get on with the job of effectiveness research is the central concern. Kazi says the "the pragmatist takes on board the advantages of empirical practice and attempts to compensate for its limitation through triangulation". By drawing a distinction between the social work intervention and its effects it can allow for the effects to be measured empirically and the context analysed. A limitation is that the stance may concentrate on the needs of the stakeholders or the needs of the practice and therefore fail to capture the effectiveness in a holistic way. Kazi's third perspective he calls 'Interpretivist approaches' – and here he includes critical theory, social constructionism and feminist evaluation. At its heart is a policy-oriented inquiry that is aimed at the emancipation of oppressed people - service users, and maybe practitioners - but - definitely not managers. The limitation of this approach is that it concentrates on needs and therefore it also can fail to capture the effectiveness of a programme in a holistic way. Kazi advocates the use of his fourth perspective, 'Scientific realist ', since it includes all the other approaches - that is empirical practice; interpretivist and pragmatic and shares the same critical realist ontology - the world is an open system which consists of a constellation of structures, mechanisms and contexts.

Much else has been written about best practice in research design for evaluation (e.g. Robson, 1998). There has also been a considerable literature on the difficulties inherent in trying to evaluate practice in social work. Some of these problems have already been touched on earlier in this chapter when I discussed Sinclair's critique of Spittlehouse's article regarding RCTs (see above). Smith (2000) says one reason for the difficulty is that there are so few adequate evaluations of practice and relatively little evidence to base practice on. He contends that

> The collection of rich process data that allow confident conclusions to be drawn about what the important aspects of a programme are, associated with success or failure, requires close, time-consuming observation and analysis of what is observed. It needs to chart changes over time, and to incorporate the understandings and theories of both staff and participants.

Ghates (2001), commenting on the flurry of preventative initiatives in social welfare, has said that only by careful evaluation of a programme can we know if the intervention is genuinely effective at achieving its objectives. She considers that

> The real world challenges to the principles of ideal evaluation are powerful and pervasive. Evaluators are frequently faced with a situation in which the intervention itself is fluid and ever-changing and the characteristics of the service participants are not always well known.

Sinclair (2000) is of the view that no one method of evaluation is either sufficient on its own or appropriate in all circumstances. His analysis (2000a) of the difficulties associated with evaluative research is built around the tasks that have to be accomplished if it is to be successful. He lists three concepts, the first of which is an agreement on the values and criteria against which an intervention is to be evaluated. The second is that it must also be possible to describe the intervention to be evaluated

at least to the extent that it is possible to judge the circumstances in which success is likely to be repeated. And third, it is desirable to have a model of what aspects of an intervention leads to what kind of outcome.

Summary

One of the main conclusions to be drawn from this review is that the kind of research evidence that is fairly routine in the health setting – such as RCTs - is not available to social workers. On the other hand, there is a vast amount of published information that can help inform the social work task, but this is not easily accessible outside of academia.

The various views put forward by other researchers regarding social workers' use of research, highlight the problems connected with implementing and evaluating programmes. Although the different contributors seem to be dealing with different aspects, there appears to be a consensus that social work practice should be based on evidence.

In the readings about the influences that have led to the requirement for social workers to use research, the main impetus comes from the political sector. The response to these political initiatives has largely come from those institutions that have been funded to carry out 'what works' evaluative studies. As Humphries (2003) has noted, the drive to evidence-based policy in social work is at the end of a progression from evidence-based medicine, evidence-based education and "evidence-based everything". This impetus for change appears to have become a permanent feature of the social work scene.

The readings around the 'barriers to change' are organised under three headings. Those I have called 'professional status' arguments seem to ask for a return to the 'good old days' of professional autonomy for social workers. Most writers point to a need for a more critical stance by the

profession. Under the 'top-down' and 'interpersonal' headings, social workers were seen to be suspicious of research and researchers. Perhaps this is because in their experience such initiatives result in more paperwork and less client time.

The literature dealing with the evaluations of effectiveness of interventions have highlighted some problem areas that apply to my research. One observation (Smith, 2000) is that 'evaluation is difficult' and is the reason why there are so few adequate evaluations of practice and little evidence to base practice on.

CHAPTER THREE – GETTING RESEARCH INTO PRACTICE

Introduction

This chapter sets out to answer the second preliminary research question from Chapter One that asked, "What methods of achieving the aims of my project did researchers working in this area advocate?" A central concern at the outset of the project was to identify in the literature those ideas that would assist me in the planning and implementation of the project brief. All the writers agree that trying to get entrenched professionals to change their practice by using research evidence is difficult. How could this entrenched behaviour be countered? Some possible solutions to this problem, by Kanouse et.al (1995) and others, have already been mentioned in the first chapter. These come from the field of health education and organisational psychology and seemed to offer a range of possibilities that could inform the research initiative and underpin the work with the childcare teams. There is a consensus among the writers that the delivery of written information to practitioners is not a sufficient way of getting them to change their practice. The information has to be supplemented by other strategies, some of these, that look to be the most helpful are discussed below.

Suggested solutions to implementation problems

Bearing in mind the likely barriers to dissemination and implementation, some of which were discussed in Chapter Two, how could research be disseminated so as to inform practice? The goal of the project was to develop research mindedness in the teams and the hoped for outcome was that the social workers' practice would reflect this. Can this be accomplished? In this context, dissemination is the complicated process of communicating information from diverse sources, about numerous subjects and by various methods to the social workers in the childcare teams.

Haynes and Haines (1998) have said the barriers to dissemination and application of evidence in health care is complex and little studied. They outline barriers similar to those discussed in chapter one and suggest a 'solution pathway' along which evidence may travel. Their path begins with a wedge that represents biomedical research continues through evidence synthesis, forming clinical policy and applying it, and on to making clinical decisions (1998: pp,78,79). This is an interesting concept but any attempt at applying it with my social workers would start with a very slim slice of research rather than a healthy wedge. Their paper is one of the few to mention that patients have a role to play in the process and reminds us that unless the patient travels along the path with the physician attempts to apply best evidence will fail.

Sloper and her colleagues' (1999a) have said that,

> The failure of research to influence social work practice is striking. Efforts by researchers to bring about evidence-based practice have often concentrated on disseminating research findings, but information alone is rarely sufficient. *A considerable literature now exists on change management*, and it is clear that efforts to promote evidence-based practice *can gain* from incorporating what is known about implementing change (my emphasis).

The research went beyond publishing results; the authors continued their investigation into the dissemination and implementation of the research results about services for disabled children and their families and the importance to the family of naming a 'key worker' (Sloper et. al., 1999b). They found that by naming a key worker among the numerous professionals involved with the families of severely disabled children, led to a much greater level of client satisfaction.

Their research dealt with disabled children and their families and the services provided by the professionals involved in this area. Influencing social workers' practice across the whole range of childcare services and not just one area of service provision is undoubtedly more complex and is aimed at improving professional practice rather than specifically targeting improved service delivery to clients.

An approach that seemed to offer possible solutions to my implementation worries was found in the work of Kanouse and his colleagues (1995), who reviewed a large number of studies and projects aimed at changing physicians' behaviour. Schőn's thesis (1983, 1987) on professional behaviour was also looked at, since it provides a perspective on the often-unwritten aspects of practice and ties in with the work done by Pithouse (1998) and Sheppard et.al. (2000): as discussed in my previous chapter. I also set out Taylor's discussion (1997) relating to aspects of adult learning, particularly her pointers on learning through problem solving. Another interesting perspective is that of Donald and Milne (1998). They used a 'collective' case study approach in presenting their work about the problems associated with implementing research findings with professionals.

It will also be necessary to take account of the effect of the organisational context within which the learning is to take place. One example that is relevant to my study is the constant change that occurs within the social services structure and its effect on staff morale. As Gould (2000a) points out, there is an emerging realisation that organisational change is not an occasional 'blip', but a continuous fact of life. Nutley and Davies (2000a) have noted that an important question in the context of EBP "is whether there are particular forms of organisation and management (including structures, systems, skills base and style) that enable or inhibit EBP" (p.327). The philosophy of Gould's 'learning organisation' has two fundamental premises.

> First, individual learning is a necessary but not sufficient condition for organisational learning – the latter is a collective process which means that the organisation has not automatically learned as a result of an individual's learning. Second, the learning experience is more pervasive and distributed than that delivered through a specific, designated training or educational event; learning incorporates the broad dynamics of adaptation, change and environmental alignment of organisations, takes place across multiple levels within the organisation, and involves the construction and reconstruction of meaning and world views within the organisation.

Gould considers that learning is not limited to training events or courses but is a set of processes located within the organisation. He identifies how learning takes place in a social work organisation and what strategies could be seen to support that learning. Gould interviewed practitioners, middle and senior managers in a national child care agency to identify how they conceptualised learning within their organisation and noted four themes.

- The primacy of teamwork within the process of learning
- The need to reduce implicit epistemological hierarchies which downgrade the role of practitioner knowledge
- The need to develop systems of data storage and retrieval to create an 'organisational memory'
- The incorporation of evaluative inquiry within organisational processes

The question for me will be how far the social services department fits the learning organisation model as opposed to the organisational learning model.

Designing and disseminating effective information packages

A review of the American situation that appears to address many of the issues regarding what changes professional's practice is presented in an article by Kanouse et.al. (1995). Their paper reviews what is known about designing and disseminating effective information packages aimed at health care providers, where effectiveness means promoting behaviour change on the part of practitioners that leads to better patient care. Their review then elucidates some principles (or influences) which may improve the chances for success. The resulting typology of influences serves to place the dissemination of information in perspective. They note that:

> The most carefully formulated state-of-the-art guidelines will have little influence on quality of care or on health outcomes if they do not reach practitioners and convince them to comply.

Their paper lists the ways that information is delivered: results from randomised clinical trials; consensus recommendations; use of computer-based aids to clinical decision-making and provision of continuing medical education. They claim that each of these areas offer examples of only modest behavioural response. The literature they reviewed also suggested some principles that may improve the chances for success. These include the desirability of techniques that involve face-to-face interaction, promoting the active involvement of the learners, repeating the messages regularly, making recommendations explicit and relevant to clinical practice, and making use of opinion leaders and peer influences.

The way that they analyse the process of learning by American medical practitioners seems particularly relevant for social workers. They use what they call an 'Information Dissemination Paradigm', a model that spells out how professionals may change their practice. Commenting on their persistent failure to find changes occurring in the literature they reviewed, they note that giving professionals printed articles does not

necessarily change behaviour. They also remind us that "experts are not necessarily either logical or rational" and they are at pains to show that the implicit set of assumptions that most programmes rely on about how practitioners respond to disseminated information is wrong. For example, they say the programmes often assume that practitioners are active consumers of new information who want to keep abreast of new developments and who devote time and effort to understanding the implications of new research findings. Although their analysis is of the situation in America, this assumption can be seen to underpin many of the attempts to disseminate research-informed practice to professionals in this country.

Kanouse and his colleagues (1995) suggest focusing on a more 'realistic' model.

> With an empirically grounded behavioural science of the health care provider, the naïve paradigm in which practice-relevant information triggers changes in practice would be replaced by a more complex - and more realistic - model of behaviour change. Such a model would recognize that accomplishing change may require, in addition to providing information, *taking steps to help motivate, facilitate, and reinforce change* (my emphasis).

They are arguing for an alternative view of the behaviour of the well-intentioned, expert health care provider that can be drawn from recent research on expert decision-making. They find that,

> Experts in most fields tend to solve problems and make decisions by recognizing existing situations as instances of things with which they are familiar on the basis of their experience. The match of new situation to previous instance is often tacit and seemingly automatic; experts are not always able to articulate the content and process of their expertise.

This is a point that is also made by Schőn (1983), who maintains that the "best professionals know more than they can put into words. To meet the challenges of their work, they rely less on formulas learned in graduate school than on the kind of improvisation learned in practice".

Modes of influence:

In arguing for this model, Kanouse and his colleagues discuss various modes of influence, using concepts that have been proved useful in social psychology adapted for the medical domain. The first mode of influence is the r*egulatory mode*. This operates in terms of *reward* and *punishment* and is the most direct and obvious way of influencing behaviour. The second mode that of *normative influence*, involves a person's self-perception of the caregiver role - the role prescribing the behaviour. The third mode, *informational,* acts upon the cognitions of the doctor so that logic induces change. This mode can take a number of forms: factual information, expert influence and peer influence.

Regulatory influences

This seems to be the mode most used by the present U.K. Government in responding to political initiatives. Yet, as Kanouse and his colleagues (1995) point out,

> Regulatory influence, the domain of the economist and legal scholar, *is rarely diffused to the profession*; it appears directly and immediately, and compliance, at least initially, is a matter of a decision calculus, not of attitude change. The implementation of regulatory influence can take on many guises. In its least obvious form, regulatory influence is an unseen hand; in many other manifestations, it is an iron fist without benefit of a velvet glove (my emphasis).

Even so, under the new system of registration that is currently being implemented here, it is possible that social workers will be required to

show that they are keeping up with research in much the same way that lawyers and nurses are already required so to do. In that case, in order to further promote the use of research, local social services departments would perhaps require that the use of research is a factor to be considered both when progressing social workers to the next grade and on promotion to higher grade posts.

Normative influences

Normative influences are described as those that tend to form early in the training of practitioners and are not readily changed. Any change that does occur typically evolves over time and is difficult to attribute to any single cause. These influences are rarely brought about by single communications. This means,

> Behaviors based on role definitions *are unlikely to change as a result of new information* or to respond to any but the strongest regulatory influence. Instead, to change behavior, the role definition itself must be changed, in the expectation (well supported by psychological and sociological evidence) that the behavior will follow. *If an information dissemination program becomes a normatively accepted mode of inducing behavior change, then that program must be regarded as a highly successful process.* (my emphasis).

We can recognise the importance of this socialisation process on the behaviour of social workers and try and build upon the positive aspects that exist in the traditional professionalism of social workers through sharing a commitment to improving service delivery to clients.

Informational influences

This third mode is between the external regulatory influence and the internal normative influence. For Kanouse and his colleagues it is the mode of influence that best characterizes dissemination efforts,

> and why we shall examine previous dissemination efforts as attempts to employ informational influences and will go on to examine the social psychology of informational influence to uncover promising strategies that might improve the effects of dissemination.

They conclude that this mode (informational influence) acts upon the cognition of the physician, so that logic induces change in a belief system and sometimes behavioural change follows. It can take a number of forms. These being subsumed under 'factual influence', 'expert influence' and 'peer influence'.

'Factual influence' is the provision of credible information (e.g. the findings of an RCT that demonstrated conclusively the superiority of one treatment over another) that leads the physician logically to conclude that a change in clinical policy will benefit his patients. 'Expert influence' is the statement of belief or behaviour of an accepted expert, which is incorporated in the physician's belief system. The physician need not examine the evidence, but may simply trust the expert's opinion. 'Peer influence' occurs when the physician notices that respected others (not necessarily more expert than him/herself) have altered their behaviours. Accepting that their collective knowledge is superior to his own (or fearing to be different), the physician changes his behaviour.

I consider that the 'factual influence' category of informational influence is less likely to occur in the social work field. Here, (unlike the situation within medicine), there is rarely any research around that conforms to the kind of conclusive proof of the superiority of one form of intervention over another that underpins the RCT. However, research information (albeit not offering the proof associated with an RCT) can often offer support to the social worker in planning their work with clients. An example of this could be that of the 'Orange Book' that was widely distributed to social

workers, who found it a useful tool for assessments. 'Expert influence' is seen to operate within social work, although uncritical acceptance of expert opinion can sometimes lead to unforeseen outcomes. An example of an untoward result of this kind of acceptance of the expert can be seen in the 'Cleveland' scandal, where the paediatrician's diagnosis went unchallenged by the social workers and resulted in many children being 'taken into care'. More recently, from a wider perspective, there has been a similar acceptance of the expert's opinion in the 'cot deaths' trials, where women have been convicted of murder on the basis of a largely unchallenged expert's assessment - which only now is being questioned.

Finally, it is under 'peer influence' where we can perhaps expect the biggest influence for behaviour change among social workers. This is because, as found by Pithouse (1998), for example, in his observation of child care social workers, colleague peer relationships are a major feature of social work practice and as he was regularly reminded by his respondents, "social work is really learned on the job" (p.76). This is a similar finding to that noted earlier by Carew (1979), who found that generally, social work practitioners indicated that their primary source of reference as far as obtaining ideas for practice was concerned, would be from their more experienced colleagues at work, rather than from books or journals.

Disseminating medical information to providers

Under this heading, Kanouse and his colleagues examine several reviews that have been done of research on the effectiveness of continuing medical education as an intervention strategy. Their results relate closely to my project since it can also be seen as an educational intervention that seeks to provide and disseminate research to (in this case) qualified social workers. The aim of each of the reviews they examined was to gain a clearer understanding of whether and under what conditions continuing

medical education is an effective intervention to disseminate information to physicians and thereby to change their behaviour.

Although they found that a simple conclusion is not possible, they nevertheless were able to list the elements that appear to have the most success in producing change. The following list summarises Kanouse et.al.'s 'successful elements':

- Face-to-face interaction with one other person or in a small group
- Making recommendations explicit and relevant to practice
- Making use of opinion leaders and peer influences
- Offering realistic alternatives to practices being discouraged
- Repetition and reinforcement of major points in the message
- Active involvement of the learner
- Informational intervention followed by behavioural feedback to the learner
- Supportive materials for later use
- Multiple methods used during the course of the intervention

This list of key elements is particularly relevant and I will attend to them in planning the implementation strategy for my research with the childcare social workers.

Reflective practice

Schőn (1983) has examined the processes that professionals engage in when carrying out their day-to-day practices. He describes the 'reflection in action' process as starting from a problem to be solved, studying the situation and adapting it to any new or unintended changes. The professional then restructures the problem and uses this to guide further enquiry, leading to a hypothesis informing the subsequent action. Schőn did not work directly with practitioners nor did he discuss social work specifically, although he did take note of the way that there are conflicting

paradigms of professional practice in the pluralism of social work and psychiatry which have a distinctive approach to problem solving. In these cases problem solving and setting falls outside of the model of technical rationality (p.41). As Ruch (2002) has pointed out, reflective practice is a complex concept. She considers that its importance to social work is that it permits a holistic understanding of the knowledge generation process and the importance of attending to both rational and irrational responses to practice encounters. I particularly liked her example of the difference between the two responses. She describes a situation in child care practice involving a family with a history of sexually-abusive relationships, where the departmental 'rational' response to concerns was to repeatedly devise evermore complex written agreements as if these would safeguard the child concerned in what was becoming an increasingly 'irrational' situation. Taylor and White (2001) have put forward their view that, in the case of social work practitioners, acting reflexively means that practitioners subject their own and other's knowledge claims and practices to analysis. Knowledge in particular becomes not simply a resource to be deployed in practice but a topic that is worthy of scrutiny.

Nutley and Davies (2000a, p.333) have noted that the traditional model of knowledge production and utilisation is an over simplified model of the relationship between evidence and practice. One of the problems with such a perspective is that it overestimates the generalisability of research evidence and underestimates the extent to which practitioners need to interpret the findings of the research to assess their applicability to the situation in hand. They note Schőn's (1987) reference to the need for 'reflective transfer', which he describes as thinking about the conditions under which the original study was done and analogising the results to other places when conditions are 'similar enough'. Conditions are unlikely to ever be the same. Saltiel (2003), in his paper on teaching reflective research and practice to post qualifying child care social workers, stated that although Schőn's contribution to theories of reflective practice has

been seminal, he has been criticised for the imprecision of his terms and his insistence on the essentially intuitive and inarticulate nature of practice wisdom. Saltiel was asking if it was possible to define practice wisdom more precisely for teaching purposes. He "was interested in uncovering the expertise that workers showed in resolving complex situations: if this was not based on formal, propositional knowledge what *was* it based on and could it be taught?" He used small groups and case studies to help students to think about what they really do and what theories really underpin their practice. By focusing on the importance of the skills of process and using a reflective approach, which included creativity and flexibility in the cycle, rather than outcomes, he indicated to the students the way they generated their knowledge. Like Saltiel I believe Schőn's work neatly captures the complexity of the social work task and his cycle closely resembles how social workers go about their thinking.

Adult learning

The RIP project is concerned with the way that professionals learn. This is an issue that has been addressed in professional education, which acknowledges that the way that adults learn is different from the way that children learn. A potentially useful concept in considering solutions to the problems identified in Chapter Two was that of Taylor's (1997) idea of how to develop learning in the professional education of social workers. Education for professionals is distinctively different from other forms of education, primarily because of its dynamic relationship with the professions. In her discussion, Taylor (1997) emphasises the difference between adult and professional education and concludes that in the main, the literature on adult learning is only of limited applicability to professional education. She argues that this is because of its tendency to omit discussion of the social, political and economic context. Professional education, on the other hand, has always had to be more responsive to the macro context. However, although historically the professions have

been self-regulating, this is increasingly being challenged by governments concerned to reduce the power of professionals. In this country this has led to a shift from professional autonomy towards more government control (Taylor, 1997 p.11, 12).

Taylor goes on to question how students can prepare for practice in a rapidly changing post-modern world where little is certain or predictable and where the knowledge of today is likely to be defunct tomorrow. There is a need to prepare for lifelong learning to allow for both rapid change and unpredictability. It could be argued that this need for preparation for continuing learning is an important requirement for today's practising social workers when political intervention in social care results in rapid and seemingly repeated change. She also thinks that adults learn best when they have responsibility for their learning, when they use their initiative and insight and discover for themselves what they need to learn. This may be different for social workers employed in local authorities. Unlike social work students, practising social workers have competing professional demands that may lead to less commitment to the learning process.

In defining professional knowledge Taylor refers to the work of Eraut (1992), who has built onto Schőn's definition of professional knowledge as including personal knowledge, tacit and process knowledge, and propositional knowledge. Eraut has proposed a map of three different kinds of knowledge essential for professional education.

First there is *propositional knowledge* that includes discipline-based concepts, generalisations and practice principles that can be applied in professional action, and specific propositions about particular cases. Here, however, the pace of change in post-modern society means that knowledge quickly becomes obsolete and new knowledge is developing all the time, making the management of propositional knowledge increasingly difficult for both students and staff.

The second kind of professional knowledge identified by Eraut is *personal knowledge* and the interpretation of experience. Much of this knowledge remains propositional at the impression level and the challenge of professional education is to bring the assumptions to the surface so they can be examined for their impact on professional practice.

Thirdly, Eraut identifies *process knowledge*, 'knowing how to conduct the various processes that contribute to professional action'. Eraut suggests that process knowledge of all kinds should be given high priority, while recognizing the contribution that propositional knowledge can make to learning. He identifies process knowledge as including five types of process and because of their relevance to professional education they are described in detail:

1. *Acquiring information:* the ability to select and implement appropriate methods of enquiry. Eraut refers here to the typology of Parker and Rubin (1966) who define three processes associated with enquiry. First, formulating questions and collecting evidence which leads to a particular body of knowledge. Second, analysing, reorganizing and integrating processes which allow the student to derive meaning from the body of knowledge. Lastly, processes testing for usability and generalizing which enable the learner to make meaning from the knowledge.
2. *Skilled behaviour:* 'the complex sequence of actions that has become so routinised through practice and experience that it is performed almost automatically'.
3. *Deliberative processes:* those activities such as 'planning, problem-solving, analysing, evaluating, and decision making', which require combinations of propositional knowledge, situational knowledge and professional judgement.

4. *Giving information:* the ability to ascertain what is needed, and be able to communicate in a way that can be clearly understood.
5. *Controlling one's own behaviour:* the evaluation of what the professional is thinking and doing and includes self-knowledge and self-management. The type of process clearly links with personal knowledge and a crucial feature is the ability to seek and receive feedback (Taylor, 1997: pp.18,19).

This discussion of the three kinds of knowledge is potentially relevant to my investigation. The first kind - propositional knowledge - 'give us the facts' - deals with locating research information. The second - personal knowledge - is where critical thinking skills are applied to the propositional and personal knowledge, which has often become routinised and unspoken/unquestioned. The third kind, that of process knowledge, which includes all of the five types of process listed above, would be expected to happen both inside and outside of the teams.

Critical thinking

Fisher (2001) has emphasised the need for critical thinking skills and believes that these can be taught. He quotes Glaser's (1941) definition of critical thinking as calling "for a persistent effort to examine any belief or supposed form of knowledge in the light of the evidence that supports it and the further conclusion to which it tends". For my project the critical thinking process clearly involves the social worker in the interpretation and evaluation of the various sources of research information available before applying it to their cases. Gambrill (1997) believes that among a long list of the benefits of using critical thinking is that it can help social workers make well-reasoned practice decisions and avoid misleading directions and bogus claims. She also concludes that social workers ought to be encouraged to use critical thinking skills so that they can reflect on the worth of the research information on offer. A similar approach has been recommended by Osmo (2001), who has emphasised the importance for

social work practitioners of examining themselves critically, to evaluate their professional actions and to change them accordingly.

Aymer and Toyin (2000) describe their attempt at introducing students to a more philosophical and ethical knowledge through a 'critical tradition module', in order to get them thinking about the integration of theory and practice. They did this so as to counter the 'managerial' direction they saw social work education had taken. The module directed students to move beyond the given and to think about thinking. At the start of the module students were able to acknowledge what they already knew and what they knew they didn't know. As the module progressed they began to recognise that there were areas that they didn't know they didn't know. For many of the students this was quite a revelation and it opened up possibilities that did not exist previously. Another outcome was that students were enabled to be more comfortable with the anxiety of *not knowing.* This approach may be a counter to the uncertainty, confusion and doubt that according to Jordan (2001) and Parton (2000), for example, are key elements in characterising the nature of social work. The critical thinking skills that are required by social workers to evaluate research information are also needed to help them reflect on their practice.

Effective teamwork

Taylor also discusses the features of effective teamwork. She points to the crucial difference between a single professional group where all members have equal status and an interprofessional group (1997: p.61). Paradoxically, although my target social workers are organised into and work within childcare teams, they operate at Taylor's lowest level of interdependence - working individually with clients with little formal collaboration with each other. However, since the project is implemented in a team setting it will be useful to attend to a number of factors that Taylor has identified as important to a well functioning team. These include:

- supportive organisational context
- common and achievable goals and objectives
- shared values
- make decisions and handle conflict
- role clarity and complementarity
- effective leadership (1997: p.61).

West (1994) also addresses the issues surrounding effective teamwork. He considers that the adoption of innovative ideas and practices would be more likely to occur in teams that score highly on a number of social-psychological measures. A team with what he calls 'high task reflexivity' would be fully functioning, with high task effectiveness, good mental health and long term viability. As described below, I intend to use a set of standardised questionnaires with the aim of measuring team effectiveness in West's terms to see whether the teams are fully functioning in a way that maximises the chances of initiating research informed practice successfully.

Problem-solving as a learning strategy

Taylor points to the efficacy of using problem solving techniques in the learning process and quotes Boud and Feletti's definition of problem-based learning as a way of constructing and teaching courses using problems as a stimulus and focus for student activity (Boud and Feletti, 1991: p.14). Unlike the situation within the educational classroom, social workers' problem cases are neither hypothetical, nor 'imported'. They are, as Pithouse has said, the live cases that are the work units of local authority social work teams. Each of these consists of a referral to the social services team, which is in turn allocated to a specific social worker for assessment and/or action. Thus, using real cases as the basis for problem solving provides a particularly practical focus for requesting, disseminating and appraising 'relevant' research. Using 'live' cases in this

way could also motivate the caseworker since they would see this to be relevant to their current concerns.

Taylor also notes that if problem-based learning is to effectively develop resourcefulness, it must be underpinned by a resource infrastructure. This is something that should be recognised in any proposal for delivering relevant research to practitioners to enhance research-mindedness. For Taylor, in using problem-solving,

> students discover what they need to learn by recognizing what they need to learn about a problem, defining their learning objectives, deciding how they are going to find out what they need to know, accessing and sharing relevant information, and assessing what they have learnt. The goal is learning rather than problem solving, the problem provides the context within which learning takes place (quoting Gibbs, 1992: p.157) (Taylor, 1997: p.93)

While "the process of problem-based learning relies on the three processes of acquiring information, handling information and giving information". For the first of these,

> students must *acquire information* in order to understand more fully the problem. The emphasis is on the student actively seeking out relevant information rather than being provided with that which the subject expert deems to be important.

The second of the three processes; "*Handling information*; includes being able to interpret the information acquired and critically evaluate it". The last process, that of

> *giving information* has taken on a new importance in professional practice in recent years with increased emphasis on good quality communication between professionals, and between professionals and service users.

Other studies have endorsed the importance that Taylor attaches to the need for a supportive organisational context and effective leadership to the learning process. Donald and Milne (1998), for example, have reported on the problems associated with their three years experience of training clinicians to evaluate and use evidence. Their findings identified three main elements necessary for the successful implementation of knowledge into practice. These are, first, that the research findings must be packaged in a digestible form. Second, there must be a credible dissemination body containing influential and/or authoritative members prepared to 'retail' the new knowledge. Finally, there must be a supportive practice environment. To these three elements, they add a fourth, namely "local knowledge" - the local practices, values, and beliefs into which new knowledge must usually be integrated - or risk being rejected. These include the need for encouragement from management and senior staff of the project. Significantly, they noted that projects failed where seniors were too busy to organise and attend training sessions or unenthusiastic about the notion of evidenced-based practice since this provided no role model for juniors. They also failed if information sources were too difficult to access or where there were bureaucratic rules about which type of staff would be allowed to access databases. Their experience also suggested that training should not disrupt existing schedules and hence is best held on site. They also found that interactive teaching methods were most effective since they enabled practitioners to refine skills and knowledge they already possess rather than lecture-based teaching that presents evidence based practice as an elaborate and alien concept.

Evaluation

As Robson (1993) and Newburn (2001) have pointed out, there are many definitions of evaluation. They agree, however, that Patton's (1981) definition is particularly useful. This is that,

> the practice of evaluation involves the systematic collection of information about the activities, characteristics and outcomes of programs, personnel and products for use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programs, personnel, or products are doing and affecting (p.15).

From the reading, the indications are that evaluation of my project - that tries to change social workers' behaviour and thereby their practice - is particularly difficult. Most of the evidence on the effectiveness of similar initiatives has come from education and health and again there has been very little in the social work field. One of the few reviews, of evaluation of social work training programmes, is that by Clarke (2001), who points to their failure to evaluate the programmes in depth. He says that although these programmes can often be found to produce positive results in terms of trainees' reactions to training (i.e. satisfaction) and training learning, the training may not result in demonstrable changes in either behaviour or performance back in the workplace. This is, he says, hardly surprising "when one considers that training evaluation practice within the social services has been found rarely to proceed beyond measuring trainee satisfaction with the training they have received". In what follows I look at some of the approaches in the literature that may enable an evaluation of the project in terms of whether the intervention worked.

As discussed in Chapter Two, Kazi's (2000) fourth perspective (the one he calls 'Scientific realist') appears to be an approach that offers the advantages of all the other perspectives that he notes as being employed in social work practice research. In addition it addresses the question of *why* a programme works, for *whom* and in *what* circumstances. It is holistic in that it can show the limitations of the research that is attempted and also requires the evaluator to respond to the needs of practice in

order to judge it. This is useful as it seems to allow the researcher to be part of the process and to be flexible about the needs of practice.

In this way Kazi's 'scientific realism' stance is similar to Scriven's (1994) approach, which addresses the effects and the inner workings as well as the operations of the components of a programme. Where:

> Such a perspective has a great deal of promise for utilising both *quantitative and qualitative approaches*. Each methodology will be seen for what it can or cannot do, and an appropriate mix will be applied to address all of the evaluation questions (my emphasis).

Sinclair (2000a) considers that the problems of comparison can be overcome, although there first must be some *agreement* on the *values and criteria* against which an intervention is to be evaluated. There must also be careful attention to producing a description of the intervention and in addition conclusions must be checked using different approaches.

Kirkpatrick (1975) also advocates a multiple approach to the measurement process. His four levels of evaluation are:

- Level One Evaluation - Reactions
  How participants in a training programme reacted to it. Did they like it? Was it relevant to their work? Participants' reactions have important consequences for learning (level two). Although a positive reaction doesn't guarantee learning, a negative reaction almost certainly reduces its possibility.
- Level Two Evaluation -Learning
  This level tries to assess the extent students have advanced in skills, knowledge, or attitude. This is more difficult. Methods range from formal to informal testing to team assessment and self-assessment. Pre-tests and post tests should be attempted if possible.
- Level Three Evaluation – Transfer

This level measures the transfer that has occurred in learners' behaviour due to the training program. Are the newly acquired skills, knowledge, or attitude being used in the everyday environment of the learner? Measuring at this level is difficult, as it is often impossible to predict when the change in behaviour will occur, and this requires important decisions in terms of how, when, how often to evaluate.

- Level Four Evaluation – Results
  Measures in terms of things like improved quality, decreased costs. This is usually the overall reason for the training program in the first place, yet level four results are not typically addressed. Determining results in these terms is difficult to measure and hard to link directly with training.

Kazi (2000) advocates a similar multi-layered approach to that of Kirkpatrick using a model he calls the three 'boxes' of evaluation – where his last box (the 'White' box) uses a scientific realist approach that he considers has a great deal of promise for utilising both quantitative and qualitative approaches.

Some of these writers concerns and findings will be addressed in the research design chapter.

Conclusion

The readings around 'successful' implementation strategies were predominately from American researchers in the health field and focused on the literature directed at changing professional practice. There were relatively few similar British studies and those that have targeted social care, such as Sloper's study on client satisfaction with services for disabled children, concentrate exclusively on that one area.

The change management approach seems to be the most helpful in working out the design for my project and this will include the techniques they recommend. These are face-to-face interaction, promoting the active involvement of the learners, repeating the messages regularly, making recommendations explicit and relevant to clinical practice, and making use of opinion leaders and peer influences. The emphasis from the studies that appeared to be most useful has been on adult, and more specifically, professional learning. Included in this are theories of 'reflection in action', 'critical thinking' and problem-solving techniques – all of which are relevant for my research. The 'reflection in action' learning process will allow for discussion of cases in the teams, the search for information that might help and reflecting on the way the new information effects outcomes for the cases. Critical thinking works in two ways. Not only will it enable social workers to evaluate new information, but it also should be directed at embedded routinised practices, in the way that Gambrill reminds us. The use of problem-solving techniques in the teams around their cases will make the exercise more relevant and will utilise the 'peer influence' within the team.

All the experts conclude that evaluation is particularly difficult in social care. Unlike my own project, those evaluation studies I have looked at in the social care field seem to be involved in evaluating the research carried out by others. Examples of such studies can be seen in the work of Carpenter and Hewstone, (1996) and Barnes, et al., (2000), where the writers are engaged on evaluating existing programmes of professional education carried out by others.

Sinclair has advised that evaluative conclusions can be made from good analytical description. "Attention to description, methodological triangulation and replication help to overcome some of the difficulties of comparison". He advocates the use of a variety of methodological approaches. Kazi too considers that multiple methods of evaluation

should be used. Kirkpatrick echoes this point when advocating a multiple approach to the measurement process. Each of these writers puts forward various criteria against which evaluation can be carried out.

CHAPTER FOUR - METHODOLOGY

This Chapter responds to the research questions posed in Chapter One. It is in two parts. I begin by attending to the question which asked - "What would be the likely effects of my position as the researcher on the various methodological approaches and methods I employed?" The context within which the project is located will have a bearing on the way that the research was approached and thought through. In considering how my research has been influenced by different methodological positions, the first part of the chapter draws critically on the literature relating to the theories and methods chosen as well as explaining and justifying those choices. Having outlined the various decisions made regarding the most appropriate methods context, the second part of the chapter explains the methodology of the project - the procedures used to collect data in response to the remaining research questions (set out in Chapter One) and the research process itself. In the course of describing the way the research process evolved I also describe those outcomes that had a bearing on the direction this process took.

Thesis methodology

Oakley (1979, p.4) has noted that academic research projects bear an intimate relationship to the researcher's life and together with others (see for example, Coffey, 1999; Cox and Hardwick, 2002; Sikes and Goodson, 2003) she has stressed the need for this to be made explicit when writing up research findings. Coffey (1999) has also considered that that the placing of the biographical and narrated self at the heart of the analysis can also be viewed as a mechanism for establishing authenticity. As a child care social worker with over twenty years experience there were indeed profound influences from my past on both the topic of the research and on the 'meanings' found within the data.

Atkinson and Silverman (1997) surmise that within the field of social enquiry, the telling of the writer's 'life career' in this way (what they call the 'self-revelatory narrative') has taken on an increasingly important role. In telling the story of my research I have engaged in a process of selection in that I choose which aspects of my experiences to present to different audiences. What to tell and what not to tell becomes, therefore, a dilemma for the writer. Brooker and Macpherson (1999) for example, are critical of what they call the "self-revelatory trend". They note that if reports of practitioner research are to become "more useful they must become more than exercises in self indulgence where more is learned about the researcher than is learned of their interactions in the field" (p.209). Doubtless, a too detailed account could risk alienating the reader in this way. On the other hand, the omission of an important defining event in the researcher's life could blind reader and researcher to the way the research process evolved. Clearly there is a need for a balance.

My interest in the topic stems from an early and continued involvement in child care social work. I also have a keen interest in social work training and in the calibre of the social workers that emerge from that process. In my view, what chiefly characterises the world of social care is the importance of the people who provide the services. This is because the client groups are usually disadvantaged and often cannot speak for themselves. Therefore, I regard the quality of the practitioners speaking and acting on behalf of these disadvantaged groups as crucial to achieving service-user satisfaction. It was these concerns that prompted me to apply for the research post that forms the basis of the project. As a 'hands on' social work child care manager, the idea of actually working with groups of social workers in a project that sought to improve their practice was appealing. I was aware of the need for this view to be balanced in my work with the groups. Too much emphasis on the quality of practitioners could alienate some of the participants. On the other

hand, not to show some passion for the topic would likely discourage those who I was trying to influence.

Because of my background as a social work practitioner I fit a popular stereotype of the practitioners and researchers in health and social care who prefer *action theory* and *qualitative* methods in carrying out their research. Hart and Bond (1996), in encouraging social workers to engage in research, have argued that action research "be considered as an option by practitioners and researchers in health and social care agencies wishing to improve professional practice." (p.4). The improvement of professional practice lies at the heart of this project.

The epistemological debate

A central issue relating to research informed practice in social work concerns what counts as 'good' research. As noted earlier, the various contributions seem to range between two opposing camps. On the one side are those who argue for the need for the 'gold standard' of random-controlled trials. On the other are those who advocate a break with the 'managerial authoritarianism' of evidenced-based practice and a return to professional values. In effect they reflect an epistemological debate between those who favour the positivist approach and those who favour the naturalistic or qualitative approach. Gibbs (2001) claims that it is these two bodies of knowledge, positivism and naturalistic inquiry that have shaped and dominated social work research. Also, she notes that "between these two epistemological positions there have been numerous arguments, critiques, counter critiques and occasional attempts to keep the peace".

The positions here mirror the wider debate in social science that distinguishes between quantitative and qualitative research. Strauss and Corbin (1998), for example, want to separate out the two approaches since they have put forward a definition of qualitative research as research

" that produces findings not arrived at by means of statistical procedures or other means of quantification" (pp.10,11). This may be a false dichotomy since qualitative research, in practice, contains many elements of covert quantitative research and vice versa. Some elements of quantitative procedures certainly underlie many of my research findings (and probably those of other self acknowledged qualitative researchers also). I am of the opinion that this quantitative versus qualitative debate no longer requires addressing because it is outdated. This is a position that is backed by some other commentators. Wolcott, for example, considers that "there is no longer a call for each researcher to discover and defend [qualitative methods] anew" (quoted by Silverman, 2000: p.230). This is similar to the stance of Kvale (1996), who regards "the qualitative versus quantitative controversy as a pseudo-issue" (p.xvi). Hammersley (1992) is also critical of any strict distinction between qualitative and quantitative methods, arguing that what is involved is not a simple contrast between two opposed standpoints, but a range of positions sometimes located on more than one dimension. Selection among these positions ought "often to depend on the purposes and circumstances of the research, rather than being derived from methodological or philosophical commitments" (p.172).

Approaches that combine both the positivist and naturalist viewpoints are more helpful. Kazi (2000), for example, in the course of his review of perspectives in social work research (see Chapter Two), has criticised the way that those who promote RCTs identify positivism as a methodology rather than a perspective, which results, he suggests, in the exclusion of the context of the intervention. He is, however, equally critical of the 'pragmatist position', which he sees as arguing that epistemological debates are a waste of time since the issues cannot be resolved. This has led to charges that the pragmatic (or eclectic) approach is essentially anti-intellectual and has been attacked as 'anything goes' (e.g. MacDonald 1996). Kazi believes that the advent of the pragmatic approach is a

consequence of the epistemological debate. The debate has helped to recognise the limitations of the methods associated with each paradigm, and to enable the realisation that qualitative methods are acceptable and can be combined with quantitative methods to present a more comprehensive approximation of reality. He warns that adherence to a single approach "would risk leaving much social work activity unresearchable" and concludes that *feasibility* is an important factor in the selection of methods. He suggests that "one should begin with the evaluation questions and then select a method".

This idea of feasibility is the criteria that was used for the methods used both to deliver the project and to evaluate its outcome. I used a combination of qualitative and quantitative methods so as to present a comprehensive approximation of reality as well as to measure "outcomes". In measuring outcomes I have used what has been traditionally called *methodological triangulation* - a term that Sinclair (2000a) sees as "a fancy name for checking conclusions using different approaches". This allowed me to check my conclusions, and also to "compensate for the limitations of a single method" (Kazi 2000) and thereby provide for "greater confidence in the results" (Padgett 1998). I employed a variety of tools, including questionnaires, participant observation within and outside of the social work teams, project diaries and interviews with key personnel.

General approach

In this section I review some of the various perspectives that have been used in this type of research to see whether they will be useful.

Literature review

There are some differing views on carrying out a literature review. Patton (1990) favours its use, though he warns that it is more than just reading what is there; he sees it as requiring "discipline, knowledge, training, practice, creativity, and hard work" (p.11).

Gillham (2000) on the other hand thinks:

> It is useful to do some reading around your research topic before you go into the actual setting, but the notion that you do an extensive literature review first from which you derive a hypothesis to test is a nonsense in real-world research (p. 37).

Silverman (2000) advises that not only is there no longer a call for each researcher to provide an exhaustive review of the literature about such standard procedures as participant observation or interviewing, but the review "should mainly be written *after* you have completed your data analysis" (p.226).

These writers seem to imply that the researcher has an element of choice as to whether or not to carry out a literature review. There was already a requirement for an early review of the literature built into the initial proposal (see Chapter One). I felt I needed to complete this review as a matter of priority, so that the results could help inform the running of the Practice Development Groups. Given the unique and practical nature of the project, for me an early review was an essential prerequisite to starting the fieldwork.

Case study

According to a recent dictionary of sociology, a case study is a research method that relies "on a single case rather than a population census or a representative sample". The method allows an intense focus on social behaviour and is the preferred research design for those who use an *interactionist perspective* and rely on *participant observation* (Johnson 2000: p.33). Stake (1994), on the other hand, does not consider a decision to use case study to be a choice of research method at all, but rather "a choice of object to be studied" (p.236).

My involvement in the project started with the appointment as research assistant after I responded to Durham University Centre for Applied Social Studies' advertisement. It is only in this sense that I could be seen to have chosen my case. The situation is very similar to that envisaged by Yin (1993), where "the major rationale for using this [the case study] method is when your investigation must study both a particular phenomenon [social workers use of research] and the context within which the phenomenon is occurring" [within the childcare teams]. My project is an exploratory study that aims to encourage research-mindedness in practising social workers; therefore the research design is also exploratory.

Other features of my investigation also fitted with Yin's (1994) advocacy of case study as the 'preferred strategy'. These included situations where, " 'how' or 'why' questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context" (Yin, 1994, p.1). In addition, he has identified the 'distinctive need for case studies' as arising out of the desire to understand what is [as in the case of the local authority childcare social workers] a complex social phenomenon (Yin, 1994, p.3).

Factors influencing the identification of a "case"

Textbooks on research methods, whatever their differences, often assume that investigations follow a roughly similar linear trajectory. Yin (1994) has described research design as simply,

> an action plan for getting from here to there, where here may be defined as a set of questions to be answered, and there is some set of conclusions (answers) about these questions. Between "here" and "there" may be found a number of major steps, including the collection and analysis of relevant data. (p.19)

The whole research process is usually reported in this way as going through sequential stages. For the case study method, Yin (1994), for example, has identified the phases of research as "problem definition, design, data collection, data analysis, and composition and reporting" (1994, p.11). Whilst this general outline holds good for my investigation, the different phases were not as clear-cut and sequential as Yin suggests. In my project (and I suspect in other similar undertakings) the various stages often overlapped and intertwined. For example, the proposal ('problem definition') was tentative and subject to revision throughout the project. So too with the data collection, analysis, composition and reporting phases. Collected data were analysed throughout the task and fed back into the project, whilst composition and reporting (in this case in the form of progress reports to the County's Social Services Department) occurred regularly (half-yearly) throughout. The research process in the initiative was more like the *action research approach* (discussed more fully later), where the 'spiral' or 'cyclical' notion includes continual reviewing and evaluating throughout the research (see for example, Kemmis & McTaggert 1988; Stringer 1996).

In Yin's (1994) sense, 'the set of questions to be answered' by the investigation evolved throughout the course of the project itself. In this way the approach had some elements of Strauss and Corbin's (1990) '*grounded theory*' [I discuss this approach more fully later], where the research question is a statement that identifies the phenomena to be studied. The main purpose of the grounded theory approach is to develop theory *throughout* the research process (pp.37, 38). Robson (1993) has similarly suggested that theories and concepts tend to arise from the enquiry - coming after the data collection rather than before it. This fits in with Silverman's (1993) suggestion that " sometimes the best approach may not be found until the research is underway" and indeed these comments seem very apropos to my study where some research

questions continued to emerge well into the period of the research implementation.

Action Research

The general approach to the project is that of action research. Using 'action research' as a category is not without its problems. As Fuller and Petch (1995) have pointed out, the literature on 'action research' shows competing interpretations of its meaning and application. In defining my own approach as 'action research' however, I accept their description of the term as a style of research involvement

> which builds in a 'special relationship' between the researcher and the researched, whereby study proceeds in jointly planned phases, each one culminating in the feeding back of results from the researcher to practitioners (p. 5).

As Adams and colleagues (1999) have proposed, this method,

> is particularly appropriate where problem-solving and improvement are on the agenda. Moreover, the combination of enquiry, intervention and evaluation which empowers the action research cycle mirrors the iterative processes employed by professional staff in assessing the needs of vulnerable people, responding to them and reviewing progress".

Hart and Bond (1996) make a persuasive argument for action research for researchers (and practitioners) in health and social care agencies wishing to improve professional practice. They say that,

> action research aims at improvement and involvement, is problem focused and context-specific, and involves a research relationship in which those involved are participants in the change process (p.5)

Despite the above rather seductive view however, as my project evolved, the action-research paradigm was not particularly easy to bring off in

practice. This was because, as Fuller and Petch (1995) have emphasised, practitioner research collaborative projects, depend crucially for their success on a long-term commitment from senior management, both to sustain the endeavour and take on board the findings (p.5).

Meyer (1993) has given a modern definition of action research developed from Lewin's work. This involves a four-step framework of planning, acting, observing and reflecting. The approach here is similar to Schőn's (1983) four-step 'reflection-in-action' process of professional practice (pp. 49, 50).

The research informed practice project was intended to influence practice in a particular way, to try and encourage social workers to use research. This type of intervention, as far as I knew, had not been tried in this way before; that is using a researcher as a facilitator for a lengthy period of time and working directly with front line social workers. The underlying process for implementing the project was indeed action method; although we had an initial structure for delivering the research to each group, the response was unknown and the above four-part action sequence as described by Meyer (1993) came into play at two levels. At the level of the research design, the research team first planned an intervention strategy, tried it out, observed its effects, considered what changes might improve the intervention and incorporated them with subsequent teams. At another level, that of the interaction within the practice development groups, the process followed a similar pattern. In the case of research information, for example, this was first located, given out to the group and the reactions observed and reflected upon. This enabled me to monitor the input and make any changes that might be thought necessary.

Grounded theory

Grounded theory is a process of discovery that begins with extensive observations from which theory emerges, and the field data will be

analysed in this way. Strauss and Corbin (1998) have expounded the grounded theory approach. The emphasis is on building up a theory from the data. The key issue is that it is not theory that is primary but rather the emerging evidence. Dick (2000) notes that the theory emerges as the data is analysed, and the strength of this approach may be the continuing search for evidence that disconfirms this emerging theory. This is as opposed to the hypothesis building of other methods that look for confirmation of the hypothesis. Instead, the theory is created and grounded in whatever evidence is turned up.

Selecting methods for collecting data

I chose different methods to deal with the various parts of the research task. As a single practitioner researcher who also facilitated the intervention, the use of *participant observation* as the main way of collecting field data about what went on in the groups was really the only feasible method. Although I did consider using a tape recorder to record the sessions, there was no way of positioning the microphone so that all contributors could be recorded, neither was it possible to identify individual speakers given the size of groups involved. Using *self-report questionnaires* as a way of obtaining a range of participants' attitudes was a method that was also decided upon when the project was first envisaged; CASS researchers had already employed this method to study professional teams. I used recorded *interviews* with a selection of the participants from the groups in order to triangulate the data with the other methods. An advantage to using the interview was that this was a technique that both the researcher and the participants were familiar with in the course of their day-to-day dealings with clients and others in the workplace and elsewhere. As Pithouse (1998) has noted in the course of his extensive use of interviews with child care social workers:

> It has to be remembered that social workers are veterans of the interview. They routinely interview and observe during their countless interventions with clientele. It is quite possible for them

> to manage skilfully their contribution to the research interview (p.187).

However, I am aware that this could be a double-edged sword since their familiarity with the interview process as interviewers does not necessarily mean they are used to being interviewed. Also, their undoubted skills could allow them to skillfully manipulate the interview situation and so lead to erroneous conclusions on my part.

Participant observation

Participant observation is a research method in which the researcher actually takes part in the social phenomenon being studied. This method enables researchers to study social processes as they occur. I have used Robson's (1993) 'participant-as-observer' role whereby the fact that the observer is an observer was made clear to the group from the start (p.197). The approach informs rather than dictates the methods used for recording and analysing the project. May (1997) thinks that this perspective encourages researchers to immerse themselves in the day-to-day activities of the people whom they are attempting to understand. He considers it is least likely to lead researchers to impose their own reality on what they seek to understand.

According to May, the process of understanding action can be omitted from other forms of research and how and why people change may not therefore be understood. During interviews, for example, when language or cultural differences are expressed, observers may record their own experiences in order to understand the cultural universe which people occupy (subjective experiences) and convey these observations to a wider audience (fieldnotes) within the context of explaining their data (theoretical framework) (p.137).

May goes on to caution,

> that it is plausible to argue that participant observation is the most personally demanding and analytically difficult method of social research to undertake (p.138).

Depending on the aims of the study and previous relationship of researchers to those with whom they work, participant observation requires them to,

> Spend a great deal of time in surroundings with which they may not be familiar; to secure and maintain relationships with people whom they may have little personal affinity; to take copious notes on what would normally appear to be everyday mundane happenings; to possibly incurring some personal risk in their fieldwork and then; if that is not enough; to spend months of analysis after the fieldwork (p.138).

However this description hardly fits my position, as I was totally familiar with the surroundings within which the research occurred. Denzin (1970) has listed some key problems associated with participant observation that seem much more relevant to my concerns. First, he considers that its focus on the present may blind observers to important events that occurred before their entry on the scene. Second, the more vocal participants may not be representative of the group. Third, observers may change the situation just by their presence. Finally, the observer may 'go native', identifying so much with the participants.

I take note of Denzin's points. The project investigates social work practice as it occurs in the teams I studied. Here, social workers deal with cases that are evolving continuously so that yesterday's events are usually superseded by the higher priority of today's pressing concerns. It is indeed likely as Denzin surmises, that the more vocal contributors will tend to take over the group sessions and hence be unrepresentative of the group as a whole, and I have tried to encourage the participation of the

less vocal in the interaction. The final caution about the observer changing the situation and/or going native is not applicable since the project's purpose was to both influence and change the behaviour of my fellow social workers in the groups.

The use of participant observation as a method of data collection was not without its difficulties. Ghates (2001) for example, considers that individuals collecting data should ideally be independent and in no way involved in planning or delivering the service. Yet clearly, in my case as a lone researcher/facilitator this degree of independence was not possible and I had to rely instead on using different methods to achieve some independent confirmation of the results. I am a qualified social worker and as such familiar with the territory. This was both a strength and a weakness as although I may have been more easily accepted into the groups I may also have 'gone native'. In this connection, however, Strauss and Corbin (1998) have noted that such professional experience is a potential source of sensitivity. Although it can easily block perception, it can also enable the researcher to move into an area more quickly because he or she does not have to spend time gaining familiarity with surroundings or events (p.47). The difficulty lies with being too familiar and not being sufficiently independent of the group so as to be able to give a reasonably detached view of the proceedings. One technique for maintaining objectivity is to gather data in different ways such as interviews and written reports as well as the observations recorded: in other words multiple viewpoints of the situation (p.44). My field data incorporates questionnaire responses and recorded interviews as well as notes from participant observation in the practice development groups.

In the groups I took a dual role as both participant observer and as a facilitator who clearly intended to influence the proceedings. The participant observer role entailed observing and noting the interaction both during and after the meetings. The facilitator role entailed directing

individuals within the groups to focus onto specific research requests relating to active cases, and then finding and supplying research information in order for the social workers to incorporate this into their practice. A seemingly similar kind of strategy has been described by Robson (1993) as one where the participant observer,

> 'evokes' a particular situation or behaviour from members of the group. Essentially it involves setting up a situation, which has meaning for the group, and then observing what happens. There are potential ethical problems here and also the danger of artificiality. The group may perhaps do something, or do something in a different way, to please or placate the 'important observer' (p.197)

However, in my case, in my facilitator role, 'doing something in a different way' was not a 'danger' in Robson's sense, since this was the whole purpose behind the initiative.

The use of participant observation as the main method for collecting data also posed particular practical difficulties regarding such things as note-taking because of my dual role as observer and facilitator of the sessions. An example would be a situation where I could not observe and record an important stretch of interaction since I would be closely involved in facilitating that part of the activity. However, I had initially thought that this would only be a temporary difficulty. This was because it was envisaged that the role of facilitating the interaction in the groups would be something that team managers could take over, once a group had been running for some time. I would then be able to concentrate on observing and recording the sessions. In fact, this never happened (some reasons for this are discussed later). My notes on the interaction within the sessions were augmented by the data obtained from the semi-structured interviews with a sample of the group members, which allowed me to corroborate some of the descriptions contained in my research diary.

Questionnaires

Robson (1993) notes that asking people questions, getting them to respond and getting a record of their responses is an important enquiry method which takes advantage of the fact that people can tell you things about themselves. Major self-report techniques are *interviews*, *questionnaires* and a variety of *scales and tests* those respondents fill in for you. These methods lend themselves to be used in combination with other methods, in a multi-method approach. In my research the questionnaires involving standardised scales and structured questions (discussed in more detail in the next section) were used as a means of assessing the likely receptivity of the teams to the intervention and also to complement the participant observation and interview data. Robson considers that responses to questions concerned with facts are relatively easy to get at, although the best responses are obtained to specific (as against general) questions about important things in the present or recent past. By contrast, questions about beliefs and attitudes are difficult to get at. They are often complex and multi-dimensional and appear particularly prone to the effects of question wording and sequence and are best presented as multiple questions constructed around the use of appropriate scales (p.228).

May (1997) commends the use of the self-completion questionnaire as a relatively cheap method of data collection over the personal interview. He notes that the way a questionnaire is designed, administered and analysed should be aimed at achieving standardisation so that results can be replicated and hence tested by following the same methods. The theory is that if all respondents are asked the same questions in the same manner and if they express a difference in opinion in reply to those questions, these variations result from a 'true' difference of opinion, rather than as a result of how the question was asked or the context in which the questionnaire was administered. Responses can then be quantified and

aggregated with others in the survey sample to examine patterns of relationships by using statistical analysis. Ideally, other researchers are able to replicate the survey by using the same type of questionnaire (using similar scales, etc.), and this then relates to issues about reliability and representativeness. Claims about the latter can then be made in terms of the statistical significance of the findings (May, 1997, p.89).

Interviews

Kvale (1996) considers that the qualitative research interview obtains a privileged position concerning objective knowledge of the social world. Kvale believes that the interview is sensitive to, and reflects the nature of, the "object" investigated, in the interview conversation the object speaks (p.66). Some commentators have drawn attention to the effects of using interviews as a research tool. Mishler (1986), for example, has asked how the presence and influence of an interviewer can be taken into account in the analysis and interpretation of a respondent's story? For him, the interviewer's presence as a coparticipant is an unavoidable and essential component of the discourse. He also acknowledges that an interviewer's mode of questioning influences a story's production. Within the interview, differences in whether and how an interviewer encourages, acknowledges, facilitates, or interrupts a respondent's flow of his talk will have marked effects on the story that appears (p.105). An example from my interviews is when I tried an unstructured interview as a pilot, with a team manager. This open-ended interview lasted for some two hours and did not really address the issues I wanted to address.

Lee (1993) criticises the way that interviewees are often selected on the basis of choosing only those individuals who are the easiest to access. This he sees as reinforcing the tendency "to study only the powerless, the near at hand or the relatively innocuous" (p.141). It is however, difficult to see how one would be able to select for interview any other than those who agree to co-operate in the project. My selection of interviewees for

the project was quite pragmatic. In order to try to make them representative of the teams, I decided to interview one participant from each of the seven teams (which was just under 14% of all participants). These interviews had to be conducted with individuals after their teams' facilitation period had ended so as to enable them to reflect on and consider their view of the experience. I interviewed both team managers and social workers. The constant turnover of personnel involved me in having to accept those participants who were available and willing to 'go on record'. One or two responded when I initially contacted team managers, asking them to canvass for someone prepared to be interviewed. The remaining interviewees were obtained when I rang round the various team offices to see who was still there and found someone who agreed to participate and we arranged a time for the interview.

Strauss and Corbin (1998) have pointed to other potential dangers in using interviews. They have noted the existence of a dichotomy between "some respondents" who "tell the researcher what they think s/he wants to hear" and "those who are willing to tell the investigator just how wrong his/her interpretations are" (p.45). Lee (1993), on the other hand, has a different view. He thinks it is rather surprising that the widespread acceptance of interviewing in qualitative research has not been given greater critical attention (p.102). He then identifies what he calls "transference effects", where the interviewee develops an identification with the interviewer and may produce what it is assumed the interviewer wants to hear. These may arise out of past experiences or relationships. He recommends that these should be regarded as data, rather than as a problem, or a nuisance. I was aware of 'transference effects' from my social work experience. An example of this effect is when in one of the teams a 'needy' social worker was trying to use me as a supervisor in the absence of her team manager. I was both older than her and also had been a manager. In the interviews I stressed to my interviewees that whatever comments they had would be valid information for the project

and to tell it how they saw it, rather than try to give me answers that they may have thought I wanted to hear.

Strauss and Corbin (1998) describe the unstructured approach to the interview with general guidelines only as one that gives respondents more room to answer in terms of "what was important to them" (p.205). In order to make the interview more specific to the particular research they advocate the use by the interviewer of what they call *guiding questions* that may change over time and are based on the evolving theory (p.78). This method involves the use of what Drever (1995) has called the 'semi-structured' interview where "the interviewer sets up a general structure by deciding in advance what ground is to be covered and what main questions are to be asked". I used a set of guiding questions in the interviews after the experience of the pilot interview described above. In addition, I always asked at the end of the interview whether the respondents had anything they wished to add, as I was aware that the semi-structured interview technique may have denied them room to say what was important to them.

Ethical matters

Kvale (1996) has formulated the following series of questions to be asked at the start of a study regarding the ethical implications of a piece of research.

> What are the *beneficial* consequences of the study? How can the *informed consent* of the participating subjects be obtained? How can the *confidentiality* of the [interview] subjects be protected? What are the *consequences* of the study for the participating subjects? How will the *researcher's role* affect the study" (pp.119, 120)

What are the beneficial consequences of my study? As with all researchers I hope this investigation will build onto existing research into

social work practice and lead to a fuller understanding of the processes involved in attempting to get social workers to use research in their practice. Also that the knowledge garnered here might benefit social science research as well as social workers themselves and their employers. More particularly, by highlighting a way to encourage social workers to become more research-minded, this project could be an aid to them becoming more professional. If all social workers used up-to-date research findings in their practice, their service users would get a more uniform service.

As noted earlier, those who are studied in any form of research may rightly be suspicious of the use to which the findings may be put. Even where the researcher thinks she is aware of the purpose of her study and its consequences, she may find later that its findings are used in ways she neither envisaged nor intended. In the light of this it would be difficult to be able to give any meaningful reassurances if those being studied are identifiable. Adelman and colleagues (1980) have addressed the issue of the consequences of such research for those studied. They note that "Case study research and evaluation, because it is rooted in the practicalities and politics of real life situations is more likely to expose those studied to critical appraisal, censure or condemnation." They continue with some interesting comments on whether or not the conventional device of anonymising the participants solves this problem. They surmise that the distortion involved in "anonymising reports so that they become unrecognisable even to insiders is a heavy price to pay for the privilege of 'going public'". They conclude, however, "even so, the price may be worth paying" (p.57).

I agree with their conclusion. This study maintains respondent anonymity throughout by not identifying any of the individual participants although the teams' descriptions will be recognisable to those who worked in the department. The assurance of confidentiality was incorporated into the

project from its inception and reiterated in all dealings with the participants. This was particularly so in the interviews, where respondents were encouraged to talk freely. Social workers are well used to practising confidentiality in their day-to-day dealings with clients. In the course of the project, I believed that the participants recognised me as a fellow practitioner who could be relied upon to maintain confidentiality when individuals and cases were discussed. Ultimately, it fell to me to remain ever vigilant with regard to any likely embarrassment for the friends and colleagues who helped in the task.

The methodology of the project

In the first part of this chapter I discussed the available methods and the debates surrounding their use as well as the way my position influenced the selection of the those methods that were employed in the research. In this next part I move on to the methodology of the project to link the data collection methods to the main research questions posed in Chapter One. Although these research questions are posed separately they often overlap. It was never intended that the data collected by a particular research method would provide answers to a particular research question. Instead, it was expected that the findings from each method would often support each other in illuminating particular aspects and themes that arose in the course of the research. The story of how the research process evolved is given by a more-or-less chronological account of the intervention. In the course of this 'telling' I identify the processes and also assess those outcomes that worked so as to affect the direction of that evolutionary process. This is because of the dynamic relationship between process and outcome that characterised the project, where a particular process was perhaps initially decided upon but then subsequently altered or modified or rejected as a result of later experiences in the course of the intervention.

Managing the project

The steering group that was set up to manage the project was made up of the research team from the University (consisting of Professor John Carpenter, Simon Hackett and myself), together with the service development officer and a divisional manager from Social Services. As the project got underway, the service development officer dropped out and the Social Services' members of the group became the team managers of the child care teams involved together with the divisional manager. The teams were perceived as being under particular pressure, as a result of the many Government policy decisions that were being actioned at that time. These included the implementation of the 'Quality Protects' (QP) initiative (DoH, 1998a), which contained new directives for improving children's services. Social Services Steering Group members thought that the research-informed practice project should run alongside this concurrent QP agenda, since each aimed to improve service to clients. They were concerned about staff morale and wanted to place the two things together to minimise the number of new initiatives aimed at front line social workers.

The steering group also proposed that the two recently appointed Quality Protects Officers (temporary - 6 month - appointments - intended to work with implementing Quality Assurance in the Department), be used to help with the research-informed practice project. One officer was responsible for 'leaving care' and the other for 'placement choice'. Thus the project was to concentrate on these two areas of current practice - both already deemed to be in need of improvement. This requirement was one that was not in the original specification discussed with the Director and this proposal was one of several changes that were subsequently made.

Delivering the research

As discussed in the previous chapter, the idea of encouraging research-mindedness in social workers' practice using groups as the primary

method was based on the research into professional and adult learning. This had suggested that the best way of getting professionals to take new research information into consideration would be one based on peer group learning using problem solving techniques. In particular, the use of the group workplace as the venue within which social workers might use new information and assess its value with their peers was influenced by the similar work carried out in education (e.g. Taylor, 1997) and medicine (e.g. Donald and Milne, 1998) as noted earlier. What was unique in the project, however, was the decision to carry out the intervention 'in house', so the social workers were on familiar territory and also using cases from their own current caseloads. Although the 'practice development group' vehicle for delivering the project had already been decided upon, the group members (including the researcher!) had little idea at the planning stage as to what would happen in the groups and action research methodology was therefore the informing dimension here. Once the sessions were started, all the participants would discuss what might be the best way of facilitating research-mindedness in their group and this way of learning from the project was then to be incorporated into future sessions and in future groups.

'Practice Development Groups'

As outlined in Chapter One, the project was to be delivered via a rolling programme to childcare teams at their workplaces and involved setting up Practice Development Groups. It was assumed that all qualified social workers would attend, but this was not made explicit by anybody, neither at the outset nor later on once the project had started. Although the project was targeted specifically at qualified social workers, not all attended the group meetings. Also, other unqualified staff who were *bona fide* team members (such as social work assistants and students), often attended group meetings, since this encouraged group learning and 'cohesion'. It was felt that students and assistants also needed to participate so that they too could learn from the project and be similarly

encouraged to acquire research-mindedness in their practice. It would also not have been sensible to exclude them from their workplace whilst the group meetings were taking place.

The decision to hold fortnightly group meetings of roughly two-hour duration was arrived at in consultation with the pilot team manager who felt that to hold the groups weekly would be a serious overload to the teams' functioning. On the other hand, to hold them less frequently or of shorter duration could entail a loss of impetus to the project. Sharing decisions with the frontline team managers in this way was an attempt to utilise the maxim from action research theory, of the project being seen as "bottom up" rather than as something imposed from above. It also acknowledged that the team manager was the person who would have to 'sell' the intervention to the team.

As the project was set up, each of the participating teams, in turn, became members of their own Practice Development Group. I was to be part of the various groups during their facilitation period which was to run for between six and nine months for each group as it came 'on line'. It was always envisaged that once work with the pilot team had completed, more than one group would be running at any one period since it was intended to cover as many of the Department's childcare teams as possible in the two years that the fieldwork was to run. Discussion with the pilot team manager resulted in a decision to deliver the project by means of a two-hour session fortnightly over this six to nine month period. As the RIP initiative proceeded, it emerged that most of the teams already had a fortnightly team meeting on a particular day of the week and at a certain time. The PDG meetings were slotted in on the same weekday (and time) of the alternate weeks to try to make forward planning easier for the team members. Once the introductory sessions were completed (see below) subsequent meetings were to follow a standard agenda:

1. Case presentation by a team member and group discussion to identify if the case could benefit from any new, further or specific research information.
2. Requests for research information in relation to specific case issues (ideally using the standard form referred to below).
3. Presentation of (requested) research identified at previous meeting and critical reflection on implications for practice with that particular case and other similar cases.
4. Identification of future cases which could benefit from examination of research information.
5. Review and discussion, planning the next meeting.
6. There was supposed, also, to be feedback on the case at the start of the next meeting.

At the groups a case would be identified by a social worker and would be discussed to see if there was a likelihood of new information or research that would help move the case on. As noted in Chapter One, a protocol and a proforma to help with this was designed by the research team (see Appendix A). It required specific and answerable questions about the case, to be approached via research evidence:

- What evidence do we already know about the case?
- What additional evidence might help to inform the case?
- Where might the additional sources of evidence come from?

Using the resources of the university I would then try to find any new information that might inform the case and supply this to the worker before the next group meeting. The social worker was to read and critically evaluate it prior to the PDG meeting so that it could be presented and discussed in the group. Group members would be encouraged to use critical thinking skills to apply and evaluate the usefulness of the research found. The rest of the protocol and proforma included sections

on the evaluation of the evidence; planning the intervention; and review and outcomes.

Pilot team

The first part of the implementation of the research project was to be concentrated solely on the work with the first team (Team 1), which was used as a pilot group for the project and was set up with a meeting in March 2000. With some help from Simon Hackett in the initial training sessions, I was to facilitate all of the groups in tandem with the team manager so as to allow for a consistency of approach across the different localities. After this time, it was hoped that the groups would continue under the leadership of the team managers.

I was concerned at the outset to stress that PDGs should complement rather than replace individual supervision. This was intended to ensure that agency accountability was maintained, consistent with the expectations for supervision outlined in the Department's supervision and appraisal policy. Team managers retained case accountability and they would discuss and approve any change in direction of individual cases proposed in the practice development groups. The early sessions with the pilot team were formal and organised by the research team who set up training workshops designed to introduce the project and foster skills in critical thinking.

The experience gained from work with the pilot team would be reflected on and learning from the group incorporated into the project as it progressed. The pilot team's experiences and feedback were useful in informing work with the remaining teams. As a result of the experiences with the pilot team, it was decided that some of the initial practice develop group sessions would need to be devoted to skills training covering IT and the use of the Internet. This was because of the increasing awareness during the early sessions of the crucial importance of electronic sources for

obtaining research information and a concomitant discovery of the lack of those skills among group members. However, social workers in the teams were never able to access research information from peer journals because their department did not subscribe to them. Hence, it fell to me to produce the required information using the University's library resources.

Another change following on from work with the pilot team was their PDG's conclusion that the remit to discuss cases concerning 'leaving care' and 'placement choice' was too restricting. The group also thought that trying to apply research information in these two areas would be largely irrelevant as decisions about the best placements, for example, was limited by the lack of alternative placements from which to choose. They preferred instead to discuss cases where research information might make a difference. This point was raised at a Steering Group Meeting and the decision made to return to the wider remit that had been envisaged in the original proposal – which was to develop research-informed practice in all areas covered by the childcare teams' social workers.

This 'action research' approach of planning, acting, observing and reflecting (see especially Meyer, 1993, and my earlier discussion) was one that was to be used throughout the project. A further example of an early application of this approach to the way the project was delivered can be seen in the following illustration. The readings in Chapter Two had suggested that there might be some likely barriers to change on the part of the social workers involved in the project. One aspect of this discussed previously was that research initiated by senior people [in this case by their Director of Social Services] may involve a clash of values and distrust of the action research approach. Some consideration was therefore given when working with the pilot team as to whether some of the group members might view the intervention as yet one more 'edict' visited upon them by senior management that sought to promote change at practitioner

level. At the around the same time as the start of work with the pilot team the Government had announced their intention of setting up the Social Care Registration System that would require social workers to participate in their own continuing professional development (GSCC, 2002). This enabled me to stress to the groups that as professionals they would benefit by keeping themselves abreast of changes and developments in social care. This allowed me to avoid presenting the project as being either a 'them' (top-down) and 'us' (bottom up) approach. Instead I emphasised the likely advantages accruing to them, in terms of how using research to inform their practice might be best both for them as professionals and for their clients. With regard to the other likely barriers to change that were also earmarked from my earlier readings, in the analysis of the group interaction and the subsequent interviews I attuned to any attitudes that indicated hostility to the project.

Identifying processes and assessing outcomes

In this section I tell the story of how the research process evolved as well as assessing the outcomes that directed that process. This first part of the account recalls the remaining research questions of Chapter One before later explaining how the methods I used help to answer them. The four questions were;

- "What were the social workers' attitudes and experiences of research at the start of the project and at the end?"
- "What processes were evident in the course of the intervention and how did they work?"
- "Under what conditions, if any, did research-mindedness develop in the PDGs?"
- "How effective was the intervention in encouraging social workers to use research in their practice?"

It was thought that each of the different methods employed in the research would contribute in some way to answering all of these questions. The attitudinal *questionnaires*, for example, were designed to assess the conditions under which RIP might flourish or not. The 'box plots' and observations of differences between the teams and between studies of similar cohorts would then be considered in relation to the receptivity to and use of, RIP. The data from here would help inform the question relating to the conditions under which research-mindedness developed in the PDGs, but it would also confirm or disconfirm findings from the other methods with regard to the other questions. In a similar way, the *participant observation data* was chiefly intended to inform the last three research questions, although some of that data would likely augment the findings from the questionnaires. Since my intervention sought to influence practice and also because it broke new ground it was important to evaluate its effectiveness or otherwise and this aspect would be mainly addressed in the final research question and answered by a combination of the two main methods augmented by the *interviews.*

Research design - participant observation

The first of the methods used was that of participant observation. As mentioned above, the data from here was intended to be the main way of gathering the information to address the remaining research questions.

Notes made about each group were transcribed into a 'team diary' folder in my PC that was constantly updated. Some of my thoughts and impressions as well as the interaction within the PDGs and elsewhere were noted. The diary also included information about telephone conversations as well as notes on informal meetings with participants where the interaction seemed relevant to the project. I also collated the more formal documents relating to the project, such as those from the Social Services department in the form of the minutes covering the relevant management meetings attended throughout the research. In

addition I collected all of the completed research request forms (see Appendix A) from the PDGs to provide a permanent record.

It was also essential to have information relating to outcomes for service users, to see whether the timely provision of relevant research information could be considered to have had any influence on these. This was an important way of assessing the effectiveness of the groups because of the nature of case accountability within the teams. Each social worker within the childcare team is allocated a number of cases and has individual responsibility for his/her cases. Thus normal practice is for team social workers to organise their work around their allocated cases. However, the closed and confidential nature of the social worker – client relationship meant that any evidence relied mostly on self-report, so I looked for confirmation of case-direction changes from feedback at group meetings and in the interviews with the social worker and/or team manager. The work in the practice development groups was very relevant to the group members since this was similarly centred on 'live' cases that a team member brought forward for discussion together with a possible question for research to assist the social worker in dealing with the case. I was subsequently able to examine these case outcomes in order to see where the research information/and or the group could be seen to have influenced the case. As well as holding the typed up notes, each PDG group folder also held other information about such things as team membership details, attendances and e-mail addresses and the minutes of various meetings. The folders then became the data for my upcoming analysis.

The design of the questionnaires

I designed a questionnaire to find out the extent to which the social workers in the PDGs' used research prior to their participation in the project. This was to help answer the first of the main research questions - "What were the social workers' attitudes and experiences of research at

the start of the project and at the end?" The questionnaire consisted of a self-completion form to discover whether, wherefrom and to what extent the social workers had read any professional information and/or research in the previous month. The form used is at Appendix B.

Group members were asked for factual background information including age, gender, qualifications, educational attainment and experience. The major questionnaire consisted of sets of anonymous, self-completion forms designed to measure various attitudes of those participating in the project and was given out before and after the respondents' experience of the intervention. This was meant to assist in informing the first research question, but the results were also intended to help answer the last two research questions – that is "Under what conditions, if any, did research-mindedness develop in the PDGs?" and "How effective was the intervention in encouraging social workers to use research in their practice?" The questionnaire was based on West's (1994) Team Climate Inventory and I was able to compare the results with Anderson and West's (1999) published norms for this inventory. Using these standardised measures allowed comparisons to be made with other studies that relied on the same format (such as McGrath, et.al.'s, (1989) study of stress in social workers). I was also able to refer to the results that were currently emerging from a study of 139 staff in family support teams in other local authorities in the North of England, which CASS was carrying out for the Department of Health (Carpenter, et.al., 2003).

I hypothesised that the extent to which the teams would be able to adopt and utilise the approach effectively would depend on how well they functioned as a team. West (1994), drawing on research in organisational psychology has defined the necessary conditions for effective team functioning. He says,

> the fully functioning team represents a team which is high in both task and social reflexivity, i.e. the extent to which the team reflects

> on and modifies its objectives, processes, tasks and social support strategies appropriately in changing circumstances.(p.xiii).
>
> An effective team is one in which members are: clear about their objectives, fully contribute to discussions and participate in decision making, support new ideas, reflect on their team working and critically appraise potential weaknesses in order to achieve higher standards of performance.(p.xiii).

The hypothesis was that a fully functioning team in West's sense would be more receptive to the RIP initiative. Therefore I wanted to know the extent to which the teams (in their PDGs) were fully functioning at the outset of the project – the degree of team functionality would possibly affect the learning potential of the individual members. West's (1994) Team Climate Inventory uses Likert-type scales to assess team members' perceptions of participation, support for new ideas, clarity of team objectives, task style, reviewing processes, innovation and working in the team.

I also measured their sense of identification with the team and with the social work profession using two ten-item five point scales derived from Brown, et.al. (1986). This was because I wanted to see whether closer identification with either the team or the profession would lead to more successful outcomes for the project. This was also meant to help answer the last two research questions. These measures had previously been used in other studies. In that by Onyett, et.al. (1997), for example, it was found that identification with the team was associated with job satisfaction.

The team functioning sub-scales for role clarity and role conflict were also included (Rizzo, et al, 1967). These concern the extent to which team members were clear about what was required of them and whether they experienced competing demands. Onyett et al. (1997) had also found

that social workers fared badly compared with other professions on 'burn out', job satisfaction, team and personal role clarity. These seemed to be important measures since 'burnt out' social workers were unlikely to be receptive to the RIP initiative. Following up on Onyett, et.al.'s, findings I included outcome measures for job satisfaction and stress to assess these conditions. The first was measured using the Job Satisfaction Scale (Dyer and Hoffenburg 1975) made up of 17 items relating three elements of job satisfaction: intrinsic rewards, working relationships and extrinsic factors. The second used the General Health Questionnaire (GHQ) –12 (Goldberg and Hillier 1979) to measure individual levels of stress. All of these measures were to help answer research question three, about the necessary conditions under which RIP might flourish.

To summarise, the extent to which individuals would be able to use research informed practice would depend on their scores in respect of the various measures. That is where they:

- Considered their team to function better than the others
- identified closely with their team
- believed that their team was clear about its objectives
- reported low stress levels

Generally, it could be expected that the better functioning teams would be more likely to develop and apply research-informed practice skills than the less well functioning teams and teams in which there were high levels of stress.

Questionnaires were administered at the beginning (Time 1) and at the end (Time 2) of the facilitated work with each PDG to see whether there were any significant changes over time. Although respondents' anonymity was respected throughout the whole project, I used their declared date of birth to be able pair up the Time 1 and Time 2 responses.

The intention here was to see whether the intervention had changed the attitudinal responses of the participants and was meant to help answer the first research question.

The design of the semi-structured interviews

A third data source was the transcripts I made of semi-structured recorded interviews with a sample of PDG members, which were intended to help with triangulation. They were conducted at the end of the project after the interviewees had participated in the practice development group programme in order to get their ideas and impressions of the experience. The data from here was chiefly intended to provide some answers to the final research question, which was "How effective was the intervention in encouraging social workers to use research in their practice?" It was also seen as a way of collecting their views on the other three research questions. In the course of the interviews, as well as collecting information from the interviewees regarding specific cases where they thought the provision of the research information had worked to influence the case direction, I also hoped to see if they recollected instances where they thought this process had been beneficial to the client.

The interviews were meant to counter any bias that arose from my participant observer role in the PDGs as they provided an opportunity to check the accuracy of my notes and whether I had missed any important parts of the interaction (Drever, 1995). The purpose of the guiding questions was also to focus the interview and control the duration (Gilham, 2000) as I recognised that those who had agreed to participate were generally busy people. The guiding questions in their final form (see Appendix D) were the result of piloting with the first of the interviews. They were designed around Kirkpatrick's four levels of evaluation (see Kirkpatrick, 1975) by applying them to my project, as under:

- Level One Evaluation - *Reactions* to research informed practice and practice development groups.
  How did the participants in the practice development groups react to it? Did they like it? Was it relevant to their work? Participants' reactions obviously have important consequences for learning (level two).

- Level Two Evaluation -*Learning* about research informed practice
  This level tried to assess the extent that social workers had become skilled in finding appropriate research and aware of its worth.

- Level Three Evaluation – *Transfer* - are workers beginning to use research more in practice?
  This level measures the transfer that has occurred in social workers' behaviour. Are the newly acquired skills, knowledge, or attitude being used in the everyday environment of the worker? Measuring at this level is difficult and requires different methods of checking, such as team managers' feedback and close questioning in the interviews so that actual changes can be noted.

- Level Four Evaluation – *Results* - Is research informed practice absorbed into everyday work? Does it make a difference to case outcomes?

This involves measuring in terms of things like assessment of which cases used research-informed practice. Determining results in any terms is difficult to measure and hard to link directly to the intervention. Does the fact that a case that was presented at a facilitated PDG appears to have been influenced by the provision of research information really have any bearing on the way group members will act in the future? Or could it be, for example, that the context that was seen to lead to that particular outcome was an unusual situation where the social worker was responding to the attention being paid (the Hawthorn effect). And will the

sharing in a situation where one of the group successfully used research to inform a case necessarily influence the practice of other group members?

The first 'guiding' question, for example, asked for the respondent's understanding of the research-informed practice project and whether they enjoyed the experience; this was intended to correspond to Kirkpatrick's first level – *reaction*- only. On the other hand, 'guiding question' five for example, which asked whether the PDGs were continuing in their team, was meant to delve deeper and corresponded to his last level –*results*. I was of course also aware that whether or not the PDGs were continuing was not the only criteria for measuring whether or not the intervention was successful. Indeed, it could be that individual social workers continued to find and apply research findings to their cases even though the PDGs were not continuing. Evidence for this would be hard to find and it was something to be probed for in the interviews.

Some of the interviews and other information included in the research diaries were obtained by telephone or e-mail. An important advantage of using these methods in the project was that they allowed contact to be maintained with those practice development group members who had moved elsewhere.

All of these sources, the participant observation data, the questionnaire responses and the interview transcripts were to be analysed using my own evaluation of the data and my results will need to be assessed in terms of how they measure up to Kirkpatrick's (1975) four levels of evaluation. The findings can also be corroborated to some extent by referring back to the participants for *respondent validation* for approval. This way of validating accounts has had a mixed reception from different commentators. On the one hand, Silverman (1993), for example, suggests that member validation of data is inappropriate in qualitative

research (p.166), instead he considers that there are "more appropriate methods for validating studies based largely or entirely upon qualitative data." (p.159). On the other hand, Measor and Sikes (1992) consider "that the best ethical safeguards actually derive from the process of respondent validation" (p.219). In this study, where the participants are fellow social work practitioners, it seemed essential to involve the group members in checking my version of events. The last facilitated PDG meeting with each group was used to go over which cases had been presented, what evidence had been used (and how useful it was seen to be) and whether this had made a difference to the direction of the case.

Analysing the data

The completed attitude questionnaires based on West's 'team climate' inventory and the other standardised scales were analysed using the standard SPSS 10 (Statistical Package for the Social Sciences) computer software package. This analysis was conducted in several stages. First, an exploration of the data using frequencies and percentages for responses from the Times 1 and Times 2 phases of the study. The testing of the changes that occurred between Times 1 and Times 2, were conducted using paired samples t-tests.

The way that the main themes are presented and analysed in the next part of the thesis evolved in the act of organising and writing it. Throughout the research period the data was constantly reordered as ideas and themes changed throughout the lengthy observation period. In this respect the approach resembled the grounded theory perspective of Strauss and Corbin (1998). My interpretation of the qualitative data from the research diaries and the interviews initially used the technique of content analysis to identify themes (Heiman 1998). This entailed the examination of the data to find emergent themes so as to construct categories of analysis and place events within them. My purpose was to identify characteristics of the participating practice development groups

and to categorise these according to how they may have affected group dynamics. The interviews, which were analysed in terms of the responses to the 'guiding questions' (see Appendix D), were used to corroborate some of the themes arising from the other methods of data collection. In particular, I used the interviewees to check on my recorded version of events from the participant observation and team diaries.

The early themes identified were a mixture of two main types. Firstly, there are those concepts that seemed to arise directly from the concerns expressed by the participants in the data [what Strauss and Corbin (1998) refer to as 'in vivo codes', used by the respondents themselves (p.105)]. An example of this is the early identification of those parts of the interaction in the PDGs that involved the discussion of a social worker's 'case'. In this regard, Strauss and Corbin (1998) have warned of the need for a balance regarding the use of 'my people' stories. For, "One of the indicators of bias intruding is the face value acceptance of the words or explanations given by respondents or the complete rejection of these without questioning what is being said" (p.97).

Secondly, there are those concepts that refer to 'underlying' themes [those that are not necessarily directly addressed or articulated by the participants] which I have chosen to identify and develop. An example of this would be a likely theme following on from the first theme (group interaction where a 'case' is being discussed) that explored whether the educational attainment of the social workers involved had any influence on their participation in the discussions of 'cases'. The business of identifying, classifying and coding the data under various themes was carried out through the project.

The use of N-Vivo software to assist in the analysis was considered early on in the project but after I tried it out I rejected it. This was mainly because I did not find it a useful aid in identifying the key changes in

individual social workers' or groups' responses that I was looking for. Further, some have argued that the use of computer software may proscribe the approach and the methodology (Coffey and Atkinson 1996, Holbrook and Butcher 1996) or else that it is used as a prop by some researchers (Barry 1998). Others have seen it to be an effective support to the analytical task (Kelle et al. 1995, Fielding 1998).

Presentation

Stake (1994: p.240) reminds us that there is a wide range of presentational styles that the researcher can use. The examples range between the 'realistic' and the 'formal', although in this project the presentation tends to be a mixture of the two; realistic in the attempt to 'tell it how it is', but necessarily more 'formal' in the way that the quantitative data is presented and analysed.

With regard to content, Stake (1994) appears to be ambivalent about whether there really is a choice regarding what to include or exclude in the presentation. For

> though the competent researcher will be guided by what the case may indicate is most important, even though patrons and other researchers will advise, what is necessary for an understanding the case will be decided by the researcher (p.240).

Whilst, on the other hand, despite:

> Case researchers enter[ing] the scene expecting, even knowing, that certain events, problems, relationships will be important, [they] yet discover that some actually are of little consequence. Case content evolves in the act of writing (p.240).

In analysing my data there is indeed a way in which some of the earlier themes subsequently became displaced, or else revised, extended or even eliminated. But this view may be too simplistic. Some themes may

have been of consequence although they have not been articulated at all in the data. An example of this could be the idea that the gender of the team manager would affect the way a group reacted to the initiative. This is a theme that was neither articulated nor explored, yet may have been significant.

As pointed out in Chapter One, the order in which the thesis chapters are presented is roughly chronological – that is to say they tend to follow the way the project developed over the period. Thus the literature review is in the early chapters, the work with the teams in the middle and the analysis and discussion at the end. However, the method is largely discursive so chapter contents are never always exclusive. For example, I sometimes deal with the outcome of an aspect of methodology for my project in the 'methodology' part of this chapter so as to make a related point at that juncture rather than leave this for discussion in a later chapter.

This chapter has been the last of the four I have referred to earlier as representing the 'peel of the apple' that is the thesis and has largely dealt with the methodological considerations connected with undertaking the project. Following through with this allegory, the remaining chapters lie under the peel of the apple and represent the fruit that is the project and the core. The next part of the thesis presents the findings of the work within the practice development groups - the collection and presentation of the field data that informs the thesis. Chapter Five deals with aspects of team functioning and the climate of innovation that arose chiefly from the questionnaire responses. In Chapter Six I bring together the various themes that emerged from the notes and records made during the participant observation and interviews.

CHAPTER 5 - THE SOCIAL SERVICES' CHILD CARE TEAMS; TEAM FUNCTIONING AND THE CLIMATE FOR INNOVATION

Introduction

The previous chapter concerned the rationale behind the different methods used in the study. The next two chapters respond to the research questions posed in Chapter One, by presenting the findings that resulted from the chosen methods. Chapter Five concerns the exploration of conditions under which research informed practice might flourish in the study teams. Chapter Six describes what happened, drawing on participant observation and interviews.

Though they are organised under these three different methods of data collection used in the project, the answers to the various research questions come from a mixture of all three. The first of the main research questions, for example, was concerned with the social workers' attitudes and experiences of research before and after the intervention. Here, although the findings come mainly from the questionnaires, they are augmented and supported by the findings from the participant observation and the interviews. The rest of the research questions are about examining the processes that occurred in the course of the intervention to be able to identify under what conditions research-mindedness developed, before finally addressing the question of efficacy. My discussion of the results of all the methods used will attempt to draw them together so as to present answers to the research questions.

This present chapter is in two parts. The first part deals the findings about team functioning from the questionnaire that was administered to each of the teams at the beginning (Time 1) of their Practice Development Group. The second part concerns the comparison between the results of the initial responses (Times 1) and those obtained at the end of the various teams' facilitation periods (Times 2). Although some general

comments on the findings are made in the course of the analysis, the major issues arising are dealt with in my later discussion chapter (Chapter Seven).

Findings about team functioning

The following presentation of the findings from the team functioning questionnaires includes some discussion of the differences found between the various PDGs that took part in the project and also sometimes compares the findings with results from other people's work. These include findings from a study of 139 staff in family support teams in other local authorities in the North of England, which was being undertaken concurrently by staff of the Centre for Applied Social Studies (Carpenter et al., 2003). This is referred to as the 'family support study' or FS study. I also refer to published 'norms' for the Team Climate Inventory (Anderson and West, 1999). I have otherwise followed the established convention and kept the report of my questionnaire findings separate from the later discussion that appears in the next chapter.

Sample

With the exception of the 'Job Satisfaction' questions (see below) the questionnaires were completed at Time 1 (T1) by a total of 51 staff. The number of respondents per team ranged from 14 to 5. Most (41) were qualified social workers, the remaining ten were unqualified social workers, family support workers or social work students. Their average age was 42 (range 21 to 64). The majority were women (40 out of 51). All but one of the respondents described themselves as 'White British'. Eight of the sample had post-qualifying awards in social work, including one with an Advanced Award and two with practice-teacher awards. Fourteen of the sample were graduates. A total of 20 social workers from five of the participating teams completed questionnaires at both Time 1 (T1) and Time 2 (T2). All of these were qualified social workers. Their

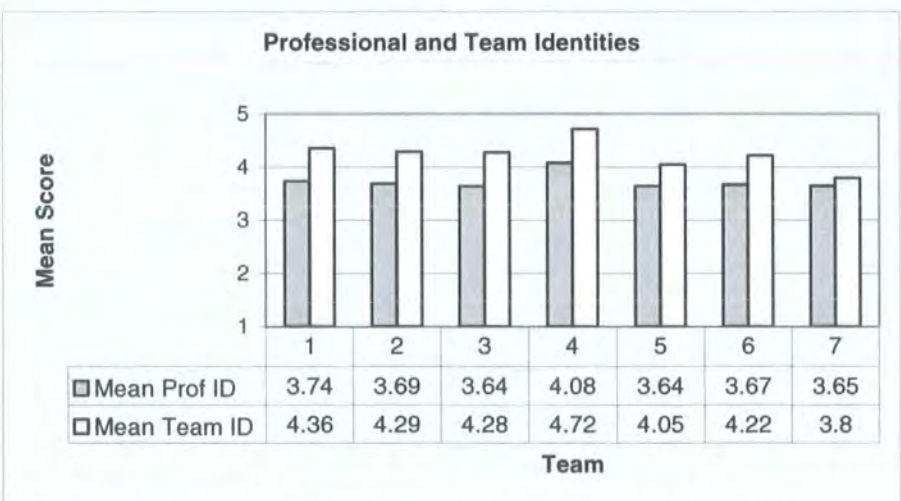
average age was slightly higher than the first group (45 as opposed to 42) and they also were mostly women (17 out of 20). There was no T2 data on Teams 3 and 7: Team 3 because the team manager did not attend and the PDG ceased and Team 7 because it was disbanded by the department on reorganisation, before the end of the scheduled facilitation period.

Although I realised from the outset that the small numbers of participants in the teams would not allow comparisons between the teams using inferential statistics, I have presented descriptive statistics (means) and graphical evidence (box plots) to show the range of views of the respondents. Statistical tests are used to make comparisons between the mean scores for matched pairs of all participants at the two time points, ignoring differences between teams.

Time 1 findings

The following section presents the respondents' scores from the self-report questionnaires completed at the start of each team's facilitation period.

Figure1. Professional and team identification



NB: Mean of All Teams is Professional ID 3.73 and Team ID 4.26.

The above results show that participants identified quite strongly with their teams. Team mean scores indicated that all of the teams identified more closely with their teams than with their profession. The lowest team identification score was for Team 7 (3.8) and was possibly because this was a new team that was in the process of being formed when their facilitation period started. The average team identification score for all teams was slightly higher (4.26) than that of the 'family support study' (4.11).

In contrast, identification with their profession was markedly lower at 3.73 out of a possible 5 (FS study mean = 4.22). For the project, close identification with the team could mean that peer group learning would be successful because the individual felt attuned to the group. On the other hand a close identification with their profession might be indicative of individual responsibility for continuing professional development.

Team functioning

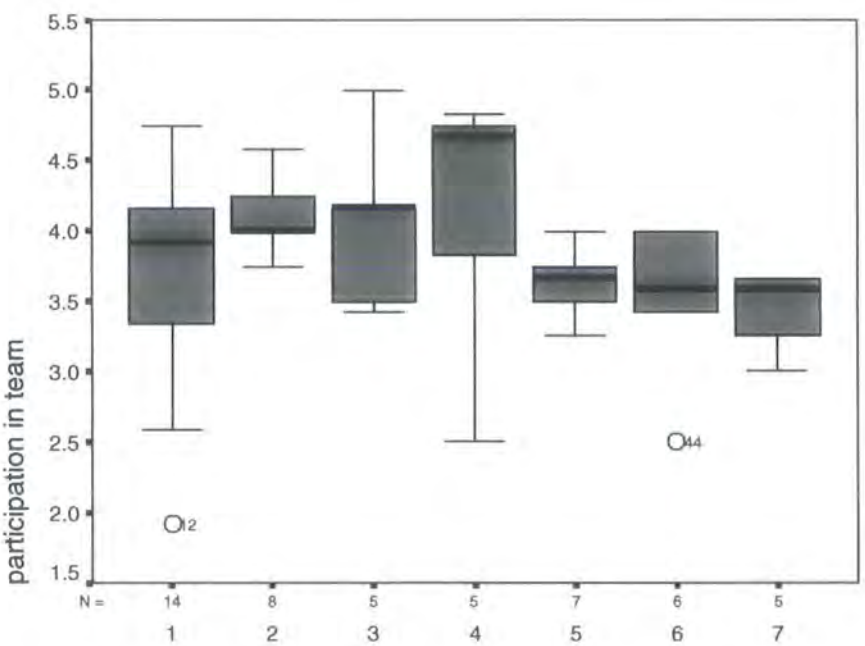
To make it easier to compare the findings from the seven measures of team functioning, I have first presented them in the form of a composite table (see below). This gives the mean results for each of the teams and also includes the overall mean scores for each variable. This is followed by a more detailed examination of each of the functioning aspects in turn. Here, a boxplot of the distribution of the responses is followed by some comments. Boxplots show the distribution of these responses. . The line across the centre of the box represents the median value and the whiskers protruding from the box go to the variable's smallest and largest values. The coloured area includes 50% of the scores; the top and bottom whiskers include 25% each, excluding 'outliers'. Responses that are 'outliers' are shown as little circles and show points that extend more than one and a half box-lengths from the edge of the box. 'Extreme points' are shown by an asterisk and these are responses that extend more than three box-lengths from the edge of the box. When these occurred I

checked back on the original data in the questionnaires to make sure there had not been an entry error. Given the small number of respondents in the teams I have generally ignored single 'outliers'.

Table 1. Team functioning (mean scores of the seven variables)

FUNCTIONING ASPECT	(score) (out of)	TEAM NUMBER 1	2	3	4	5	6	7	Mean
PARTICIPATION	(5)	3.72	4.10	4.05	4.12	3.63	3.51	3.43	3.79
IDEAS	(5)	3.28	3.61	3.42	4.38	2.94	3.90	3.08	3.46
TEAMWORK	(5)	3.76	3.72	3.71	4.08	3.68	3.04	3.43	3.65
INNOVATION	(5)	3.03	2.65	2.36	3.96	2.29	4.00	2.16	2.92
CLARITY	(7)	4.62	5.02	4.32	6.29	4.71	5.61	4.80	4.97
TASK	(7)	4.55	4.64	4.31	5.74	4.29	4.69	4.00	4.58
REVIEW	(7)	4.49	5.25	4.58	5.75	3.93	4.32	4.85	4.68

Figure 2. Team functioning - participation in the team

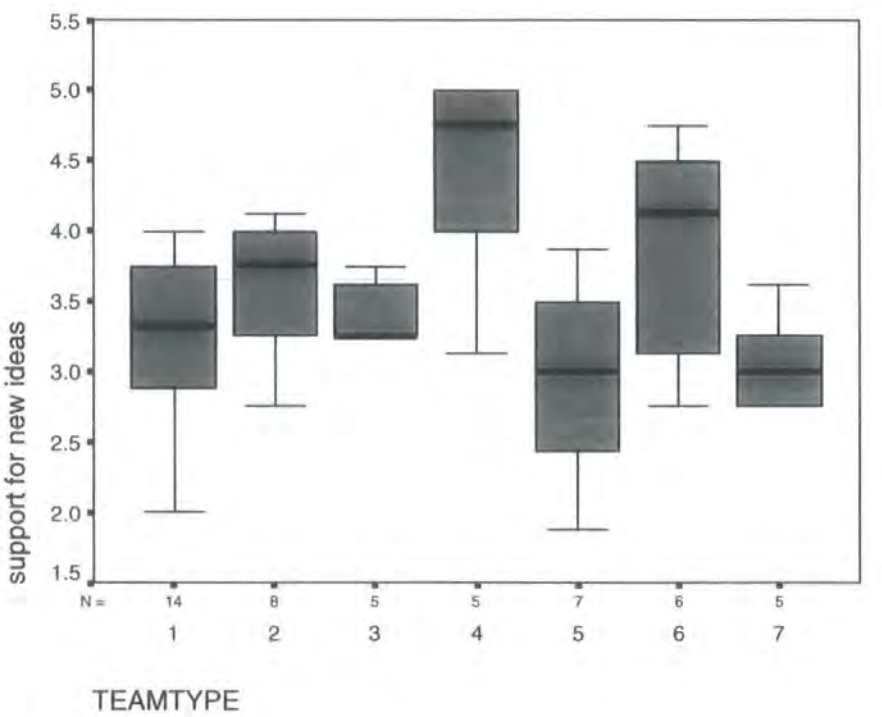


The boxplot distributions show that the range of responses varied between the teams with Team 4 showing the largest variation. However, as with all of the variables measured at Time 1, the numbers responding in each of

the teams was small, varying from only five in Teams 3, 4 and 5 and fourteen in Team 1. The boxplots for this measure show that Team 4 had the largest variation in individual responses indicating a wide range of opinions.

Participation in the team indicated how far members perceive that they are involved in decision making and felt safe to express their views. The overall mean score was 3.79 (out of a possible 5), which is slightly lower than the Family Support study, but an average score on this measure. There were some differences in mean scores between the teams – ranging from 3.4 to 4.1. These results indicate that most members participated in team decision making, that they felt reasonably safe to propose new ideas and that there was some trust between members. However, all members may not participate fully in achieving team's objectives.

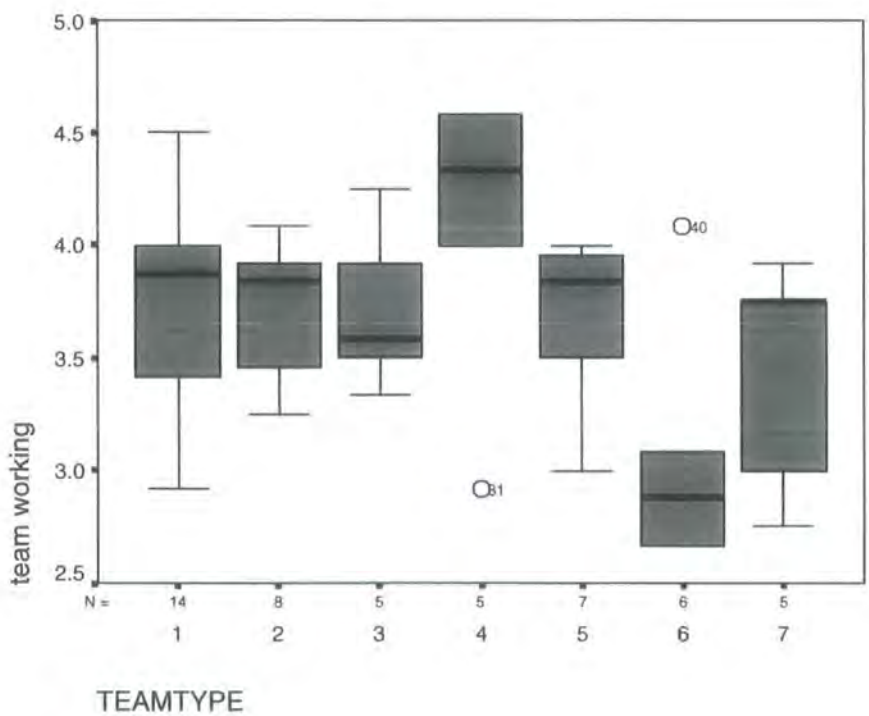
Figure 3. Team functioning - support for new ideas



The 'whiskers' in the distribution of the responses in these boxplots show a larger range than the boxplot for the previous measure. This suggests that the respondents were less clear in whether they favoured innovation over stability.

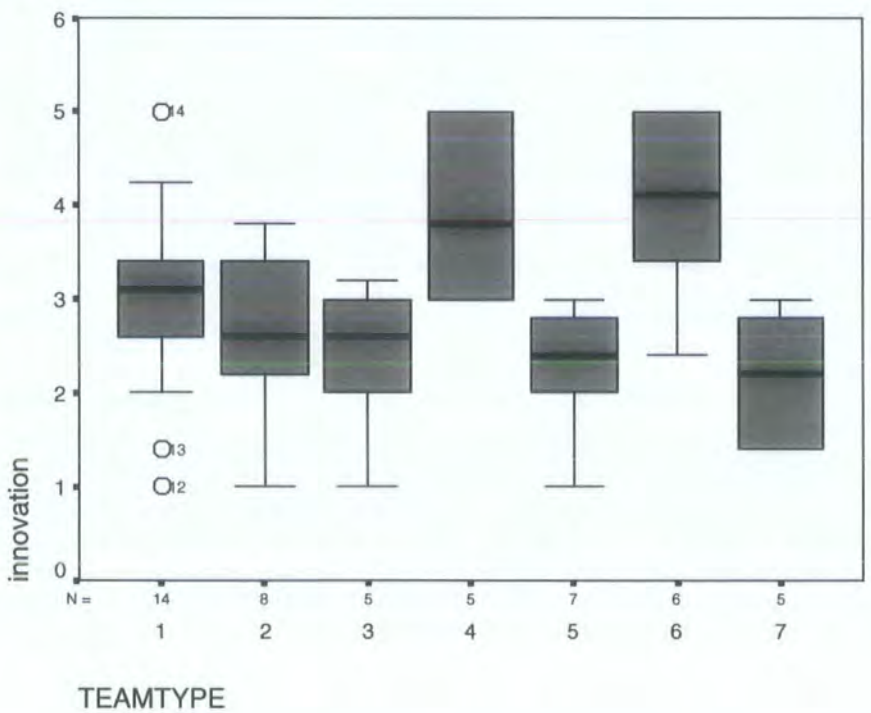
Support for new ideas measured how far members consider that innovation is favoured over stability by the team and whether resources were devoted to implementing change. The mean score was 3.46 out of 5 (range 2.94 to 4.38) and compared to a mean of 3.69 in the family support study. The highest scoring team was Team 4 and their generally high scores in most of the team functioning variables tend to distort the overall mean here (this is discussed further below, under the working in the team section). Most teams, with the exception of Teams 3 and 5, showed quite a wide range of scores. Those with lower scores tended to feel that senior management in the department did not provide sufficient support for innovation and that help in developing new ideas was not readily available. Further, such was the pressure of work, there was no time to be innovative.

Figure 4. Team functioning - working in the team



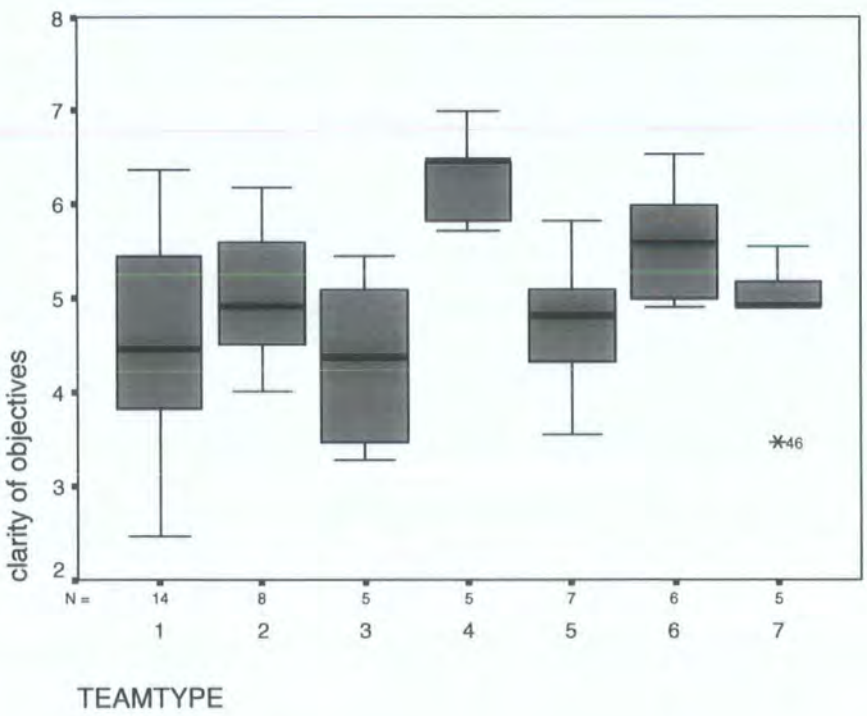
Working in the team concerns perceptions of organisational efficiency and internal team processes. Average score is 3.65 out of 5. Team 6 scored lowest on this measure (mean 3.04). The boxplots indicate the range of scores was also small. The low ratings probably reflects the very different function of this team who worked from three different locations and only came together once every two weeks for team meetings. There are only small differences between the rest of the teams. Note that Team 4 again had an exceptionally high average score on this measure (4.08), indicating that team members believed that the team was fully committed to achieving the highest performance possible. Similarly, very high ratings were given for some of the other scales, including support for new ideas. However, my participant observation of Team 4 did not indicate that it was markedly superior to the other teams, and suggests that the respondents may have been giving "socially desirable" responses to the questionnaire at the start of their facilitation period.

Figure 5. Team functioning - level of innovation



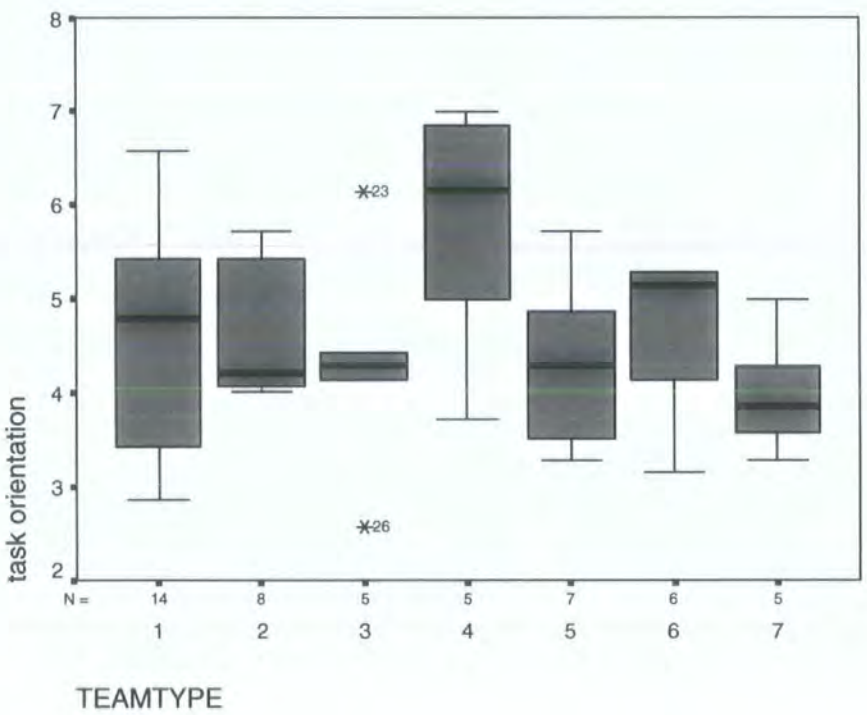
Level of innovation in the team indicated the perceived level of implementation of new ideas. At an overall mean score of 2.92 out of 5 this aspect scored the lowest average mean of the seven team functioning variables. This can be compared to an average score of 2.07 for the qualified social workers in the FS study, where it was also the lowest-scoring aspect. Mean scores for my project workers ranged from 2.16 for Team 7 to 4.00 for Team 6. This indicates that Team 7 believed their team to be "innovative" rather than "highly innovative". This was possibly because as a newly-formed team they were rather cautious in their responses. Team 6 thought they were 'highly innovative", in comparison with similar teams elsewhere. For this team it was likely that the high score reflected their work with their transitory parenting groups, for example. Where a new initiative, such as setting up a breakfast club for instance, would be seen as innovative. Although Team 4 was also high on this measure, as mentioned earlier this team's responses were always high. The overall mean score is quite low and as an indicator of each team's attitude towards new ideas at the start of their facilitation was obviously important for RIP.

Figure 6. Team functioning - clarity of team objectives



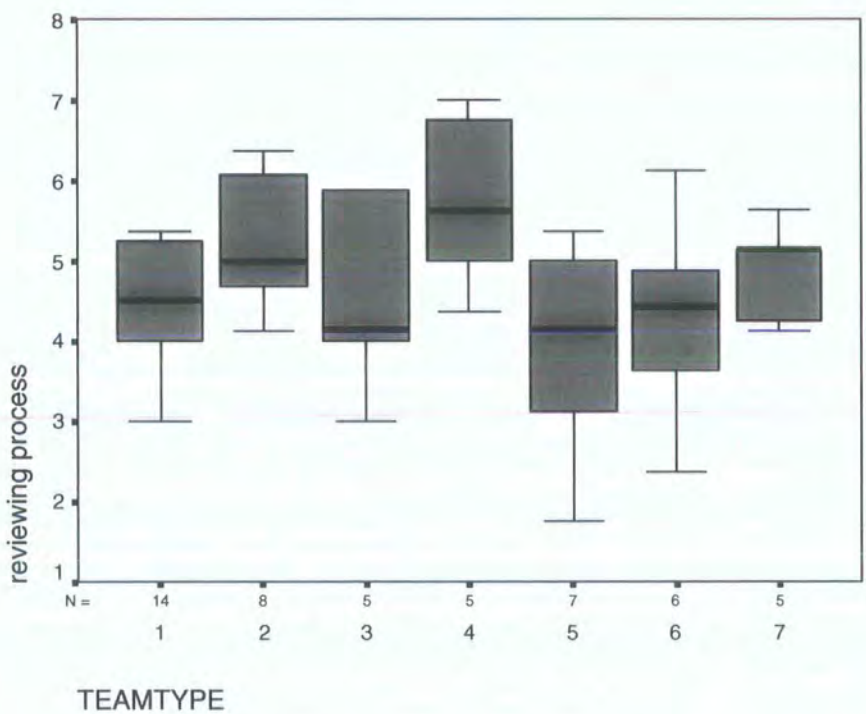
Clarity of team objectives assessed the extent to which members felt that the team has a clear, shared, attainable vision and was scored the highest of all of the team functioning variables. The overall mean score for all of the teams was 4.97 out of a possible 7, compared to 5.26 for the family support study, which also scored this aspect as the highest. This indicates that the social workers were generally in agreement with, and valued, what they saw to be the teamwork task. Scores ranged from a low of 4.32 for Team 3 to an extremely high 6.29 for Team 4. (Note that the maximum score on this scale is 7). Team 3 was the team where two of the workers were only nominally in the team and were based elsewhere. This would have made it more difficult to have a shared view of the overall team objectives. Team 1 shows the largest range of responses and this may reflect that the team was composed of two groups of workers with different tasks.

Figure 7. Team functioning - task orientation



Task orientation was the extent to which members engage in constructive controversy to achieve excellence. All team average was 4.58 out of 7, compared to 4.87 in the family support study. Again, Team 4 had the highest score (5.74) and this was well above the other teams. If Team 4 is excluded, the average is much lower at 4.4 with smaller variation (ranging from 4.0 to 4.7). Once more it is Team 1 that has the largest range of scores. The two 'extreme points' of Team 3 straddle the mean and tend not to affect the result. These scores indicate that team members do not necessarily all see everyone as being committed to achieving the highest standards of team performance and that they rarely appraise potential weaknesses.

Figure 8. Team functioning - reviewing process



Reviewing processes indicates how far members felt that their teams monitored and reflected on their work and the way that it was done. The average score for all of the teams was a moderate 4.68 out of 7, similar to the qualified social workers of the family support study (4.48). The scores are well distributed and ranged between 3.93 and 5.75. Again the highest scoring team was Team 4. The previous comment on this team's responses applies here also.

Team functioning - comment

In general, compared to norms for teams working in other settings, team functioning at the start of the project was above average in clarity of objectives and task style, but below average in both team participation and in support for new ideas. With respect to participation, not all were fully engaged in achieving team objectives, whilst the lowest scoring aspect - that of innovation - could mean problems with introducing the RIP initiative. Levels of articulated support for new ideas could perhaps be enhanced by careful attention to the need for a well-organised and effective programme that responded to the needs of the groups.

Job satisfaction

To make the comparisons easier and because of the large number of variables measured in the job satisfaction part of the questionnaires, the results are presented below in a composite table that gives the team mean scores for each aspect. This is followed by comments on one or two of the more salient variables.

Table 2. Job Satisfaction (mean scores from 5)

ASPECT:	TEAM*							
	1	2	3	4	5	6	7	Mean
Income	1.0	1.6	2.4	1.6	2.4	2.2	2.8	2.0
Job security	3.2	3.8	4	4	3.4	3.6	3	3.6
Number of hours worked	3	2	4	4	2.6	4.2	2.6	3.2
Flexibility of hours	1.4	3	4.2	2.8	2.9	4.2	2.4	3.0
Ease of travel to work	3.4	4.2	4.2	3	3.9	4.6	2.8	3.7
Management/Supervision	2.6	3.2	3	3.8	2.8	4.2	3	3.2
Colleague relationships	4.6	4.2	4.6	4.4	3.7	3.4	3.8	4.1
Promotion opportunities	2.6	2.6	3.2	3.4	3.3	3	3.4	3.1
Public respect	2.6	1.8	2.4	1.6	2.6	3.6	2.2	2.4
Own accomplishments	2.4	4	3	3.8	3.2	3.8	3	3.3
Developing skills	2.6	3	3.4	3.8	2.7	3.6	3.8	3.3
Meeting challenges	3.8	3.4	3.8	4.2	2.5	4	3.4	3.6
Actual tasks done	3.6	3	3.6	4.2	3.3	4	3.6	3.6
Variety of tasks	3.6	3.2	3.6	4.2	3.5	4	3.4	3.6
Initiative opportunities	2.8	3.8	4	3.8	3.5	4.2	3.2	3.6
Working conditions	3.2	1	3.4	3.4	1.3	4	3.6	2.8
General work	2.4	2.8	3.6	4.2	4	4.2	2.8	3.4
Total Means	2.9	2.9	3.6	3.5	2.8	3.6	3.1	3.2

Unfortunately, only 37 participants completed the job satisfaction questionnaire. In general, on a five point scale from "very dissatisfied" to "very satisfied" respondents in the seven teams scored below 'satisfied' with a total mean score of 3.2 (ranging from 2.8 to 3.6) which is below that reported for the Family Support project (between 3.68 and 3.77).

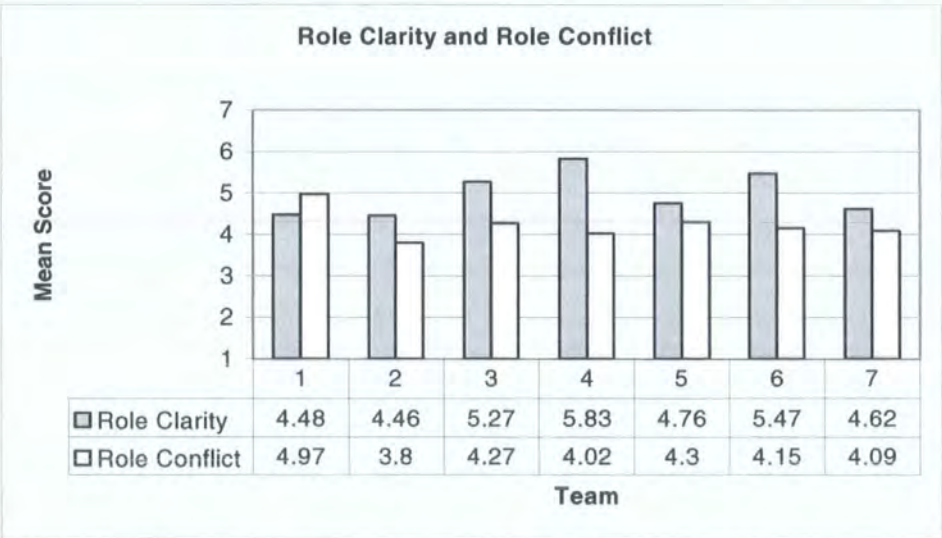
Of the aspects listed, there were generally low scores on income for all of the teams and this item scores lowest out of all of the seventeen aspects (mean of 2.0 ranging between 1.0 and 2.8). Team 1 (the lowest) had some of the oldest and most experienced social workers, whilst Team 7 (the highest) had two newly qualified workers in their first jobs who were possibly only too pleased to be salaried. This compares with the more satisfied range of between 3.13 – 3.33 reported for this aspect in the FS

Study. Colleague relationships were the highest scoring aspect (mean of 4.1 ranging between 3.4 and 4.6). This was similar to that scored by the fellow social workers of the FS Study (4.0). The teams expressed little satisfaction with public respect for the job (mean score 2.4 ranging between 1.6 and 3.6). This can be compared with the social workers of the FS study score of 3.1. Though the teams scored below average with their physical working conditions (mean of 2.8), the lowest scoring teams here, Teams 2 and 5 (1.0 and 1.3) were probably reacting to the exceptionally poor accommodation they were located in. If these teams are excluded, the mean becomes 3.5 and this would indicate that the physical conditions were reasonable.

Role clarity and role conflict

Findings for these two variables are amalgamated in the table below, which shows the mean scores for each of the teams as well as giving the overall means for all teams. Boxplot distributions follow.

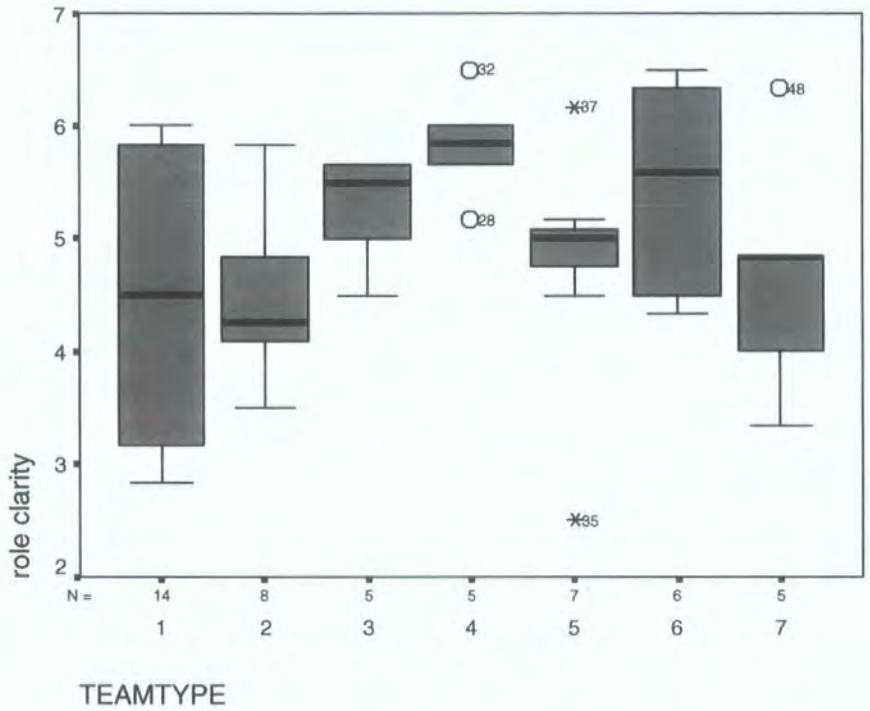
Table 9. Role clarity and role conflict



	1	2	3	4	5	6	7
Role Clarity	4.48	4.46	5.27	5.83	4.76	5.47	4.62
Role Conflict	4.97	3.8	4.27	4.02	4.3	4.15	4.09

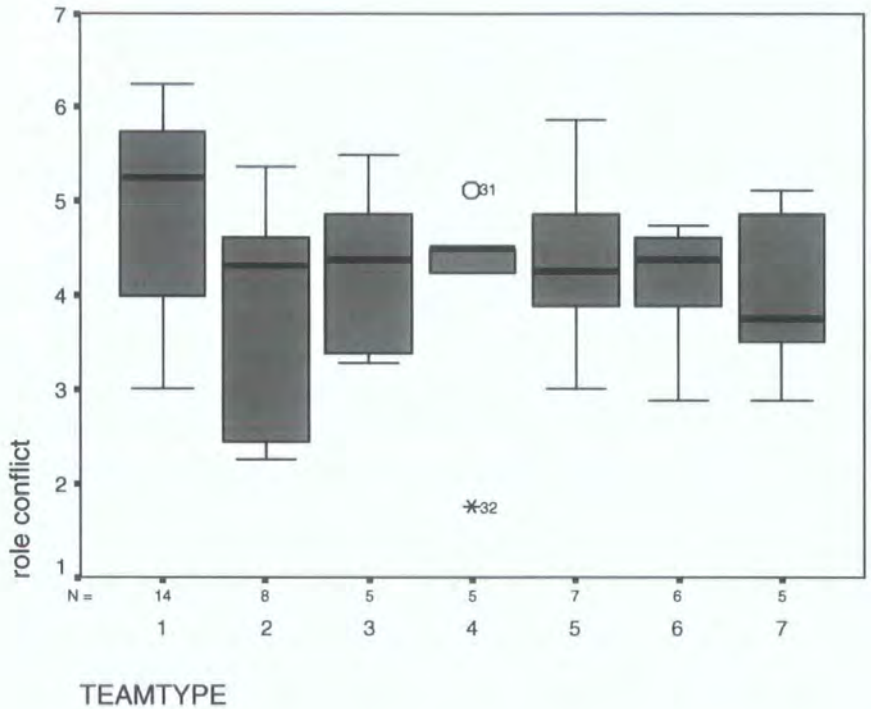
NB: All team means are 4.98 for 'role clarity' and 4.23 for 'role conflict'

Figure.10 Role clarity



The largest range of responses came from Team 1. Team 4 had the smallest range but with two of the five respondents as 'outliers'. The most surprising response was from Team 7, which suggests agreement on role clarity even though they had only worked together for a few weeks. Role clarity concerns the extent to which staff are aware of what is required of them by the organisation, including goals and tasks. The mean ranged between a low of 4.46 for Team 2 and a high of 5.83 (once again) for Team 4. The overall mean score of 4.98 compares with the 5.21 in the family support study, indicating moderately high levels of role clarity. The highest scored scale item was the response to the item 'I know what my responsibilities are' (mean 5.40), whilst the lowest was the item 'I know that I have divided my time properly' (mean 4.40).

Figure.11. Role conflict



The high score and range for Team 1 was a surprise, since the scores for this team had not been particularly notable in the other measures. Role conflict is a measure of competing demands on the individual worker, such as inadequate resources and incompatible requests. Team 1, had dual tasking which may have resulted in enhanced feelings of competing demands. There was evidence of role conflict (overall mean of 4.23 out of 7, compared to a moderate 3.38 in the family support study). It is notable that more than half of the examples of role conflict were judged to be present. The highest scored conflictual item was that which deplored the lack of adequate resources (mean 5.35), whilst the lowest scored item indicated that staff were unlikely to 'have to bend or ignore a rule or policy in order to carry out an assignment' (mean 3.10). Many respondents expressed frustration with the lack of time to deal with their cases adequately.

The results from these measures suggest that RIP might be seen as an extra burden. On the other hand it could provide the opportunity for group members to deal with their cases more thoroughly.

Stress

It could be expected that the level of stress in the teams would be an important factor in whether or not they would be able to take on new ideas. Using the conventional threshold of 4 or more on GHQ as the threshold for stress (Banks et al. 1980) it was found that overall 37% of participants fell into this category (see Table 3, below).

Table 3. Percentage of participants experiencing stress

Profession	%
Team 1 (n=8)	50
Team 2 (n=8)	25
Team 3 (n=5)	20
Team 4 (n=5)	0
Team 5 (n=7)	29
Team 6 (n=6)	67
Team 7 (n=4)	75
All teams (n=43)	37

Stress levels were a little above those in the family support study, but directly comparable with those found in a previous study of social workers by McGrath, et al (1989). There were significant differences between the teams. Team 7, for example, had the highest reported stress levels at 75% (three of the four respondents) whilst nobody in Team 4 scored above the threshold. Team 7 was a team that was hardly formed before it was disbanded with young newly qualified social workers in their first post. On the other hand the result for Team 6 (67%) was surprising as this was a

stable team with no statutory child protection work. The results from these measures suggest that RIP might be seen as an extra burden. On the other hand it could provide the opportunity for group members to deal with their cases more thoroughly.

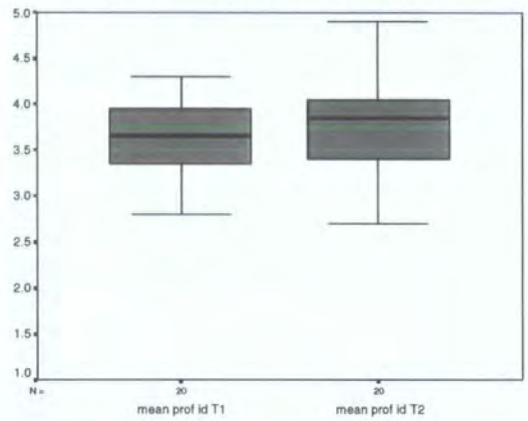
Change over time

The next section deals with the findings of the scores reported by those respondents who completed questionnaires at both Time 1 and Time 2. The findings for each variable are arranged under headings in the same order as those reported previously. Each aspect is examined in terms of the differences between the mean scores for Time 1 and Time 2 by comparing boxplots of the distribution. The last part of each examination reports the results of paired-samples t-tests to see whether the T1 - T2 differences were statistically significant. Stevens (1996) has pointed out that traditionally, where the sample size is large (e.g. 100 or more subjects), it is usual to consider the difference between the two mean scores to be significant where the computed probability value, or alpha value, is less than .05. However, in my comparisons, where the group size is small (i.e. 20), Stevens has suggested that it may be necessary to adjust the alpha level to compensate (e.g. set a cut-off of .10 or .15 rather than the traditional .05 level).

T1 - T2 Professional and team identification

The boxplots and paired sample t-tests of the T1 and T2 distributions of the mean scores for these two variables are given in the tables in the following tables.

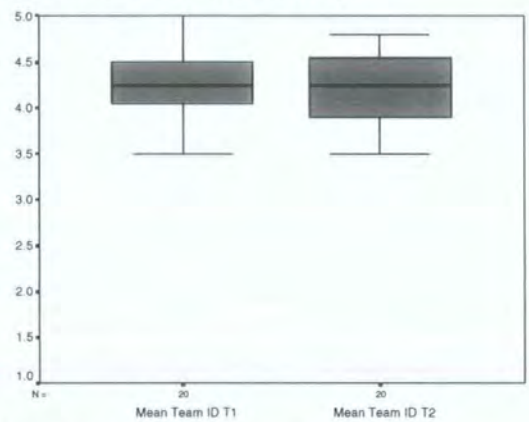
Figure 12. Professional identity



Means: T1 = 3.61 T2 = 3.73

The overall mean scores for professional identity increased slightly from 3.61 to 3.73, as indicated in the box plot, but the difference was not statistically significant [t(19) = -1.36, p= 0.189] because test probability exceeds the alpha level 0.15 threshold.

Figure 13. Team identity



Means: T1 = 4.26 T2 = 4.20

The test shows that the overall mean score for team identity has not altered significantly between T1 and T2 [t(19) = .558, p= 0.583 which is in excess of the 0.15 alpha level].

The differences between Time 1 and Time 2 on these two variables were not statistically significant. The differences between the two variables did however, remain stable between the two times. The mean score for

professional identity was 3.61 at Time 1 and 3.73 at Time 2. The mean score for team identity was higher at both times, scoring 4.26 at Time 1 and 4.20 at Time 2. This shows that the PDGs which completed their facilitation period continued to identify more strongly with their teams than with their profession.

Team functioning variables T1 – T2

Distributions for each of these seven variables appear in the next two figures. The graphs show differences for the seven aspects of team functioning.

Figure 14. T1 - T2 Team functioning for the 'score from 5' variables

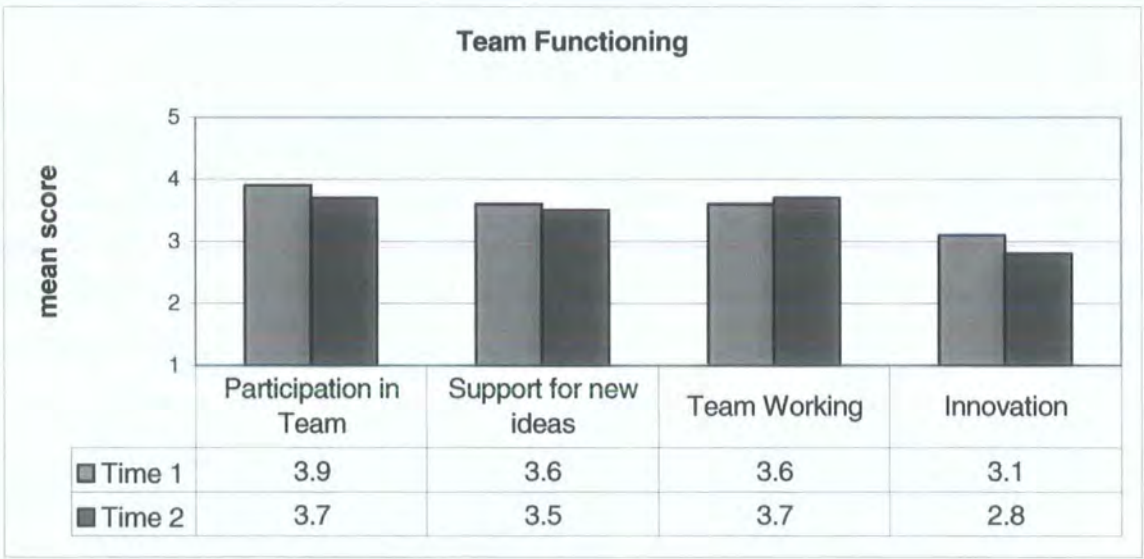


Figure 15. T1 - T2 Team functioning for the 'score from 7' variables

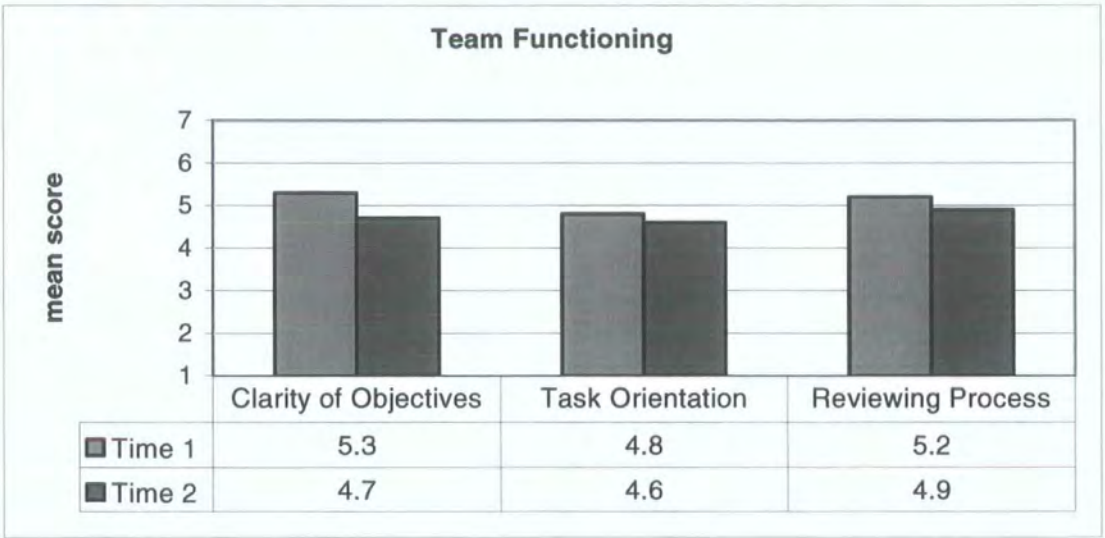
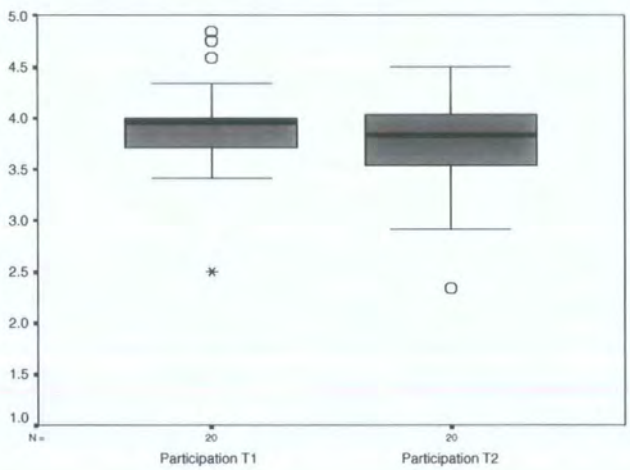
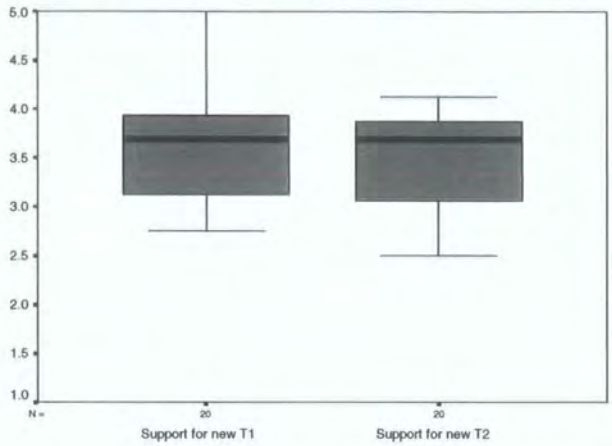


Figure 16. T1 – T2 Participation in team



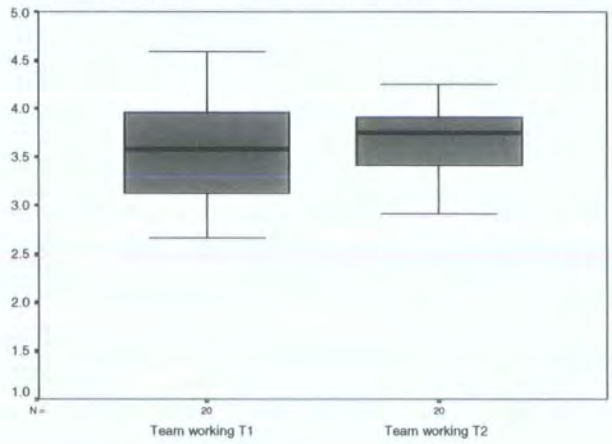
The test shows that the overall mean score for participation in the team has decreased marginally but not significantly between T1 and T2 [t(19) = 1.052, p= 0.306 which is in excess of the 0.15 alpha level].

Figure 17. T1 – T2 Support for new ideas



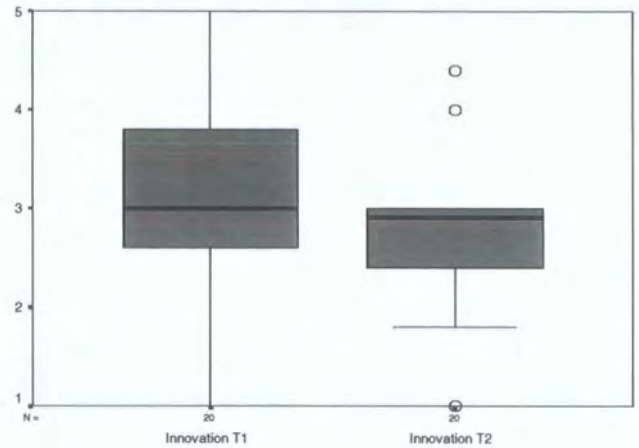
The test shows that the overall mean score for support for new ideas in the team has not changed significantly between T1 and T2 [t(19) = .781, p= .445 which is in excess of the 0.15 alpha level].

Figure 18. T1 – T2 Team working



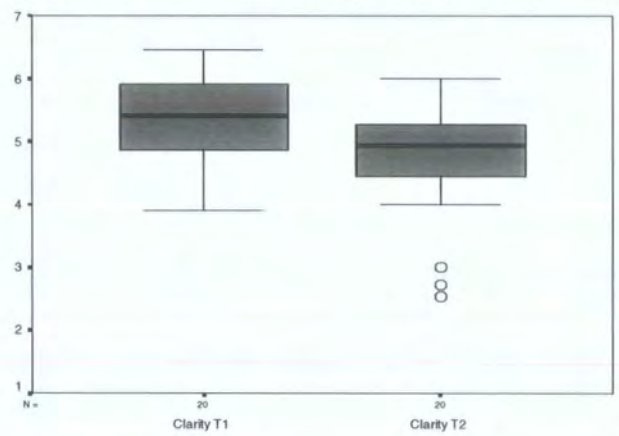
The test shows that the overall mean score for team working in the team has not changed significantly between T1 and T2 [t(19) = -.918, p= .370 which is in excess of the 0.15 alpha level].

Figure 19. T1 – T2 Innovation



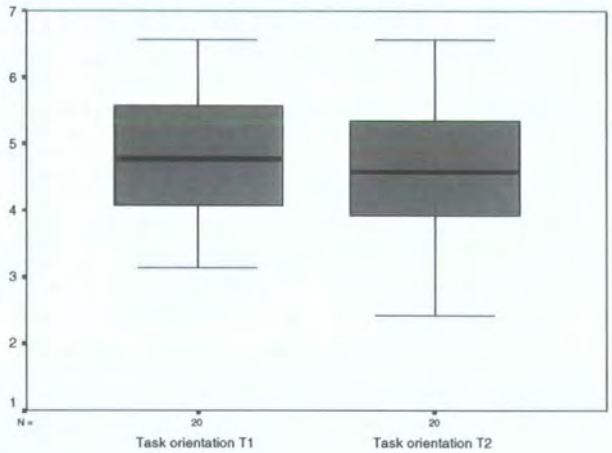
The test shows that there has been a statistically significant decrease for innovation in the teams between T1 and T2 [t(19) = 1.577, p= .131 which is just within the 0.15 alpha level].

Figure 20. T1 – T2 Clarity of objectives



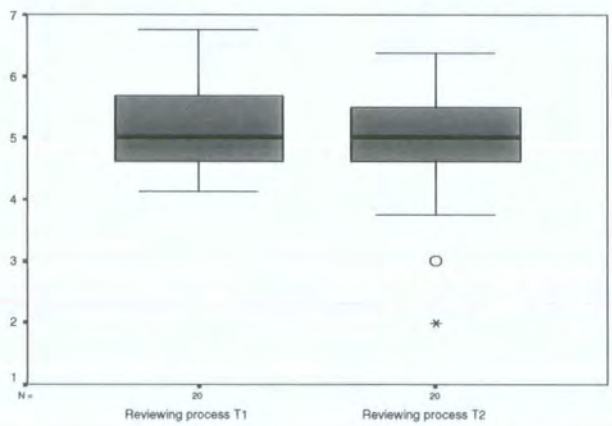
The test shows that there has been a statistically significant decrease for clarity of objectives in the teams between T1 and T2 [t(19) = 2.739, p= .013 which is in within the 0.15 alpha level]. This is actually quite a strong result as the boxplots suggest.

Figure 21. T1 – T2 Task orientation



The test shows that there has not been a statistically significant change for task orientation in the teams between T1 and T2 [t(19) = .854, p= .404 which is outside of the 0.15 alpha level].

Figure 22. T1 – T2 Reviewing process



The test shows that there has been no significant change for the reviewing process variable in the teams between T1 and T2 [t(19) = .982, p= .338 which exceeds the 0.15 alpha level].

Comment on T1 - T2 team functioning

There were only small variations in each of the above team functioning variables between Time 1 and Time 2. The overall mean of the variables in the first graph (Figure 14, that depicted the four aspects scored out of 5) reduced by 0.4 (from 5.1 to 4.7). This picture was repeated in the variables in the second graph (Figure 15 that showed the remaining three aspects scored out of 7), where the mean dropped from 3.5 to 3.2. Going through all of the above tables for the 2-tailed tests and using an alpha value of .15, there were only two significant differences in the aspects measured. In these two cases there was a statistically significant *reduction* in "innovation" from a mean of 3.1 to 2.8 and in "clarity of objectives" that dropped from a mean of 5.3 to 4.7.

The results for each of the tests for T1 – T2 team functioning variables presented above indicate that there were significant differences between the two times for two of the variables measured. These were both decreases and occurred in 'innovation' (T1 = 3.1, T2 = 2.8) and 'clarity of objectives' (T1 = 5.3, T2 = 4.7). The results indicate that these differences were unlikely to have occurred by chance. In this form they do not tell us much about the magnitude of the effect. Pallant (2001: p.184) notes that one way to obtain this is to calculate 'eta squared', which equals t^2 divided by $t^2 + N - 1$. Where t is obtained from the paired samples test calculations and N is the number in the group. Using this formula, the 'eta squared' calculations for the two team functioning variable changes noted above are as follows:

Innovation
$t = 1.577, N = 20, N - 1 = 19$
$t^2 = 1.577 \times 1.577 = 2.487$
$t^2 + 19 = 21.487$
$2.487/21.487 = .116$

Clarity of objectives
$t = 2.739, N = 20, N - 1 = 19$
$t^2 = 2.739 \times 2.739 = 7.502$
$t^2 + 19 = 26.502$
$7.502/26.502 = .283$

Cohen (1988) has suggested the following guidelines for the interpretation of the above 'eta squared' values: 0.01 = small effect, 0.06 = moderate effect, 0.14 = large effect. The use of these guidelines suggests that these two changes in the team scores were large effects and are substantial differences, statistically. The results from these measures suggest that RIP might be seen as an extra burden. On the other hand it could provide the opportunity for group members to deal with their cases more thoroughly.

Role clarity and role conflict T1 – T2

Figure 23. Role clarity & role conflict T1 – T2

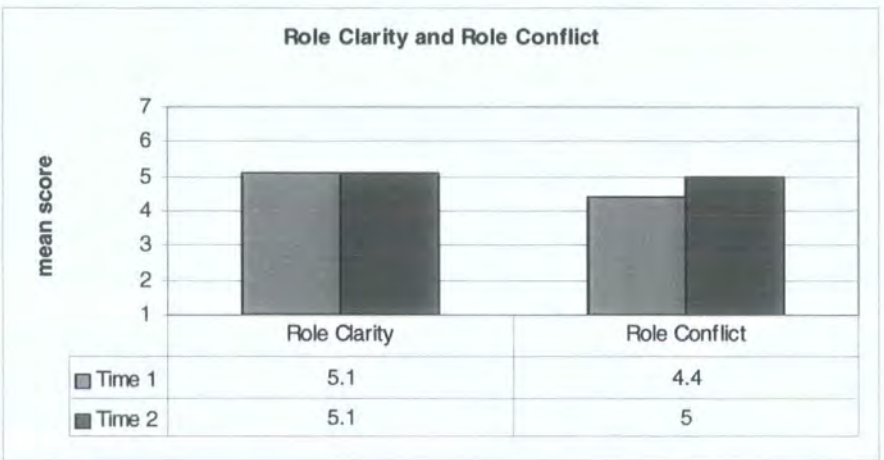
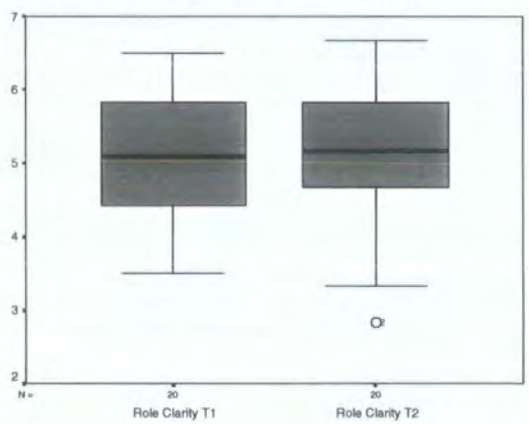
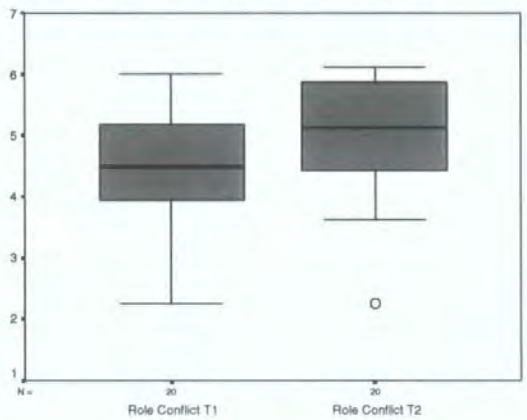


Figure 24. T1 –T2 Role clarity



The test shows that there has been no significant change for role clarity in the teams between T1 and T2 [t(19) = .134, p= .895 which is outside of the 0.15 alpha level].

Figure 25. T1 – T2 Role conflict



The test shows that there has been a statistically significant increase in social workers' perceptions of role conflict in the teams between T1 and T2 [t(19) = -1.655, p= .114 which is just inside the 0.15 alpha level], from T1 = 4.42 to T2=4.96.

The results of the above tests for T1 – T2 teams' role clarity and role conflict variables presented above indicate that there was a significant difference between the two times for the second measure: role conflict. This result confirms that the difference between the two times was unlikely to have occurred by chance. In this form it does not tell us much about the magnitude of the effect. As previously noted, Pallant (2001: p.184) advises that the magnitude can be measured using the 'eta squared' formula, where this equals t^2 divided by $t^2 + N - 1$. Where t is obtained from the paired samples test calculations and N is the number in the group. Using this formula, the 'eta squared' calculations for the changes in the role conflict variable are as follows:

Role Conflict

$t = -1.655$, $N = 20$, $N - 1 = 19$
$t^2 = -1.655 \times -1.655 = 2.739$
$t^2 + 19 = 21.739$
$2.739/21.739 = .126$

As already used in the earlier calculations, Cohen's (1988) suggested guidelines for the interpretation of the magnitude of the above 'eta squared' value (0.01 = small effect, 0.06 = moderate effect, 0.14 = large effect) indicates that this equates to a 'moderate' to 'large' change in the teams' perceptions of role conflict.

Comment

The results from the questionnaires completed at Time 1 provide an indication of the situation within the various teams at the start of their facilitation periods. Drawing these findings together, it can be concluded that at the beginning of the study the prospects for implementing the RIP initiative were not particularly good. In five of the seven teams, staff believed that the climate for innovation was not favourable, considering that there was limited support for new ideas and believing that time to develop new and improved practice was difficult to find. With one, possibly dubious exception, the child care social work teams were functioning only moderately well and scored consistently worse on these measures than the comparator group of family support teams.

From the analysis of the T1 – T2 scores it seems that although there were only three statistically significant overall changes in the social workers' perceptions of the situation between the start and the end of the initiative, they were all 'large' and substantial changes that pointed to a 'worsening' situation. Taken together, perceptions of whether there was a climate for innovation and whether the teams were clear about their objectives both went down. At the same time perceptions of role conflict in the teams went up.

Only half of the original group of social workers completed the questionnaires on the second occasion (T1, 41, T2, 20). A larger number of T1 respondents completing at T2 would perhaps have made the result more statistically sound, however, the drop in the response rate was largely due to two of the teams not finishing their facilitation period and hence not completing the T2 questionnaires.

CHAPTER 6 PROJECT FINDINGS - PARTICIPANT OBSERVATION

Introduction

As already described in Chapter 4, a few researchers have recently been engaged in studying 'process knowledge' (as opposed to 'product knowledge') in trying to understand what social workers do. They have focussed on the methodology of practice decision making and favour observational methods in order to answer the question 'what is going on'? My analysis also uses observation to discover and describe what happened in the course of the intervention and in particular what happened within the Practice Development Groups. In this chapter I bring together the various themes that emerged from the *participant observation* notes and records that were made throughout the project and the data from the transcripts and notes relating to the series of *interviews* conducted with participants at the end of the field work period.

Overseeing the project

Organisational effects

As noted previously (see under 'Research Design', Chapter 4), the overall organisation of the project was managed by a steering group. The members consisted of a senior operational manager from County Hall and the team managers of the teams involved in the project as well as the project staff. The members changed as the project worked through the childcare teams of the County's Social Services' Department. A list of steering group members and details of the meetings can be found at Appendix F.

Over the lifetime of the project there was almost continuous pressure on the social services department due to the many movements, changes and shortages of personnel. Five of the seven team managers changed

during the project; one team had two changes of manager in nine months. All of the teams had social worker vacancies and several had social workers on long-term sickness absences. A major departmental restructuring exercise in the second year of the project added to the anxiety and confusion among the staff and contributed to a lowering of staff morale. In addition, the Social Services Inspectorate conducted an inspection of the department. These all had important effects on the way that the RIP initiative evolved, as members were often unavailable for meetings and, particularly in the last year of the project, there were many changes in key personnel. This meant it was difficult to maintain continuity in planning and managing.

The teams that were to participate in the project were not identified at the outset, but instead the decisions were made at steering group meetings on a team by team basis. The 'ad hoc' nature of this arrangement meant that there was no overall agreed timetable for me to work to and that a programme could not be given out at the start to participating teams so that they could be made aware of and prepared for their turn. Consequently the actual process of deciding which team would be next and subsequently engaging that team was always difficult and caused delays in the programme. This can be illustrated by the following extracts from the research diary for Team 7

> ***26th June 2001***
>
> *Steering group meeting at County Hall. ******* confirmed that 'A' has been appointed team manager to [Team 7- a new team]. She was aware that 'A' wanted to start up RIP in her new team, but was also concerned that 'A' had 3 staff vacancies. It was agreed that I go ahead with contacting 'A' – that will be team number 7 and completes all of the Northern Division.*
>
> ***29th June 2001***

E-mailed 'A' with good wishes on her appointment and a query about start dates.

4th July 2001

'A' replied positively saying she has purchased "linking research and practice" from Barnardos and suggesting lunch to discuss the prospect of her depleted team becoming involved with RIP.

12th July 2001

Rang and spoke to 'A'. She has already talked to her team about RIP and suggested a date in September to start. The morning of Thursday 27th September booked.

This effectively meant that from 26th June, when the decision was made at the steering group meeting until the proposed start date on the 27th September there was already a three month delay. Even so, as can be seen from the extract below, the team manager was subsequently absent from the all-important first session with her team.

24th September 2001

'A' rang about Thursday's session. She has to go with all the other Team Managers to a meeting with the new head of childcare services. Agreed that I would still go ahead and start the sessions with her team; she will make sure they are aware of the project etc. Another complication is that all of the Department's computers are down and have been so since last Wednesday when a virus was detected! We will use the time going over the RIP data, filling in the questionnaires and starting out on the research/case questions that cause them so much grief.

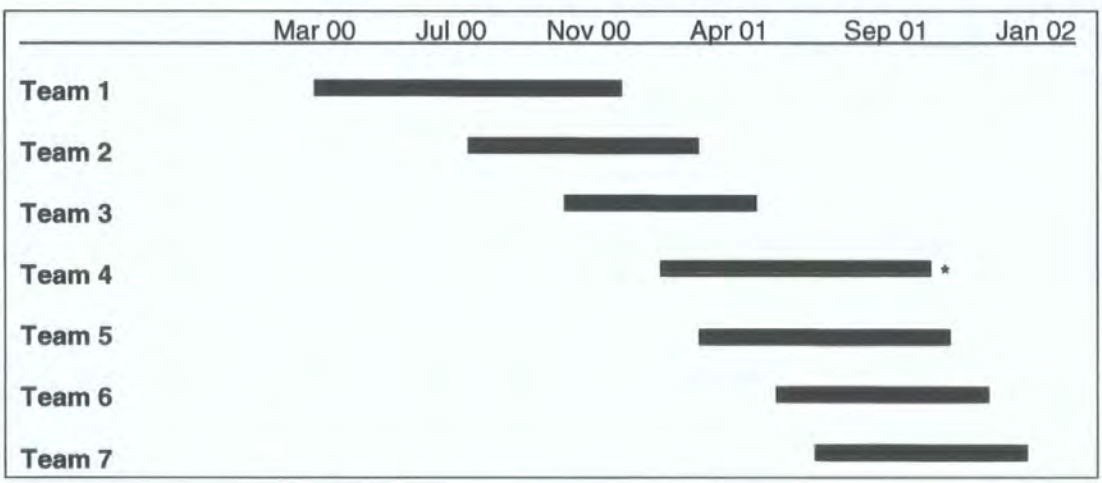
The above excerpts show how difficult it was to set up the initiative with the 'next' team using this 'ad hoc' team selection process and at a time of departmental reorganisation. In this case, it is hard to see how it would

have been possible to engage fully both a distracted newly-appointed team manager or her newly-formed team which was short of members.

Organising the fieldwork

The following diagram illustrates the PDG facilitation periods for each of the seven teams that were subsequently involved in the project.

Figure 26. Timeline for PDGs facilitation



*Team 4 had a change of team manager towards the end of their original scheduled period, which was extended at the request of the new manager so that he could catch up with the team.

The longest facilitation period was with Team 1, which was the pilot team and lasted for nine months. Only two of the teams were facilitated for less than six months. These were Team 3 (five months), where the PDG folded prematurely and Team 7 (four months), where the team was dissolved because of departmental restructuring.

Inside the Practice Development Groups

Introductory sessions

The first sessions with each PDG were intended to cover training for the project that would include critical thinking skills and Internet searching for research information. Since the project was breaking new ground I

expected that other training issues might emerge in the course of the delivery. The 'action research' approach allowed for things to emerge from the interaction that could be reflected upon and learnt from.

The first sessions of the practice development group with the pilot team were very structured. They consisted of two half-day workshops with the group and were attended and facilitated by me with the help of a colleague from CASS and the two quality protects officers. These early sessions probably came over as formal teaching and were not too demanding of the participants. However, I realised that this formal approach conflicted with the main thrust behind the project, that of peer group learning, so I changed the later sessions to a more informal approach. I realised that this might have had some bearing on the social workers' perceptions of the project. The formal approach may have set up expectations within the group that the rest of the meetings would continue to be formally organised. Of course, by changing the character of the sessions to a more informal approach I risked losing some participants who may have preferred the didactic approach. On the other hand this early didactic approach could have resulted in missed opportunities to engage some who perhaps initially attended and were 'turned off' by the experience. Another reason for the change to a more informal approach from the outset was that continuing didactic sessions meant that we were well into the allocated time span for that group before the participants fully appreciated that the input was to come from them rather than from the research team. This learning from the pilot group meant that we changed the format for subsequent groups so that they did not have such a 'formal' introduction and group interaction started earlier.

The introductory sessions to later groups were more business-like and dealt swiftly with the main matters of concern. Here, by way of illustration, is an excerpt from the research diary that covers an early meeting with a team that engaged mid-way through the project.

The team had no information about my visit or the research. I shared with them the objectives of the research project and their Director's commissioning of it. This had helped in previous teams – it was coming from them (social services) and not being imposed from an outside agency. I passed around copies of an introduction to the RIP project, the case request forms and the agenda. These were then discussed and questions from the team asked and answered. At the end of this information session we timetabled for the next 6 weeks - 9am on Wednesday mornings [this] seemed most convenient to them. They have some job share workers and Wednesday morning is the only time they overlap.

The attitudes to the project of some of the participants in the groups followed a similar pattern in the early stages. Some workers would be quite sceptical about research, saying that research can be found to support most anything. Others would be suspicious and wonder why the Department was running the project and what 'we' were going to do with the results. Yet others would be anxious about where they would find the time to look for 'this research'. Some group members considered that the project's working methods and timescale failed to take into account what they called 'the reality of social work; it is primarily engaged in crisis intervention'. They contended that their cases could not wait two weeks for the research information, no matter how relevant. However, after I gave them a description of the project there were usually a few positive comments about the value of the concept of research informing practice.

Critical thinking skills

As noted earlier, some commentators have suggested that social workers have not been trained in critical evaluation methods. Aymer and Toyin (2000), for example, have noted that many social work students have not

been "schooled in the tradition of critical thinking or in the development of a high conceptual ability". It seemed important to check whether those involved in the project had these skills. A critical thinking skills session was included in the training workshop. This included the evaluation of hypothetical cases where the groups showed that they were able to apply critical evaluation methods.

Social workers' access to research information

Work with the pilot and subsequent groups showed how little they used their computers to access information and there were very few printed resources available in the team rooms. So, in order to find out where the social workers got their professional information from, a resources questionnaire was given out to the participants of subsequent groups. The questionnaire was designed to discover which of the various ways of accessing information the social workers had used in the previous month and how often they had used them. Sixty per cent (31 out of 51) claimed to have sought research information in the previous month. The results are summarised below.

Table 4. Social workers' access to research information

Method Used	No. reporting use in previous month (%)		Total no. of times used in previous month (%)	
Books	5	(16%)	13	(25%)
Training Courses	5	(16%)	10	(19%)
The Internet	4	(14%)	9	(17%)
Supervision	5	(16%)	6	(12%)
Seminars	3	(11%)	6	(12%)
Newspapers	5	(16%)	5	(9%)
Academic Journal	3	(11%)	3	(6%)
Totals	31		52	

The 31 who reported accessing information in the previous month from the various sources listed 52 occasions when this had occurred. The least reported and least used method was that involving direct reference to

academic journals. This confirms Preston-Shoot's view that academic journals' subscription base is predominately institutional and does not reach practitioners (2002). The magazine most quoted was *Community Care* and considering that this is delivered free to social workers' desks every week, the number is surprisingly low. Only four of the respondents claimed to have used the Internet as a resource. This finding had important implications for the project. This, together with the realisation of the burgeoning amount of research material that is located on the 'net', meant that all the initial training sessions from then on included some IT training. In addition, in order to encourage the social workers to practise these skills, I started to provide 'soft' copies of the requested information via e-mail.

Information technology (IT) skills

I provided practically all of the research information used by the groups during the facilitation periods. Initially this was in the form of 'hard' (printed) copies of various journal articles and working papers. These were accessed electronically by me through both the university library and the Internet. Although it was envisaged that social workers would later be able to use the Internet to search for, review, and apply their own research information to assist them in dealing with their cases, this happened to a very limited extent. All of the teams had access to computers, but many of the social workers were unfamiliar with basic computer skills and some were unaware of how to access the Internet. As one social worker remarked:

> *"Why the department invests in this technology but fails to train people beyond the [in-house] Intranet is beyond me".*

Another said that she was so anxious about the 'warning' that was placed on the software about the penalties for abusing the Internet facility that she

had never used it. She had to be reassured by her team manager that it was all right to use the Internet to seek out research information before she would switch over to the site.

In most of the groups I dealt with the IT skills training on an 'ad hoc' basis, with various skills being introduced and demonstrated as and when it seemed appropriate. An example of this is given in the following extract from the research diary that records the progress made on the first day of one group's facilitation period.

> *Because they arrived in dribs and drabs, I suggested we put the 'Internet Social Worker' [A training programme for social workers devised by researchers at the University of Southampton] onto their machines. The County Hall system was only just back on-line after a virus shut them down last Wednesday! [One social worker] said she has never used the Internet and we first had to show her the page, and explain the difference between the Intranet and the Internet. She had no configuration and had to ring the help desk to get linked up.*
>
> *I gave [another social worker] the URL of the Internet Social Worker[1]. Despite his professed knowledge of using the Internet he had trouble with typing the address, and had to have several attempts before he was able to log on. Meanwhile [the first social worker] had been connected and had found the site. While she looked at this, two other workers arrived and quickly caught up, they were obviously more computer literate than the others. One moved to the Child and Family Social Work journal site[2] that I suggested and clicked on a free sample copy but she was unable to download [possibly her connection to the printer?]. The first social*

[1] http://www.sosig.ac.uk/vts/socialworker/start.htm
[2] http://www.blackwell-synergy.com/member/institutions/issuelist.asp?journal=cfs

> *worker opened the Critical Social Work site[3] and downloaded and printed out a copy of an article giving a feminist approach to parenting skills. She paraded it around the office like a trophy.*

Other issues were highlighted in the course of introducing IT skills. As already noted, I found most of the information on the Internet and via electronic journals. Access to the latter sources requires subscription by the user. One example of the kind of frustration caused by not having access to a journal article can be seen from the following incident recorded in the research diary.

> *One worker described her fruitless attempt at downloading what she thought (from the onscreen abstract) might be an interesting article from the British Journal of Social Work, as "like being given a sweet and not being allowed to take the paper off".*

I also identified early on in the project that although the social workers each had access to a computer, some of these had out-of-date software packages (such as old versions of *Acrobat Reader*) whilst others were not linked to a printer. One office had an administrative officer who was extremely computer literate and was very helpful in overcoming these problems. Other teams were not so fortunate. I brought these shortcomings to the attention of the Steering Group and a correspondence took place with the County IT section. This included recommendations regarding the supply of computer software and the need for training social workers in the use of the Internet.

Requests for research information

The work within the groups after the initial training workshops consisted of discussions of various 'live' cases brought to the group by individual case

[3] http://www.criticalsocialwork.com/

holders. During the course of these discussions the group considered whether there might be some relevant research information that could help address the issues arising from the case and if so what form that research information might take. It was at this stage that requests for research information were formulated – ideally with the help of the research team's protocol proforma. The number of requests for information by the various PDGs is given in the table below:

Table 5. Number of requests for research information

Team 1	17
Team 2	14
Team 3	5
Team 4	14
Team 5	9
Team 6	15
Team 7	9
Total	83

Note: The figures do not include some information provided at the behest of individual workers outside of the groups e.g. by telephone.

I dealt with all of the research requests. I also provided the research information to the groups before the next meeting so that the information could be presented then. This involved me in trying to ensure that the original request was reasonably focussed to assist in locating likely material. It also meant a great deal of searching through various sources – articles in various journals, either through the library or via the Internet. Then producing hard copies and delivering them to the group prior to the next scheduled meeting. This was often difficult and always time-consuming and it was not a task that the individual social workers would be able to accomplish. Not only were they all very busy, each with their own caseloads, but they also lacked the necessary skills required. At the later facilitation periods with particular groups I was sometimes able to give the requester a reference to a particular Internet or library resource rather than a hard copy of the information so they could practise their skills in this area. It was envisaged that the social workers would be able to locate define and locate their own research information by the time the group facilitation period ended.

Since the research provided always consisted of more than one article, this part of the project involved a good deal of searching for relevant information, and printing and distributing it to the groups. Over 300 articles were distributed to the various PDGs throughout the project. Very often the specific information requested was not there to be found and more general information was provided. One social worker, for example, was disappointed with the material sent to her because it did not have a specific answer to her client's problem. In other cases the research came from another discipline such as medicine and was seen to be too 'technical and difficult' and hence off-putting by some of the workers. American articles were also unpopular because they were seen to be too long, jargon laden and written for other academics rather than for practitioners. The material that was seen as most useful was where the research information provided was topic-related to an area of social work practice. I discuss this aspect further when presenting the various topics that the requested information covered.

At some meetings the group had no cases ready for discussion – often because they had not prepared for the session. When this happened, I would fill in with some research information that I thought might be useful to the social workers. An example of this was a session devoted to examining why some children survive adversity better than others using an article on 'resilience' (Gilligan, 2000). The fact that some children cope better than others in adverse situations is well known to social workers. The research explored why this is so, with various protective factors being highlighted, which might be applicable to their cases. The group was able to read and discuss the article and relate it to cases that they knew, where children seemed to be in similar circumstances. The resulting discussion included group members applying Gilligan's 'protective factors' in a hypothetical way to some of their own cases. Whereas they had seen the existence of these factors as more or less 'happenstances' in reviewing

their cases, they now wondered whether they could perhaps provide them in order to bolster their children's' resilience. One social worker, for example, asked whether she "could find a 'nice grandma'" for one of her clients. In this way the provision of the research information provided the group with an opportunity to focus on an aspect of their cases in a new light.

The meetings usually consisted of informal discussions around various topics brought forward by group members in connection with their ongoing casework. This format was one that the team members are familiar with as similar informal discussions among colleagues in the workplace form an important part of social workers' everyday working practice (Pithouse, 1998). The following extract from the research diary shows the outline of a typical group session giving feedback from some journal articles sent to the team prior to the meeting. The subsequent meeting took a slightly different direction from that originally planned, as the team were preoccupied with a case that had 'blown up' overnight:

> ***8th December 2000***
>
> *This week's discussion was [now] about R*****, a young girl who "walked out of care" and is refusing contact with social workers or carers and is on the fringe of drugs and criminality. The team was concerned that they felt impotent to help her and is there any research on a way to help her and other children who feel this way? The consensus is that leaving care is the Cinderella of children's services. Although the Government statements on Quality Protects are supported, they do think that resources have not been improved. Despite the evidence showing that leaving care teams do better with care leavers [the county] does not have one!*
>
> *D****** and H**** had both read an article I had provided, as had S*******. D****** said hers was not that useful, even though it was practice based. She reframed this by saying the style was a turnoff*

*and she had to force herself to read it again to see if there were useful practice points. The off-putting bits included the word 'scribing'; the article was from Canada and contained lots of jargon. H****'s article was longer and better received by the group although it contained little new information. The contents were very familiar and common sense items: [however] "gathering them together in one article and re-visiting information that has become second nature" was for H***** a useful exercise. "You forget what you know and where it came from".*

Biehal and Wade's [the authors] suggestions were seen to come into conflict with the perceived rules and regulations of the Department's fostering panel. The panel will not, for example, allow carers to be retained in cases where the child is moving on but may want/need to return. Social workers see this as good parenting but it is something the Department will not entertain because of the shortage of foster placements.

*S******'s article was one by Bob Broad. He was very taken with it! He thought that article was very clear and well written and asked very appropriate questions of government policy. It was not so much addressed to practitioners on "how to" work with clients, but it was very clear on policy for managers.*

At the end of this session I completed the research request form for information about 'looked after children refusing services' so that I could look for and distribute something relevant to the case to the group for use at the next meeting.

Requests for research information were generally made in the course of the group discussions – usually, as in the above example, the request was made in connection with a particular 'live' case that had been brought up by one of the workers. Sometimes the session would be taken over by the team's immediate concerns about a 'hot case' that was preoccupying

them and was generating a great deal of 'case noise'. An example of this was when a teenage client was encamped at the team office complete with her bag, while the social workers tried to find her accommodation. In such cases it was not possible to focus the session on the intended topic, although there were times when the situation could be exploited and used to show the relevance of research information to the particular case.

Topics covered in research requests

The following table lists by team PDGs the topics that were covered by the various research requests:

Table 6. Topics covered by research requests

Team 1	Team 2
Munchausen Syndrome by Proxy (MSBP)	MSBP with fracture
Children with disabilities	Children living with alcoholic parents
Cri-Du Chat Syndrome	Criminal proceedings in court
Respite for families	MSBP concerning fathers
Attachment theory	Foetal alcohol syndrome
Respite care	Child abandonment
Long term fostering	Action and assessment records
Contact with families	Looked after children-refusing help
Permanency planning	findings/departmental procedures
Failure to parent	Parents with learning difficulties
Sexual abuse in families	Salt poisoning
Nature/nurture debate	Direct contact post-adoption
Kinship fostering	Parental rejection
Homeless juveniles	Social Services Inspection Unit
Ponto Cerebellum	
Domestic violence	
Children 'dumped' in care	

Team 3	Team 4
Child pornography on the Internet Borderline personality disorder Chaotic families Attachment theory Sexually abused children who abuse	Attachment theory Signs and symptoms of autism Children with behavioural problems Psychopathic disorders in teenagers Male sexual abusers Parental responsibility Engaging with parents Keeping contact alive Personality disorders Depression Mothers sexually abused as children Obsessive behaviour Domestic violence and Core groups
Team 5	**Team 6**
Fathers' groups Teenage pregnancies After school clubs Attention Deficit Hyperactivity Disorder Social skills training Evaluation – how to do it Team building Should volunteers be trained? Poverty and deprivation (expectations)	Children who harm animals Learning disabled parents Risk assessments Attachment theory Children's resilience Personality disorders Life story work Identity and adoption Contact issues and adoption ADHD Child protection & domestic violence Scapegoated children MSBP – symptoms of Emotional abuse Parenting children
Team 7	
Attachment theory Domestic violence – effects on children Contact issues Attention Deficit Hyperactivity Disorder Behavioural problems in children Inappropriate sexual behaviour Characteristics of young sexual offenders Conduct disorders Emotional abuse and development	

As can be seen, in some cases information requests were repeated. Overall, the requests were quite wide-ranging, though this was to be

expected given the different concerns of the teams. One team, for example, unlike the rest, had no statutory responsibilities and ran a number of voluntary groups within their local community. The social work teams appeared to work entirely independently each of the other. Although, within the teams, social workers sometimes co-worked cases and often consulted with each other, there was no evidence that the teams shared research information outside of their own groups, even when there appeared to be opportunities for doing so. An example is when a Team 2 social worker had several articles sent to her on 'parents with learning difficulties'. Some time later a similar request was made by a new social worker in Team 5. Both teams (2 and 5) shared the same room and the workers' desks were adjacent to each other, yet the Team 5 member had no idea that her colleague in Team 2 already had useful and relevant information that would have assisted her with her case.

I was struck by the complexities of cases that were discussed in the practice development groups. Often they are multi-faceted, such as this one described by a social worker:

> *"I'm trying to work with a young boy who does not want to know me; he is beginning to fail at school; his mother is an alcoholic; grandmother takes him in from time to time, but she always ends up demanding we take him into care".*

According to information coming from the school, the boy was on the verge of criminal behaviour. The discussion in the practice development group elucidated a further dimension to the situation when the worker informed us that the mother was very seriously ill with complications from the alcohol abuse. There were several possible interventions discussed in the group. One was that of child protection - the child was clearly at risk, and the case could follow the legal route with the child being taken into care. Another was to support grandmother as a potential permanent

carer for the boy. This had been tried previously but the placement had only lasted a short time. The social worker had also placed the boy with an aunt, but the child returned home after a short period.

The worker thought that the boy's refusal to be separated from his mother was because he was worried about her alcoholism. The group suggested trying to help mother overcome her alcohol problem but had no suggestions about how this might be achieved. I found some useful information on the Internet about the behaviour of alcoholics and the effect of alcohol on the body. I also found a journal article about adults describing their recollected experiences of living with alcoholic parents and the traumatic effect this had had on them. These gave the social worker enough information to allow her to tackle mother about the effects of her alcoholism on her son; she had not felt competent to do this before. The child was in turn sufficiently encouraged by the social worker's change of direction to be able to express his anger to his mother and say to her "how do you think I feel when I have to clean up your mess". The social worker reported back in the practice development group on how the dynamics of the case had changed - the child now saw her as an ally in *"getting his mum off the booze"* rather than a threat – someone who would place him in care. Schőn (1983) has remarked, as in this case, "professionals do not solve problems . . . they manage messes".

The original project proposal had included a requirement for some kind of client evaluation of the project. However, it became clear that a lone researcher would not be able to do justice to this in addition to all of the other commitments associated with research informed practice. We did attempt to introduce client evaluation by the teams using Goal Attainment Scaling (GAS) (Kiresek, et.al, 1994). This was a model that could be used collaboratively with service users and is based on the development and scaling of personal goals. A session was given to the pilot team where the model was explained and the paperwork distributed. Some of

the workers were already familiar with the method and the materials and had used them in residential settings. Though the group read through the GAS materials there was no evidence that they used the method after this session. When I enquired, they explained that they found the method to be all right for very simple client requests. But for complex cases, such as the teenage girl with nowhere to live (described above), GAS was seen to be too simplistic. In view of this I did not introduce this form of client evaluation in the remaining PDGs and instead relied on less formal methods such as feedback from the groups and in the later interviews.

Team 5 was a family support team that was not case-accountable and as can be seen from the table above, this group appeared more concerned with research and information about such topics as team building and evaluation of the various voluntary groups and clubs they ran. In response to the group's request for information regarding evaluation, the researcher arranged a session with Professor Carpenter, where he introduced and explained a couple of practical approaches to evaluation. The input took place at a meeting towards the end of their facilitation period and it went down very well with the group who were "still asking questions when we had to call time". The feedback afterwards was quite positive with part of the team announcing their intention of trying an evaluation with one of their voluntary groups.

Occasionally, research requests were made outside the group meetings by team members who required information relating to a 'live' case. This next excerpt from the diary illustrates this type of request:

> *Telephone message and e-mail from ***** asking for help with a request re case in court concerning 14 year old sexually abused girl – Judge wants to know if she is likely to abuse her siblings if she returns home? Any statistics or league-tables available? Sent her several general articles about gender characteristics and offender*

profile – she will have to read around the issue and come up with best informed guess.

Later feedback from the social worker suggested that the articles were useful and enabled the social worker and the Council's legal team to persuade the judge that in this case although there were no league tables available to inform the decision, there was at least some relevant information that would help. I did not find out what the outcome was in this particular case.

There were other research requests that resulted from similarly urgent cases, but outside of these the researcher generally encouraged group members to discuss and formulate research requests within their group meetings.

Formulating research questions

A major difficulty that all the teams had was in formulating questions about their cases, which might be answered by the use of research evidence. When a team member brought forward a case for discussion in the group, a great deal of time was spent trying to get the individual and the team to focus on a specific area where research information might help to take the case forward.

An example of this concerned a case involving a young boy exhibiting inappropriate sexual behaviour. At the group meeting the social worker requested some information about sexual offenders for a newly allocated case. It was only after a protracted question and answer session that the following information emerged. This was that the boy had already attended a psychosocial treatment group intended for offenders, which had not stopped the behaviour.

The social worker did not have essential information about the boy's social history, such as why the child was living with grandparents. It appeared that the treatment centre had been the first port of call rather than a planned intervention arrived at after a comprehensive assessment. The available information was that the boy was inappropriately touching girls at school; this caused anxiety to the staff and the parents of the other children. This formulation focussed on the school, the staff and the parents, rather than on the boy.

The group discussion redefined the request away from information on sexual offenders and towards information on inappropriate sexual behaviour in young children. The team manager, in a discussion with me after the session, confided her concern about her failure to supervise the case more closely and said, "I missed it". I think that in this context the team manager was commenting that she should have been more diligent in her supervision sessions with the caseholder. This team was newly-formed and included some younger recently qualified workers. It may be that this group had not yet formed the strong team cohesive identity whereby its members rarely questioned their colleagues' decisions and practices. Consequently they were more able to question the way the case had been processed thus far. The newly-qualified workers, only recently removed from the more critical environment of their university, may also have been more schooled in the use of critical thinking skills.

Similarly, in another group, a social worker indicated that he had a case that was causing concern and would like some information on children being cruel to animals. I pointed out that I would be happy to help the social worker find this information if it was available and suggested that the PDG request form should be completed so as to focus down the request to a key research question. He did not complete a request form and did not narrow down the quest in the way suggested. During the session the social worker learnt a useful lesson in searching the Internet.

In the first search, the worker asked simply about 'cruelty to animals' and this provided around three million hits! Getting the social worker to discuss his real concerns about the case enabled a further search to ask for information that was really useful. The new request about children who kill and maim animals, narrowed down the search considerably and produced a successful response - a couple of articles from the *British Medical Journal* on the subject of children who kill or mutilate animals.

This difficulty with formulating the research request remained a sticking point throughout the project for most of the social workers. As the diary noted;

> *This pattern has emerged in all the groups – they are not able to ask, "What do I need to know to help with this case?" and request the kind of information that might help them. They need assistance in formulating their requests.*

Here is an entry concerning a research request from a social worker dealing with a particular case where I was much more directive;

> *[the social worker] has 11-yr old boy living with alcoholic mother who is worrying her. The extended family want him to be taken into care, but child wants to stay with his mother. After a lot of clarifying (by the researcher) the request seems to be:*
>
> 1. *What are the effects of living with alcoholic parent on the child?*
> 2. *What support is needed to live with alcoholic parent in some safety?*

In another group, when a social worker said she didn't have anything that warranted a request for research information, I asked whether there were

perhaps any cases where she was 'stuck'? The worker responded, after a short pause and with some feeling,

> *"I've got another ADHD [Attention Deficit Hyperactivity Disorder] case that's going nowhere".*

This elicited a sympathetic response from the rest of the group, mostly about the lack of educational provision for these cases and the feeling that they (social workers) were left 'holding the baby'. I asked the group what information might help with this case? After some hesitation the caseworker said,

> *"Well, some stuff on what it is - exactly - might help (laughs) – at least I'll feel then that I know as much as the parents and teachers (laughs again).*

As a result of this, I sent the worker information in the form of three articles about ADHD - on 'signs and symptoms', 'conduct disorders' and the 'effects of drug treatments (Ritalin)'. Feedback at a later meeting was that the social worker felt less anxious about what she was supposed to be doing since she was now better informed about the syndrome. It may be that the team environment is one where 'labels' are bandied about that become so familiar that there is an underlying assumption that all the participants share the same level of knowledge and understanding about whatever is being discussed. The group operates here in a way that allows team members to get by, as in this case, with 'not knowing' something. This may confirm the trait noted by Pithouse (1998) in his study of other childcare teams. That is that:

> Practitioners adopt a view of collegial competence and refrain from criticism or uninvited comment on another's practice. This reduces

> the possibility of competing or conflicting definitions surrounding work (p.10)

Formulating the research question so as to be able to see what, if any, research information might usefully inform a particular live case was always difficult and I often had to focus the group interaction in such a way as to elucidate this. One problem was with the form that the research team devised for making the request (see Appendix A). This form was designed and produced before I joined the research team. In trying to cover so much ground it was overly complicated and long and the participants were never able to use it in the way that it was intended to be used. Although I made some later modifications to it – such as inserting a space for the date of the request – I generally filled in the most important parts myself, so as to form a record of the request. I return to this issue in Chapter 7.

Research informing practice

The research diary records some instances where the timely provision of requested relevant information influenced cases. It is possible to identify three main ways that this occurred. Individual cases often exhibit more than one of the traits described.

1. Changing the direction of a case

The case of the boy with an alcoholic mother described previously provides a good illustration of the way that the PDGs worked in both informing and directing a case. The requested information was delivered to the social worker before the next PDG session. At the meeting, the social worker outlined a child who was difficult, an alcoholic mother who had severe medical problems related to her drinking, and an extended family that appeared every now and again demanding the child be taken away from home. There were referrals from the school and the child was

on the fringe of criminal behaviour. The social worker had had the case open for some time and had responded to the periodic crises. The child had been accommodated in the past and was refusing to come into care again. The case was heading towards the statutory route with talk of invoking child protection procedures and the social worker was feeling despondent and under pressure from the other agencies involved. My notes about a subsequent meeting read:

> *Since the last group the social worker had read the articles and has been able to engage the mother in a way that had not seemed possible before. The worker had encouraged the mother to read the research on the effects of excess drinking on her health and the possible consequences for her son of living with an alcoholic parent. Because of this engagement with the family, the child had opened up and had become very angry with the mother, asking her how she thinks it feels when he has to put her to bed and clean up her sick. Mother had been very surprised and distressed by her son's ability to be angry and say what he thinks for the first time and she had responded by attending a meeting at the local help group for alcoholics for the first time.*
>
> *The worker had also visited the grandmother and talked over the case. Far from trying to 'dump' the problem onto social services [as the social workers saw it], she contended that she had been assisting her daughter and grandson for years. Picking up the pieces, feeding the child, doing the washing and getting his school clothes ready. When she feels totally worn out and despairing she rings social services, but had only been able to articulate her concerns by demanding they take her grandson into care. The child thought the social worker visited because he was 'naughty', and the mother thought the visits were because they were going to*

take her child away. Finally, grandmother thought the department was "useless" because they did not respond.

The outcome [of this perceived change in direction of the case] has been establishing communication with the family and the change of plan is that the worker is now actively looking for support for the family to keep them together. The worker has been empowered [to resist the pressure from other agencies] to put the child protection issues on hold and focus on support for the family instead. The child is to attend a young carers group, which he is looking forward to.

The change in the direction of this case can be seen in the comparison between the two discussions of the case outlined above. At the beginning the social worker was despondent and was about to organise a child protection conference. At the subsequent feedback meeting this was all changed and the social worker was confidently embarked on a fresh strategy away from child protection and involving the whole family.

Another example concerns a request for information about autism. Discussion with the worker revealed that a three-year-old child had been referred for assessment with the local psychiatrist and that there was a long waiting list (nine months). Meanwhile there were grave concerns about the child's behaviour and the parent's ability to cope. As a result of the group discussion, the social work assistant, who knew the family well, felt able to voice her doubts about whether or not the child was in fact autistic and wondered if the child's behaviour was a result of 'poor parenting'. I found an excellent and easily understood psychiatric checklist of signs and symptoms of the autistic spectrum. This was sent to the social worker together with a couple of more general articles on autism. The feedback at a subsequent meeting was that the workers had now engaged the parents, the health visitor and the staff at the nursery the

child attended in applying the research information to the case. They were all now convinced that the child was not autistic. As a result a plan had been put into operation to work with the parents to address the child's behaviour. Not only was the social worker empowered to go ahead with this programme instead of waiting several months for the psychiatric assessment, but also, and more importantly, the child's behaviour was addressed earlier and the parents were co-operating in a parenting programme which they had not been keen on previously.

2. . 'Empowering' the social worker

In the following case the request for, and discussion of, relevant research information could be seen to have worked so as to 'empower' the case holder, although not necessarily changing the direction of the case. A social worker had just been allocated an emergency case regarding a five-month-old baby who was in hospital with suspected salt poisoning. This excerpt from the diary for that meeting illustrates the urgency of the case:

> *A request for information on deliberate salt poisoning by parents and whether it is part of Munchausen's Syndrome by Proxy. [The social worker] has just two days to get an interim report into Court and said she had not heard of salt poisoning before. Agreed that if I found anything I would pass it on early because of the Court deadline.*

Later that day some Internet articles were e-mailed to the social worker. From these it appeared that salt poisoning was not all that uncommon. Feedback on this case came some time later, when the social worker was able to report back. The notes for that meeting record:

> *[Social worker] was most impressed by the articles on salt poisoning. It was a situation that was new to her. She had not heard of any child being hurt in this way before. The information*

from Meadows [one of the research articles supplied] in particular was very useful. She was able to share it with the County Solicitor and they were using the information in the court proceedings.

Another example of where the timely provision of research information worked so as to empower the social worker was the case of Munchausen syndrome-by-proxy discussed earlier. On the face of it, this appears to be a quite simple case. However, the relationships between the professionals involved and the parents complicated it. The case concerned a disabled child who had been admitted to hospital on several occasions and had undergone medical procedures. A doctor new to the case had questioned the most recent procedure and called for the medical records. As a result the hospital suspected MSBP by the mother. The complications for the professionals involved was that the hospital staff were embarrassed because they had failed to note this earlier. They also were less than frank with the mother about the referral to social services under child protection procedures. The social worker thought that the hospital was 'passing the buck'. Consequently the situation at the start was that there was a great deal of heat and anger and there was no plan for dealing with the case. The provision of the research articles (together with the social worker's contact with one of the authors) helped to focus on the management of the case and the worker felt much more confident in dealing with her medical colleagues.

3. Giving direction to a case

At best, PDGs met fortnightly and even then it was difficult to have a sense of continuity between successive meetings. It was important to try and retain continuity – particularly where group members who had attended one meeting were away from the next or subsequent ones. When this happened it is still possible to gauge the effect that the provision of research information had by attending to the recorded or recollected details of the case. In the following case, the sequence of

events was spread over a series of diary entries that taken together point to a likely outcome. The excerpts from the research diary illustrate where the research information appears to have brought about a change of attitude towards a particular case.

> *[Social worker] rang to say he had been allocated a new case, a likely Section 47 investigation [this is Section 47 of the Children Act, 1989 – relating to Child Protection investigations] concerning a local professional male who allegedly downloaded child pornography. The family had just had a baby – any research available connecting child pornography to child abuse?*
>
> *Delivered three articles that might be a starting point. One dealing with the legal issues involved. Another on the human rights issues from the United Nations and a third article about the treatment of sex offenders - which might be useful if the case becomes a full blown child protection issue.*
>
> *[PDG meeting five days later] [Social worker] introduced his case of child pornography, he had received the three articles I dropped off last week. The group all discussed the case but seemingly with no specific direction. They were 'high' (anxiety?). When I asked questions they did not seem to know what the police who had referred the case wanted of them. They had little knowledge of the police investigation and the referral was seemingly only made because of the new-born baby. It sounds as if the police are also feeling very anxious about the case.*
>
> *[PDG meeting two weeks later] When I arrived I found [two group members] reading the 'child pornography' articles that the case holder had photocopied and distributed. The first article was seen to be extremely useful. The writer is a lawyer and had framed the piece in existing law: what crime, which offence, penalties and case law. The social workers were able to put their 'story' into context. The process had a very calming effect, from the high of a likely local*

scandal to a low of maybe they need to sit back and see how far the police will take the case – has there been any offences committed in the first place? At this stage there was no indication of the age of the subject of the pornography and also no proof that the suspect had actually downloaded any pictures. The other articles were not discussed in the meeting but the caseholder had read them and they clearly informed his discussion.

In a discussion with the social worker after this meeting he indicated that he had had no idea of 'which way to go' before he received the journal articles. He said "Off the record, the police officer had been told to inform social services because of the new-born baby, but didn't know if he was asking social services to hold a child protection conference." This process shows the way that the information provided to the group changed them from a position where no one had any idea about what to do, to one where they realised that they should take no action at this stage, as they did not have sufficient information.

Client empowerment

Feedback from the social workers provides some anecdotal evidence of the possible beneficial effects of the initiative on some clients.

In the case of the possible autistic child (discussed above), the social worker, social work assistant, nursery staff and the parents all completed the 'check list' provided to see whether the child could be placed on the continuum for these disorders. There was a consensus that the child's behaviour did not match the criteria for autism. The resulting programme that was designed to manage the child's behaviour began with the active involvement of the parents. The parents had been hostile to the idea that they might be culpable in relation to their child's behaviour. After taking part in the exercise that applied the research information, they, according

to the social worker felt professional and responsible and readily agreed a parenting programme aimed at dealing with the problem.

Again with the case concerning the alcoholic mother discussed previously, the social worker was asked in a follow-up interview,

> *"Did you feel embarrassed to share the information with the mother – that you, were in fact, 'learning?"*

She replied,

> *"No – she was 'chuffed' and was also, impressed – I think – that I wasn't just pulling stuff out of a hat – that I actually read up on the problem and brought some 'expertise' into her case".*

Participation in the PDGs

Meetings and attendance

The following table puts together the information regarding the number of team members, the number of PDG meetings held compared with those scheduled and the average team participation ratio (average attendance over number nominally in the team).

Table 7. PDG meetings and attendances

Team Number	No in Team*	No of meetings held/scheduled (%)	Participation Ratio (%)
Team 1	9	16/20 (80%)	5/9 (56%)
Team 2	9	12/16 (75%)	5/9 (56%)
Team 3	7	7/16 (44%)	3/7 (43%)
Team 4	6	12/19 (63%)	4/6 (67%)
Team 5	6	11/13 (85%)	4/6 (67%)
Team 6	8	12/15 (80%)	7/8 (88%)
Team 7	6	5/12 (42%)	4/6 (67%)
Totals	51	76/111 (67%)	32/51(63%)

*figures for the number in the team are for those who officially comprised that team. Attendances at the group meetings varied.

It can be seen that the project represented a sizeable commitment on the part of The County's Social Services Child Care teams. On average the sessions lasted about two hours and this therefore represents a total of around 5000 social worker hours. There was a wide variation between the teams in the proportion of possible group meetings that actually took place. The average figure of 67% shows a degree of commitment by the teams towards the project. This average is reduced by the low figures for the two teams that did not complete their scheduled facilitation period - Team 3 (44%) and Team 7 (42%). Without these two teams, the average for the remaining five that did complete their facilitation period is much higher – at 77%.

Quite a few of the scheduled PDG meetings were cancelled at short notice - either because the entire group was doing something else that was presumably considered to be more important,or because there would not be sufficient members present to make the meeting viable. The following excerpts from the research diary give a few examples of these situations:

> ***8th June 2000***
>
> *'S' [social worker] rang me at home at 9.15 to cancel meeting; team "has a crisis on".*
>
> ***14th September 2000***
>
> *Meeting cancelled by [Team Manager] because of petrol crisis, only two workers in.*
>
> ***26th October 2000***
>
> *Meeting cancelled because they only have 3 workers in, over the half term holiday.*
>
> ***9th November 2000***
>
> *Agreed that we would postpone the next meeting for one week; they have a large business agenda to get through with their new manager.*

27th February 2001

'P' [social worker] rang to say only two people will be in and did I want to hold the group tomorrow? Cancelled.

23rd March 2001

'D' [social worker] rang to cancel, half term and only 3 people in.

4th April 2001

Meeting cancelled after I rang 'S' [social worker], no topic or arrangements made, 'A' [social worker] on holiday!

22nd August 2001

PDG cancelled this week as only two team members in, holidays and sickness. The same pattern as last year when half the team seems to be away for most of August.

3rd October 2001

Meeting cancelled by 'R' [team manager] because team is to have a briefing on Children in Need census.

The postponement or cancelling of scheduled group meetings in this way resulted in some discontinuity in feedback: the group often never heard the follow up of a case first brought to the group for discussion because the designated worker was subsequently absent. This discontinuity affected the peer group learning process, because the group was not informed whether the provision of research information had been useful in changing the status of the case under discussion. Perhaps more importantly, the absence of the information from the key worker meant the group was unable to use the case to continue the learning process. An example of this occurred following a request for information about Munchausen Syndrome by Proxy. The group case discussion showed up the anxiety generated by this syndrome. There was some anger in the team because they thought the case had been "dumped" on social services by the hospital. I had sent the caseworker some general articles about the syndrome and a particular article about social workers managing these cases. The social worker was encouraged to contact the author of

the article – an independent social work consultant. As a result, the worker felt much more confident in dealing with medical colleagues and changed the direction of the case. Although this appears, on the face of it, a success story, the research information given to the social worker was never shared in the group and therefore the rest of the team were deprived of the learning opportunity that this would have provided. The caseworker only reported back to the group afterwards and her presentation was rather in the nature of what has elsewhere been called a 'victory narrative' (MacLure, 1993), - where the story was recounted as a personal triumph - rather than being indicative of a successful learning process for the participants as a team.

As noted above, some of the PDGs were cancelled at very short notice – often because of circumstances outside of anyone's control. But in some cases, perhaps more often when the team manager was absent, meetings would be cancelled because there would be insufficient team members available for the meeting. Low turnouts were especially the case in Team 3, where the manager declined to take an active part in the sessions. This indicates that PDGs were more likely to occur when team managers played a more proactive role and encouraged attendance by their team members. The attitude of group members towards attending/not attending group meetings may also have been influenced by their previous experience of in-house training, where the teaching may have been more structured and didactic than the approach we tried to foster in the PDGs. The process here was centred on individual learning in a peer group situation. The premise behind the project was that the participants would be motivated to take responsibility for their own learning.

It was recognised from the start that the commitment of the team manager would be crucial to the success of the project and considerable efforts were made to involve them in the process. A meeting had been organised early on in the planning stage, when an outline of the project

was given to all the child care team managers in the County. However, by the time the work in individual teams started, the team managers had either changed or else had not made the connection with the project when their facilitation period started. Team managers were invited to the steering group before work started with their team so that they could learn from their colleagues' experiences and plan accordingly. This arrangement was not particularly helpful as the decision as to which team would be next in line was taken at quarterly steering group meetings and it would have meant delaying the start of a new group for three months until the next steering group meeting.

All social workers in the child care teams were encouraged, but not required, to participate in the groups. Differences in participation ratios were observed both within and between groups. Within any PDG there were often team members absent from particular facilitated meetings and the group composition varied from meeting to meeting. This was because those listed as team members were not necessarily present at the scheduled meetings of their group and indeed some never attended any of them. One, for example, elected not to do so because he was within a year of retirement. Also, some individuals who had attended initially subsequently left the department. Yet others joined partway through the facilitation period. This was particularly the case with Team 7 that had a first meeting with only 4 workers (2 of whom were unqualified) that had increased to 9 by the fifth meeting, shortly before the team was disbanded.

Some, although nominally allocated to a team, actually worked elsewhere. This was the case, for example, with two social workers of Team 3. They were based at the psychiatric unit of the local hospital and could not get to the group meetings, although interestingly, they did manage to request some research information. Two part time social workers were on job share and whilst one could attend some meetings the other rarely could. Some individuals did not attend any meetings for reasons that were not

made known to the research team. Others were unavoidably absent because of engagements elsewhere, such as court attendance or through sickness or holidays. Apologies were usually received for these absences. The experience of the research team regarding holiday periods suggests that the two main school holiday periods – August and December – should be avoided. Group meetings scheduled at these times were generally poorly attended or else cancelled.

There was a wide variation in average attendance at the various group meetings (Table 7, above). The differences in attendance rates for the teams can mostly be taken to reflect major changes in team strengths and personnel during their facilitation periods. The average attendance figure of 63% for all the teams does suggest that most of those who participated in the project were committed to it.

In general, there is an association between team members' ratings of team functioning (previous chapter) and patterns of attendance and participation. Thus, Team 6, with the highest mean rating for "innovation", had the highest proportion of meetings taking place, and of team members' participation. Conversely, Team 3, which scored lowest for innovation, also had the poorest rates of attendance and participation.

The various PDGs experienced a large number of changes of personnel throughout the implementation period of the project. These changes had an important effect on continuity and I often had to explain the project in order to bring new group members 'on board'. For Teams 1 and 4 the facilitation period was extended at the request of the new team managers so they could catch up with their team. It was also hoped that the extension would help to revitalise the meetings with these groups, since attendance had lapsed in the interim.

Sometimes meetings did not happen and at other times they did not appear to achieve any positive results. This was often because the teams were under pressure because of uncertainty about reorganisation and feeling overworked because of staff shortages. Here are some are some examples from the research diary of these occurrences.

> **12th October 2000**
>
> *This morning was a bit of a write off. Only 3 people present and they were very distracted by rumours about the imminent demise of the team. S***** [team member] thought that the team manager post would not be filled and they would be passed around the District in multi-disciplinary teams. Try as they might, they were not able to concentrate. It left me wondering where we go. The timing is inconvenient, since we need to be administering the second questionnaire! If I get them to complete now, it may be that their despondence is reflected in our results?*

This was followed by a cryptic note about the next meeting scheduled for a fortnight later:

> **26th October 2000**
>
> *Meeting cancelled because they only have 3 workers in - over the half term holiday.*

At the end of a later meeting with the same team:

> **9th November 2000**
>
> *It was agreed that we would postpone the next meeting for one week, they have a large business agenda to get through with their new manager.*

This represents a seven week gap in the programme for this team.

On some occasions teams showed they were preoccupied with other concerns and quite disorganised as a result. Here is a further example from the research diary at the introductory visit at the start of a new PDG in mid-project:

> **4th October 2000**
>
> *Good start! Mix up with times. I arrived at 10.30 to find that [team manager] had timetabled me in at 11.30 am. The team had no information about my visit or the research. I shared with them the objectives of the research project and their Director's commissioning of it. The team manager introduced me, was polite but also said he wasn't going to take part himself! He said that he already had too much to do and had to make decisions about what he could and would do.*

And at a later group meeting:

> **29th November 2000**
>
> *Arrived at 9a.m. to find the team in some chaos. 'X' [social worker] admitted she had not prepared her case so there was nothing ready for the Group. Only 'X', plus 'Y' and 'Z' [social workers] who arrived at 9.30 were there. Sickness and holidays had depleted the team and those remaining looked pretty desperate.*

And prior to a subsequent scheduled meeting:

> **24th January 2001**
>
> *'A' [social worker] telephoned to say that the team was still depleted and did I want to go ahead with the session. 'B' [social worker] would be there along with 'C' [social worker]. He apologised and said he had to attend a fostering panel and informed me that 'D'*

[social worker] was on holiday, 'E' [social worker] was recovering from [sickness], 'F' [social worker] was still out and 'G' was elsewhere. Since 'B' and I were the only contenders last time I suggested we cancel.

Another example comes from the research diary of a different team:

20th June 2001

To [team location] at 9.45. 'A' [team manager] was away, as was 'B' and 'C' [social workers]. 'D' [social worker] was in but preoccupied; said hello to 'E' and 'F' [social workers] who were leaving on a visit. That left 'G' [social worker], gave her some articles on parts of her request but said we had not defined the request enough to be more specific. Obviously no Group this morning so decided to leave.

I have noted elsewhere the effects of the departmental reorganisation on the workers that in turn impinged on the project. So too, I have attended to the crucial role that the team manager played in the success or failure of the initiative. What these extracts show is how the disorganisation of the teams effected the long-term outcomes for the groups involved in the project and also the results of the project itself.

PDG membership changes

There were many movements into and out of the different PDGs that were set up during the lifetime of the project. The table below details the number of group members who responded to the questionnaire at the start of their group's facilitation period but, since they were no longer team members at the end, were unable to respond.

Table 8. Time 1 respondents who did not respond at Time 2

Team	No.	Reason where known
1	5	1 L/term sick, 1 seconded, 2 moved, 1 left dept
2	1	1 maternity leave
3	5	2 left dept, 1 seconded, work with team ended
4	2	2 left dept
5	3	1 left dept, 1 L/term sick, 1 maternity leave
6	3	1 left team, 1 L/term sick, 1 seconded
7	4	team disbanded
Total	23	out of the original 51 members

The above table gives the numbers of original participants in the respective team PDGs who were missing at the end and also gives reasons for this where they are known.

Most social services departments experience high turnovers of personnel. Researchers working in the field of employment have looked at the rates of turnover in social services departments and have found that managers and field workers changed jobs most often. The majority moved to other social services jobs, usually of the same type and often for the same employer. Latterly, reorganisation has become the main stated reason for moving (Ginn, et.al, 1997). The known reasons for the 'missing' team members throughout the project varied from a team who were simply disbanded and went to other teams within the department, others who left the department, secondments within the department, long term sick and maternity leave.

Reflective evaluation of the project

I conducted interviews with some of those who had taken part in the initiative once the active facilitation work with the groups had ended. The purpose behind this small interview programme was to provide some direct information from the social workers involved that could supplement and act as an independent check against my research field notes. The interviews were semi-structured around a set of 5 'guiding questions' that

were loosely based on Kirkpatrick's framework of four levels of evaluation (see my discussion in Chapter Four) and were intended to get the interviewees' perspectives on the project. The questions used and their relationship to Kirkpatrick's four levels of evaluation are in Appendix D.

At *Level 1 evaluation* (reaction to the programme "What did you think of the project?") it appeared that all of those interviewed had a clear understanding of what the initiative involved and appeared well aware of its objectives. As one remarked,

> *"the project was to encourage us to use research in our own practice*".

Another noted,

> *"If we are not basing our practice on research what are we basing it on?"*

Using the *Level 2 type* evaluative approach (learning "What did they learn?") the respondents identified a range of positive and negative aspects. One team manager found the intervention particularly helpful as it

> *"made case workers look deeper into some of the long-term cases that the team were involved with"*

He maintained that he

> *"prioritised the RIP sessions because in the long term it pays dividends – these cases were taking up a great deal of time anyway – and the research allowed a fresh look at them"*

Another said that the project

> *"let us look at cases and talk about them and provided a way of looking at the case in a different way. Having "permission to have time out to read was really good"*

One social worker remarked that the sessions,

> *"were brilliant – they gave me a chance to feel professional....they also helped with team building and gave time to reflect on practice"*

One interviewee said she,

> *"Liked the informal learning situation and felt comfortable in the group"*

This was echoed by another who said she liked

> ..."*working with my colleagues in this way".*

A major difficulty for the workers was said to be the lack of time in their schedules to deal with their cases adequately; some saw the facilitated RIP sessions as allowing social workers an opportunity to devote more time to particular cases. One participant who found the sessions useful, said she *"just wished we could have got going quicker",* remarking at the same time on the many changes in team personnel and the lack of team stability over the last three years. This was echoed by another social worker who found it *"annoying when people came and went".*

The first participant also noted she would like the PDG sessions to continue since the main post-facilitation problem *was "not having enough*

time to keep up with the research". She found it *"worrying that we aren't doing the best for the families".*

One social worker expressed her frustration that,

> *"No sooner had we started to get into the struggle with asking what do we need to find which might take this [case] forward – when the group stopped and the University bit was over".*

Some respondents drew attention to what they saw as the need for management endorsement of the project, which they saw as lacking. One team manager thought that the project, although originally endorsed by senior management, *"lost some of its impetus"* when it moved down the hierarchy and that *"it should have been pushed much harder"* and made mandatory rather than optional. This view was reflected by another interviewee who considered that,

> *"... it was time that was against it [the project], reorganisation, inspections and constant changes – Quality Protects – doesn't help. I don't think the project was a priority, it should have been. We hadn't heard about it apart from when [the team manager] said you were coming to do it. There was nothing from senior management at all".*

Other interviewees noted the crucial importance of the team manager's role. One remarked that *"it needed to be planned properly"* before recalling that [the team manager] was too nice and let people decide. *"I think she should have been stricter and made everyone put it in their diaries".* This view was endorsed by another social worker who thought,

> *"managers need to promote research in their teams. Teams have to be committed and want to improve their knowledge base".*

Using *Level 3 evaluation* (transfer – "Has practice changed?") Measuring at this level is difficult, as it requires evaluation to take place some time after the event. There was, however, some evidence in the interviews of the way that the initiative had resulted in a change in social work practice. One team manager, interviewed a year after the facilitation period ceased in his team, thought that the project had changed the way he now conducted supervision sessions. He also said that the initiative had indeed led to changes towards more positive outcomes for clients. He cited a situation where the sessions had changed the direction of a case away from a concern with child protection issues and towards a 'children in need' perspective. In this case the RIP format had allowed the social worker the time to reflect on the situation. Another respondent recalled that the provision of the research in a particular case gave her more confidence and backed up her decision not to take a boy into care and away from his mother.

Using *Level 4 evaluation* (results "What next?"). Though determining results in these terms is difficult to measure and hard to link directly with the project, the comments cited under *Level 3* (above) provide some evidence of an improvement in practice. However, the interviewees all confirmed that PDGs had ceased in their teams. The reasons given mostly concerned changes in personnel and reorganisation. One found it,

> *"not surprising they aren't continuing since there was now only one [other] person in the team who had completed the RIP project...we should continue. The trouble is that everyone is so tired because of all the changes."*

Other respondents also thought they should continue. One noted that they now had a new team manager, before concluding that *"RIP needs a strong manager and also requires access to journals."* Another was in

favour of their continuation but thought they should be *"organised better"*. In this particular case I think that she meant that she would have preferred her team manager to have been more actively involved in the project. She also pointed out that there were only two of the original team left.

On reflection Kirkpatrick's levels of evaluation were very useful. They showed that the participants knew what the project was trying to achieve and that they enjoyed the experience. Some of the evidence indicated that the social workers did learn that up to date research information could influence their practice. The results at the 'transfer level' showed that they were able to apply the research to their cases and that it was beneficial. However, results at level four showed that the groups had not continued once I left and this may have been because they no longer had access to research data. Perhaps, more importantly, the ending of the group sessions meant that the protected time that was previously made available in the groups to discuss cases was lost to them. It would have been useful if I had asked the interviewees if they were using the RIP approach in dealing with their current cases. This is because although I have the information about the PDGs ceasing, I do not have any direct information about individual social workers' continuing use of research to inform their practice.

Concluding remarks

On looking back at the project, I can see that to some extent I was preaching to the receptive. This is perhaps because those who were sufficiently interested in improving their practice by way of obtaining research information were more likely to have participated in and contributed to the groups. Some team members never attended the group meetings and yet others only attended sporadically. More emphasis should have been given to the training of team managers on the importance of facilitating the sessions to enhance the learning process for

their social workers. Some failed to take on any responsibility for this role and indeed, often absented themselves from the PDG. This meant that they did not have any experience at running the groups for the continuation of RIP after I left. In these cases, comments from group members indicated that they thought their team managers should have been more directive.

The success of the groups depended to some extent on the team manager's style. In the first group the team manager did not understand the idea behind the project and that she herself had an important part to play in it, so the group did not move much past Kirkpatrick's first level. Although research information went into this group's sessions not a lot of evidence of learning emerged from it. As a result of this experience I changed the format of the subsequent workshops. The team manager of the next group was very proactive and I think this group saw the project as providing some useful ideas for helping with their cases.

Since the team managers did not take on the role of facilitator this left me with a dilemma. I could either sit back as a participant observer and record the sessions, or be a more active facilitator. It seemed to me that the former role would have led to sessions with the groups that would not achieve very much. The latter role, where I was able to prompt and question the social workers about applying the research information, would enable me to see and record any changes in the direction of their cases. Either of these scenarios would have produced data for the project, but facilitating in this way allowed the research information to be applied to live cases to see how they affected service users.

A further issue that was not appreciated at the start of the project was that the social workers would have so much difficulty in accessing likely research information. All of the social workers had access to PCs but the software was either missing or out of date. The IT department of the local

authority was informed of this by the steering group and further information was passed on to them by the research team. I spent some time during the early sessions with each group updating software and getting the PCs ready for accessing the Internet. One of the problems was that the social workers did not have access to the large number of academic journals available electronically. The research team apprised the steering group of the need for access to these journals and informed the Director. However, I continued providing research information to the groups simply because they had no other way of obtaining it. As a member of the university I had access to the library facilities, which included various databases and numerous electronic journals. This lack of access for the social workers not only prevented them from practising their newly-learnt skills but it also meant the groups continued to depend on me as the research information provider. This was inevitable, since unless I opted to continue in this role the project would have folded for lack of any research information to apply to the cases discussed in the groups.

In the next chapter I discuss some of the themes that arose from the project by referring back to the original research questions. I conclude by highlighting those research approaches that were particularly helpful in my ongoing quest to describe, understand and explain what happened in the course of the project.

CHAPTER 7 - DISCUSSION AND CONCLUSION

Introduction

The project described and evaluated in this thesis has been very different from other methods of disseminating research findings to practitioners. In this final chapter I re-present the research questions of Chapter One to identify and discuss the answers that have emerged in the course of the research. In it I draw on my evaluation of the findings to gain an overall view of what worked well in the project and what did not; Kirkpatrick's (1975) model of educational outcomes provides a helpful framework. My understanding of what was happening in the groups was supported by the insights offered by grounded theory and action theory. The published research on participant observation and interviewing helped with the collection and later analysis of the field data, as did the work of West and others on team functioning. When it came to evaluating the project I found Kirkpatrick's model to be particularly helpful in the way it pointed to the limitations of the different approaches.

I also describe the processes that occurred within the PDGs and those that contributed to the effectiveness of the intervention and the implications that this may have for similar initiatives in the future.

The research questions

What were the social workers' attitudes and views about research at the start of the project and at the end?

Start of the project

The survey asking about 'Social workers' access to research information' (Table 4) identified the sources and prior use of research by respondents. The suggested sources of information were very general, but even so, the

reported overall use was very low. It indicated that there was little in the way of seeking information outside of their department. Most reported using supervision sessions with team managers and in-house training to inform their casework. This confirmed the claims made by other researchers such as Bergmark and Lundstrom (2002), MacDonald (2000) and Dowie (1994), of the failure of social workers to use research information to inform their practice. The social workers in all of the teams had access to governmental guides to practice and social services department policy papers, which were obtained through the Intranet (local computer system). The department's library was located up to twenty miles from the workplace of the furthest team and some of the social workers were unaware of its existence. Most had never visited it. Taken together these findings rather confirmed that the social workers were not using research to inform their practice at the start of the project.

I worked with different groups of social workers in the practice development groups that were established for the project for over two years. During that time I became quite knowledgeable about the various aspects of the people involved. So, in addition to the standard background information collected in the form of questionnaires, I was able to connect these data to individual participants' performance in the groups (as recorded in my research diaries). Some of the variables may shed some light on this first research question. Thus, I recorded in my field notes a likely link between educational level and participation in groups discussions. The graduates (14 of the 41 qualified social workers involved) were generally prone to take a more leading role in the group discussions. I also found that newly qualified graduates were generally more likely to be able to critically evaluate research information and to formulate questions in such a way that they could be answered by research (Chapter Six). Even so, they were not especially adept at this task. This particular skill, when evidenced at all, came from those graduate social workers who had several years work experience. Of

course, there were one or two exceptions, where experienced non-graduate workers were both vocal in the groups and were able to be critical of the information provided.

In a study that drew on their work in setting up and teaching a module for social work students, Aymer and Okitikpi (2000) consider that the more recently qualified social workers may not have been trained to be critical of their practice. They argue that the emphasis on procedures and guidelines that characterise the direction of social work education act as a defence against social workers' anxiety of *not knowing*. The result of this reliance on procedures is that social workers have become other-directed technocrats. They go on to conclude that there is a whole generation of social workers who do not have the traditional academic training with its emphasis on critical thinking skills and instead rely on their own personal experiences. Unlike them, I found that my group of recently qualified social workers *did* have the capacity for critical analysis but lacked the necessary professional experience to apply this.

Reading other studies about perceptions of research in newly qualified professionals I noted that they are often asking about students' willingness to conduct research. Ax and Kincade (2001), for example, in their small study of nursing students' perceptions of research describe how most of their students were unfamiliar with research methods and the structure of a research paper. They conclude that student nurses were reluctant to use research. However, there is surely a confusion here between encouraging students to use research in their practice and teaching them to be researchers.

There was little evidence that age or gender of the participants was important to the success or otherwise of the PDGs. Since my sample was predominately white (98%), ethnicity was not tested. Similarly, the

numbers with post-qualifying awards were too small to allow any conclusions to be made.

The social workers consistently identified more strongly with their teams than with their profession. This may pose problems for continuing professional development. It would be hard to imagine that doctors, for example, would identify more closely with their hospital department rather than with their profession; they would likely be more concerned with developing professional standards and practice and lay great store by continuing professional development (see, for example, Taylor, 2000).

The data on *team functioning* was obtained prior to the beginning of each teams' facilitation period (Chapter Five). The *innovation* variable scored the lowest and was consistently below the scale norms. The 'Family Support Study' (Carpenter et al., 2003) also scored this as the lowest aspect. This may indicate that, generally speaking, social workers did not see innovation to be an important part of their task. The lowest scoring team was one that had two newly qualified social workers and was formed towards the end of the project. The team was also aware that they were likely to be dispersed to other teams as part of the reorganisation. So it is no surprise that innovation was not high on their list of priorities. Whilst as already indicated, the highest scorer was the team that was composed of community based workers involved with implementing various initiatives. The findings from the survey on social workers' access to research information had shown that they did not routinely seek out research to inform their practice. Altering this situation required the teams to be both innovative and supportive of such a new idea as the research-informed practice project.

The highest scoring variable was that of *clarity of objectives* and this was also the highest scoring aspect in the Family Support Study (Carpenter et al., 2003), perhaps showing that there was a general clear perception of

what the social work task entailed. Again, the newly constituted team scored lowest on this variable which suggests they are least clear on team objectives, which is hardly surprising in the circumstances. Again the community based team scored highest which suggest they are particularly clear on team objectives.

Taken together, all of the scores for team functioning before the start of the PDGs indicated that the conditions were not especially favourable towards any such initiative. However, by using these questionnaire data and my field notes of the PDG meetings I am able to see whether there is an association between team functioning and the relative performance of the teams. I have already indicated that I am inclined to discount the high scores for Team 4 as I believe these were probably exaggerated responses from a team that was unsure of the status of the project. As mentioned in Chapter Six, this was the team where one of the members only came to realise what the project was about at the penultimate meeting of his group. Team 7 generally scored the lowest on all aspects of team functioning and my observation of this team was that they were newly formed and quite disorganised, albeit seemingly keen. Team 2, on the other hand scored reasonably high on all aspects and my observations confirmed that this was a team that was quite well motivated, with a team manager who actively encouraged participation in the group.

This contention that the climate in the teams was not especially favourable toward the project is borne out by the data on *job satisfaction* (Chapter Five), where the participants' total mean scores were only moderately positive. They are slightly below those of the comparator group from the 'Family Support' project. The lowest scoring intrinsic factor was income, whilst the highest was colleague relationships. This last factor is in keeping with their strong identity with their teams. Although the teams viewed their relationships with co-workers positively their perceptions of public respect were lower than the comparator group which probably

indicates the 'bad press' social workers and child care workers in particular receive. If this perception is correct, it could go one of two ways with regard to research-informed practice: either it could spur them on to want to improve their practice to counter the bad press. On the other hand they may think that since they cannot win, why bother?

The mean scores for *role clarity and role conflict* (Chapter Five) similarly show only small differences between the attitudes of the social workers in my study and those in the Family Support study. Mean scores for both groups indicated moderately high levels of role clarity. Role conflict was noticeably higher in my teams than in the comparator group of family support workers, with the highest scoring item being the perception that there was a lack of resources and time to deal with their cases adequately. This latter score for role conflict where the social workers already feel that there is a lack of time to deal with their cases adequately does not bode well for the project – will they be able to invest the necessary time in RIP?

The scores for *job satisfaction* and *role conflict* relate strongly to the high levels of *stress* that were reported (Chapter Five) in three of my teams, indicating that over half of the staff scored above the threshold of significant levels of stress. Again, Team 7, as the newly formed team had the highest reported stress levels with three-quarters of the team scoring above the threshold. This could be explained by uncertainty brought about by their tenuous position in the department. They have only just met their team manager and colleagues, which can be a very anxious time and they are aware that they could be moved elsewhere with the upcoming re-organisation. In addition two of group had just finished their social work courses and were in their first posts.

Of course, not all stress is work related, but a detailed statistical analysis of results from the voluntary and statutory family support services study has shown that stress was associated with low role clarity, high role

conflict and poor participation in the team and a high degree of review and monitoring of performance (Carpenter et al., 2003). This profile fits the teams in the RIP project. Given this scenario, it seems unlikely that stressed workers would be able to give their full support to the initiative.

Looking back over the above results of the questionnaires administered at the start of the various facilitation periods it can be seen that taken together, the low scores on innovation, clarity and team identity and high stress levels, support the findings from the participant observation. Here it is seen that all of the teams often exhibited confusion and uncertainty in some degree in the face of the constant changes in personnel that occurred throughout the project (see as an example the description given in Chapter Six).

End of the project

The comparison between the Time1 and Time 2 scores might answer questions about whether the formation of PDGs had any beneficial effect on team functioning. The comparison may also show whether the conditions at the end of the intervention were any different from those at the beginning. For example, if the social workers were more stressed at Time 2.

There were no significant differences in the Time 1 and Time 2 mean scores for both *professional and team identification* (Chapter Five), which indicates that the social workers continued to identify more strongly with their teams than with their profession. There is, however a small change in the differences between the two characteristics. That is to say that the difference between team identity and professional identity at the start and the finish of the project was slightly smaller (differences of 0.5 at Time 2 compared with the earlier 0.7) at the end of the project. This suggests a slight move away from identification with the team and towards identifying

with the profession (maybe because of the many changes of personnel). Even so, the social workers' lower identification with their profession bears out the explanation put forward by those, such as Smith (1988), who contend that the professional status of social workers has declined (see Chapter Two). Here, I have suggested that this lowering of the status of social workers could act as a barrier to change in the way that Foster and Wilding (2000, p.157) had warned. This was that the attempts to cut the professions down to size has neglected to build upon those traditional positive elements – such as the commitment to high quality work.

There was no evidence of an improvement in *team functioning*, and even of some small deterioration in two of the factors. These were *innovation* and *clarity of objectives.* Although the groups seemed to have been appreciated by the participants, a fortnightly meeting was simply not sufficiently powerful to have a positive impact given everything else that was going on at the time. This was confirmed by the participant observation findings of teams that were undergoing worsening work situations due to staff shortages, reorganisation and the resulting stress.

There was some evidence of an increase in the social workers' perceptions of role conflict which may be a reflection of a lack of resources and uncertainty brought about by the departmental reorganisation, where some workers were placed in teams that were not their first choice. Social workers also reported that they were having to close cases inappropriately, to get ready for moving to their new teams.

The results from the comparisons between the questionnaires at the start and end of the facilitation show only minor changes in the teams' general demeanor. It is noticeable however, that the three significant changes were all negative in their effect. Those in team functioning indicated that social workers were less clear about their objectives and felt the team were less innovative than they previously reported. These changes

occurred alongside a heightened experience of role conflict. My participant observation supports these findings. I was aware of an increasing number of staff vacancies, group members leaving the teams for jobs elsewhere and extra pressure on those who remained.

Were the teams comparable?

It is likely that the seven teams studied were not strictly comparable since some of them performed different social work functions to others. So it is possible that in commenting of the various differences between the teams' ratings I am not comparing like with like. This is valuable from the point of view of answering my research question about the necessary conditions for promoting research-informed practice. An example was the different function of Team 6, compared with the others. This team was made up of community social workers without the statutory responsibility enjoined on the social workers in the other teams. In this team, unlike elsewhere, the team members were each involved in organising various community-based voluntary schemes and only met weekly at various locales. The makeup of this team meant that members each had different concerns from their colleagues and also from the other teams, hence it was difficult for them to achieve any team cohesion. The research requests from this group were mainly focussed on evaluating the work of the team as a whole in order to give substance to their teams' continued existence as the only 'preventative' team in the division. However, my observation of this group was that they were not able to organise the research information for evaluating the work of the whole team. I think this was because they were unable to see the difference between evaluating their work as a team and evaluating the individual projects they were working with. This situation was typical of the sort of dilemma I was often faced with by my being both facilitator and observer. Although I could have directed and perhaps even organised the group so that they were able to undertake

their work as a team, I chose not to. Consequently they did not achieve any sort of evaluation of their team in the period I worked with them.

Where teams were made up of social workers holding statutory responsibility for their childcare cases, the team members were not always performing the same tasks. Team 1, for example was made up of two groups of statutory social workers - those performing mainstream childcare and child protection work and a second group that dealt with children with disabilities and their families. This presented problems regarding the group learning process as it meant that the live cases that were brought to this PDG were generally of interest to only half of the team members. For example, the request for research information about Cri-Du-Chat syndrome by a member of this team was only of interest to those who worked with disabled children. Team 3 had outreach social workers, nominally in the team, but based at the local psychiatric hospital. Again there was no team cohesion around requested research.

The childcare teams

The way that the members of the majority of the childcare teams went about their daily tasks was centered on individual responsibility for allocated cases. Pithouse (1998) identifies childcare team members as not looking to other groups inside or outside the organisation but instead securing a sense of identity and validation from their immediate colleagues in the office setting, (p.10). First he notes that the work carried out by childcare social workers is not normally observed since they work on a one-to-one basis with their case clients in a confidential relationship. Within the PDGs, the closed nature of this relationship has meant that the cases brought forward for discussion in the group were limited in that the case-holder not only pre-selected which case to present but also decided what information about the case could be shared. My observations also confirmed Pithouse's second point - that the outcomes of social work

interventions are usually uncertain and ambiguous. Consequently, it is likely that the cases that were discussed in the PDGs and written about in my research diaries were likely to be relatively high-profile cases that had recognisable outcomes. This means that the more mundane cases on the caseloads of the majority of social workers were not discussed and are therefore missing from my account. One implication of this is that social workers deal with those cases that they see to be more immediately demanding of their time and attention and prioritise these over others. Consequently the project did not provide any information about how research might have helped with these more routine cases.

Pithouse has also noted that practitioners typically do not retrieve and analyse the actual processes they use (1998, p.5). Whilst this seems to ring true from my observations of the interaction within the groups, it may be that the team ethos precludes the individual social worker from articulating these processes in the team situation. Thus, Pithouse's subsequent description of colleague relationships is that practitioners adopt a view of colleague competence and refrain from criticism or uninvited comment on another's practice (p.10). This view fits with my own findings. For each social worker in the team, the important and complex work of evaluation occurs, not in the team, but in the regular one-to-one supervision sessions with the team manager who advises, assists and sometimes intervenes directly in the practitioner's work. These sessions could provide the forum in which the social worker articulates the processes by which decisions are made about their cases. In the supervision session, the individual social worker and the supervisor discuss the social worker's caseload, so each of them will be aware of the decision-making processes in particular cases.

However, Pithouse (1998), who revisited the social services teams that he researched ten years earlier, has pointed to changes in the interim in the

way supervision sessions are conducted. In analysing his interviews with team managers he concludes that,

> The content of 'good work' and the ways that this became visible in the work setting had changed and with it some of the assumptions over the purpose of supervision. Everyday work [....] was much less about family intervention via an ethos of care and commitment, now it seemed more about checking procedures around child safety (p.113).

A similar change was echoed in my interviews with team managers. One, for example, confirmed that it was "the pressure on time in the supervision sessions, trying to get through so much", that made it difficult to be able to deal with cases in depth and made it hard to carry out any but a kind of check-list supervision process. This does not bode well for a climate favourable to research informed practice, where social workers need to be encouraged and indeed, challenged to grow professionally.

Even so, given the closed and confidential nature of the relationship between the social worker and team manager it is unlikely that the actual details of the processes relating to any of the cases discussed in the supervision sessions would be known to the rest of the team.

What processes were evident in the course of the intervention; how did they work and under what conditions did research-mindedness develop in the PDGs?

I have looked closely at the interaction and processes surrounding the project. Gould (2000a) has discussed the features that make up what has been called a 'learning organisation'. The theory comes from commerce and industry and the reason why learning organisations are seen to be a

good thing is so as to maintain a competitive edge in a period of continuous change. According to this theory, although short-term gains might be made by other methods, the most effective insurance against being left behind by rapid change is to embed within the organisation processes that facilitate learning. Using Gould's approach (see Chapter Four) it is possible to assess the extent to which the County's Social Services Department could be seen to equate to this type of organisation. Of the two alternative types of organisations discussed by Gould, what we had with the RIP project was a situation where a process of 'organisational learning' took place. I had access to the teams, co-operation at the middle management level in the childcare section of the department and some willing social workers. The characteristics of an organisation that learns – a 'learning organisation' are such that the dynamics of adaptation takes place across multiple levels and involves the worldview of the organisation. This however was not the case with the RIP project.

In contrast to the co-operation and commitment to RIP shown by individuals at the team level there was very little interest at the organisational level. The approach adopted by Gould (2000a) was a useful tool for encapsulating the features of the social services department within which the project took place. Although I found many research articles that helped me to explain what was happening within the social services department, they were most usefully described using Gould's analysis. These could be applied in an ideal typical way to any social services department to see how well it measured up to these criteria. The use of ideal-typical methodology requires a recognition that learning organisations will not exhibit all of the features listed in the model, but again, it would be possible to see which organisations were closer to the ideal-typical model than others. Gould described the various features that would support research-mindedness among social workers. Amongst these was a need for the organisation to recognise that workers do read to inform themselves, particularly when engaging with new areas of work and

that this should be the background that informs intervention. This recognition would require the organisation to support practitioners with services that would enable them to access research information. He also discusses the need for the organisation to develop continuous processes of evaluation to be embedded within their practices – incorporating research as part of the action cycle. There was also a requirement to develop an 'organisational memory' so that expertise in different parts of the organisation could be mobilised elsewhere. Gould's features could be seen as a requirement for the social services department I studied, which was not an 'ideal-typical' learning organisation in the way that Gould describes.

The lack of visible senior management endorsement was remarked upon by some of the social workers involved and I have already described the problems that this posed for organising and moving the project forward. My twenty year's experience of management in the five local authorities I have worked for leads me to conclude that the County's Social Services' management style is similar to that practised elsewhere.

A recent paper has looked specifically at the views of senior social services managers on the development of research informed practice in their departments (Barratt, 2003). The report closely mirrors the County's management attitudes towards RIP since it indicated that,

> When (and only when) prompted to consider the potential role of teams in this endeavour, managers were generally positive. Eighty two per cent of the 40 respondents agreed that team meetings could provide a useful forum for the discussion of research evidence. There was however little evidence of this happening.

This is similar to the County's management attitude towards RIP, where their stated endorsement of the project was confined to a single operations

manager. When she subsequently left the department, no other senior manager championed the project.

Other researchers in the field of research implementation have identified the importance of encouragement from management and senior staff for any success. For example, in the field of medicine Donald and Milne (1998) found that initiatives failed where senior doctors were too busy to organise and attend training sessions or were unenthusiastic about the notion of evidenced-based practice; this provided no role model for their juniors. In my project, the social workers commented that they saw little evidence of management support of RIP outside of their team managers – even though I had emphasised that the idea came from their Director. In particular, they stated that they did not know anything at all about RIP until I appeared in their office. This appears to have been a failure of communication, but needs to be seen in the context of a variety of other departmental initiatives taking place at the time.

Writing as a member of the Sheffield-based *Research in Practice* project, Barratt (2003) argues that senior management should 'lead from the front'. She believes that staff development is required to enable all staff, particularly managers, to 'role model' the use of research in practice:

> The development of the essential strategic vision and direction of an organisation that is capable of sustaining evidence-based practice should be inclusive, but it is emphasised that the most senior managers in any organisation have the greatest influence, with teams as catalysts for driving change and continuous improvement.

She concludes that the ways in which this vision might be modelled and promoted include the explicit referencing of research evidence to support departmental policy initiatives and service design. Senior managers

could then reasonably expect and require their staff to use research in their practice, assuming that is, that the necessary infrastructure is available.

Sloper and her colleagues (1999b) have stressed the importance to the success of a project of finding a 'champion' from senior management so as to ensure continuing commitment to the use of research findings. They see the need to identify key people who should/could be involved from among decision-makers to ensure things happen and to give agency representation and commitment (p.30). Although I did establish effective working relationships with the teams and their managers, in hindsight I can see that it may have been sensible to have tried to engage the Training section and the Information Technology section a more active role in the project. However, management was kept informed of progress. As can be seen from Appendix A, regular, three-monthly 'steering group' meetings took place throughout the project. In addition, two interim reports were submitted to the Director prior to the final report to keep him abreast of events.

The Head of the Children and Families Section changed three times throughout the lifetime of the project. Because of these changes in the Department's Directorate there was unfortunately no real opportunity to identify and continuously involve a senior management 'champion' in the way that Sloper and her colleagues suggest. Consequently project endorsement devolved downwards to the team managers of the participating teams. Team managers have no brief outside of their own teams. Therefore as there was no overarching co-ordination of the project and as the team managers moved on their replacements did not continue with RIP.

The crucial role of the team manager

Colleague relationships within the childcare teams are complex since, as Pithouse (1998) has emphasised, they provide the template within which work is accomplished (p.10). As noted above, within the PDGs, the relationship portrayed between the team members tended to be supportive. I have also stressed that the relationship between .the team manager and the individual social worker within the PDGs was of a different nature. This was because, as Pithouse has confirmed, the delicate work of evaluation and support was done in a regular series of supervisory sessions where the childcare team members sit alone with the team manager and describe their actions in relation to their cases. In general, therefore, the closed nature of this one-to-one relationship tended to mean that the qualified child care workers were left to get on with their allocated cases free from any direct intrusion by immediate colleagues or superiors unless they specifically requested assistance. Coupled with strictures imposed by the confidential nature of the case-worker/client relationship this also meant that the details of individual cases were only available for discussion if the caseworker chose to air them. Most team members would take a lead from their team manager with respect to their attitude towards and involvement in the PDG sessions. From my examination of attendance patterns in the previous chapter, it is quite clear that where the team manager actively endorsed and encouraged the sessions, the team members would be more likely to attend and endorse the project. Conversely, where the team manager did not fully endorse the initiative, or only paid lip service to it, attendance by team members and their acceptance of the project was more problematic.

Each team manager had their own style of management and this affected the interaction within the PDGs. As each group started I had to get used to the new manager's style of working with their team. Although the delivery of RIP was the same the results were very different. Of the seven team managers, only two fully grasped the thinking behind the

project – even though the others were quite encouraging towards RIP being implemented in their teams. Of the initial team managers, two were male, as was a later replacement manager. Interestingly, the two team managers that appeared to have grasped the idea of embedding RIP into team practice, were female. However, I found little to show that either gender or education related to team managers' performance in the groups.

Social workers' commitment

Social workers' commitment to the project and to using research information can be inferred from the relatively high attendance at the group meetings during an extremely stressful period of organisational changes. Some of the comments from those social workers I interviewed suggested that team managers should have been more supportive towards the project and be tougher on those colleagues who chose not to attend the sessions. I have discussed elsewhere the likely reasons why these few nonattenders did not participate in the project. They included some team members who were not able to attend as well as some who were approaching retirement and others who I can only assume were not motivated.

The many topics that were discussed in the various PDGs (Table 6 'Topics covered by fulfilled research requests') give an indication of the good use the groups were able to make of the RIP initiative. Most research information was quite case- specific, and was seen as an aid to moving particular cases forward. Some gave quite factual information, such as the papers on 'autism' that enabled the social worker to use the 'checklist' of symptoms with the family. Others were 'user-friendly' papers that helped the social worker apply a theory – giving them framework to place their case on. The papers that the social workers disliked tended to be long academic articles (often American), full of what they took as jargon that seemed to be written for other academics. It is significant that some

social workers continued to request help with finding research information long after their facilitation period ended and even where their PDG had folded. It is also interesting to note that some of the 'outreach' workers, such as those working at the hospital who were unable to attend the group sessions, enquired about obtaining research information on topics of interest to their specialism. It is tempting to think that this suggests that given the right circumstances, social workers would use research in their cases.

Patterns of PDG activity

With regard to my position as both facilitator and participant observer in the groups I was not aware of the problem warned against by Robson (1993) where the participant observer might 'evoke' a group reaction by doing something to 'please or placate the important observer'. I do not think that the group considered me to be 'important' in that sense - probably because of my status as a fellow practitioner. The groups always made me welcome. My presence in the groups did sometimes seem to encourage members to 'rise to the occasion' and continue pursuing a line of inquiry, when otherwise, I suspect, they may well have dropped it. The practical difficulties initially envisaged due to my being both facilitator and participant observer were unfortunately not subsequently solved by the originally-planned idea that team managers would eventually take over my facilitator role, leaving me to observe and take notes. The pilot team did take their own team notes for the first part of the facilitation period, when a team social worker became the liaison person for a period. However, when he moved to a new job this ended.

Since the project was breaking new ground, none of us had much idea of what to do when the facilitation started with the PDG of the pilot team. As noted earlier (Chapter Six), the first sessions with this group were in the form of workshops on critical thinking skills and were quite formal and

didactic in their approach. It was soon realised that this approach was not conducive to the aims of the project and the introductory sessions to later groups were more business-like and dealt swiftly with the main matters of concern. The remaining PDG sessions with the pilot team and all of the other teams were less formal and the initial skills training for subsequent groups took place in their team rooms and centred on more active participation by the group members. Some groups were initially sceptical at the start of their facilitation period. I found that this early scepticism usually disappeared by adopting a 'matter-of-fact' approach to the sessions that continued throughout the remainder of the project.

The finding that the teams did not share information with other teams even where the holders of similar cases worked in close proximity with each other was interesting. This bears out Pithouse's (1998) contention that childcare teams do not look to other groups inside or outside of the organisation for information and instead rely on relationships with their immediate colleagues (p.10). What may also be of significance is the way that some of the social workers bypassed the PDG sessions and requested research information for their more urgent cases by telephoning me directly. Perhaps they identified me as an "immediate colleague" in Pithouse's sense. On the other hand it was more likely that they were using the resources provided by the project - showing an acceptance of the value of RIP.

Some ideas have emerged from the data concerning case selection in the practice development groups. The cases that were brought up for discussion in the groups have on the whole been those I have earlier called 'hot cases'. An example of this was the request from a caseholder who had only a short time to prepare for care proceedings in a court. Here, the social worker was mindful that she would be questioned by solicitors and her work would be perused by a guardian (officers appointed by the court to safeguard the interests of the child). Such cases are

potentially anxiety provoking. Perhaps 'anxiety' is a sufficient goad for new learning to take place. The research requests were often for new or unfamiliar information, and 'routine' cases continued to be ignored despite prompting on my part. Thus indicating that the social workers were keen to use research when dealing with more demanding cases where they were less sure of how to proceed.

During my observations a particular pattern emerged from the group activities regarding the selection of cases. High profile cases from within the team were the ones generally brought to the group for discussion. 'Munchausen Syndrome by Proxy' or 'Failure to Thrive' came up in four of the groups. 'Pornography on the Internet' was the first case from one of the teams, where they were alerted about a case of a local professional being investigated by the police. Another child protection case involved a local dignitary. All of these cases were potentially high profile should they have been aired in the media. Other cases raised in the groups were very unusual, such as 'Cri du Chat' syndrome ('one-in-a-million' I was informed by a colleague consultant psychiatrist). And there were some which appeared to the social workers to have little chance of resolution; examples of these included 'chaotic families' or borderline 'learning disabled' parents. As one social worker observed, these are "the ones that grind you down, because you know you can't get them to a position where they will remain stable enough." In these cases it seemed that the worker was hopeful that there might be some new information available that would help.

There was not any particular pattern regarding those social workers in the groups who elected to bring their cases forward for discussion. Sometimes the social workers took turns. At other times it was suggested either by the team manager or myself that particular cases might be worth including in a forthcoming session. I generally sought to encourage those

who were a bit quiet in their group to bring forward a case for discussion. This was not always successful.

The difficulty in formulating research questions

I have noted the difficulty experienced in all of the groups regarding the question to which research information might provide an answer. That is the question that asks, "What do I need to know in order to be able to move this particular case forward?" The ability to analyse and to evaluate critically ideas and arguments is necessary in order to be able to form a research question and evaluate the worth of the information obtained. In the training sessions most social workers were able to critically analyse hypothetical cases and highlight those areas requiring further investigation. In hindsight I should at this stage have asked them what further information they thought was necessary and why. This would perhaps have helped me to identify a potential problem that arose later. For when it came to their own or their colleagues' cases, they generally were not able without a great deal of prompting to state what information might be helpful. I have speculated in Chapter Six, that one of the reasons why Team 7, for example, was able to be more critical of their colleagues' cases was because, as a newly formed team, team identity was less strong than that of the other teams. By this I mean that they had only been working together for a very short period and did not know each other so well; it was easier for them to be analytical about what was happening, or needed to happen, on their colleagues' cases. In the other teams it may mean that the cultural norms operating made it difficult for team members to analyse and risk appearing critical of the work done on their colleagues cases. These kinds of skills need to be promoted in supervision and at team meetings if this culture is to be changed. In addition, social workers need to be encouraged to become more adept at reducing the 'case noise', that is, the unfocussed discussion that so often occurs in teams - often the team's way of showing support for a team

member (see Chapter Six). A more focussed discussion can then help the worker make a fundamental appraisal of what research is needed to move a particular case on. As it was, I learnt to be much more directive in the sessions to ensure the group focussed on the kind of research information that was needed to progress the case in hand.

This difficulty with identifying the sort of research information that may have usefully moved their cases on has also been recently noted elsewhere. In their paper that reported on student feedback from a post-qualifying social work course, Brown, et al. (2003) say,

> It has become apparent from student feedback that, although we live in world of evidence-based practice, most students do not know how to find or access research evidence let alone use it. Many had limited knowledge of, or limited access to, sources of either print or electronic information. Many students lacked basic searching and information skills or said they lacked time to undertake literature research. These shortcomings often led to anxiety, lack of confidence and frustrating and futile attempts to gain the information needed for the programme. As a result, we would argue that the integration of information and study skills into the PQ1 programme is vital. [PQ1 is Part 1 of the accredited post-qualifying Diploma in Social Work education and training for social workers.]

Duncan et.al (2003) have also noted a need to be more directive with their PQ social work students. Their article explored ways in which social workers could be helped to acquire the wider understanding of relevant legal frameworks, which is currently necessary for child-centred practice. In describing one situation where they gave their students a hypothetical problem concerning issues connected with parental separation and child abuse they observe that,

> They [the students] found it hard to think beyond the issue of domestic violence and their focus on the children's offending. There was little discussion of how the child's views could be sought, how their peer group or sports club could be involved or how the separation could be 'managed'.

The authors then show how it was only after being very directive by organising students into discussing the provided research information in a particular way (employing what they call 'textual analysis') that they were able to think more critically about what they had read.

One reason for the problems that social workers in the groups had in identifying the research question may have been associated with their assuming, inaccurately, a degree of shared knowledge. The example of this quoted in Chapter Six was about the ADHD case. Here, the statement that "he is that child with ADHD" presumes a shared awareness of what that entails. The social worker's knowledge of ADHD was, in fact, minimal. The real surprise for me was that she had not been able to ask for information and I do not believe she was even aware of her lack of knowledge on this subject. It was the group process that brought this awareness to the front of her mind and enabled her to ask for information. Olsson and Ljunghill (1997) have suggested that social work is often carried out on the basis of assumptions that are seldom openly articulated. In the event, the social worker here found that the provision of some quite basic information about the syndrome made her feel less anxious about the case.

There is little doubt that there were many instances where research-informed practice worked within the groups. In my analysis I have identified such occurrences under four different headings. These were examples of situations where the information changed the direction of the

case; empowered the social worker; or merely gave direction to cases; and empowered the client.

How effective was the intervention in encouraging social workers to use research in their practice?

Applying research information to cases

On an individual level there was evidence that the initiative resulted in changes in cases by applying up-to-date research information. It is significant that requests for help with research information from some of the workers involved, continued well after the active work with the groups finished. This shows a commitment to finding new information to help with their cases. Despite the high staff turnover within the teams, the practice development groups did work so as to allow the participants to use research to inform their cases. The notes that describe activity within the PDGs indicate that the groups did provide the forum within which individual workers could use research to inform their live cases.

The examination of the interaction within the PDGs indicates that the situations where the provision of research information had influenced the outcome of a case occurred when the social worker, and his or her team manager, accepted the information as being relevant and useful. Although this was not a group decision as such, the group members acted as a sounding board for the social worker.

Some of the successful case outcomes were seen to be limited to the caseholder. The learning sometimes did not transfer to the group situation, because the caseholder was absent from subsequent meetings and did not feed back to the group.

Social workers' responses to the project

The early interview questions evaluate learning at Kirkpatrick's *reaction* level; they asked respondents what was their understanding of the RIP project and what were their views on the positive and negative aspects of the experience. The answers here showed that the project had been successful in informing the participants about its intention. Most confirmed that they found the experience worthwhile. Some respondents reported that they had enjoyed the groups and felt 'professional' from participating in the project. There was an appreciation that the sessions gave the participants time to be able to deal with their cases. This aspect - savouring the opportunity to be able to deal more fully with cases in the way that the caseholder would wish - is echoed in an article by Postle and her colleagues (2002). In their study of a post-qualifying social work training course they note the remark made by one of the candidates that "It's good to be back isn't it ...to have the space to think about what we are doing". Some of my respondents said they felt comfortable working with colleagues in the way that the PDGs fostered. However, the interviewees also noted a range of negative aspects regarding such things as a shortage of time to deal with their cases in the way they would have wished and the many changes of personnel and lack of management endorsement (Chapter Six).

Subsequent questions were at Kirkpatrick's *transfer* level and were intended to assess the extent to which the respondents had become skilled in finding appropriate research and aware of its worth. Were the newly-acquired skills, knowledge, or attitudes being used in the everyday environment of the worker? As I recognised in the research design (Chapter Four), trying to measure at this level was particularly difficult and would require different methods of checking, such as team managers' feedback and close questioning in the interviews so that actual changes could be noted. Even so there some evidence in the interviews of the

way that the initiative had resulted in changes in social work practice. One team manager, for example, reported that the project had changed the way he conducted supervision sessions with his team and also that the initiative had indeed led to changes towards more positive outcomes for clients (Chapter Six).

The question that attempted to evaluate the project in terms of Kirkpatrick's *evaluation* level was focussed on organisational change and asked whether research-informed practice continued to be used once my active work with the practice development groups had ended. The initial proposal had envisaged that team managers would continue the groups after the university staff ceased active involvement, although feedback from the early groups that indicated that the practice development groups no longer took place showed this to be unrealistic. Not only had most of the original team members since been dispersed, but *none* of the teams' original team managers were left in post. Nevertheless, all of those interviewed thought that the PDGs should have continued.

Many of the 'successful' cases that I have described as taking place in the group were the result of individual learning experiences that were shared with the group and it is likely that some of the social workers who participated in RIP will continue to find and apply research information to their cases. Evidence for this would require a follow-up study of the way the original participants are currently performing.

Reflections

My priorities at the beginning of the research project were focussed on practical issues about establishing links with the client and preparation for the approaching fieldwork. The purpose of my early review of the existing literature (Chapters Two and Three) was to find out what other people

were saying about research informed practice and 'what works' with regard to implementing the project.

Kanouse and his colleagues' (1995) collation and analysis of some of the then known American research programmes dealing with attempts to change the professional practice of physicians was an invaluable source of information. The findings were especially useful at pointing to likely problems, particularly since I could not find a similarly wide-ranging study for this country. In terms of their description of the three main modes of influence I could see that it was unlikely that the RIP project would act as what they termed a 'normative influence' on the social workers involved – as this is long-term mode of influence that is exerted during early training and results in deep-seated practices. Instead, my project locates under the three the more practical categories subsumed under their 'informational mode'. The RIP initiative was a mixture of these three influences: factual, expert and peer group. The first, factual influence, encapsulates the project, since it was the provision of credible information to the social workers involved that led logically to what I have described as changes in behaviour. The second, expert influence, was less obvious except perhaps where the research information provided was from someone whose views were trusted by the group. The third, peer group influences, describes what was happening in the PDGs where group members discussed various cases in terms of research information and either viewed it as positive or not.

In Chapter Two I put forward the various views regarding what were considered to be effective dissemination strategies. Kanouse and his colleagues (1995) for example, had noted a consensus among writers that the delivery of written information is not enough to promote changes in practice. This view was supported by others, such as Sloper et.al. (1999a) and Trinder (2000), who also mentioned the failure of research to influence social work practice. Sloper and her colleagues have pointed

out that although researchers have often concentrated on disseminating research findings, the provision of that information alone is rarely sufficient to change practice. Whilst Trinder says that the initial assumption that providing better and more digestible information has proved unrealistic. The RIP project embodied multiple methods in the course of its intervention and incorporated many of the features that Kanouse and his colleagues regarded as 'successful elements'. These included the active involvement of the participants and the provision of supportive materials, as well as making use of opinion leaders and peer influences.

The decision to use PDGs and for these to take place in the team workplace was supported by the work of other researchers such as Donald and Milne (1998). Their report on and analysis of a programme in a hospital department was aimed at getting research into the practice of busy clinicians where they were working. The success of the PDGs confirmed their discerned need for a supportive practice environment and for the initiative to be held on site. Among their other recommendations was that research information was more likely to be effective if it were packaged in a digestible form and come from a credible dissemination body. Again this was borne out in the group discussions, where research information that was easily assimilated and came from a 'reliable' source was seen as more useful in informing casework decisions. What they also noted, however, was that projects were more prone to fail where there was no encouragement from management and where the information sources were too difficult to access. As it turned out these were two aspects that detracted from the long-term success of the project.

Taylor's (1997) work with social work students around adult learning using problem solving techniques provided me with some clues as to what the format of the PDGs might be. Whereas Taylor described work with student social workers, I was working with experienced practitioners. Her goal was using problem-solving techniques as a means to learning. What

was different about the processes in the PDGs was that problem solving was central to the process of changing practitioners' behaviour. Any research information used had to be credible to the group for the practitioners to assimilate it into their practice. After all, as those others who have attempted to influence professional behaviour have noted, it is only where the information is seen as useful that it is effective. The process that Taylor describes in her student groups is different from that occurring in the PDGs. She has to start with hypothetical cases as the basis for the problem solving approach. Using these hypothetical cases, in the classroom students recognise what they need to learn about a problem, define their learning objectives, and decide how they are going to find out what they need to know. For her, the start of this process, where 'students *recognise* what they need to learn about a problem' is not seen as problematic. In the PDGs, I found that this was a major sticking point. The social workers were unable to recognise what kind of information might be helpful to progress their 'live' cases. What seemed to happen was at the point of the discussion of a case in the PDGs, the social worker was on the verge of formulating an action plan based on the available information. What was difficult was interrupting that cycle so the worker could reflect on whether further or new information might have some bearing on the problem.

The concept of reflexivity and how professionals learn by Schőn (1983, 1987) built on by others, illuminated much of the interaction within the groups. As the researcher, I found myself echoing Schőn's reflective practitioner in the case discussions with the groups, whereby I critically appraised the ongoing process. I listened in a focussed way to what was going on, then reframed the information I received and asked questions before putting forward a hypothesis of what I thought they were saying.

Many of my descriptions of what happened in the PDGs were confirmed in the work of Pithouse (1998), and they also echo the classifications found

by Sheppard et.al (2000) in their examination of 'process knowledge' in social work. In particular, the processes I describe are similar to Sheppard and his colleagues' account of the various stages in the reflexive process. Their study relies on social workers' responses to hypothetical case scenarios. The processes they describe progress from critical appraisal of the information made available, hypothesis generation, speculative appraisal and possible action plans. Similarly, Sheppard et.al focussed on hypothetical cases rather than on the live cases that were used in the PDGs. Their study did not address those issues I have identified regarding the difficulty of posing research questions in the processing of 'live' cases. I consider that there needs to be a pause in the action process they describe, one that enables the social worker to ask the question "what additional research information do I need to know in order to move this case forward?"

Sheppard and his colleagues note what they call a "schematic 'ideal type' of cognitive processes used in reflexive practice" which they say helps to illustrate the intimate relationship between critical appraisal, hypothesis generation and forward speculation in the reflexive process. It would be possible to generate a similar progression of their 'ideal typical' situation and adapt it for research informed practice. Here, ideally, social workers would use the information they have and subject it to critical appraisal and develop some hypotheses. These hypotheses should be in the form of questions that include whether and what research information might progress the case under consideration. They would then formulate possible action plans using 'if ... then' statements (if I do this then this might happen) about possible courses of action.

The environment in which the teams worked had a crucial bearing on the likely receptivity to the project. West's (1994) contention that the adoption of innovative ideas and practices would be more likely to occur in fully functioning teams with high task effectiveness, good mental health and

long term viability was one dimension of this. Using West's measure, none of the seven teams that participated in the project provided a particularly favourable climate for the introduction of the initiative. Nor did they show that this situation had changed substantially by the end of the initiative. The inclusion of this method contributed to the triangulation of data that I was aiming for, since it bore out many of the descriptions in the notes I made during the participant observation and in the interviews. Taken together, the data portrayed an organisation that was subject to many changes and lacked the kind of stability that a project of this kind required in order for the culture within the teams to change.

My study has been able to use many of the processes identified in the literature relating to encouraging professionals to use research in their practice. What was unique about the project was that I took RIP into the practitioners' work place on a regular basis and recorded and described and analysed what happened there. Moreover, this initiative took place over a lengthy period (two years with the practice development groups) and in that time I got to know the team members well and was privileged to be accepted as their colleague; albeit one from 'the university'.

I was concerned at the outset by the warnings from some academics that a practitioner researcher could identify too strongly with those being studied and produce a view that was overly sympathetic to 'my people'. By the end of the project however, I came to realise that my 'insider' knowledge actually worked so as to allow me to participate in the groups and concentrate on what was happening, without always having to ask for explanations about social work practises. Most importantly, this knowledge allowed a privileged insight into how the group members were dealing with and thinking about their cases. In this way I hope that my research will have added a fresh perspective to the existing work that is also aiming to make what has been called an invisible trade, more visible.

Concluding

The Research Informed Practice project has demonstrated the feasibility of working with teams through the mechanism of practice development groups. Most practitioners seemed to appreciate their involvement in the project and there is some evidence that clients benefited from their social workers' research-informed approach. The kind of discussions that were promoted by the project team could be incorporated into regular team meetings. Social workers and their managers spend a great deal of time on case discussion both formally in supervision and in meetings and informally with colleagues. If this time were structured so as to include critical thinking around "What do I need to know to take this case forward?" research questions would emerge in the course of these discussions. If this led to the provision of relevant research information this could take the cases forward or change their course perhaps towards those more service user friendly directions that were very well demonstrated in Chapter Six.

Finally, the Research Informed Practice project was a useful experiment in the task of building a workforce which uses research in its practice. The bottom-up team-based practice development group model appears to have significant advantages over a top-down approach to research dissemination. However, a more stable organisational environment, improved team functioning and more evident support and modeling from senior management are all required if such an approach is to become embedded in a department. The implementation of research informed practice implies a significant cultural change for the majority of staff. The evidence from this study suggests that the effort is worthwhile, both for social workers who may adopt a more professional approach to their practice and, most importantly, for their clients.

Directions for further research

The project was necessarily quite small scale. It was initiated and implemented at a local level, and involved a single researcher working with half of the childcare teams of a local authority. The project could be replicated or extended provided there were more researchers/facilitators. Any future project should take account of learning from this study. It should ensure that social workers had the necessary critical thinking skills much earlier in the initiative. They would need to make sure that the social workers had access to and training in the use of electronic databases and journals. Not only was it a very time-consuming task to provide the research information, but also it was not possible to wholly transfer these skills to the participants. It would be sensible to ensure that the team managers (or senior practitioner) had an expectation that they would continue to facilitate the PDGs after training. A follow-up study would be needed to find out whether the RIP initiative had been embedded in the department.

The newly introduced all graduate professional qualification and other developments in social work education and training may address some of the findings that the RIP project discovered. I found that graduates were better able to apply critical evaluation skills and form research questions in the PDGs. As more join the workforce they will bring these skills with them. It will be, however, some time before the first of these graduates join their departments and the existing workforce, who possibly will not have these skills, could benefit from an initiative such as RIP.

There is a need for a study into ways of getting a broad range of up-to-date information to social workers. The database that the Social Care Institute for Excellence (SCIE) has developed is improving all the time and is now quite 'user-friendly'. However, it mostly provides abstracts of articles and books, and this still leaves the problem of how social workers can obtain the full text.

APPENDIX A

Centre for Applied Social Studies

Research Informed Practice

PROTOCOL FOR CASE DISCUSSION

a) Date of request:

b) Case details:

Name of service user (first and initial only):

Gender and race:

Family composition:

Reason for referral/ current involvement:

Placement Choice/ Leaving Care context (if any):

c) Define and prioritise service user's problems/ worker's issues in relation to user's position:
(To include likely origins, patterns, maintaining factors)

d) Specific and answerable questions to be approached via research evidence:
What evidence do we already know about?
What additional evidence might help to answer the questions...
Where might the additional sources of evidence come from....

e) Evaluation of the evidence:

What weight are we giving the evidence from different sources and why...
Distinguish between relevant/ strong evidence and irrelevant/ weak evidence...
Quality and strength of evidence in relation to the specific questions posed.....

f) Planning and goals:

What interventions/ plans/ proposals in relation to this user's situation emerge from the critical evaluation of the evidence? What needs to be done....
Frequency and duration of contact, etc....
What are the goals...
What are the likely outcomes if the plan works....
Resource implications...

g) Review and Outcomes (to be completed after interventions)

What was done?
How did the envisaged plan work out?
How was the research evidence used in practice?
How far were the goals met?
What were the outcomes for the user/s, for you as the worker, for the department.....

APPENDIX B QUESTIONNAIRE ON USE OF RESEARCH

RESEARCH-INFORMED PRACTICE

As part of the work for the research project it would be helpful if you would complete this questionnaire on where you get up to date information to inform your practice.

1. In the last month, how often have you looked for or received information about research which could inform your practice as a child care social worker? (*please tick appropriate boxes)*

	Once	Twice	Three or more	None
Academic Journal	☐	☐	☐	☐
Newspapers	☐	☐	☐	☐
The Internet	☐	☐	☐	☐
Supervision	☐	☐	☐	☐
Books	☐	☐	☐	☐
Training Courses	☐	☐	☐	☐
Seminars	☐	☐	☐	☐

2. Thinking about the last time you were looking for research information what were you looking for?

- specific information relating to a case you are working with *(please give details)*

  .....

- more general information to update your social work knowledge *(please give details)*

  .....

3. What was the *topic* of the last resource you looked for?

   .....

4. Where did you find the information? (e.g. journal, supervision)

   .....

5. How do you inform yourself about official guidance? (e.g. The Framework for Assessment document from the Department of Health)

   .....

6. Do you have use of local library facilities? Yes ☐ No ☐
   (please comment)

APPENDIX C EXAMPLE OF A TEAM RESEARCH DIARY

11th July 2000 (Feedback from Training Day 1)
Presented by H....M.... and Sandra Wallis. (Apologies from Simon Hackett who was attending a Conference.)

The team was some 15 minutes late assembling.

Two team members were absent and S... gave their apologies. He said the team was fairly newly formed and had needed a few months to get up and running. Sandra had already visited the team and had given them brief information about the research project.

Sandra introduced the Workshop and the Project and passed around handouts on RIP.

M.... talked about how the project was working in [Location]....., the initial problems, and the changes that have been made over the months since we started. The good to hear bit for me as the facilitator of the project, about the presentation was her complete ownership of the project. She spoke as if it was part of her day to day work. She said RIP took up time but was well worth it. She told the meeting that we had "got a bit stuck" and they all needed a reminder that the research was to be applied. She thought this was the most difficult part of RIP. (Is it a coincidence that students on practice placements – in my experience - find relating theory to practice a most difficult task?).

H.... then presented a case study of two hypothetical children who might be placed with hypothetical foster carers. The group brainstormed the issues with the children, H..... did the recording. They are an experienced group and covered most of major theoretical issues such as bereavement, mental health and children parenting parents. The list was negative and gloomy. Sandra then asked if there was any other ways of approaching the task. H.... suggested listing the positives that the family had. This second attempt although producing a shorter list, was positive and possible. Technically, whilst not expressing any of the components of critical thinking the group had achieved a similar end result.

Sandra then discussed Practice Development Groups with M....commenting on how they had been received in the other teams.

There were no questions about the validity of the project. . The group appeared welcoming. The team manager was extremely positive. The main issue that was raised was that the placement choice/leaving care focus was too narrow and limited the topics far too much. M.... agreed and said that had been her team's reaction

25th July 2000 (Feedback from Training Day 2).
Simon was introduced. As in week 1 the team was late assembling. Apologies from two different workers this week. All team members have managed one of the sessions and the majority had managed both.

Simon did most of the presentation. He broke the group up into pairs and gave them some Rowntree findings to work with. The 3 groups each had a research finding about sexual offenders.

The groups worked at the task and feed back. I noticed a difference from Team 1. This group did not seem to have the confidence of the first team to tackle, argue or to feedback about cases or issues. They also produced a smaller number of points, both positive and negative, about the research.

Feedback on the project was fairly positive and the team seemed welcoming. They have a newly appointed senior practitioner who appears very confident. It will be essential to keep her good will.

We timetabled a start date in September, just as with team 1 the group is away most of August for holidays, and/or covering for each other.

I left with a request from team member, A.... for information on Munchausen Syndrome-by-proxy.

1st September 2000

Present: Sandra Wallis, Simon Hackett, D..., H...., B...., C.... and I.
Apologies: S...., A...., C.

Agenda: Feedback from training day.

S.... is away on holiday for this most important first session. Can't say I was looking forward to it without the Team Manager and with such a small group. I had posted Munchausen SBP article to A., who was on leave. So no cases to discuss! Not a very good beginning. Two completed questionnaires handed to me.

D.... outlined very complicated case of abused baby with a fractured arm – she suspects MSBP but says she has not come across a MSBP with a fracture. Agreed to find cases if possible of perhaps more than one syndrome. D.... said she had found only one case, on the Internet, of a MSBP who had a fracture, which made me wonder why she was asking me to look? Asked her to complete a case proforma request for the record, and send it to me at the University.

H.... has 11-yr old boy living with alcoholic mother who is worrying her. The extended family want him to be taken into care, but child wants to stay

with his mother. After a lot of clarifying the request for research appears to be:

1. Effects of living with alcoholic parent on the child.
2. Support needed to live with alcoholic parent in some sort of safety.

Case proforma request to be completed.

Difficult (awkward?) start with Team Manager being away. Only H.... and D.... took part in discussion, the rest of the team did not join in, early days?

15th September 2000
Meeting cancelled because of petrol crises.

Friday 29th September 2000
Present: Sandra Wallis, Simon Hackett, S, D, A, and C.
Apologies: H, C, G, and B.

No case ready to discuss. D.... talked about the article I had sent via e-mail (team clerk downloaded without any bother in pdf format!).
Not sure that D.... had come prepared to discuss the article about babies with fractures and Munchausen syndrome by-proxy by male abusers in a critical way. Perhaps the critical appraisal part will need to be re-addressed as we go through from time to time. That said, D contributed that she had found the article useful for a discussion on evidence for criminal proceedings by the CPS or Legal Services rather than expanding social workers knowledge and practice. She had found the item useful in the way the research had concentrated on male MSPB. The article also discussed a child who had broken bones, which was one of the issues D had highlighted. The research article came from Prof. Roy Meadows; so a more distinguished author is not to be found! We used the time that we would have spent on a case if a request had been sent (!) to get other team members involved. It was hard work. Simon took the notes and has not yet passed them over to me, so these are rather skimpy.

13th October 2000
Present: S, Sandra Wallis, G, H, C, A, C , J and D.

Apologies: B, Simon Hackett.

Because of the inauspicious start to these sessions (TM holiday and petrol crises) I had asked S.... before the meeting started to go through his and the teams understanding of what we were doing, and where we were up

to. This was a very useful exercise; for example the paperwork is not being completed. This may act as a prompt to the team. I had left H articles about alcoholic mothers and the effect on their children, which we have yet to discuss. I have had no request forms completed as yet from anybody and as with the previous team I am completing them at the end of the session! D... said she had completed hers – but there is no sign of it? Gave A.... articles about foetal alcohol syndrome, she has yet to focus on whether a request will be forthcoming and complete the form. I confirmed that the pilot team often clarified case requests for information in supervision with their team manager when the case planning is done. This narrowed the request for research and prompted the form to be completed. It could also sometimes show, that the discussion had cleared the fog around a case enough and further research was unnecessary. (e.g. M case in [location]). The group members promised to deliver!

S.... was enthused about Harriet Ward and her LAC research; he had attended a session as part of the research in practice cascade. G wondered whether a session on child abandonment would be useful. They all could recall cases where youngsters had been left in social services office by parents.

Suggested sessions from the group:

1. Action and Assessment records – Harriet Ward research

2. Child abandonment research – G

3. Foetal alcohol syndrome: diagnosis, how it affects development, strategies for managing it – A.

4. H will decide if she wants to pursue her alcoholic parent any further.

They will bring completed front sheets for record purposes.
Collected completed questionnaires.

27th October 2000

D rang to say only 3 people in, is it worth meeting? Checked that none of the proposed case presenters are among the three. Cancelled, rang Simon Hackett and told him.

10th November 2000

Present: G, H, S, A, J, and B. D. joined us part way through.
Apologies: Simon Hackett, C.

S.... started the group and brought everyone up to date. We were almost a full house for a change. He rather surprised H by asking her to start

with her case of the alcoholic mother. H... in turn surprised me with how far her thinking on the case had moved. (S. later confirmed his surprise as well – during the PDG he took copious notes to use later in supervision).
I had sent her several articles about alcoholism, the clinical effects of alcohol on the body and the views of adults who had an alcoholic parent as a child.

APPENDIX D

UNIVERSITY OF DURHAM

RESEARCH INFORMED PRACTICE

GUIDING QUESTIONS FOR INTERVIEWS

Questions for Interviews:

1. What is your understanding of the research-informed practice project?

   (Prompt if necessary for key ingredients – evidence based interventions; crises interventions)

2. What aspects of this approach did you find helpful? What aspects were not helpful?

3. Please will you tell me about your experience of the PDGs? Your own particular view – what was helpful/unhelpful about this method?

4. What do you think are the necessary conditions for this method?
   (e.g. manager commitment; group cohesion; facilitation)

5. Has anything changed in your practice as a result of RIP? Please give some case examples.
   (Hear the full story from beginning to end)

6. What next? Have the PDGs continued in your team now that the research team input has stopped? Do you think they should continue?

In order to evaluate the practice development groups, I used Kirkpatrick's framework to formulate questions about his four levels of evaluation. Those of level 1 – reactions; level 2 – learning; level 3 – transfer and level 4 – results. These were assembled in the outline for the semi-structured interviews.

APPENDIX E

UNIVERSITY OF DURHAM

RESEARCH INFORMED PRACTICE

EXAMPLE INTERVIEW TRANSCRIPT

Interview with S. at [location] on Wednesday 9th January 2002 at 11 a.m. re: research informed practice. S. has agreed to pilot the first of the Interviews for RIP. I am R (researcher) in the interchanges.

R Yes, if that little light goes out we are in trouble. (The tape recorder).

S I'll keep an eye on it then. (Laughs).

R Right, so I mean I think I'll probably start with a little blurb when I'm talking to the others (interviewees) about this is the end of the two year project, research informed practice.

S Ah ha.

R In social services when we were trying to give research information to social workers with a question of whether it would change their practice.

S Ah ha.

R So erm, since you were the second team on.

S Ah ha.

R the most consistent team - I think, we didn't have anyone leave while I was working with your group.

S No.

R Your feedback will be really useful. So the first question really, is, what's, what is your understanding of research informed practice – did, did we manage to get the message across to you?

S Yeh, I mean I suppose I had a little bit of knowledge prior to – you know meeting yourself and John and Simon from when I was at County – in standards and developments in County Hall, but it was called was it evidence based practice? I think Exeter University I'd read an article in Community Care I think it was Sandra. So I knew a little bit of erm, sort of the philosophy behind it if you like, and from that I picked up that it was about social work practicing - social workers increasingly not basing their

practice on any particular theories or anything - you know - so it was almost like why not just go and recruit someone of the streets and say go and be a social worker for a week – erm – somehow the knowledge base had been forgotten about.

R Hmmm.
S Not really from College but also keeping up to date – erm – and then when we had the first meeting with yourself and Simon I think John came to that as well that sort of confirmed - there was a few things I needed to clarify. Erm that I was a bit confused over the sought of like macro research – you know society in general which I think is important.

R Yes hmmm.

S erm because in the area I covered – S..... it was – lot of deprivation up there and a lot of poverty – erm – so I felt that we cannot look at individual research if you like, without taking account that this is the environment that these people live in, live their lives in. And we had the chat with Simon about that in the first meeting, and then - then we discussed the idea of bringing individual cases because if we went down that line, I think it would have been huge-

R No, no unmanageable.

S A two year college course almost you know, and then when we said well the way we will do it is to bring individual cases to discussions with yourself and er we'll have the chat and try to focus it down and then you'll go and bag all the relevant information of the Internet and libraries cause the time the team well and that will feel the Internet erm and then bring it back and we'd have the discussion, erm the different viewpoints. That first meeting I remember us saying it was about critical research about saying y'know that we can identify this family situation as needing to change but there is different ways of looking at that - you know one particular piece of research might suggest doing one thing and another might say well do another. And again it - confirm my idea Sandra that there wasn't an answer – there wasn't, you know, do that there's the answer.

R yes mmm.

S You actually say well - human interactions are complex and ever-changing and these bits of research might give you some idea if how to proceed, rather than just basing it on – I mean I suppose my main concern when I went to the S..... team was practice was based – I'm not sure what was based on – certainly not particularly based on research you know. So it was lucky - I was just starting at [location] when P.... who was the Ops Manager at the time, volunteered the team for the research-informed practice.

R So it sort of slotted in?

S Perfectly, ah ha.

R And the difference between evidence-based and research-informed was I think because we thought there aren't always answers – but you can still be better informed about practice.
S Yes off course. The thing about evidence-based suggest you know -if you do this all of the time – I think with some research – if you have the same processes going in then the outcomes will be the same – which is nonsense because social workers are different; the people they work with are different; environments are different – you'll always have differences – one particular piece of research for one – if you put a particular piece of social work practice into one family and almost the exact same practice into another – the outcomes will be wholly different.

R Yeh.

S And I think actually – sometimes social work is just - like asking the right questions rather than coming up with answers.

R With that in mind what aspects of it did you find helpful?

S I think - Some of the cases of some of the families we were working with were - you used to despair – you know we'd be involved with the family for a number of years and the social worker would come to me in supervision and say these are the issues – we'll have tried a number of - you know the usual – let's put some outreach in or let's do somemit – and in a way because of the pressure of being the team manager - I found myself not thinking deep enough about it – just say well lets – this is the standard thing we do – let's – you know – we're not going to accommodate this child for example, we're going to put outreach in and hope it will work – we weren't even sure what outreach is doing or what the concerns were that they were meant to change. And there was a number of cases that we had been involved with for a long time that were – that was the usual ones you would come in on a Monday and there'd be a fax or erm you'd have the mum or dad ringing and – it was cases where I think we had lost our way – we were involved and we couldn't pull out but we didn't know what to do. And those were the most useful thing where we could get the social worker to come and say let's bring the case to the research informed practice session erm – we'll get down what the main points are rather than just bring a whole you know, raft of questions – erm that Sandra can be able to go away look at the research that's been done – feed it back - and then we can say well let's just – I'm aware about research but it's just having the time – I know with the social workers being busy it's almost "well we don't have time to do that" – it's almost like we haven't got time to think and that concerned me that social workers were saying that and that's why I tried to get - I put so much emphasis/priority

on the research informed practice sessions because in the long term it paid dividends – because cases that were taking up masses of time anyway – again we couldn't say the answer is – Sandra came back with the research here's the answer – we said well let's look at this - what are you actually doing and why are you doing that?

R Are you talking about H....'s case?
S Yes

R Its one example – that was quite a move she made, didn't she with her thinking?

S Yes – that's right.

R So, with the sessions, the practice development group sessions – what wasn't helpful? Or, what wasn't helpful about research informed practice?

S I found it all I mean I found the whole concept useful, the difficult – it wasn't that I didn't find something useful – it was the pressure on - getting social workers to prioritize the time.

R Right.

S But increasing that's part of social work – and it was to - to say look yes it might be two hours on a Friday morning, or three hours but those three hours aren't just (?) time, were out – not doing anything because each of the cases we looked at could be applied to other cases – it wasn't let's look at this case were like some others with issues in that case that could be applied to other cases, other families, other situations. I think it was more frustration that in finding it useful was trying to – and again just finding the time to do that to convince social workers it was very worthwhile doing it. I think in the end some of them were more on board than others.

R Yeh.

S As usual, say it was a Friday morning and I would say look Sandra will be here at half-nine, someone would have a fax in and they would go off - that was the vital role of the team manager to say that look – that fax will still be there this afternoon – you'll not get the chance to do this bit of work again – the Director had invested in it, and you know it wasn't a long time you (the researcher) would be here so I was trying to get them to prioritize that time. There wasn't anything I didn't particularly find useful erm I mean the way it was done was (?) the one case that had implications for other cases the social workers didn't feel left out - you know the, for example H....'s case, the one where the mum was drinking heavily and the massive problems that was going on there – I should think that anyone of the team

– had similar – took something way from that, even if it wasn't particularly about alcohol.

R You mean the stuck bits?

S Yeah, yeah aha.
R So, following on from that, we, we decided earlier on to use that case method in the practice development groups. I mean what do you think, was that a good idea, was that the best way of delivering it?

S Initially when we had the first meeting, I was talking about the erm, I suppose because of the course I did at Sheffield City Polytechnic was very much a, a applied social studies we looked at the – rather than individual issues or problems with families we tended to focus very much on – you know something like the economy or law or society or how people are very much influenced by their environment they're in. And how the welfare state wasn't, you know, hasn't just ended up how it is, because people have made choices, in other words there was different Governments, and the welfare state I suppose developed, over time rather than just, you know, we're here – rather than seeing it in a vacuum. The first meeting I went off on a tangent, with - I suppose, when Simon was at that first meeting cos I thought oh would it be, would it help us to put our work in some kind of context you know, because [location] was – has massive deprivation. Then, I realised well we couldn't, because, we 'ave - it took me a 4 year degree course to cover them areas – so we had to focus on – some of the – the project had to take some things for granted; I think aye the social workers have done that as part of their training, you couldn't retrain – the bulk of the research informed practice wasn't to retrain social workers – although some of them may have, could have done with it. It was actually erm, I think we had to assume that we had enough knowledge of the environment we worked in, you know, the levels of unemployment, the levels of young people who are disaffected with education what-have-you, and the way we did it by focusing on individual cases was, I think, was the best way, was probably the only way, otherwise it would have been totally unmanageable. Because you would have went off on tangents or (?).

S But I think it was useful because it didn't focus on a case, actually H 's and everybody else was uninterested, it actually raised issues of that case

R They all have a similar case on their caseloads.

S Yeah that's right and this case was relevant to that scenario; B 's experience or G I's and she could transfer that knowledge or that particular piece of research to their areas of work. I don't think we could have done it in any other way Sandra, so I felt that was the most useful way, it was more

R Right.

S Focused as well. Although I'm aware that some of the –the erm when we had to fill in the proforma some of the questions – please help – it almost verged on these are the problems now do something about it rather than focusing in on a particular issue. That could have maybe's – I don't know if it was anything to do with the form - I think -
R The form did seem off putting? - I filled more in than the social workers.

S Yeah, yeah if we could have emphasized so that we could only - given the time and the research that's out there we could only focus on one particular part of that particular issue.

R Yeah, yeah cause we never really got round to filling the rest of the form properly did we?

S Yeah, that's right.

R But the feed back bits, I filled in bits on section E or whatever it was, I made little notes of progress – I hope I have. So has anything changed with your sort of practice or your manager bit because of the project?

S Well I know when I'd erm first signed up to the research informed practice project I knew it would have implications, you couldn't just say er – I mean I know the Director has signed up to it, and then P.... the ops manager in a way – it wasn't as though I was given, you know P.... said you will be part of it, and I and I agreed with it anyway. But I knew it would have implications for, erm, the way I was practising, in the way I was doing supervision sessions – erm.

R What, you thought that right from the outset?

S Yeah, I have (?) to, from the first meeting when I had the discussion with yourself and I think John was at that first meeting as well, and Simon and you'se had mentioned you see it could have – what about - erm, the implications it could have for supervision sessions for example social workers might come and supervision sessions might be longer. What I used to do was to go through every case a social worker had and I had to review that and say well we can't possibly do that, why don't we pick them a scenario from one case and then try and get the social workers to see that, it could be applied to their other cases, you know.

R And did it work?

S It did to some extent, again it was the almost, pressure on time in the supervision sessions, trying to get through so much.

R That sounds a bit scary, because it sounds like you had to leave your management of each case aside, and concentrate on one or two.

S Yes and I found that a bit unnerving cause I like to keep what's happening to each case, but again I suppose as a manager you don't need that detailed knowledge of each case, you hopefully can trust your social workers enough to erm - you know – went through two or three cases different scenarios to say well you know that new referral I've just given you is a very similar – it did leave me feeling a bit uncomfortable

R Mmm, a bit exposed?

S Yeah, yeah.

R That's something to think of if this does take off.

S Yeah, yeah.

R Do you think as a result of the research and the discussion groups that there were different outcomes for clients?

S Very much so yes, I think erm. H 's case in particular, in one way was stuck and was causing the social worker massive anxiety actually – a mum who was putting herself in great risk through her abuse of alcohol and her son as well. I think what had happened was err a case of the parent a similar situation – H.... was oh – which social workers live daily don't they – think, am I the next one you know, erm, weren't allowed, the social workers, the time to sit and actually say well erm, to think things through rather than almost be, almost be driven by the media sometimes (laughs) social workers must think my God I worked with a case similar to that what shall I do?

NB As can be seen the interview is rather long so at this stage in transcribing the tape henceforward I became more selective and transcribed only those parts that seemed to provide answers to my guiding questions.

S It gave H some thinking time – the outcome of that case was quite tragic, E died.

R Yes I know, didn't she say things had changed by then?

S Very much so, I think how the family had reacted to E s abuse of alcohol and how her son had, G was reacting to that – she was able to dissect it, pull it out and say why and what's happening. Almost like a risk assessment – to say yes I was drinking but as long as G knows to – he has contact with maternal Gran when E 's drunk – and considering the damage of removing G when he doesn't want to be removed – he said

to H I don't want to go to foster carers, this is my home and that's my Mum.
R You are talking about children in need as opposed to child protection almost?

S Yes, we pulled back from a scenario where we thought we'd get hammered if anything goes wrong here. But then said why shouldn't we be doing this it's good social work practice and it's listening to the child, it's listening to the family and accepting that what we are doing is in the best interest of G at the end of the day. He clearly didn't want to go to foster carers, he was extremely unhappy when he went to foster carers, he was worried about his mum. That come out in anger erm. That case had a huge effect on H , it was a case that had gone on for a couple of years before I been in the team. The outcome was tragic, but it helped us to make sense of what was going on. I think it helped G make sense, and even E , it enabled H talk to her about the choices she had to make.

R Was this all a result of the bits and pieces you read? That H read?

S H was very keen on the research that you brought back, she went through that – that came across in supervision – she had some ideas before, but the sessions allowed H the time. H was a good worker and if she had access to the Internet which we did towards the end because of the training we did - the combination of being trained on the filtering out and the relevant bits of research and the actual time – I think H would have arrived there – possibly herself – but the sessions allowed us the space and the time to read up on things. This is what we should be doing as social workers and if we're not....

R When I came back after she did the reading I almost felt – she was almost - invigorated by that case. But that was me the outsider looking in.

S I think so, that particular case I used to despair as well - especially if - G one time went to a foster placement and then you have the fostering officer or the fostering team manager would ring me saying we have massive concerns about this child going back there and put pressure on me and I was thinking what do I do – it's so much easier just to remove G . But he didn't want to – it's his mum. And there's many children who live with parents who abuse alcohol, whether we like it or not they're there – probably many that we don't know about. I think it took a bit of that stress away - carrying the responsibility for this situation – but the responsibility rested with H and with myself but also with the individuals involved, G to some extent although he was a 11/12 year old child. And with E although she was a chronically addicted to alcohol, H empowered her to say you still have some choices here E , it's up to you where you want to go.

R And she was starting to make some but it was all a bit late.

S Yes, I think she deteriorated very rapidly. Also with family as well – they were angry with her and thought she was drinking for drinking's sake, she could stop if she wanted; the particular piece of research that H looked at where it said alcoholism isn't like that it should be seen as an illness – helped her try get that message across to G paternal grandparents. They very much blamed E .
H helped them make some sense of it – she wasn't getting the pressure from them either, and I think it enabled H to feel much more in control. We didn't have the answers but certainly could understand it more.

R No research would have altered that outcome would it?

S No, no.

R So – what next? Are you going to be able to bring RIP into children with disabilities team? [TM has moved to a new post]

S I wish the project was carrying on really [laughs] cause this team – from the early conversations with the social workers – they are overwhelmed with work; and there has been a part 8 [ACPC Review of a case] done on the team recently so they are feeling pretty down. What I'll need to do is base it on the work from RIP project and say stop a second and let's think about what we are doing. I think children with disabilities is one of the most difficult areas of social work. It raises questions of morality and what life is worth living and who decides on whether a child is allowed to live or not. Those decisions are made daily by doctors. Issues of social models and medical models - I think DoH has said assessments will be based purely a social model.

R It is much more multi-disciplinary than some teams isn't it? You have got a lot more help and involvement?

S Some children have 20/25 professionals involved - again I wish we had six months of the project – it would give the social workers the confidence to say with some cases – yes the child has some chronic disabilities and has some health needs – but you can't fix it, and that child's needs are to do with her social... So some of the work I have to do is give the social workers the confidence – without the support of the University – to have faith in their.... and stand up in a meeting with a confident pediatrician.

R S and M [members of the new team] have been part of the project in the pilot team.

S Oh excellent.

R I'm not sure that they got as far as your team did with the discussion part – they more saw it as me delivering bits of paper with research on it!

S There was a danger with my team that with stuck cases they would say Sandra will have the answer I'll just write it down and Sandra will come back to the next session and say the answer is - you have been working with this case for two years and you actually need to do this - and that's not what its about.

R That is why there is a question about the understanding behind the PDG – I was quite dismayed when a worker from P team 3 months into the project thought I was there, just to deliver research. Whoops – failed – the object is for the social workers to look for and apply research to inform their cases.

S Yes that was happening in [location] but I said they had to find the research.

R Yes I remember in a PDG that you made that point.

R Next question – are they going to continue – sounds like you would like them to?

S Very much so, I'm quite fearful for the future of social work Sandra if it doesn't – I 've really mean that - I'm a social worker I came in 12/13 years I've done social work now - and I use to love social work, I still do - it's changing – but I actually fear for social work if we don't start basing what we do on sound research. It's being done out there by universities and academics – we really need to base our practice on research.

R Take back control?

S Very much so.

R Tell academics what you need rather than the other way around?

S The government now is very much telling you know this is happening, that going to happen - instead of just reacting to it. We can say well that might sound like a good idea but in actual fact our local research and evidence doesn't reflect that. So we can be more proactive instead of just receivers. It's almost like the government sees us as not particularly very bright people and not very clever - just saying this is the new thing that's come out today - the standards – as if to say we need to tell them what to do it, and if they don't do it we will punish them for it. Whereas having professional, articulate and well-informed people who can actually be part of a debate with the government or the DoH – we know our jobs, we are good at it, what we do is based on knowledge and we have a roll to play.

R Tick box social work?

R Final question S , what about the [location] teams that didn't have the input – you have just inherited one – should they have?

S I'm probably speaking out of school – I think the Director was committed to it – when I was at County Hall there was an article that came to our section – and he read it, and was aware of EBP. He contacted the university. I think it then lost some of impetus when it got to operations managers level and should have been pushed much harder. S... should have said this is not an option this is what we are going to do. The final thing is Sandra – if we are not basing our practice on research what are we actually basing it on? And that's where the government can rightly say well - I used to say to my team – I shall go out in the street and say ok who wants to be a social worker, and take them on for the day.

APPENDIX F

UNIVERSITY OF DURHAM

RESEARCH INFORMED PRACTICE

STEERING GROUP MEMBERS & MEETINGS

The following were members of the Steering Group at various times throughout the project:

D..... S	- Service Development Officer
P	- Operations Manager (Children and Families)
Prof. John Carpenter	- University of Durham
Sandra Wallis	- University of Durham
Simon Hackett	- University of Durham
H	- Temp QPO (placement choice)
L	- Temp QPO (leaving care)
J	- Team Manager, [location]
S	- Team Manager, [location]
P	- Team Manager, [location]
A	- Team Manager, [location]
C	- Team Manager, [location]
R	- Team Manager, [location]
A	- Team Manager, [location]

Dates of Steering Group and related meetings/feedback

15.10.99 Steering Group meeting
12.11.99 Meeting with Quality Protects Officers
23.11.99 Meeting with Child Care Managers
01.12.99 Meeting with Quality Protects Officer
06.12.99 Steering Group meeting
17.01.00 Meeting with Quality Protects Officer
25.01.00 Steering Group meeting
04.04.00 Steering Group meeting
03.07.00 Meeting with Quality Protects Officer
06.09.00 Steering Group meeting
06.12.00 Steering Group meeting
13.03.01 Steering Group meeting
03.01 Interim Report (Winter 1999 - Spring 2001)
14.06.01 Steering Group meeting
02.10.01 Steering Group meeting postponed by SSD
23.10.01 Feedback report & meeting with Child Care Managers
07.02 Interim Report (Spring 2001 - Summer 2002)
27.09.02 Meeting with the Director postponed by SSD
07.11.02 Meeting with Head of Children and Families, SSD

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