

From the Practitioner's Desk

Promoting Evidence-Informed Practice: Lessons from the United Kingdom

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Abstract

This paper reviews and describes the activities of three organizations in the United Kingdom (UK) that promote evidence-informed practice in the field of social care (the UK term for social work services to children, families, and adults). These facilitating organizations—Research in Practice, Making Research Count, and the Social Care Institute for Excellence—employ innovative methods for disseminating and integrating research findings and for implementing the organizational change strategies associated with successful adoption of evidence-informed practice at the agency level. The description of these organizations is placed in the context of the broader social and political trend of modernization of all government services in the United Kingdom and the recent reform of child welfare services. Although there are no U.S. initiatives that are entirely similar to the United Kingdom's facilitating organizations, somewhat comparable efforts in the United States are briefly noted.

Introduction

Interest in evidence-based practice (EBP) has begun to gain momentum in the United States as a new paradigm for improving services in all sectors of social work practice (Cournoyer & Powers, 2004; Gambrill, 2006). EBP is a best-practices framework for identifying and incorporating appropriate, empirically based practices into clinical, programmatic, and policy decisions. Proponents of EBP see it as a particularly useful paradigm in the area of services to vulnerable children and their families, because it provides a way to overcome the gap between “best practices and everyday practice” that has been identified in these services (Chadwick Center on Children and Families, 2004, p. 40).

Effective implementation of EBP requires understanding how to support agencies and front-line practitioners as they begin to adopt this new approach to practice (Gira, Kessler, & Poertner, 2004; Proctor, 2007). Numerous national organizations and university social work programs have taken on this challenge by creating Web-based resources to facilitate access to current best practices and by providing agency-based training in the skills needed to use EBP. However, in the United States these resources are still in the early stages of development. The United Kingdom (UK), in contrast, has for several years been grappling with how to adopt an evidence-based approach to practice in the field of *social care* (the term used to refer to social work services to children, families, and adults), and has already developed innovative programs targeted at helping agencies and practitioners adopt EBP (Gilgun, 2005).

In the United Kingdom, the field of social care generally favors evidence-informed practice (EIP), which, broadly speaking, differs from EBP in that it accepts a broader range of evidence to guide practice. The concept of using research to guide the establishment and, indeed, raising of standards in social care is endorsed by the national government (Webb, 2001; Fisher, 2002); there are national organizations, known as “facilitating organizations,” whose mandate is to promote and facilitate evidence-informed practice in social care (Walter, Nutley, Percy-Smith, McNeish, & Frost, 2004).

The objective of these notes *From the Practitioner's Desk* is to provide new ideas about how best to promote adoption of evidence-informed practice in U.S. child and family services by considering how

evidence-informed practice is being advanced in the UK. This article draws on information from three facilitating organizations in the United Kingdom: Making Research Count (MRC), Research in Practice (RIP), and The Social Care Institute for Excellence (SCIE). Each of these organizations works from an EIP perspective and has developed innovative strategies for increasing reliance on research in social work practice. Data gathered from organizations' Web sites, related publications, and articles is supplemented by information gathered during the author's 2008 visit to the UK, which included attendance at a RIP daylong workshop and visits to RIP's Dartington Hall offices and the Borough of Ealing's children services unit, which uses the services of facilitating organizations. Based on the author's visit, a greater emphasis is placed on RIP, with examples of activities that seem easily adaptable to the United States. Although there are no equivalent U.S. organizations, initiatives sharing features similar to UK facilitating organizations are also briefly noted.

Evidence-Informed Practice in the United Kingdom

In many ways EBP and EIP are very similar—enough so that some have concluded that the difference is mostly semantic (Newman, Moseley, Tierney, & Ellis, 2005). In both approaches, information to facilitate decisionmaking derives not only from research findings, but also from practitioner experiences, social policies, and client views and preferences. However, the two approaches also differ in several ways. In EIP, acceptable evidence is not limited to findings from randomized clinical trials, as it can be in EBP, but rather is drawn from a range of sources that include the analysis of case studies and findings from agency-initiated program evaluations (Hodson & Cooke, 2005). Accordingly, the British EIP approach has been described as “pragmatic” and “eclectic” (Shaw, 2005, p. 1234). An alternative term sometimes used

From the Practitioner's Desk Promoting Evidence-Informed Practice: Lessons from the United Kingdom for EIP, “multiple influence framework” (Walter, Nutley, Percy-Smith, McNeish, & Frost, 2004, p. 40), illuminates the broad reach of EIP and its commitment to bringing together and reconciling the various factors that affect practice decisions. Overall, in EIP there is less emphasis on practitioners adopting specific, manualized, empirically supported treatments and more on including research findings as one of several factors in decisionmaking.

EIP in the UK also differs from EBP in that it has a more comprehensive focus and emphasizes the need to infuse all aspects of agency functioning with “research mindedness” (RIP, 2008). So, for example, practitioners are encouraged to generate their own agency-based evaluation research and also are taught to apply the five-step EBP process to clinical decisionmaking. Likewise, administrators learn strategies for changing agency culture to be more receptive to incorporation of research findings.

It is also important to understand that EIP in the UK is part of a broader social trend there. Building on the momentum of a robust evidence-based movement in British medicine, and responding to the Labour Party government's call for modernization of all government services, an ongoing effort to bridge the gap between research and practice has transformed standards for social care over the past decade (Beinecke, 2004; Department of Health, 1998). This change has been particularly notable in child welfare services, the target of far-ranging legislative reforms following public outrage over the tragic death in 2001 of an immigrant child who was involved with the child welfare system (Parton, 2004). These efforts have also received substantial attention and financial support from private foundations and universities.

Given the mandate to practice from an evidence-informed perspective, “facilitating organizations” have played important roles in shaping and supporting the shift

by disseminating research findings and building capacity through educating social workers about evidence-informed practice. Those reviewed here include: (1) Making Research Count, sponsored by a consortium of universities with social work programs; (2) the Social Care Institute for Excellence, a national organization initiated by the government in 2001; and (3) Research in Practice, affiliated with the Dartington Trust and the University of Sheffield. The first two organizations focus on services for all age groups, whereas RIP is primarily concerned with services for children and families, although it also supports work with adults. RIP also directs a substantial amount of its resources to addressing the barriers to change on the cultural or organizational level (Atherton, 2002).

Research in Practice

Research in Practice, started in 1996, is a collaboration with the Association of Directors of Social Services and 100 child and family social service agencies (RIP, 2008b, p. 4). RIP's mission is to "promote positive outcomes for children and families through the proper use of research evidence ... , to improve access to research and strengthen its understanding and adoption through the promotion of evidence informed practice" (RIP, 2007c, p. 1). To achieve these goals, RIP disseminates information about current research, and also works directly with agencies to identify and overcome organizational barriers to adoption of an approach that integrates research with practice (Atherton, 2002; Hodson, 2003).

As is the case in the United States, these barriers can be substantial. They include a well-established tradition of reliance on practice wisdom for treatment decisions, serious time constraints on workers, and cumbersome bureaucratic and decisionmaking structures (Kessler, Gira, & Poertner, 2005). In response, a central operating principle of RIP is the need to help partner agencies create environments infused with "research mindedness," by weaving the idea " into the very fabric of

From the Practitioner's Desk Promoting Evidence-Informed Practice: Lessons from the United Kingdom their culture" (Atherton, 2006, p. 4). To this end, RIP has developed a wide range of resources for its partner agencies, including Web-based and hard-copy research briefings, workshops on topics such as kinship care and the use of research evidence in agency team meeting discussions, help with partner agency-initiated research projects, and the opportunity to participate in multiagency projects.

RIP partner agencies include local authorities (government social service providers based on large geographic catchment areas) and voluntary agencies such as the National Society for the Prevention of Cruelty to Children. Each agency contributes approximately \$24,000 annually for access to RIP services. Work is coordinated through a partnership between a RIP representative and a mid-level staffer from the partner agency, known as the *link officer*. The link officer identifies issues and obstacles to evidence-informed practice and motivates agency staff to stay involved in RIP activities. The RIP representative also helps to identify practice dilemmas and organizational challenges in the agency and is able to propose involvement in various RIP activities to address identified issues. Types of activities include participating in a change project, attending a learning event, or accessing relevant information on the RIP Web site.

Change projects are multiyear collaborative projects in which RIP helps several partner agencies work together to identify, articulate, and respond to a best-practices issue (Shaw, 2005). To begin a change project, the partner agencies generate a list of potential topics with which they want help. A small group of agency representatives meets with a RIP staff person to review the list and together they choose one topic to investigate. A RIP research associate completes a literature review on the topic with the aim of providing a solid foundation on which to base the change-project activities. RIP then sets up a meeting between agency participants and a research scholar who is an expert in

the chosen topic. At this meeting the RIP staff person helps the agency participants and the scholar refine their questions and develop a workable focus for the change project. A change project initiated in 2008, for example, focused on the links between alcohol use and offending patterns in young people. A goal of this project was to produce a set of guidelines for working with young people that are anchored in an evidence-informed structure (Leech, 2008). These discussions are envisioned as active exchanges in which the workers share clinical knowledge, experiences, and practice dilemmas while the expert helps to frame their concerns in the context of current research. Generally, the expert has both clinical and research experience.

After a project is defined, a group of 15 to 20 workers meets regularly over the course of a year to discuss how to change, adapt, or create services and intervention strategies based on what they have learned. At the end of this stage, the change-project group produces an *action pack* containing the group's preliminary findings and recommendations. Partner agencies are solicited to pilot-test the action pack and then, based on the feedback, the project is revised. Thereafter, a final handbook, described as a practical toolkit, is published and disseminated to all partner agencies. Suggestions about how best to use the handbook, workshops, CDs, and companion e-learning opportunities accompany the introduction of any new change project.

Change projects embody the key principles of RIP: they are collaborative; they draw on knowledge derived from multiple sources, including practitioner experience; the focus is defined by the needs of front-line workers; the application of research to real practice situations is viewed as a complex iterative process; and, finally, the findings are practical and applicable to agency-based practices.

Learning events, in contrast, are brief, focused interventions aimed at teaching different facets of research-informed practice. For example, *case-study workshops* (RIP, 2008a) are small group meetings, similar to a case consultation or group supervision, in which approximately 15 workers from RIP partner agencies meet with an expert at a daylong event to discuss a particular service issue. (A recent case-study workshop was on parental substance misuse.) Practitioners share material from their own cases and, guided by the expert, discuss strategies for handling these cases in the context of current research findings. These workshops become laboratories for applying research findings and help to illuminate assessment and treatment planning for an actual case. Though it does not replace regular supervision, the case-study workshop does begin to address some of the limitations of traditional supervision, in that supervisors are not always knowledgeable about current research and evidence-based practices and thus are not able to inject a best-practices perspective into clinical decisionmaking and supervision (Bledsoe et al., 2007; Weissman et al., 2006).

The RIP *Web site* (www.rip.uk.org), described as "your gateway to knowledge" (RIP, 2007c), is a central component of the organization. It hosts an e-mail exchange for members and provides links to multiple resources, including databases, child welfare Internet gateways, government research, journals, online libraries, and other research organizations. The Web site also contains a register of current child welfare research projects in the United Kingdom and links to related publications and contact information for principal investigators. The Web site emphasizes reliance on reviews of research and provides access to them in several different ways. The "Evidence Bank" links to published research reviews of current child welfare research; author-selected reviews, systematic reviews, meta-analyses, and knowledge reviews

are also included. RIP staff extract the “key research message” and briefly analyze the strengths and weaknesses of each review. The monthly “research and policy update” contains brief summaries of current journal articles, government reports, recently funded government research, and new and pending legislation.

RIP also publishes its own in-depth research reviews on such subjects as kinship care, the impact of domestic violence on children, and parental mental health problems. In addition, it produces an audio series of research reviews targeting workers who might not have time to read a full report.

Prompts are three- to four-page distillations of current research on a particular practice issue; essentially, they are brief research reviews. The audience for a Prompt is front-line practitioners and agency managers. Although written in a simple, straightforward format that uses bullet points rather than dense text, prompts are not “dumbed down.” Rather, they invite the reader to consider the uncertainties and complexities of child welfare practice from a framework guided by research findings. Topics for Prompts are often suggested by practitioners in RIP partner agencies and so are likely to reflect “front-burner issues” for agencies and workers. A 2007 Prompt, “Children on the Edge of Care: Intensive Family Preservation Services and Family Intervention Projects” (RIP, 2007a), reviews both quantitative and qualitative research on this intervention, discusses conflicting research findings, and examines program evaluations of actual programs in the United Kingdom. Prompts situate the practice issue in a larger social context by reviewing the government policies and legislation that mandate a particular program. Assuming that practitioners and managers are not familiar with all the current debates or controversies about the intervention being reviewed, a Prompt normally leads off with a “frame for reviewing evidence,” which helps the reader appraise the research

From the Practitioner’s Desk Promoting Evidence-Informed Practice: Lessons from the United Kingdom findings. Prompts end with “key messages,” which are applications to clinical practice or “take-away” messages. Prompts function almost like *Consumer Report* product reviews, with the practitioner or manager in the role of the consumer or decisionmaker who must decide which intervention to use for a particular family or how to invest agency resources when planning a new program based on a review of intervention effectiveness.

Making Research Count

Making Research Count, a national organization started in 1997, is a consortium of 10 regional centers based at universities with social work programs (Walter, Nutley, Percy-Smith, McNeish, & Frost, 2004). According to its Web site, MRC is a “dissemination initiative” whose main purpose is to “promote knowledge based research informed practice” and to “improve the dissemination of research and to strengthen the research mindedness of social work practitioners.” MRC’s goals are achieved primarily through the educational presentations taught by university faculty. Local authorities and private voluntary agencies pay approximately \$10,000 per year to subscribe to MRC activities, which are available on the local, regional, and national levels.

Local events take place at community agencies, and the topics are mutually determined by agency staff and MRC staff persons. Presenters are social work faculty with research expertise in a practice or policy area. Presentations aim at bridging the gap between research and practice and meeting the needs of service providers.

Regional conferences, which are held annually, also focus on practice topics, with an emphasis on understanding practice dilemmas within a framework of current research findings. The 2007 conference was titled “Supporting Families: Messages from Research.” It included an overview of current research on family support and the implications of this research for practice.

Presentations also address how to evaluate research findings and how to initiate agency-based research. National conferences are made available to subscribing agencies and are similar to the regional conferences in scope and focus. Making Research Count also has a Web site with links to various government initiatives, reports, and legislation (www.uea.ac.uk/cm/home/schools/ssf/swk/research/mrc).

Although Making Research Count and Research in Practice share the goal of promoting evidence-informed practice, MRC invests most of its resources in the dissemination of current research through didactic presentations. It also provides training in how to appraise or evaluate research findings. Beyond attempting to influence practitioner behavior through education, the scope of Making Research Count activities is more limited than those of RIP. Making Research Count does not directly tackle organizational barriers to change, as RIP does. However, the MRC model promotes a sense of local ownership because agencies have input into the selection of presentation topics, and the presentations take place at local agencies so that busy agency workers can attend. MRC also strengthens and, to a certain extent, formalizes the relationship between researchers and scholars and practitioners by creating opportunities for exchange and interaction.

Social Care Institute for Excellence/ Social Care on Line

The Social Care Institute for Excellence was established in 2001 by the national government in response to reforms initiated by the Labour Government's agenda aimed at modernizing social services (Fisher, 2002). SCIE is an independent body charged with raising the standards of practice through the more effective use of research and knowledge (Department of Health, 2000). As stated in an SCIE report on research integration, SCIE is responsible both for developing and promoting knowledge of what works in social care, and for

improving social care services to adults and children by "identifying good practice and embedding it in every day social care provision" (Walter, Nutley, Percy-Smith, McNeish, & Frost, 2004, p. 49).

The most important mechanism for disseminating research findings and promoting the use of research and knowledge is SCIE's user-friendly Web site (www.scie.org.uk). All SCIE resources are free and can be accessed through its Web site; resources include best-practice guidelines, research reviews, knowledge reviews, resource guides, and analyses of current legislation and policies. SCIE also hosts Social Care On-Line (www.socialcareonline.org.uk), which is a gateway to several databases, full-text journal articles, systematic reviews, and consumer and foundation Web sites.

Information on the SCIE Web site is thorough, and is written so as to be immediately practicable. An example is the "Parent Training/ Education Programme in the Management of Children with Conduct Disorders," produced in collaboration with the National Institute of Health and Clinical Excellence in 2006 (SCIE, 2006). These best-practices guidelines are derived from a systematic review of research studies on education groups for parents of children with conduct disorders. It incorporates not the findings of a single study, but the effective elements common to several studies. The information is posted in multiple formats and is geared toward various constituents, including parents, direct service practitioners, and administrators. What is unique about this report is that it includes practical implementation guidance, audit criteria to monitor outcomes, and an analysis of the financial impact to assist agencies in anticipating the costs associated with adoption of this program. Thus, the contents of the report stand as an example of the multipronged approach deemed necessary for promoting the use of evidence-informed practice: access to research findings and strategies for organizational support and change.

A distinguishing characteristic of SCIE is the inclusion in its target audience of service users and family members, in addition to practitioners, administrators, policymakers, and academics (SCIE, 2007). Users are seen as important stakeholders and their views are solicited and incorporated in knowledge reviews and practice guidelines. Indeed, a goal clearly stated on the SCIE Web site is to be “user focused” and to support “empowerment and change” by making best-practices information more easily available to anyone interested. In keeping with its recognition of the unique role of service users, SCIE includes the service-user perspective as one of multiple elements that constitute the evidence base of social care (Pawson, Boaz, Grayson, Long, & Barnes, 2003).

Initiatives in the United States

Although the scope is not the same, the response of U.S. governmental and nongovernmental organizations and universities to the evidence-based practice movement has some parallels to the three UK initiatives explored in this article. Many public and private child welfare organizations in the United States embrace the work of promoting best practices and evidence-informed practice as core to their mission. Some devote a portion of their Web sites to serve as a public interface and vehicle for endorsing and advancing the EBP movement. The content of these Web sites focuses on helping individuals and organizations access current research through the dissemination of best-practices guidelines, systematic reviews, research reviews, policy briefs, and government reports and by providing links to relevant databases. Organizations with such sites are Child Welfare League’s *R2P Initiative* (www.cwla.org/programs/r2p/default), the Children’s Bureau’s *Child Welfare Information Gateway* (www.childwelfaregateway.gov), and the California Department of Social Services’ *California Evidence-Based Clearing House for Child Welfare* (www.cachildwelfareclearinghouse.org).

Social work departments in U.S. universities are also involved in promoting the use of evidence-based practices through community partnerships and educational offerings to practitioners and affiliated training sites. For example, the schools of social work at Columbia University (Mullen, Bellamy, & Bledsoe, 2005), Fordham University (Chazin, Hanson, & Farmer, 2007), the University of Texas (Springer, 2007; Parrish, 2007), and Simmons College (Simmons College School of Social Work, 2008) have offered trainings ranging from one to eight sessions in length in the process of EBP as it is applied to clinical decisionmaking. In Canada, the University of Toronto has created the Research Institute in Evidence Based Practice, which is a partnership with the child welfare community for collaboration on research projects. The institute also conducts systematic reviews on various topics and teaches information retrieval and literacy skills to workers (Reghr, Stern, & Shlonsky, 2007).

These efforts must be understood as merely a start. The United States can learn much from the initiatives and activities of Research in Practice, Making Research Count, and Social Care Institute for Excellence. First is the concept of the facilitating organization. The United States does not have facilitating organizations with the scope and focus of RIP, which has plans to expand its influence and services internationally (RIP, 2008c). Even though some universities are going out to community agencies to teach about the processes of EBP, they do not have full-time staff dedicated to this endeavor. Second, the UK has an innovative community-based approach to evidence-informed practice. This can best be seen in the work of Research in Practice, which has taken a multipronged approach to conceptualizing how the field can undergo the paradigm shift necessary to adopt evidence-informed practice. The RIP model targets both front-line workers and the organizational practices that support them. Last, the UK’s

organizations, especially RIP and SCIE, have very accessible, user-friendly Web sites, which tend to be more comprehensive than those in the United States. Taken together, those interested in evidence-informed practice could benefit from the RIP model specifically, and from the overall direction of the facilitating organizations generally, as a way to advance practice in the United States.

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