

Evidence-based Social Work Practice

ESWRA Seminar - 15th May 2024

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Overview

- ▶ Introduction to evidence-based practice
- ▶ Typical and atypical facilitators and barriers
- ▶ The five questions when considering EBSWP
- ▶ Conclusion

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Pragmatism as the main philosophical approach

It is a mixed method study (quantitative survey and in-depth interviews)

Mixed method grounded theory method (MM-GTM)

Constructivist Grounded Theory (Charmaz)

Survey took place between October and December 2021

Population: registered social workers in Malta

412 responses,
participation rate - 62.61%,
confidence level - 95% &
margin of error - 2.95

Qualitative interviews
(18 interviews) -
January and July 2022

Methodology

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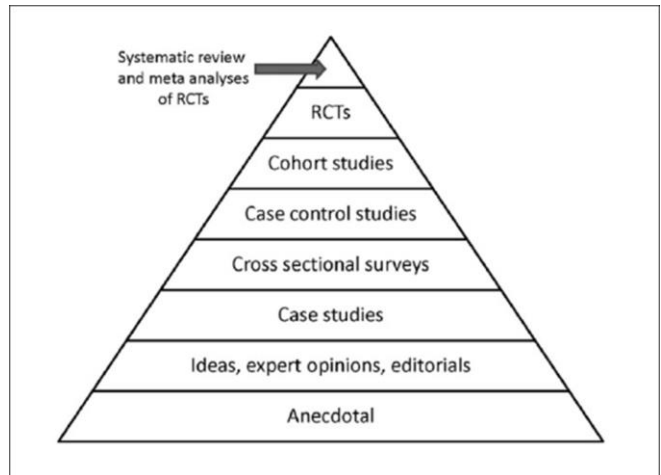
What is evidence?

It is a product of research, defined as a form of structured enquiry capable of producing generalisable knowledge (SCIE, 2005: 16, as cited in Matthew & Crawford, 2011, p. 12).

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What is evidence?

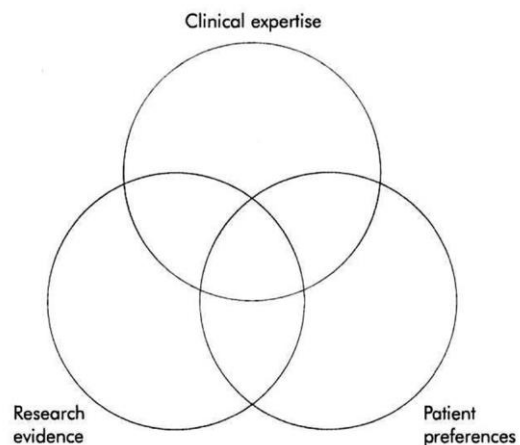
- ▶ Not all theory has evidentiary status.
- ▶ **Knowledge** has a wider connotation.
- ▶ Systematic reviews and RCTs used to be considered to be the only reliable type of evidence (**hierarchy of evidence**).
- ▶ There is a move to consider all studies/evidence that address the given research questions (eg Mullen 2016).



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The origins of evidence-based practice

- ▶ “Evidence-based medicine (EBM) is the integration of best research evidence with clinical expertise and patient values” (Sackett et al. 2000, p. 1).
- ▶ Bottom-up approach.
- ▶ The practitioner (with the service user) is the EBP process’s main implementor.
- ▶ A five-step process.



Evidence-based practice (Haynes et al., 2002, p. 37).

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The five-step process

converting the need for information into an answerable question;

tracking down current best evidence to answer that question;

critically appraising the scientific validity and usefulness of the evidence;

integrating the appraisal with one's clinical expertise and client values and circumstances and then applying to decision making; and

evaluating the effectiveness and efficiency. (Sackett et al., 2000, pp. 3 - 4)

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Basic assumptions

The practitioner:

1. can **decide** which issue to convert into an answerable question.
2. has **access** to the best research evidence.
3. can **appraise** evidence.
4. is the key protagonist/process **owner** of the decision-making process.
5. knows **what and how** to evaluate.
6. has the time to go through this process.

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The evolution of EBP

- ▶ **1990s** - A process (by the originators of EBM).
- ▶ **2000s** - Evidence-based practice(s), manualised treatments and programmes.
- ▶ **2008(?)** - Managerial tool (outcome measures, checklists).
- ▶ **More recent** - fashion /fad (marketing strategies), it sounds cool!

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What are the benefits?

1. Research is essential in building a knowledge base for understanding what works and for whom.
2. Research helps address our interventions' potential negative and unintended consequences (Breton, 1994, as cited in Ruffalo, Perron & Harbeck, 2016).

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Implementation of EBP

1. **Bottom-up approaches** (refer to the five-step process).
2. **Top-down approaches** (three types)
 - a. Manualised treatments or programmes (e.g. Incredible Years - IY)
 - b. Protocols/tools to show effectiveness of this service (outcome measures; questionnaires etc).
 - c. A model of practice/approach.

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Typical barriers to EBP

- ▶ Lack of time
- ▶ Lack of resources
- ▶ Lack of training
- ▶ Lack of organisational culture

Manuel et al. (2009), Morago (2010), Heiwe et al. (2013), Gray et al. (2015), Lee (2016), Mosson et al (2017), Pisani (2016), Udo et al. (2019), James et al. (2019), Van der Zwet et al. (2020), Finne (2020).

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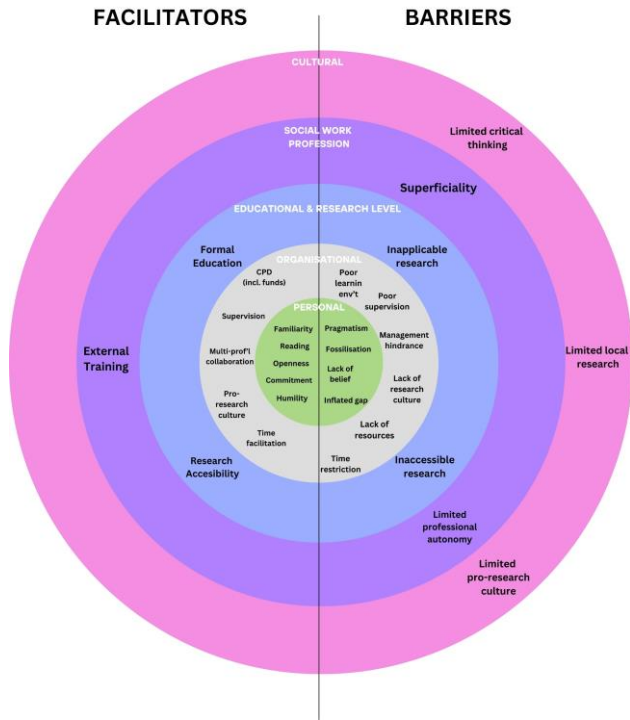
Typical barriers to EBP

- ▶ More time and resources may not translate into more EBP automatically.
- ▶ There are other less obvious barriers

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Emerging themes in my study

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Facilitators

Personal	Familiarity, reading, openness, commitment & humility
Organisational	CPD (incl. funds), supervision, multi-professional collaboration, pro-research culture and time-facilitation
Education and research	Formal education & research accessibility
Social work profession	External training
Cultural	?

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Barriers

Personal	Pragmatism, fossilisation, lack of belief, inflated gap.
Organisational	Poor learning environment and supervision, management hindrance, lack of research culture, resources and time.
Education and research	Inapplicable and inaccessible research
Social work profession	Superficiality and limited professional autonomy
Cultural	Limited critical thinking, limited local research and limited pro-research culture.

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Superficiality in social work

- ▶ Touch-and-go practice, thus evidence is not required.

"Several times, I had professionals from different units, they literally do ten minutes (with the client), and then leave. 'Yes, I have nothing more to say'. It really hits me, because how could it be that with a person who has been through so much, you spend only ten minutes with them and leave?" (P3)

- ▶ Is superficiality **the cause or the effect** of lack of EBP?

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Limited professional autonomy

“I think we have become like working in a factory, so much so that you learn things by heart, what you want to do and you do it. It's like I even notice certain instructions, so you have to do A B C and you have to do A B C, There is no thought processing behind how to do it and where it came from.” (P5)

- ▶ Seebohm factories and neoliberal production lines (Simpkin 1983; Harris, 2019).
- ▶ Alienation between those who plan/manage and those who execute and de-skilling process (Bolger et al., 1981 as cited in Harris, 2019).

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Social brokerage as the main function

“[...] experiencing the reality of social workers facing a client and their reaction is: 'referral'. [...] 'I am a social worker, I fill in the housing forms, we find a fridge, we find food, those are very important, also part of our work, but not only [...]. So I think that is another barrier.” (P18)

- ▶ The pauperisation (impoverishment) of the social work task.

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Procedure-based practice

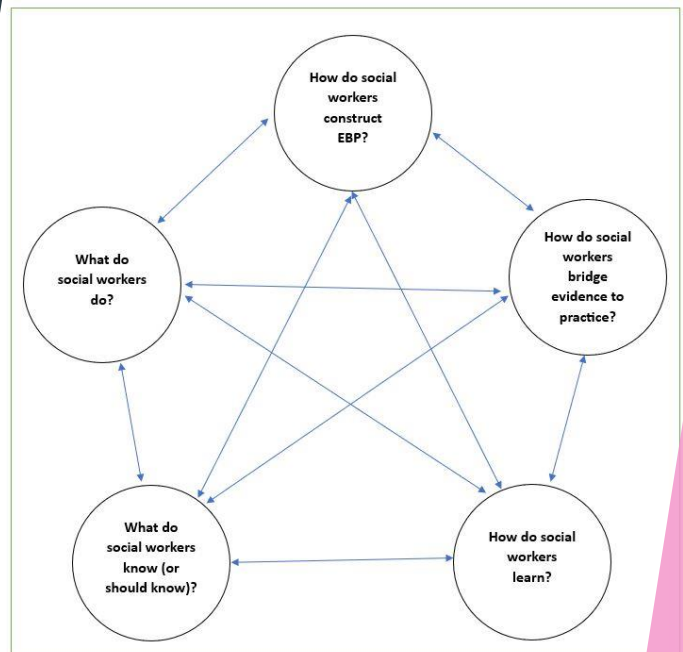
- ▶ In the context of high managerialism, social work seems to be **procedure-based** rather than evidence-based.

“So, a lot of the times, somebody will call and say ‘there is somebody homeless in front of me, or I am homeless and I have lost my house, what the hell am I going to do?’. [...]. Do you have A B C D and E because that is what you are going to need.” (P12)

- ▶ Being “fluent in procedural knowledge” may be seen sufficient. No further evidence is required.

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Five questions about EBSWP



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How do social workers construct EBP?




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The function of evidence: Substantiation

- ▶ “the act of showing something to be true, or of supporting a claim with facts” (Online Cambridge dictionary)
- ▶ **Ethics** (SW is bound to provide the best service).
- ▶ **Accountability** (To show stakeholder / tax payers; to justify costs).
- ▶ **Justification** (to justify decisions).

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Three categories

1. EBP as a **PROCESS** where one integrates research and practice [critical thinking].
2. EBP as a **PURPOSE** focusing on why it should be done [professional judgement, buzzword, court evidence, evaluation, tools & SW booster].
3. EBP as a **SOURCE** highlighting where evidence is coming from [scientific evidence, researched method, client's feedback, practice wisdom].

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What do social workers know (or need to know)

Of the participants,

- ▶ 79% (n = 326) agreed that to do social work, you need more than common sense, intuition, empathy and experience;
- ▶ 10.9% (n = 45) claimed that all you need in social work are common sense, intuition, empathy and experience,
- ▶ 10% (n = 41) were neutral.

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Knowledge

- ▶ Feedback from clients.
- ▶ Practical knowledge (services etc).
- ▶ Procedural knowledge (procedures).
- ▶ Legal and ethical knowledge (laws and ethical behaviour).
- ▶ Technical knowledge (mental health, medical, addictions, social work methods, models of practices).

- ▶ Research Evidence may not substantiate all the above, all the time.

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What do social workers do?

- ▶ Relationship-building (process),
- ▶ Assessment,
- ▶ Care-planning,
- ▶ Interventions (including advocacy, counselling, crisis intervention, group facilitation, practical support, social brokerage, teacher, outreach),
- ▶ agents of change,
- ▶ inter-professional work,
- ▶ research,
- ▶ administrative work.

- ▶ Research evidence may not substantiate all the above, all the time.

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How do social workers bridge evidence to practice?

- ▶ Agreement
- ▶ Struggle - (1) awareness of the theory-practice gap,
(2) the unconscious process, and
(3) not necessarily done in every case.
- ▶ Scepticism (towards research & formal training)

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How do social workers learn?

- ▶ **Learning styles:**
 - ▶ 39.1% - converging (finding solutions to practical issues);
 - ▶ 30.1% - accommodating (hands on, intuition over logic);
 - ▶ 17.7% - assimilating (logic, ideas, concepts & theories) &
 - ▶ 13.1% - diverging (observing, gathering information).

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How do social workers learn?

- ▶ Informal discussion
- ▶ Personal research
- ▶ Teaching
- ▶ Practice teaching (Placement)
- ▶ Supervision (receiving and giving)
- ▶ Formal learning

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Social transmission of knowledge

- ▶ Some social workers want to learn more but not necessarily through traditional means (lectures). Social workers value discussions.

“CPD can take the form of [...] a lecture. It could be a workshop where we share our experience [...]. Case reviews [group supervision] for me are essential that someone presents a case and listen to the different perspectives”. (P16)

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People learn differently

- ▶ Cycle of learning (experiential learning) (Kolb & Kolb, 2013)
- ▶ Bench to trench to bench (Proctor, 2003)
- ▶ Bench to trench to trench (?)
- ▶ Linear models of learning (paper-to-practice) may not work.

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Reading

SW-related reading frequency:

- ▶ 9.7% at least once a week;
- ▶ 24.5% once a month,
- ▶ 63.4% less than once a month or rarely
- ▶ 2.4% never.

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Reading

- ▶ Frequent reading shows more familiarity with and usage of EBP.
- ▶ Participants who read less tend to agree more with statements 'practitioners know better than academics' and 'experience is the best teacher'.
- ▶ Those who read more frequently tend to disagree with the statements "Theory does not guide practitioners" and "I do not need evidence/research to help my clients".

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Conclusion

- ▶ Social workers need time, resources and discretionary SPACE to carry out assessments and interventions.
- ▶ Linear models may not work. Social work is a messy process.

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Conclusion

- ▶ Let's appreciate the origins of EBM and its integrative approach.
- ▶ Evidence-based or evidence-informed does not mean that evidence has to inform every aspect of the social work process and that only evidence can inform practice.

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Conclusion

- ▶ Published research should be more accessible (in terms of language/medium).
- ▶ Published papers should have a section 'implications for practice'.
- ▶ Facilitate initiatives that bring together researchers and practitioners (including practice research).

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Thank You

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