ABSTRACT
Developing the argument first put in an MCC article in 2001, the author discusses the relationship between knowledge and practice, and puts the case for ‘knowledge-based change’.

KEY WORDS: EVIDENCE-BASED PRACTICE; KNOWLEDGE-BASED CHANGE; SCIE; SOCIAL RESEARCH

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Introduction
A year ago Managing Community Care published an article of mine on the topic of What works in community care? (Lewis, 2001). In it I suggested that there were a number of reasons why aiming for ‘evidence-based practice’ was very difficult in the social care field. The nature of social care is such that much practice is based on individual professional judgment. It is certainly possible to evaluate the impacts of these judgments and draw some conclusions about ‘what works’ in social care, but it is much more difficult than testing drugs in the medical field, which is where ‘evidence-based practice’ started. The range of possible causes of people’s distress or difficulties means that, in considering what social care practitioners can do to help them, it is difficult to know what ‘evidence’ to look for to inform that judgment. A final difficulty in trying to base practice on ‘evidence’ is that appropriate information is often not there. Research on social care, as in many areas of social policy, is more concerned with identifying problems and the ways in which particular policies are not working than with providing examples of what has worked successfully in what settings.

I went on to elaborate some ideas about the way in which research findings can be converted into usable knowledge and what the relationship between this knowledge and action might be. I suggested that the interpretation of findings from research was an important component of the basic evidence (because facts do not speak for themselves, they have to be interpreted), and that this evidence was limited if it relied on the interpretation of findings from one perspective – that of the researcher. To convert evidence into knowledge required the researcher’s interpretation to be augmented by the experience of practitioners and of service users. I encapsulated these into two equations:

Evidence = Research ‘findings’ + interpretation of the findings

Knowledge = Evidence + practice wisdom + user experience

I had a third equation about the relationship of knowledge to practice change, but I will not repeat it here as I have changed my mind about the way this relationship works!

The co-production of knowledge
A recent MCC has published an article by Peter Beresford (2003) where he takes forward these ideas. He calls for a genuine discussion about social care ideas, which I support,
The Contribution of Research Findings to Practice Change

although I suspect that the written word is not the best way of having a genuine exchange of views. But in the spirit of continuing the debate I would like to pick up some of the points he makes. He raises the question of who can legitimately interpret the experience of service users and makes the point that some service users feel that only they can analyse and interpret their experience appropriately. As Peter notes, I take a different view, in that I consider that good researchers can be sensitive analysts of all kinds of experience. But this is a difficult issue which would benefit from exploration and debate. I see it essentially as an issue for people who do research - as a methodological issue linked to the underlying values of the research process. It is of less moment for people wanting to make use of the research findings. I hope to continue a debate with Peter on this issue in a different forum.

Peter has pointed out that both practitioners and service users are groups that are marginalised in the development of social care policy and practice. He suggests that the development of the knowledge base needs to be seen as co-production between equals. This seems an excellent way of seeing this relationship and an important principle that we should be pursuing.

The difficulty, as always, is how best to turn these ideas into practice.

There are few incentives for researchers to spend time discussing their research findings with practitioners and service users before they write their final reports, and there are no incentives at all for them to stay with the issues and convert their ‘evidence’ into knowledge. The imperatives of the world of the short-term contract, within which most of this kind of research is carried out, coupled with the pressure from the Research Assessment Exercise for university staff to publish in academic journals, means that people aim to publish quickly and move on to the next piece of work. Equally, many practitioners are struggling to keep the ship afloat and have little time to contribute to wider discussions about the interpretation of particular research findings. Many service users, too, know what their experience is and want to get on with living their lives.

It is therefore likely that only small groups of practitioners and service users wish to engage in the process of converting evidence to knowledge. It would be good to create a forum or equivalent through which such testing could happen. Many responsibilities, and hopes and expectations, have been put on the new Social Care Institute of Excellence (SCIE). It would be unreasonable to expect it to be able to fulfil them all. But the creation of a practice and user panel to help to create knowledge from evidence would be good. The panel might also test research findings against their experience and make recommendations about their general appropriateness for practice, rather in the way that the Consumers Association tests other kinds of product.

The relationship between knowledge and practice

One of the issues that I raised last year remains. It is that having ‘knowledge’ is not enough to make change happen. I said in the earlier article that a number of other factors needed to be in place for knowledge-based change to occur, including practitioners taking ownership of the problem, wanting to change, having the knowledge, and having the resources. I think these factors are likely to be important. But implicit in these ideas was a linear relationship between the various things. Despite knowing – from experience and observation – that one thing does not lead to another, this continues to be the assumption. This is a trap into which I, and many people keen to promote the dissemination of research findings, continue to fall. We seem to assume a chain of action from research findings, through evidence and knowledge, to individuals immediately changing what they are doing. This, of course, is not how it is. But what is the appropriate perspective to have on the relationship between knowledge and practice?

Rather than seeing this relationship as a linear one, I am now of the view that there are two chains of activities, which run in parallel. There is a knowledge chain, which is what I have described above. This is the process of moving from research findings, through interpretation of these to evidence, and through contextualising this evidence and adding the perspectives of practitioners and service users to
knowledge. The knowledge which comes from a piece of research needs to come together with knowledge from other areas to form a knowledge pool. (I fear that ‘knowledge pools’ are now a fashionable idea, and a number of organisations are developing them for different purposes. But it is hard to think of a different term.) The other chain relates to the world of practice delivery when it is concerned with making changes. The Joseph Rowntree Foundation is interested in trying to promote knowledge-based change and staff are therefore actively thinking about how an organisation like ours could make a contribution to this. Discussing issues about service delivery with a number of practitioners makes it clear that most see research findings as irrelevant to their day-to-day work, and that they are too busy to go searching for new ideas. But most staff also identify a number of ways in which things could be done better and are keen to improve their practice. If the space is created for such staff to identify what they want to do differently, they will often start to ask how it can be done and what would be a better way of doing it. At this stage, knowledge from research can provide useful evidence – and meet a need.

The practice-delivery chain that I would like to propose, therefore, starts where practitioners are – with their problems, issues, concerns, etc. If ways are found to work with these groups of people to address the issues, there may come a point when it is appropriate to feed in knowledge from the pool that will contribute to decisions about what changes, etc to make. This is the point at which the two chains connect. It is important to point out that although the connection, when it is made, may well be through the conventional mechanisms for conveying information – the written word – stimulating the desire to have this information is likely to involve some more personal interaction.

These two chains are shown in Figure 1, (overleaf).

The key points that I draw from the relationship I am suggesting are that:

- if you want to help service providers and practitioners develop and improve what they are doing, based on research, you have to start where they are, rather than with the findings or knowledge derived from the research

- if you want to start ‘where people are’, the initial work has to be through personal interaction, not via the written word.

The implications

A number of implications flow from the identification of two chains of activity, running in parallel. If we are committed to change based on knowledge, as opposed to guess, prejudice, whim or fashion, we have to continue to expand the knowledge pool. Where possible the contents of the pool should be co-produced with practitioners and service users, as Peter suggests. The knowledge pool of co-produced knowledge should grow.

We also have to continue to disseminate the findings from research, and the contents of the knowledge pool, in accessible formats so that people do know what is in the pool. They may need assistance to find the information they want. There are already a number of organisations working to make links between practitioners and the knowledge pool in various ways. The two main ones in social care are Research into Practice based in the South West, and Making Research Count based on a consortium of universities around the country (details below). SCIE will have a role here, too, although it is too early to know exactly what it will be.

But if we are serious about the introduction of knowledge-based change we probably need to have a stronger focus on the change process itself. Organisations can be managed in ways that encourage appropriate change and the use of relevant knowledge. People much better qualified than I am have written on this. Gerry Smale’s book on Mapping Change and Innovation (1996) provides a useful framework for thinking about the processes involved in practice development. He shows that change is possible but there are not quick fixes. Just focusing on information and ‘evidence’ is not enough. More resources probably need to go into practice-focused development work. But this is going rather beyond the scope of this paper!
The Contribution of Research Findings to Practice Change

Figure 1: THE RELATIONSHIP BETWEEN KNOWLEDGE AND CHANGE

Knowledge chain

Findings

Interpretation

Evidence

Contextualisation

Knowledge

Knowledge pool

Knowledge pool

General dissemination

Targeted dissemination

Discussion/interaction

Identification of problems/issues and what to change/do

Identification of possible solutions. Need for information/knowledge

Investigate

Changes put in place

Information can be found on www.rip.org.uk for Research into Practice and from s.e.bailey@uea.ac.uk who is the Making Research Count Administrator

References

