Changing Culture not Structure: Five Years of Research in Practice in Child Care

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ABSTRACT
After reviewing the barriers to evidence-based practice in social and health care generally, the Director of Research in Practice outlines the lessons learnt in the first five years by this innovative organisation, which originated from a collaboration between the Dartington Social Research Unit and the Association of Directors of Social Services.

KEYWORDS: EVIDENCE-BASED PRACTICE; CHILD CARE; CHILD CARE RESEARCH

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Introduction
Twenty years ago it was possible to become an expert on child care research in something less than two weeks – there was so little of it. Today, not only do we have a burgeoning amount of home-grown research, but our understanding of what is common between us encourages the search for useful research from all corners of the world and from other disciplines too. Now it is just as possible to be overwhelmed in two weeks. Yet our services to vulnerable children and families do not represent this step change in the availability of useful research; services are still much more likely to be based on belief than evidence. Why is that? Is it any different elsewhere? How might we change the balance?

Growing interest in research
There is certainly greater expressed interest in increasing the use of research in children and family services, not least in the development of the new Social Care Institute for Excellence (SCIE) and the eLSC (electronic Library for Social Care), but a number of barriers prevent realisation of this aspiration. Greatest among them is the oral rather than knowledge-based culture within personal social services (Sheldon & Chilvers, 2000). This results in staff valuing on-the-job experience not only over and above other forms of learning but, far too often, to the exclusion of other forms. This attitude is reinforced by long-standing poor links between those who commission and carry out research and those who provide services to vulnerable people (DSRU, 1995). Researchers still understand too little about the kinds of research – questions, methods, participants – which are likely to be most useful to practice, and too little about the most effective means of supporting the use of such research. Most practice managers and planners still pay little more than lip service to supporting the efforts of their staff to access and use research in their day-to-day work.
A further obstacle in the way of progress is the belief in the social care business that there is a causal link between the intentions of the workers and organisations and the outcomes – that if you mean well you will do well. Yet for some time we have had evidence to the contrary.

In this study, boys at high risk of becoming delinquent were randomly allocated to... no-intervention or a planned package of social and psychological support. Thirty years later the intervention was found to make a highly significant difference on measures of criminality, alcoholism, psychosis and early death. Those who took part in the social support programme did far worse than those who had not taken part in a treatment programme. (McCord, 1992)

Many social care workers have low self-esteem and so often believe that they make little difference, but the thought that they might do harm is anathema. Research can confound these comforting beliefs, while also offering a way forward to better use of time and resources. Mechanisms must be found to bridge all these obstacles and to support groups of people in using research effectively.

**Is research used better in other disciplines?**

These long-standing problems have a more established record of exploration in the health professions. This does not mean that all health care planning and services are now evidence-based: far from it. It has been estimated (Taylor, 1998) that just 15% of health care is based on evidence of what works, that a further 15% has been researched but the research does not show evidence of benefit (not at all the same as saying the research showed that the intervention provided no benefit, just that the research couldn’t lead to a judgment one way or the other). This leaves a whopping 70% of services provided with no greater rationale than that they had been provided before. Even in areas of the UK with a national reputation for furthering evidence-based practice, it has not proved possible to review more than 5% of commissioned services each year in order to establish whether they are based on good evidence about what works, for whom, and with what outcomes (McFarlane, 1998).

In spite of the considerable investment in work to use evidence better in health services ‘barriers to change can be formidable’ (NHS Centre for Reviews and Dissemination, 1999). The systematic review of ‘change effort’ research, from which this quotation is taken, nevertheless found that change programmes could be successful if carefully targeted, that dissemination programmes alone are unlikely to lead to changes in behaviour at any level and that successful strategies are likely to be broad-based and multi-faceted. The DSRU study mentioned above also suggests that the same success factors apply in social care. One of the more significant barriers across health and social care is the commitment of practitioners to direct service user activity, which is placed significantly higher than any form of preparatory work or reflection. Newman et al’s study (1998) of barriers to using research identified lack of individual motivation, lack of clarity about roles and practice, and unsympathetic cultures as the main issues to be resolved if the practice of individuals is to become more evidence-based.

There are almost no structures within the major social care institutions that are designed to support the development of evidence-based practice. It is against this backdrop that Research in Practice has worked with its partner agencies to devise new methods to overcome barriers to increasing the use of research when delivering services to vulnerable children and their families.

**One approach to change**

Research in Practice is a creative partnership between the Association of Directors of Social Services, the Dartington Hall Trust, the University of Sheffield and its participating agencies (currently 62, and growing). Its services are designed to improve access to, understanding of and implementation of research in the planning and delivery of services to vulnerable children and their families.

Research in Practice has grown as a developmental network, connecting research and practice, advancing research-based improvement via the World Wide Web, organising exchanges, projects and conferences, producing publications and supporting professional development work. Research in Practice is committed to working closely with a limited number of agencies, experimenting and evaluating with them a variety of approaches to joining
research and practice. The partnership style in Research in Practice is crucial; it is a partnership of agencies and the staff in the two offices see themselves as the resource to this network, not the organisation in itself. Together we work to build the capacity of service organisations to develop a research and evaluative culture. The cross-overs between the work of Research in Practice and its individual participating agencies are therefore considerable, and growing.

What do we know about what might work?
Research suggests that organisations need to be flexible, experimental and imaginative if practitioners are to adopt and implement research in their practice (Muir Gray, 1997; Eve et al., 1997; Pinkerton, 1998). Many authors highlight the need to be sensitive to, and work with and within, practitioner cultures (Kitson et al., 1998; Mulhall et al., 1998). There have been several attempts to list ‘success factors’ that generalise across most innovations, from both the public and private sectors. Brown (1996), reviewing the literature, identifies that in order for a new idea or innovation to gain momentum:

- innovations are best seen as ‘better solutions’ to existing organisational problems
- innovations should respond better to the needs of service users and show tangible benefits for them
- innovations are more likely to succeed where they are simple to implement or incorporate into the existing organisational structure
- little additional finance should be needed to initiate the innovation
- the innovation should have senior management support
- the innovation should be unique and not a duplication of an existing or competitive service
- the innovation should be seen to be workable or already piloted in practice elsewhere.

We have tried to incorporate this learning into the work of Research in Practice by focusing far more on research adoption than on its two prerequisites: research dissemination and research implementation. We know that passive dissemination alone achieves nothing; we know that it is possible to learn and use the language of evidence-based practice without changing anything in service delivery or service user experience. Research adoption is the target - where research evidence is sought, evaluated, applied with care and transparency, and in acknowledgement of other important influences – with the aim of improving the service to and the outcomes for vulnerable people. It is about the difference between ‘ensuring compliance’ and teaching people to be reflective practitioners who can evaluate a situation and respond appropriately. It is what a full player in the ‘learning society’ becomes: open to new thinking and able to promote and respond positively to change. At first sight the difference might not be apparent.

A 12-year old girl is a keen swimmer and wants to learn how to swim faster. Her mother agrees willingly to her request for help. For the next six weeks they go regularly to the swimming pool where the mother ties a rope around the girl's middle and stands at the other end of the pool shouting words of encouragement and pulling the rope in as the girl swims. By the end of the six weeks the girl has increased her times considerably. She is ‘faster’ but she has learned nothing.

In reality it is far more to do with changing culture than structure: ‘The most important thing you can do is to change the way people think at all levels in an organisation’ (Wilson, 2000). Added to this is the need for leadership and for those at the top to demonstrate their commitment to the change that is required. The death knell of any change can often be found in the mouthed but undelivered commitment of those who are there to lead by example.

To this end, partner agencies have regular opportunities to join development groups which provide structured and mentored support for strategic and practice advancements they are co-ordinating within their agencies. These include:

- developing models for continuous use of evidence in front-line teams
- developing audit and other tools to increase organisational support for the better use of evidence
increasing networking opportunities for learning through participation in and facilitation of learning modules
• a range of buddy systems across this work.

Increasingly, much of the work is done by staff from within our partner agencies, a development which lies at the very heart of what we are all aiming to achieve. In some cases they will do more work on an item than any of the Research in Practice staff. This occurs voluntarily (it could not be anything other), and is noteworthy in our hugely pressured climate. It works only because what Research in Practice provides resonates with, and is felt to support, the key drivers within these agencies. Research in Practice, like any other service with similar aspirations, has to find a way to meld its mission with the imperatives of those it seeks to help.

There are many aspects to the services that Research in Practice provides and to the ways in which participating agencies pursue the evidence-based practice agenda. We are determined that the whole should be greater than the parts. We see our individual pieces of work as building blocks, which must link and build together if a robust house is to be created. For example, the development project running in collaboration with the National Children’s Bureau to support and increase non-research staff’s ability to evaluate single services links strongly with one of our workshops on teams understanding and learning from their own local data. The short guide to single-service evaluations which will come out of the development project will support our capacity-building strands, most especially with service heads. The REAL Evidence Based Practice in Teams Action Pack started as work to develop the skills and confidence of individuals and their teams in using research evidence well; it now has strong formal and informal links with the work to develop organisational support. Joining up our work is just as important within Research in Practice as without.

Conclusion
The real challenge ahead is not more or better dissemination of research but, rather, effective adoption of research evidence in service planning and delivery. Not everything needs evidence; either; some things are self-evident. We do not need research to tell us that people respond better if treated with kindness and warmth. And, conversely, we do not and should not always do what research suggests is most effective or the best use of our money. Those providing social care services have a duty of care to those most vulnerable in our society, even when the evidence suggests that there is a very poor chance of a good return. But we should find and apply good evidence wherever it helps us think through the best way to help.

The tanker is beginning to turn. To ensure it turns fully and still has fuel for the onward journey requires investment - investment to save wasted effort and deliver better services. Change for all lies at its heart, and in the words of Rita Mae Brown:

Insanity is continuing to do the same thing over and over again, and expecting different results…

References
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Events Diary

**All Different, All Equal**
- Working with Difference and Diversity - Pavilion in association with Consent
- Date: 18 February 2002
- Venue: London Voluntary Sector, Holloway Road

**Supported Living**
- Pavilion in association with Paradigm
- Date: 26 February 2002
- Venue: Jury’s Hotel, Bristol

**Protection and Empowerment in Learning Disability Services**
- An Adult Protection conference – complementary or conflicting goals?
- Date: 1 March 2002
- Venue: Thistle Hotel, Glasgow G2

**Palliative Care for People with Learning Disabilities**
- Pavilion in association with GOLD, Help the Hospice, Salomons and the Network for the Palliative Care for People with Learning Disabilities
- Date: 5 March and 3 May 2002
- Venue: ORT House Conference Centre, London NW1

**Alcohol - The Poor Relation of Drug Misuse Services**
- Pavilion in association with Turning Point
- Date: 7 March 2002
- Venue: Regent’s College, Regent’s Park, London

**Secure Services - A Whole New Approach**
- A one-day conference looking at how collaborative working can ensure quality services in secure provision
- Date: 13 March 2002
- Venue: Nottinghamshire Racecourse

**Taking Forward the Health Agenda**
- Pavilion in association with Surrey Oaklands NHS Trust
- Date: 14 March 2002
- Venue: ORT House Conference Centre, London NW1

**Community Safety Five Years On**
- Pavilion in association with University of Luton
- Date: 19 March 2002
- Venue: ORT House Conference Centre, London NW1

**Promoting Mental Wellbeing**
- Pavilion in association with the Mental Health Foundation
- Date: 20 March 2002
- Venue: Regent’s College, Regent’s Park, London NW1

**Community Services**
- Pavilion in association with Turning Point
- Date: 24 April and 2 May 2002
- Venue: Regent’s College, London and Newcastle

**PCTs and the Management of Change**
- Pavilion in association with NHS Alliance and UCE Birmingham
- Date: 11 June 2002
- Venue: Law Society, London WC2

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