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‘A critical assessment of evidence based policy and practice in social work’.

Introduction

In this paper I shall begin by briefly outlining the development of evidenced based practice and consider some of its limitations. I will then discuss the role of evidence in formulating policies. I shall then look more closely at the role of evidence-based practice and policy in social work, discussing some of the challenges that social workers encounter when trying to work an evidenced based manner.

Evidence based practice (EBP) in social care has been defined by one of its leading proponents as being ‘ the explicit and judicious use of current best practice in making decisions regarding the welfare of those in need’ (Sheldon and Chilvers, 2002, p66).

Furthermore EBP requires

- (a) an individualized assessment, (b) a search for the best available evidence related to a client’s concerns and an estimate of the extent to which this applies to a particular client and (c) a consideration of values and the expectations of the client (Gira *et al*, 2004, p68).

It must be noted that EBP in the context of social work is an evolving process (Gambrill, 2006). Howard and Allen-Meares (2007) suggest that all social workers should be able to inform service users of the evidence base and practice options related to their particular issues. EBP is a process that allows social workers to identify, evaluate, and apply evidence relevant to a client’s issue to practice decisions and this includes informing service users of the ‘empirical evidence pertaining to the treatment and nature of their problems’ (Jenson, 2007, p571).

Evidence based policy making

In Britain interest in evidenced based policy making has been particularly associated with the New Labour government that came into power in 1997 (Smith, 2004).

Evidenced based policy would appear to self-evidently be a good thing. However we need to consider whether evidence plays a significant role when policies are devised? It must be acknowledged that there are often other significant factors that

are considered by policy makers such as their own ideological perspectives, political objectives as well as financial constraints. Therefore there is a 'considerable gap between what research shows is effective and the policies that are enacted and enforced' (Brownson *et al*, 2009, p1576). A further issue is that the amount of evidence is often vast, 'uneven in quality, and inaccessible to policy makers' (Brownson *et al*, 2009, p1576).

There are lots of different voices that lead to policy making; however the part evidence plays in policy making is not always clear. Evidence is an important strand in policy making but it is not the only one and it could be argued that it should not be the only determinant.

Evidence has been considered a 'trump card' in the sense that it is somehow scientific and above the debate. However evidence is a complex matter and is often ambiguous. Boaz and Pawson (2005) show in their studies of meta-analysis that considered the effectiveness of mentoring that two different gold standard studies came to completely different conclusions. One found mentoring to be effective and the other one concluded that it made no difference to outcomes for young people.

Boaz and Pawson (2005) also highlight the over simplification of a lot of evidence, for example an 80 page report is condensed into a one page report which neglects to consider all the nuances of the study and hence the evidence that it suggests. Boaz and Pawson (2005) therefore argue that as evidence is often contested, and at times ambiguous it is essential that evidence is interrogated for its complexity and ambiguity. A further consideration is how strong the evidence, it could be argued that other social scientists should be able to replicate the study to ensure its veracity. If the study cannot be replicated it could be argued that it is impossible to ensure that the study is robust and the outcomes it suggests are valid. There is clearly a long way to go until this becomes the case in social work research and policy making. A stark example of this is the fact that the new government guidance on child protection policies and procedures Working Together 2015 on a number of occasions states 'research suggests' (eg p.3 Working Together 2015) but there is no reference to find out what piece of research this is or who wrote it so it is impossible to verify its veracity.

There are a number of different voices in policy making process: a particularly important voice is the permanent civil service. Ministers come and go, indeed the average shelf life of a minister at Whitehall is 15 months, therefore civil servants are very powerful in terms of policy making. Stephens (2011) considered how the permanent civil service develops policies, he found that they all appear very committed to 'EBP talk' but they are overwhelmed by the sheer amount of evidence and it is therefore very difficult for policy makers to filter out the evidence that is relevant.

Furthermore Stephens (2011) found that civil servants are not very good at weighing up which evidence is good and which is less robust. This leads civil servants to amplify the 'evidence' that backs up their viewpoint and the evidence that does not gets drowned out (Stephens 2011).

Dolan *et al* (2010) suggests that lots of policy makers use evidence but they are selective of the evidence that they use to ensure that it follows their argument. Furthermore Dolan *et al* (2010) contends that behavioural economics shows that policy makers will follow hunches and habit and that it is not always clear what influences difficult policy decisions.

It is clear that there are also numerous ethical issues in relation to evidence and research. Randomised Control Trials (RCTs) are considered the gold standard type of research. However there are concerns with the ethical dimensions of RCTs as a number of the service users do not get a service that they could potentially benefit from. Haynes *et al* (2012) dismiss the potential ethical issues relating to RCTs as they argue that although the control group will not have the opportunity to benefit from the treatment at the time of the research, they will do in the future when it has been proved to be effective. The proponents of RCTs would argue that without RCTs we would still think that steroids after concussion are useful but an RCT showed that actually they are harmful (Roberts *et al*, 2004). However, in medicine a desired outcome from taking medication or treatment can usually be easily identified – i.e. it prevents death or treats illness and there are no serious unwanted side effects. In social work there is a greater likelihood of ambiguity. For example, not everyone will agree what represents a positive outcome. Moreover external factors and clients,

practitioners and managers' individual abilities and personality traits are also likely to have significant impact on service user outcomes and they are difficult to control.

Evidence based policy making and practice in social work

I shall now consider the role of 'evidence' specifically in social work practice and policy making. In 2001 the Social Care Institute for Excellence (SCIE) was formed. Its objective was to aid

the development of and dissemination of knowledge about best practice, just as the idea of evidence based social work followed the idea of evidence based medicine (Smith, 2004, p1).

A significant reason for the increased use of EBP in social work was the existence of gaps showing that social workers were not acting consistently and promptly on research evidence. There were significant variations in practice (Wennberg, 2002). There was a failure to initiate services that 'work' and to stop services that did not work or harmed service users (Gray, 2001). Furthermore it must be assumed that professionals including social workers will require evidence and research to help them make informed decisions in relation to for example a risk assessment or what services are most likely to be effective for a particular service user (Gambrell, 2006).

It has been argued coherently that although social workers are enthusiastic in relation to the notion of EBP and agree that their work would be more effective if it were guided/led by evidence, when questioned most social workers are not able to think of one single evaluative study or piece of research so even when there is evidence available most social workers are unaware of it (Sheldon and Chilvers, 2002).

It is clear that for a number of years social work has been in a state of flux (Dominelli, 1996, 2010). Social workers are increasingly held accountable for their interventions and decisions. Within this accountability culture the high expectations of service users, management and government require social work to specify the limits and define the boundaries of intervention in a coherent manner (Webb, 2006, p7). However Hugman (1991) argues that social workers have not developed a clear academic dominance in specific areas of knowledge. Additionally it has been suggested that social workers have failed to 'gain power over such factors as an

area of knowledge and associated autonomy' (Malin, 2000, p8). Lymberg (2000) goes on to contend that social workers have not had success in making the public aware of the complexity of its professional judgements

Impact of managerialism on EBP

Furthermore, in recent years in the social work field there has been an advent of neo liberalism and its emphasis on 'the privileging of managers, rather than professionals, insisting on managers brief to improve performance and bring about change with a high degree of prominence placed on targets' (Harris and White, 2009, p3). This 'managerialism' has arguably further eroded social workers opportunity to use evidence based practice. Indeed Clarke *et al* (2000) argues that the discretion and professional independence including their ability to use evidence based practice appears to have been curtailed as more duties and tasks are prescribed and social workers have become more likely to be held to ransom by targets and management control.

Unwin (2009) continues this discussion and suggests that since the 1980s, social work in the UK has been increasingly subject to scrutiny and control by managers with the modernisation agenda creating further negative impacts on social workers' ability and time to use evidence based practice. Unwin (2009) concludes that a major tenant of the managerialisation of public services has been the concerted effort to subordinate the claims of professionalisation and use of evidence based practice by social workers.

As social workers are increasingly under the control of bureaucrats and managers this leads to their professional knowledge being devalued (Farbicant *et al*, 1992) and targets and timescales being the priority as opposed to high quality assessments which are based on what the evidence suggest 'works'.

It has been suggested that the relatively low standing that social workers have compared with medical professionals is due partly its failure to develop a 'social work equivalent to the tradition of clinical research' (Fuller and Petch, 1995, p8). It was hoped that the College of Social Work will help to rectify this issue. These developments coupled with Eileen Munro's (2012) recommendations including the stipulation that all local authorities in England should have a 'Principal Social Worker'

who is charged with improving the use of evidence and professional standing of social workers was aimed at leading to an increase in the use of EBP in social work.

The importance of effective research in social work cannot be minimised. Public inquiries into cases where children or vulnerable adults have died or been seriously injured often outline the fact that there is a lack of a culture of research in the social work field both in terms of policy making and practice (Shaw and Gould 2001). A key challenge of social work over the next decade is to improve the quality of social work research and 'evidence' which should in turn improve practice and policies with children, families and vulnerable adults.

The fact that social workers are not adept at using evidence of what works has been shown by various studies. Pithouse and Atkinson (1988) found that in a supervision session between a childcare team manager and social worker there was very little explicit theorising and use of research or EBP about the family and their problems. They found that the social worker's presentation of the case relied much more 'on the narrative force of the social worker's tale than on overt deployment of expert knowledge' (Pithouse and Atkinson, 1988, p193). This is concerning in the context of an analysis of whether social workers and managers use evidence to back up and support their decision making.

Child protection social work and EBP

If we take as an example child protection work with families where there are concerns that a child is at risk of neglect, it is possible to highlight the difficulties that exist with the use of evidence based practice by frontline social workers. Due to the difficulties with understanding neglect it can be extremely difficult for social workers to work with families where neglect is the main issue (Daniel *et al*, 2013). The various causes and often chronic nature of families who neglect their children means practitioners are faced with a 'plethora of needs' (Turney and Tanner, 2005). Neglect has been described as being the 'Cinderella' of abuse (Moran, 2009) and the 'neglect' of neglect has been an issue for over 25 years (Dubowitz, 1994). Despite there being a great deal of literature and research evidence in the last decade produced in relation to neglect (Burgess *et al*, 2013) there is an on-going evidence that professionals working in the child protection arena do not have the ability to identify and intervene effectively in neglect cases (Dickens, 2007; NSPCC, 2012).

Furthermore social workers suggest that the task of understanding what a child's life is like and then delivering appropriate and effective support is increasingly difficult because of the constraints that the bureaucratic system places on social workers (Burgess *et al*, 2013). This bureaucratic overload is a further hurdle that prevents social workers from effectively working in an evidenced based manner. It has been argued that the assessment process which is overly reliant upon risk assessments and strict timescales leads to social workers feeling powerless and under confident when working with families where neglect is an issue (NSPCC, 2012).

This is hardly the type of working that is going to lead to social workers having the time and space to seek out what research and evidence suggests works as they are immediately 'covering their backs' and as Munro (2012) argues in her wide ranging appraisal of the child protection system social workers are overly concerned with doing things in the right way rather than doing the right thing. A number of serious case reviews (Brandon *et al*, 2008; Raynes, 2009) and other research and guidance (Tuck, 2013; Munro, 2012) have shown that this can lead to practitioners succumbing to the rule of optimism (Dingwall, 1993). This in turn can lead to social workers shying away from the evidence that shows that many parents do not make the changes necessary to safeguard their children. This leads to cases, particularly where neglect is an issue, 'drifting' and not enough positive change happening within the child's timescales (Moran, 2009).

In the child protection system there is a great deal of research and evidence which suggests what works. However many of these studies took place in America (Macdonald, 2001) and the cultural implications mean that the ability to transfer these to our system is not always appropriate. Macdonald (1999, p26) argues that

vital areas of practice in social work remain largely under-researched. For example, the decisions made by individual practitioners about the best way to respond to a child who has been sexually abused is of major importance to that child's future development and well-being. Such decisions remain largely a matter of professional judgement: judgement that is rarely challenged on the basis of evidence of effectiveness.

The expense, ethical considerations and time needed to carry out gold standard randomised control trials means that very few are carried out in the social work field

so the actual evidence of 'what works' is weaker as it is for example in the medical field (Macdonald, 1999). There are various reasons why randomised control trials are not used more regularly in the UK; they are very costly and the numbers necessary to provide statistical power take a long time. Furthermore it is difficult to guarantee stability of research in local authority social services departments because of such frequent changes in the ways that services are delivered and Local Authorities are structured. There is also a strong anti-scientific lobby within social services and few researchers in social care have ever been involved in this type of research so it has been argued by funders that there are a lack of researchers with the necessary skills to carry out high quality research (Macdonald, 1999).

Conclusion

It has been astutely argued that

if evidence-based practice is to deliver in social care what it appears to be delivering in health care, it will need a more informed and strategic approach from senior policy makers, civil servants and government funders, as well as from the research community, than it has enjoyed to date (Macdonald, 1999, p28).

It in the current context of cuts and austerity which in turn has led to higher caseloads for many social workers this would seem an unrealistic objective. Social workers barely have time to complete their assessments within their timescales and ensure that they cover the main issues for the particular family let alone ensure that their assessments and interventions are based on the best up to date research evidence. It is however very easy to be critical of the child protection system in the UK and there is ample evidence that suggests that practitioners are either unable or unwilling to use evidence as part of their work with families.

It is my contention therefore that the use of evidence based practice in social work is far from instilled both in terms of policies and practice. There are a number of reasons for this including the managerialist culture which is overly focused on targets rather than high quality assessments and plans. When busy social workers have large caseloads, it is understandable that they do not have the opportunity to be aware of what the evidence suggests works. Their main priority and that of their manager is ensuring that targets are met and that those service users most at risk

are safeguarded, there is simply not the time to practice in an evidence based manner. Furthermore the quality of the evidence in the social work field is not of a high standard, indeed there have been very few gold standard RCTs carried out in the social welfare field in UK and even those that have been carried out sometimes offer conflicting evidence as to whether a particular intervention works (Boaz and Pawson, 2005).

It must be acknowledged that compared to the medical and legal profession social work is still in its infancy. It is hoped that in the future with the Principal Social Worker role and other similar ventures that there will be higher quality research carried out in the social care field and this will in turn provide social workers with the evidence as to which interventions will improve outcomes for children and families.

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