

# references with abstracts

**Barnardo's** (2000) 'What works? Making connections: linking research and practice', London: Barnardo's.

Researchers need to involve all stakeholders, including service users.  
Need for a better connection between research and development.  
Need for a better connection between researchers and practitioners.  
Need for concise and useful summaries of research. Organisations need a committed and enthusiastic individual to get messages from research across. Factors that help include: critical skills training; the organisational culture; the approach of leadership.

**Barratt, M. and Cooke, J.** (2001) *Evidence-based practice*, Totnes: Dartington Hall Trust.

Aims to explore teamwork, team leadership and the team environment and the different ways of implementing research. Addressed to team managers and practitioners who want to develop an evidence-based approach to practice within their teams and action plans to change and evaluate practice.

**Clarke, A.** (2001) *Learning Organisations: What are they and how to become one*, Leicester: National Organisation for Adult Learning.

Team working and learning. A culture of cross-organisational working. A system of shared beliefs, goals and objectives. Individuals, teams and an organisation that learns from experience. Individual, team and organisational learning are valued. Development of new ideas,

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methods and processes is encouraged. Risk-taking is encouraged. Responsibility and authority are delegated. Everyone is encouraged and expected to perform to their maximum ability. Need to adapt to change and exploit new opportunities. Maximise the contributions of individuals. Information needs to be reflected on. Problems provide an opportunity for learning, not for blame.

**Department of Health and Home Office (1988)** 'Working together to safeguard children', London: Home Office.

Consultation paper examining issues and principles for inter-agency co-operation, with the aim of issuing new guidance. Topics covered include: child protection in the context of services for children in need; area child protection committees; legal and ethical considerations; the role of agencies involved in child protection; working together on individual cases; the child protection conference and the child protection register; joint training.

**Eraut, M., Alderton, J. and Cole, G. (1998)** 'Development of knowledge and skills in employment', Brighton: Institute of Education, University of Sussex.

Distinction between what is being learnt and how it is being learnt. Distinction between tacit/implicit knowledge and explicit knowledge (but most tacit knowledge can be described). Emphasis on learning from experience and informal knowledge. Combination of thinking, trying things out and talking to other people. Learning depends on: motivation, confidence and capability, combined with appropriate degree of challenge, microculture of the environment and how one is managed. Tripartite division of knowledge: Knowing that (propositional knowledge: rules, theories etc); knowing how (practice knowledge, skills, ability to do things); familiarity with performance and practice. Formal education and training contribute to only a small proportion of learning at work, therefore any theory of a learning

organisation would have to take into account the importance of and opportunities for informal learning. Managers are in a crucial position to support this informal learning. Tension between performance management (short-term), and HR development (long-term).

**Falkov, A. (1998)** 'Crossing bridges: Training resources for working with mentally ill parents and their children', London: Department of Health.

Training pack aimed at all practitioners working to improve services for families where children are living with mentally ill parents. Covers themes: adult mental health; child development and mental health; parenting and parent-child relationships; legislation; implications for practice.

**Fisher, R. and Ury, W. (1991)** *Getting to yes*, London: Century Business.

Based on the work of the Harvard Negotiation Project, this book urges a step-by-step strategy for reaching mutually acceptable agreements in every sort of conflict. Emphasises the need to: separate the people from the problem; focus on interests, not positions; work together to create options that will satisfy both parties; negotiate successfully with people who are more powerful, refuse to play by the rules, or resort to 'dirty tricks'.

**Fowler, A. (1997)** *Gurus for Government: Lessons from management gurus for local government managers*, Hemel Hempstead: ICSA Publishing.

Lessons learnt from the collapse of companies cited by Peters and Waterman in 'In search of excellence' demonstrated the need not just for good managers as individuals but organisations as corporate entities that could and should develop learning capabilities. Peter Senge (*The Fifth Discipline*, 1990), using an action learning model, highlighted the need for double and multiple feed-back loops for continuing learning. Learning needs to take place both from the inside

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and outside. Importance of a culture which encourages the exploration of new ideas, a receptiveness to external influences and a willingness to learn from mistakes and from the views and experiences of others.

**Gould, N.** (2000) 'Becoming a learning organisation: A social work example', *Social Work Education*, vol 19, no 6, pp 585-596.

Highlights poor systems for sharing knowledge and experience. Need to remove perceived hierarchies of knowledge. Key place of supervision, coaching, learning logs, inter-team meetings and joint working in the process of learning. Action research and reflective practice have much in common. Emphasis on learning from within and from experience/informal knowledge.

**Gray, M.** (2002) *The Resourceful Patient*, Oxford: Rosetta Press.

Argues for the need for a contract to be made between doctor and patient. Argues that because medicine has limited powers, particularly to solve social problems, doctors do not know everything. Patients should not leave all problem-solving and decision-making to doctors and doctors should always be open about their limitations.

**Greenhalgh, T.** (2000) *How to read a paper: The basics of evidence-based medicine*, 2nd edn, London: BMJ Publishing.

Argues for rational, scientific evidence to be placed alongside intuitive artistic decision-making: there is a place for both and separating them, or even denying the validity of intuition, creates a false dichotomy.

**Harding, T. and Beresford, P.** (1996) 'The standards we expect: What service users and carers want from social workers', London: National Institute for Social Work.

Compiled as part of a study on standards commissioned by the Department of Health. Examines the way in which the relationship between social care staff and service users is central to people's perception of what constitutes quality in practice. Broken down into three sections: quality of relationships; quality of skills; quality of services.

**Holloway, W.** (2001) 'The psycho-social subject in EBP', *Journal of Social Work Practice*, (May), vol 15, no 1, pp 9-22.

Using a psycho-analytic framework demonstrates that qualitative research can never be neutral and that EBP is over-simplistic and reductionist. Data is co-produced out of some subtle and largely unconscious inter-subjective dynamics.

**Hopkins, G.** (1998) *Plain English for social services*, Lyme Regis: Russell House.

Looks at the information generated by social services departments and shows how unfriendly it can be. Provides guidance on how to communicate better. Using examples throughout the text demonstrates how to: use everyday words and avoid jargon; improve layout and design; avoid common errors and punctuate effectively.

**Hudson, M.** (1999) *Managing without profit*, 2nd edn, London: Directory of Social Change.

Looks at managing in what is now becoming known as the third sector (non-government, non-profit-making organisations). Provides information on: establishing strong and suitably constituted boards; strategic management and performance; developing a clear mission; clarifying objectives; managing and inspiring people and teams; managing change.

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**Hughes, L. and Pengelly, P. (eds) (1997)** 'Staff supervision in a turbulent environment: Managing process and task in front line services', London: Jessica Kingsley.

Explores ways of thinking about how the processes of supervision interact with the accomplishment of supervisory tasks and how this concept is relevant to supervisory dilemmas. Concludes that safe and effective practice with service users depends on agencies providing the 'thinking space' that supervision can represent.

**Iles, V. and Sutherland, K. (2001)** 'Managing change in the NHS', London: NHS Service Delivery and Organisation Research and Development.

Response by the National Coordinating Centre for NHS Delivery to the White Paper 'A First Class service' (DoH 1998). Report surveys the literature on change management; where this comes from; the kinds of evidence it provides; a discussion of key terms and concepts. Examines ways in which the literature can then be applied to the NHS. Presents a review of the main models, approaches and tools for practising managers and professionals in the health service.

**Lewis, J. (2002)** 'Research and development in social care: governance and good practice', *Research and Policy Planning*, vol 20, no 1, pp 3-10.

Examines some of the changes posed by the Department of Health's proposals for a research governance framework for social care. Challenges include: the definition of research; what constitutes ethical research design and how this differs from ethical practice; the process of ethical scrutiny; the role of the Research Ethics Committees (RECs). Raises the need to raise ethical standards, together with the rights of individuals to decide for themselves whether to participate in research.

**Macdonald, G.** (1999) 'Evidence-based social care: wheels off the runway?' *Public Money and Management*, vol 19, no 1, pp 25-32.

Argues that CCETSW and NISW were always ambivalent about evidence-based practice. Practitioners are not equipped by qualifying and post-qualifying training to exercise the discrimination required to identify, critically appraise, and use research, hence the strategy employed by the Centre for Evidence-based Social Services to train professionals in critical appraisal skills. Attempts to redefine evidence as knowledge do nothing to resolve the problem and in fact only serve to perpetuate the woolly pick 'n' mix approach. 'If evidence-based practice is to flourish, then changes need to take place in the culture and practices of organisations'.

**McDonnell, F.** (2003) 'Leadership and management development', Leeds: Topss.

Improving the quality and accountability of the personal social services lies at the core of the government's modernisation agenda. This report maps out: the management training currently available for PSS staff; new and/or planned initiatives in management development; the social care training continuum and management development; key issues regarding leadership and management development.

**Mullen, E.** (1995) 'Pursuing knowledge through qualitative research', *Social Work Research*, vol 19, no 1, pp 29-32.

**Mullen, E.** (2002) 'The impact of guides on practice and the quality of service', paper given at SCIE International Seminar, 13 December.

Emphasis on practitioner and tacit knowledge; grounded theory must take this into account. Acknowledges that social workers are often

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poorly informed about research evidence, and suggests they need to improve their critical thinking skills. Notes practitioner resistance to using guidelines and evidence-based practice (emerging from his own research) and a preference to rely on several sources of knowledge, including clinical expertise and user values, preferences and needs. From the research it was learnt that 'practice decision-making is a complex and challenging process not easily described'. Suggests that supervisors and consultants are the most promising conduit for transferring certain forms of knowledge: 'For the majority of practitioners evidence-based guidelines will need to be communicated through supervision, consultation and in-service training'. One of the implications is that material such as best practice guides needs to be cyclical and ongoing, providing for feedback and redesign.

**Mullen, E. and Bacon, W.** (2003) 'Practitioner adoption and implementation of evidence-based effective treatments and issues of quality control', in *Developing practice guidelines for social work interventions: Issues, methods and a research agenda*, Rosen, A. and Proctor E. (eds), New York: Columbia University Press.

**Newton, C. and Marsh, P.** (1993) 'Training in partnership', York: Joseph Rowntree Foundation.

Provides ideas and resource material for constructing a framework for policy and staff development which will promote and facilitate genuine partnership-based services.

**Pedler, M. and Aspinwall, K.** (1998) *A concise guide to the learning organisation*, London: Lemos and Crane.

Definition: 'An organisation that facilitates the learning of all its members and consciously transforms itself and its context'. Learning to achieve together: a collaborative effort. Importance of sharing a

vision. Familiar distinction between theory (facts, knowledge) and practice (skills, competence).

**Ramon, S.** (2000) 'Participative mental health research: users and professional researchers working together', *Mental Health and Learning Difficulties Care*, vol 3, no 7.

Starting point is that mental health research rarely involves service users as equal partners. Describes two experiments in co-operative research that provide convincing arguments and some useful lessons for future joint initiatives between service user groups and academic research establishments.

**Rosen, G.** (ed) (1999) 'Managing team development', London: National Institute for Social Work.

Seeks to enable team managers to develop the practice of the team. Aims to provide triggers for team discussion about examining and developing standards of practice. Includes: the definition of a team; establishing its work; utilising the team's knowledge, skills and experience; managing change and innovation; workload management; knowledge-based practice.

**Sackett, D.L., Rosenberg, W.M.C., Muir Gray, J.A., Haynes, R.B. and Richardson, W.S.** (1996) 'Evidence-based medicine: What it is and what it isn't', *BMJ*, (January), vol 312, pp 71-72.

'Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough'. Clarifies this definition of evidence-based medicine: 'The conscientious use of current best evidence in making decisions about the care of individual patients' means integrating individual clinical expertise with the best available external clinical evidence from systematic research. Clinical expertise is 'the proficiency and judgment that individual clinicians

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acquire through clinical experience and clinical practice'. Evidence-based medicine is therefore not 'cookbook' medicine 'because it requires a bottom up approach that integrates the best external evidence with individual clinical expertise and patient's choice'.

**Spittlehouse, C., Acton, M. and Enock, K.** (2000) 'Making sense of the evidence', *Managing Community Care*, vol 8, no 3, pp 25-27.

**Topss** (2000) 'Modernising the social care workforce – the first national training strategy for England', Leeds: Topss.

National training strategy analysing the skill needs of people working in the social care sector in England. This is a response both to the White Paper 'Modernising Social Services' and to the restructuring of further and higher education following the Dearing Report. Proposes an action plan to improve both the qualification base and the quality of training.

**Trinder, L. and Reynolds, S.** (eds) (2000) 'Evidence-based practice: a critical approach', Oxford: Blackwell.

There is no consensus about what constitutes evidence and what works. The model has been transported from and is more acceptable to health. EBP must be seen in the context of anxiety about managing risk; the assumption is that risk can be assessed and controlled. This is especially attractive at times of great uncertainty as it promises security to practitioners. EBP is inextricably linked to the emergence of managerialism, audit, transparency and rationalism and as such is mistrusted by practitioners. EBP is based on the continued faith in reason and science and the assumption that the expert can find technological solutions to all problems. Random control trials (RCTs) are limited in scope. The core of EBP is its procedures rather than its substantive output. EBP is simplistic and reductionist, and fails to take into account the complexity that social workers are grappling with:

thus 'there is a danger of overly rigid practice which fails to do justice to the individual cases' and 'social work encounters are not straightforward but complex, multi-layered and located in a social and political context'.

**Watson, M.** (1998) 'Making sense of the internet', London: National Institute for Social Work.

Practical guide containing information on: getting onto the Internet; using and setting up websites; developing a strategic approach to voluntary organisations' use of the Internet and online capacity.

**Webb, S.** (2001) 'Some considerations of the validity of evidence-based practice in social work', *British Journal of Social Work*, vol 31, no 1, pp 57-79.

Critical of both the concept and the application of EBP; emphasises the links with quality assurance, audit, and the managerialist culture. Challenges the behaviourist and decisionist nature of EBP, which is not inclusive of other more interpretive methodologies. EBP ignores the fact that social workers are social actors who inevitably bring into play values, beliefs and subjective reasoning. EBP entraps professional practice within an instrumental framework; social work is then managed within a technological framework of routinised operations and procedure.

