Using evidence in social services and social care in Wales

About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new

- supporting people who plan, commission, deliver and use services to put that knowledge into practice

- informing, influencing and inspiring the direction of future practice and policy.

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1. Executive summary

1.1. Evidence use in social services and social care in Wales

In 2018, Social Care Wales published *Social care research and development strategy for Wales 2018−2023* in partnership with Health and Care Research Wales. This set out the ambition to see research evidence embedded in both practice and policy in social care and social services in Wales.

Evidence-based or evidence-informed practice should lead to better outcomes for people who use social care and support. In reality, there are challenges with putting evidence into practice, and it is hard to be certain when and how investment in social care research is making a positive difference to outcomes.

From existing research, we know that using different types of evidence can be challenging for a variety of reasons. Barriers include:

- the high volume of evidence and research, which is too difficult to stay on top of

- a lack of support for putting evidence into practice, even when it is available in a summarised and usable format

- research findings which quickly become out of date. [1] [2] [3]

At the same time, things that help with evidence use include:

- making sure that research reports include clear messages for practitioners

- combining formal research and evidence with professional judgement and the local context

- opportunity, motivation and skills in the social care workforce to use evidence

- strong relationships between researchers, practitioners and policymakers. [1] [2] [3] [4]

This study focused specifically on the challenges and enablers to using evidence in social services and social care in Wales. People we spoke to raised some of the points above but talked specifically about what they meant for people working in social care in Wales. They also made new observations that were specific to working in Wales.

A steering group, made up of representatives from local authorities, research, the Welsh Government, third sector, regional partnership boards, Social Care Wales and SCIE, helped shape this research.

1.2. Overview of the project

Social Care Wales commissioned this research to explore how people working in social services and social care in Wales understand and use 'evidence'. Our definition of evidence includes formal research, the voices of people who use services and carers, and wisdom and knowledge from practitioners, organisations and policymakers.

The Social Care Institute for Excellence (SCIE) carried out the research, and findings are helping Social Care Wales to shape its strategy and approach for supporting evidence use.

Most of the data was collected through in-person, semi-structured focus groups between January and March 2020, with some further work into September 2020. This phase of the research was with frontline staff, managers, and others working in local authorities, and with people working in policy or research. In the next phases of the research, we will talk to provider organisations and organisations led by people and carers who use care and support services.

1.3. Key findings

1.3.1. Factors influencing evidence use

Participants described barriers and facilitators to evidence use:

- **Time**: lack of time and 'headspace' was a consistent theme, being a particular barrier for frontline staff. Policy and other decision-makers felt the lack of time to reflect on findings, including from research they themselves had commissioned, could hinder its implementation.

- **Access**: lack of access to journals, databases and other information sources due to paywalls was highlighted as a key barrier.

- **Usability:** people called for summarised, succinct evidence, with practice messages drawn out. This applies to a range of evidence types, including practice guidance, research and legislative knowledge.

- **Applicability**: evidence was said to be much more useful and impactful if it applied to day-to-day work. People also highlighted a lack of Welsh-specific evidence.

- **Trusted evidence**: people often struggled to find or determine whether research was trustworthy and appropriate for their aims. Researchers highlighted that limited funding and timescales could reduce evidence quality.

- **Skills and qualifications**: lack of skills and confidence in finding and using evidence and undertaking research was a consistent theme.

- **Motivation, buy-in and mindset**: 'research-mindedness' of an organisation could be shaped by individuals, and the reliance on individual motivation meant a lack of a formal structure for research use within organisations.

- **Relationships and knowledge sharing**: relationships were seen as crucial − discussion with colleagues was seen as critical to frontline practitioners. Sustained relationships between researchers and policymakers/practitioners were seen to promote well-planned research which was more likely to have impact.

- **Legislative and policy context**: legislation and policy knowledge are central to local authority staff who predominantly serve a statutory function. However, many were nervous about being challenged on their choice of research evidence, particularly in the court arena.

- **Values and lived experience**: social work and social care promotes the use of 'service user voice' as a type of evidence. Although legislation and policy emphasise service user and carer perspectives, the values of respect and empowerment were also important in

incorporating the views of people with lived experience.

- **Leadership and culture**: seen as important and a key driver of research mindedness within organisations and whether time was carved out to engage with evidence.

- **Funding**: often viewed as a barrier to the production and evaluation of research and evidence − accessing, searching, quality-checking and understanding it, as well as applying evidence in practice.

1.4. Initiatives and ideas to support evidence use

Participants explored which initiatives currently work well to support evidence use in Wales, as well as ideas for the future to increase evidence use further.

1.4.1.   Leadership and culture

Some highlighted the need for leadership and oversight of activity in the 'social care evidence' domain in Wales to join up related work, maximise impact and reduce duplication.

Participants also discussed how to develop a 'research-minded' culture in organisations such as local authorities, at both the team and organisational level. Ideas included discussing research and evidence in supervision, supporting attendance at events and conferences, and carving out time for engaging with evidence and reflection.

1.4.2.   Methods for accessing and exploring evidence

An online resource was one of the strongest suggestions across stakeholder groups. It would be a central, consolidated, accessible resource summarising relevant, up-to-date and trustworthy evidence. Some also called for a searchable resource of all current, completed and planned research projects to avoid duplication and increase opportunities to build links. Challenges with central resources and the high volume of information out there was also noted.

Face-to-face training: A strong theme amongst local authority stakeholders was that training worked best when it had practical application and gave tools for use in practice.

Local authority or inter-agency initiatives: Many local authority stakeholders gave examples of internal and inter-agency events, including conferences, inter-team days/awaydays, group supervision and reflective sessions. Some non-frontline staff also called for better data sharing between agencies, to collate knowledge and avoid duplication, sometimes case based. These initiatives required good relationships and supportive leadership.

1.4.3.   Events and collaboration across practice, policy and research

Examples and suggestions for events and collaboration included:

- **ExChange** – this existing forum was seen as useful, including the opportunities to ask researchers questions and draw links to practice.

- **Communities of Enquiry** (See definition from Muirhead, S. [5]) – were valued, especially the interactive and supportive nature of these events, in which people explored evidence.

- **Practice networks** – were seen as useful opportunities to share best practice.

- **Embedding research into existing networks and work programmes** – was suggested as a way to engage new people in research and knowledge sharing.

- **Sustained collaboration and joint working** – were suggested by researchers as means to increase mutual understanding and strengthen links, especially as networking was seen as insufficient. For example, researchers might spend a day a week in policy or practice settings or vice versa.

1.4.4.   Practice research and co-production

Participants widely called for a structure and strategy around research in local authorities, which would enable more practice research. Some called for replicating the schemes, structure and funding available in the health sector.

1.4.5.   Specialising and development

Many suggestions for enabling and increasing evidence use amongst practitioners and teams focused on individuals upskilling and specialising, seen as a way of addressing low confidence and motivation. Linking this to existing appraisal and continuing professional development processes was recommended.

1.4.6.   Funding and database access

The structural issues of funding cut across many of these ideas and initiatives. Specific suggestions included the funding of evidence or research leads within local authorities and other organisations, more funded opportunities for local authority staff to study, long-term funding of innovative services, and resources and capacity amongst policymakers to implement research findings through a strengthened implementation infrastructure. People from all stakeholder groups called for practitioners and policymakers to have access to journals and other evidence databases. However, many also noted that journal articles were not sufficiently usable and condensed for practitioners.

1.5. Guiding principles and recommendations

The steering group of Social Care Wales, SCIE, representatives from local authorities, research, government, third sector and regional partnership boards, came together to discuss the key findings and suggested initiatives for improvement. Together, this group co-developed six recommendations and four guiding principles that underpin them.

Guiding principles underpinning all recommendations:

- **Relationships are central**: interpersonal relationships and collaboration are important in enabling people to access, understand and use evidence.

- **Partner and collaborate**: maximise collaboration between practice, policy, research and people with lived experience, when designing services, undertaking research and developing and sharing evidence.

- **Practical and tangible**: evidence, whether communicated in training, written summaries or through other methods, should provide practical and applicable knowledge and/ or tools to help use by social care staff.

- **Take a whole-systems approach**: recognise barriers and facilitators across the system, including leadership, culture and practical/ structural factors. Make links between local, regional and national levels.

Six recommendations:

- Identify opportunities to facilitate collaboration, networking and knowledge sharing across research, policy and practice. Build on existing networks and models.

- Explore opportunities for a central, digital resource providing access to relevant, up-to-date, trustworthy evidence in a clear and summarised format. First explore whether access to existing digital resources would meet this need. Additionally, address access to journals.

- Consider developing a searchable resource of all current, completed and planned research projects in Wales. Additionally, consider developing a strategy and structure around opportunities for practice research within local authorities.

- Enable practitioners to gain specialist knowledge, via qualifications, post-qualification and ongoing training and development.

- Take a whole-systems approach by supporting leaders to establish learning cultures.

- Investigate and identify solutions for the structural barriers to evidence production and use in local authorities − sufficient time and appropriate funding.

2. Introduction

Social Care Wales commissioned this research to explore how people working in social services and social care in Wales understand and use 'evidence'. Our definition of evidence includes formal research, the voices of people who use services and carers, and wisdom and knowledge from practitioners, organisations and policymakers.

The Social Care Institute for Excellence (SCIE) carried out the research. Findings from the research will help Social Care Wales to shape its strategy and approach for supporting evidence use.

In this first phase of the research we talked to people in Wales working in:

- local authorities on the frontline

- local authorities in development, planning and commissioning roles

- Welsh Government and regional partnership boards

- research and policy advocacy roles.

In future phases of the research, we intend to talk to provider organisations and organisations led by people and carers who use care and support services.

We know already that using evidence can be challenging for a variety of reasons. Barriers include:

- the high volume of evidence and research, which is too difficult to stay on top of

- a lack of support for putting evidence into practice, even when it is available in a summarised and usable format

- research findings which quickly become out of date. [1] [2] [3]

At the same time, things that help with evidence use include:

- making sure that research reports include clear messages for practitioners

- combining formal research and evidence with professional judgement and the local context

- opportunity, motivation and skills in the social care workforce to use evidence

- strong relationships between researchers, practitioners and policymakers. [1] [2] [3] [4]

People in this study raised some of these points and discussed others that were specific to working in Wales.

A steering group, made up of representatives from local authorities, research, the Welsh Government, third sector, regional partnership boards, Social Care Wales and SCIE, helped shape this research.

3. Methods

We looked at evidence use in local authorities and at the use of evidence in wider social care service design and policymaking. We explored the following topics:

- ideas people already had about evidence and evidence use

- the types of evidence created and/or used in social care

- what influences evidence use in social care, including what helps and what gets in the way

- what already works to support evidence use

- ideas about increasing and supporting evidence use.

We spoke to 84 people in the following groups to capture different views and experiences from across the country:

- Local authorities

  Fifty-eight people in seven local authorities, from each of the seven regional partnership board areas in Wales, from frontline and non-frontline roles, across children's and adult services

- Regional partnership boards

  Two people from two regional partnership boards, from Research Improvement and Innovation Coordination Hubs

- Welsh Government

  Ten people in the Welsh Government, mainly senior staff working in health and social care policy, research and information roles

- People working in research and policy advocacy roles

  We spoke to eight university academics and researchers and six researchers and/or policy advocates from independent/third sector organisations

We conducted focus groups and interviews between January and September 2020. In-person focus groups made up of approximately six to eight individuals were conducted between January and March. The end of March saw the UK governments introduce COVID-19 lockdown measures, so we conducted online focus groups at three local authorities in September 2020.

Focus groups with local authority staff included social workers working directly with children, families or adults. Other staff included team managers, people who commission services, people who plan services and people collecting and analysing information about services and service users.

We used different methods (Appendix 1) with different local authority staff and asked later groups to comment on the findings from earlier groups to expand our understanding.

4. Findings

The findings are organised by the different groups who participated in the research (Appendix 2). We highlight where findings were similar or different between groups.

4.1. Findings from research with local authorities and regional partnership boards

We have combined the findings from local authorities and regional partnership boards.

We have referred to findings from other stakeholder groups (government, research and policy advocacy) to compare and contrast the different views.

We asked these participants to tell us about their own experience of using evidence in their roles, as well as their views about the role of researchers, policy makers and other participants in social care.

4.1.1. Initial ideas about evidence

At the beginning of the focus groups, we asked participants to share their ideas and thoughts about evidence and research. This discussion demonstrated the many ways people think about evidence:

- Many people talked about evidence as helping learning, improvement and understanding best practice.

- Social workers working directly with children, families or adults often discussed its potential to inform direct work with people. This included knowing 'what works', techniques and approaches for working with people, developing arguments to support assessments and making case decisions. A couple of people commented that research and evidence use contributes towards social work's professional identity.

- Staff who did not work directly with children, families or adults, including service managers and people working in planning, development, commissioning and information or research, commonly talked about using evidence in service planning, adapting and improving services, business planning, helping do new things and talking about change that might be needed.

- Some workers were unsure about how certain types of evidence might be used. For example, frontline staff said that research evidence should be balanced with individual situations and relationships, which could be more important. Some were doubtful about how useful some evidence might be, especially numerical evidence. This linked to the point that trusted, appropriate evidence is important.

- People in both local authorities and regional partnership boards said that evidence use is, or could be, a good thing. Some commented that their organisation already uses evidence and research through having strong links to universities or a tradition of practice research. In general, participants said that evidence is not used enough in their local authorities or regional partnership boards.

Many participants, especially frontline staff, lacked the confidence to use evidence in their jobs, especially research evidence.

4.1.2. Different evidence types: who uses them and how much?

Participants talked about different types of evidence. They talked about 'traditional' research, and 'models and theories' or 'academic papers'. Types of evidence mentioned included service user viewpoints, local information, what authorities know about their local population, good practice examples and evidence found through provider monitoring.

In focus group activities, frontline workers discussed the broad range of evidence they use. The sort of evidence they used can be summed up as:

'I use this frequently'

- Information from team and colleagues

- Information from other professionals

- Local policy and guidance

- Practice wisdom

- National policy and guidelines

 'I don't use this much but want to use it more'

- Articles from journals

- Inspectorate reports

'I don't use this or I don't know what it is'

- Quasi-experimental evaluation design

- Randomised controlled trials

Social workers varied in how they used service user viewpoints, serious case reviews and qualitative research.

Additional evidence types (frontline groups)

These workers also told us they refer to law, theories and models, as well as their local authority's business plan and academic knowledge about human development.

Evidence types in social care – non-frontline groups
Participants in non-frontline focus groups described working with many evidence types. Some of their suggestions overlapped with those in frontline groups, for example, policy and guidelines, law, service user viewpoints, academic research (e.g., journal articles) and national and local information. Focus groups with these staff also found they used new evidence types:

Examples of additional evidence types listed by non-frontline staff:

- Practice or internal research (e.g., service evaluations)

- Complex case reviews

- Social return on investment reports

- Training needs assessment

- Evidence from complaints

- Staff engagement feedback

- National performance measurement framework

- Population needs assessment

- Evidence from regulatory bodies (e.g., National Commissioning Board)

- Evidence from media and social media

People from frontline and non-frontline groups used more than one type of evidence for different tasks, and sometimes more than one type of evidence for a specific task. For example, research evidence may underpin information from training, and service user voices may inform policy and laws.

The focus groups showed the wide range of evidence types and sources used by staff in local authorities. The word 'evidence' means different things to people according to what job they do. For example, frontline staff often talked about information from team, colleagues and other professionals as evidence types, as these are part of their work. People in commissioning and service planning commonly talked about evidence such as population needs assessments or local statistics, which informed their daily work.

4.1.3.   What affects evidence use?

We asked local authority and regional partnership board participants what helps and what gets in the way of using evidence.

Time

A lack of time was seen as a particular barrier for frontline staff. Other groups also recognised this (Welsh Government, research and policy advocacy participants). Frontline staff often lacked time to use evidence, especially journal articles, which they believed to be hard to find, read and use. This was because they have heavy workloads and a lot of urgent demands. Against this background, using research took a low priority.

> *'Time restraints…the amount of cases we've got, we don't have time to sit there and trawl through evidence and use it in our cases.'*

Several frontline staff noted that using research and evidence ends up being in their own time or that research is not built into the social work role. But a few people had found time for reading and research in the working day. Some sections of social care felt the time pressures more than others.

Staff who were not on the frontline also highlighted a lack of time, which had stopped valuable projects or new ideas. A couple of people were concerned that lack of time to do research could affect the quality.

For frontline staff, having more time and smaller caseloads were seen as important facilitators to evidence use. Some frontline managers set aside protected time for staff to read, research and reflect. But social workers used this to do casework, indicating that other structural factors would require addressing for protected time to work. Resource and capacity issues, including time, are constant sources of stress in social care. Frontline social workers often carry large caseloads and regularly work in a firefighting role. To allow them

space to use evidence and look at research would mean finding ways to reduce caseloads and manage the urgency of some social work roles. Some workers found that research could even save time by finding the right intervention, so research need not be seen as a luxury. That said, time is a major barrier, particularly for certain evidence types and those in very demanding jobs.

On the other hand, knowledge and evidence which is quick and easy to access was used by more people. For example, many frontline social workers said evidence from their own team and other professionals was useful because it is quickly available, as well as providing useful knowledge. They found these discussions helpful for sharing other types of knowledge and professional wisdom. People would also often access local authority policy or procedures rather than consult research directly, as it was quicker. People were more likely to use research evidence if they came across a rare condition that colleagues or local policy could not advise on.

Access

Limited access to journals, information and other sources was another barrier to using evidence. Most local authority teams faced a paywall when accessing certain evidence. However, regional partnership board staff sometimes had greater access. Some local authority teams had free trial access to evidence information such as Research in Practice and Community Care Inform. This was found to be useful but was time limited. A few local authority staff were able to access evidence through colleagues who happened to be affiliated to a university, but this took more time. It was noted that in some organisations access to certain sites was blocked by IT departments, or online searching was only allowed between certain times, preventing staff searching websites for external sources of evidence and research.

Usability

People found evidence 'usable' when it was summarised in plain language with messages for how they could use it in their work. Frontline staff especially highlighted this, feeling that detailed summaries would be a help. The importance of usable evidence applies to a range of evidence types, including practice guidance, research knowledge and knowledge about the law. People were frustrated with websites which were not easy to use. Usable and succinct evidence takes less time to read and understand, so would also help to address the time barrier.

> *'If you found, like, a version that is quite simple, straightforward and breaks it down in an easy way for people…. I read some people's research and I'm like, 'I haven't got a clue!''*

A few people noted that learning styles vary between individuals so it helps to deliver information in a variety of ways. For example, people might prefer interactive learning, podcasts or videos to written formats.

Values and lived experience

Although legislation and policy stress the importance of service user and carer voices, comments highlighted that social work values were an equally important reason to use evidence from people with lived experience. For example, people noted the importance of listening to people who use services as they are the experts in their own lives. It is therefore empowering and respectful to prioritise their views in casework. But the impact of service

user voices varied. Many people highlighted that the views of people who use services (with capacity) and carers were the most important thing in adult social care, but other considerations could dominate in work with children and families.

Several people said research and evidence should be understandable to people who use services because social workers use it to make assessments and decisions about their lives. Workers should be able to explain relevant evidence in plain language, which supports respectful, values-driven practice. It can be difficult to put academic research across in plain language, although academic articles can be changed to an 'easy read' format.

Relevance

A strong theme with all participants was about how relevant research was to their jobs. Evidence was much more useful if it was relevant to daily work. The use and relevance of evidence depended on people's roles and the types of tasks and activities they performed. For example, many frontline staff found information from other professionals helpful in supporting their assessments. This information encouraged thorough, balanced and robust assessments.

Participants from local authorities talked about evidence and research feeling 'separate from' the real world and therefore not relevant. This made it hard to use.

> *'We generate a lot of evidence and information… but there's a temptation to see research as something "out there", isn't there?... In academia, not the real world.'*

> *'Research, for me, is great, but if it is purely an academic piece of research based on something that has been carried out somewhere and it just tells you what you already know, then it might be an interesting read, but it's not going to mean that I can take that and deliver something different.'*

Relevance is closely linked to the time barrier; most people only had time to engage with highly relevant, easy-to-use evidence. Pithy practice messages are important for frontline staff. Similarly, non-frontline staff highlighted the need for time and headspace to reflect on, plan and carry out what they had learned.

A few people noted evidence gaps as a barrier, meaning they could not find evidence which applied to their particular case or question. Frontline and other staff felt there was a lack of Welsh-specific evidence. This applied to research, policy and legal guidance. While some found it possible to learn from evidence from elsewhere in the UK, others expressed frustration with the lack of evidence generated in Wales. Whether it applied to Wales also depended on the type of evidence. For example, some laws are different between England and Wales, but certain research may apply in both contexts. The importance of Welsh-specific evidence came through more strongly in certain local authority focus groups.

> *'There is a lot of focus on the Welsh context in our work. Where is the Welsh research then? We've got the British research – great. Where is the Welsh research?'*

Relevance was also discussed in terms of who the most appropriate audience is for social care research and who it is relevant for. Two separate ways of using evidence came out of the discussion with frontline social workers, particularly linked to formal research evidence. These link with whether and how research evidence is relevant to frontline workers compared to those designing and managing services.

- **Model 1:** In this model, research directly informs practice. Individual practitioners use research and evidence on a 'case-by-case' basis. For example, workers would read research relating to a particular issue. This would be integrated with other forms of knowledge.

- **Model 2:** In this model, research underpins services, tools and approaches, so is therefore largely used by those designing and managing services or developing evidence-informed approaches. The services, tools and approaches are standardised across the local authority and embedded in practice. Therefore, it relies less on individual practitioner action on each case but does rely on practitioners implementing and 'owning' approaches that they have been trained in.

The two models might be used together. For example, a worker might use research on a case-by-case basis (model 1) as well as use standard, evidence-informed approaches adopted by the local authority, such as referring parents to a parenting programme or using the **DASH risk assessment** (model 2). As well as linking with relevance, these models echo other factors, such as whether individual workers have the time, skills and training to use research on a case-by-case basis, and whether research is in a usable format. It also links to the question of how research on general topics is relevant to individual cases. There is more about these two models in Appendix 3.

Trusted evidence

Using trustworthy evidence was important. While some felt confident in using academic research, many struggled to decide whether research was trustworthy and suitable for their purposes. This barrier was particularly evident amongst frontline staff. They had high standards for judging whether evidence was trustworthy or not, so felt a need to consider reliability, sample size, suitable methods, whether the evidence is up to date, its funding and peer review. Several people felt that 'research can say anything', therefore, people need confidence and skills to decide which findings are reliable, and it helps if research says clearly what its purpose and limitations are. Some noted the risk of people 'not knowing what they don't know' so using evidence inappropriately. Local authority staff also highlighted that a lot of evidence and learning is produced which they are not aware of. These points connect to the widespread suggestion for a single, trusted site presenting validated, relevant evidence. This theme is connected to the time barrier but also the next factor of skills and qualifications.

Personal skills

A lack of skills, confidence and training in finding and using evidence was another widely mentioned barrier, especially by frontline staff. This only applied to certain evidence types, particularly those that were used less routinely.

> *'Searching for evidence is an art…. Like, getting efficient, using the right search words.'*

> *'There's a lack of guidance about which evidence we should use. I use Judge Munby but I don't know if I should.'*

A few people noted that using research is especially challenging for people who do not see themselves as academic or for people without degrees.

Several frontline managers noted a general nervousness amongst social workers relating to using evidence and research, which they wanted to support people to overcome. A few managers helped staff to use evidence, for example by discussing research at supervision, but other managers lacked confidence in doing this. Some non-frontline staff noted that having information specialists in organisations was an important enabler of confident and skilled evidence use.

Qualifications

Taking qualifications was widely seen as supporting evidence use amongst local authority staff. This was strongly linked to staff with professional qualifications. Many noted that students and newly qualified social workers use research and evidence the most. It is emphasised in their training, and they were sometimes seen as having more time and being more open to a range of evidence. However, some students noted that they lacked skills in using evidence. Newly qualified social workers complete the Consolidation Programme. Local authority staff had different views about this qualification, with some feeling it lacked relevance to practice and did not provide new learning. Others felt that it helped evidence use including through providing a mentor. Most thought that after this, practitioners have less time and sometimes less confidence to use research and evidence.

> *'I've been qualified for a year or a year and a half…. Just how out of sync I feel with a lot of these [evidence types] compared to how I felt when I was doing my placements…. It does start to become a little bit removed from it all… I suppose, what you were saying, you do inherently take on a lot of what you learnt and apply it to the job… but you do start to feel a bit rusty too.'*

A few people noted that taking qualifications later in their careers had encouraged an interest in research and evidence. It also provided time and headspace.

> *'Being given the space to think, it's not just about the time. Doing this course has brought evidence into my work and assessment more than any training. It's thinking time.'*

A few people noted that a lack of chance to specialise, particularly in adult services, was a barrier to developing expert knowledge.

Motivation

Several people noted that personal motivation and interest helped research and evidence use, especially amongst frontline staff. This was linked with the lack of a formal structure or dedicated time, particularly after consolidation. Interest rather than structure helped drive evidence use.

> *'I'd say it's more to do with individuals' interest in reading research and thinking about research rather than any organisational or… any sort of strategy out there.'*

On the other hand, many local authority staff talked about frontline practitioners who, for a variety of reasons, were not inclined to use research. They were seen to be reluctant to change their practice in light of new evidence.

Values were also a prominent underpinning theme for frontline staff's evidence choices and their use. On the same topic, a few people mentioned that buy-in from practitioners is needed for them to embrace new 'top-down' evidence-informed approaches.

'People need to understand the change [and] why the change is taking place for them to change their approaches.'

Relationships, networks and knowledge sharing

Staff working away from the frontline, such as in commissioning and service improvement talked about the value of relationships, networks and knowledge sharing amongst contacts and colleagues across sectors. This was supported through attending events and groups, where they learned about research and shared knowledge or signposted each other to evidence. Others wanted more chances for networking and discussing evidence. A few staff talked about working with people both in and outside their team or region.

Relationships and discussion with colleagues and other professionals were also central to frontline practitioners. This is demonstrated above through the importance of information from colleagues and other professionals as a source of evidence. But some mentioned challenges of multi-disciplinary working, including that social care evidence was seen as lower status than health evidence, reducing its status with other professions. Relationships and trust were highlighted as key factors by non-frontline staff. A lack of contacts or strong relationships made existing barriers worse, especially between health and social care. Some highlighted different culture, language and understanding between health and social care staff, including relating to what evidence and research mean and which types are valued. Building connections and relationships, including with other professionals, were an important help to joint working in evidence use and increasing the impact of social care evidence.

Several staff working in information and service development roles highlighted challenges in gathering and sharing information:

- Technical issues such as extracting the right information from various systems and the use of different software systems which 'don't talk to each other'

- Certain evidence was not consistently gathered, even though it would be useful

- A lack of knowledge of available evidence within and beyond organisations and not knowing the 'right person' to ask

- A cultural unwillingness to share reports and information outside organisations.

Non-frontline staff also highlighted that lack of knowledge and information sharing can lead to duplication between local authorities:

'People are doing really good pieces of work in a lot of places.... that people then do again.... I don't know why we can't just take the learning and good practice that people have identified and give that as our, kind of, evidence for why we want to do something or create a policy or service rather than do it all again ourselves.'

Some said that they are not aware of pathways for knowledge sharing with researchers:

'I might be practice assessor for one of the students but I've got no idea, unless it's just by chatting to one of the students, about any of the research going on at (my local) university. I wouldn't have a clue even to know who to speak to... If I say I am interested in their research, I don't know where the conversation goes after that, I don't know what responsibilities they have to share it with me.'

Legislation and policy context

Participants in all local authority and regional partnership board focus groups highlighted knowledge about legislation and policy as key to their roles. For frontline staff, this knowledge was a strong driver of practice because they work within statutory and policy frameworks. Some felt that these particularly applied to children's services as assessments are commonly undertaken under legislative sections. Several staff in planning and development roles were also required to ensure their departments were compliant with new legislation or policy. All staff also work according to local policy and procedures. This links to the relevance factor, where it was noted that people's job role and tasks drive what type of evidence is applicable and useful.

The legal process and the court arena generated considerable discussion amongst frontline staff, particularly those working in children's social care. There was a widespread consensus that the court process promoted evidence use because evidence is essential to building a legal case. It may include case records and reports from other professionals. However, views differed as to whether the court process helped or hindered the use of research evidence. Some said that research use strengthens a court statement and is therefore appropriate. The stronger view was that the court process is a barrier to research use. This was because cross-examining barristers could quickly undermine practitioners by citing conflicting research or challenging their expertise. Therefore, practitioners were generally nervous about using research and legal departments often discouraged it.

An exception was the use of widely recognised research, which the cross-examining barrister was unlikely to challenge. For example, it is widely known in children's social care that domestic violence has a negative impact on children, so this can be stated in court without challenge. A minority of practitioners did use less established research but it depended on thorough study and preparation for potential cross examination. This is often unrealistic, given other barriers. One manager described her preparation for court:

> *'I remember going to court… waiting to be challenged on something, having all the books, everything highlighted.'*

Leadership and culture

Team level
Participants saw management and team culture as major factors influencing evidence use. This discussion came through in frontline teams. Some people found that managers supported evidence use through, for example, discussing it in supervision and setting up group reflective sessions. One manager talked about supporting her team to use evidence confidently as the team knew that the manager would review and quality assure reports before submission. Consultant social workers in teams also supported evidence use.

On the other hand, a few people found management to be a barrier to using less routine evidence, such as research. This is likely to be linked to organisational requirements but was also talked about in terms of culture. For example, whether the team and its management adopted an enquiring and open approach to new learning.

> *'Our priority is to time manage and get our work done… so really… were we to choose to drop articles, research and evidence, we'd have to get through the week because otherwise management would be breathing down your neck as you're not hitting your targets.'*

'Research is part of our role but it is not prioritised by our employer. We have to do it in our own time.'

Organisational level

Local authority staff said senior leadership and organisational culture were consistent factors influencing evidence use. Experiences varied within and between local authorities and between children's and adult services, painting a complex picture. Several people, especially in non-frontline groups, talked about senior managers leading by example, introducing a culture of learning and development and giving permission to attend evidence events and courses.

'There is a culture of learning within the organisation – you can go on courses. There is a focus on lesson learning rather than a blame culture…. There's a recognition that people are fallible. We are a more reflective service now. It has taken years.'

But others described a less open and supportive approach or inconsistency across teams and divisions. Adult services were seen to have less organisational support in some instances. Across both services, people talked about a lack of organisational structure or strategy around research and evidence. Some noted that health organisations tended to be more advanced in comparison, such as having formal research ethics processes. Someone highlighted the need for a mechanism to enable research and learning within organisations:

'If you're serious about that, you have to put up some mechanism by which you are supporting being a learning and development organisation - don't just leave it to osmosis!'

Funding

Funding and budgetary constraints were highlighted as a barrier by local authority and regional partnership board participants, across frontline and non-frontline groups. Many local authority participants noted a lack of funding for posts such as research leads and policy officers, which previously existed. Funding is also linked to the time and culture factors mentioned above. Some expressed that funding was not available to allow protected time for research or to prioritise engagement with non-routine evidence, which could lead to a more 'research-minded' organisation. Welsh Government participants also highlighted that local authorities lack time and resource to undertake research despite identifying important research questions. Overall, the funding and resource challenges were broadly discussed in three areas, depending on which aspect of the research and evidence process they affected:

- The production and evaluation of research and evidence, at government or local level

- Accessing, searching, quality-checking and understanding research and evidence

- Applying evidence in practice; that is, having the funds to implement an intervention that the evidence shows would be most effective. The challenge was voiced by both government and local authority participants. Some frontline staff said that research may show benefits of a particular service or preventative intervention, but a less costly option would be agreed by a 'funding panel'.

'Sometimes you can only do what you can do rather than what evidence says you should be doing.'

'It's like you are going to the bank manager to ask for money and often [the answer is] no.'

4.1.4. Initiatives and ideas for supporting evidence use

We asked participants which current initiatives support their use of evidence and to offer their own suggestions and ideas that might make using evidence easier.

Ways of accessing and using evidence

Participants described several ways of accessing and using evidence. Regardless of the method or medium discussed, participants consistently called for evidence which is:

- trustworthy

- up to date

- in straightforward language (usable)

- relevant to their work, including being useful in Wales. If not, people called for a clear statement of which country the evidence applies to.

Several ways of accessing and using evidence were online.

Central online resource
One of the strongest suggestions by local authority participants was for an online resource. This would be a central, accessible resource summarising relevant, up-to-date and trustworthy evidence. They suggested it should include research evidence, practice examples and guidance and should be searchable, easy to navigate and simple to use. It was suggested that the resource should be themed according to subjects, for example fostering, dementia or autism. The online resource was mainly suggested by frontline practitioners, who suggested that it would support them to use research and evidence in their cases, including increasing confidence in the court arena. A few people suggested that other professionals should have access to it, to increase the authority and impact of social care evidence.

Non-frontline staff from local authorities and regional partnership boards suggested that a central resource housing evidence or providing guidance about evidence use would be valuable. The types of evidence they suggested corresponded to their job roles. For example, staff in service planning would find information relating to social care service demand useful, and those working in local policy would find it useful to know about relevant regional and national policy initiatives. But some warned that a central resource could become unwieldy and maintaining it would be a significant job.

Some central online resources already exist. For example, several local authority participants mentioned **Community Care Inform** but local authority staff generally did not have access to it. Whilst most found Community Care Inform extremely helpful, a few people considered it too basic. Views varied regarding whether gaining a subscription for it or a similar website was enough to meet their desired requirements.

Other virtual and online options
Participants mentioned other virtual and online options less often, which is likely to reflect the fact that most information collection took place before the shift to widespread virtual

meetings, resulting from the pandemic. Participants who had used other virtual methods found them helpful, especially when they addressed the barriers already outlined:

- **Podcasts**: one person mentioned a social work-relevant podcast that could be listened to on the go

- **Webinars**: these worked well when participants could ask questions but also when people could listen at their own convenience

- **Animations**: a non-frontline practitioner had developed an animation to encourage staff to record examples of innovation and therefore share evidence through good practice examples

- **YouTube videos**: for example, summarising research on adverse childhood experiences

- **Apps**: Social Care Wales' **Safeguarding Procedures app** was highlighted as extremely useful by those who had downloaded it. It was quick, easy, case-relevant, authoritative, applied to Wales and could be used on the go. Practitioners described that it contained practice guidance, relevant research, tips and checklists to guide assessments.

  'Since the safeguarding procedures is now on an app on my phone I've probably read it more than I've read it the whole of my career!'

Additionally, those engaged following lockdown highlighted the benefits of the expansion of virtual meetings and events. They helped increased evidence and knowledge sharing and include a wider group of people, including those in rural areas. Attending virtual training or knowledge-exchange events was more feasible for busy staff, especially in rural areas, as travel time was removed.

Social media
Social media was mentioned by several local authority participants and was associated with mixed views. While some thought it was unreliable, others found it a useful way of sharing and identifying evidence, including trustworthy and peer-reviewed evidence, for example through following academics on Twitter. It also helped knowledge sharing between contacts and colleagues.

Training
Training is another way for staff to access and use evidence and knowledge. It worked well when the training was practical and relevant, especially if the participants had time to think about it afterwards. This is a good way to maximise the usefulness of training. Tools were sometimes helpful (for example, the **DASH risk assessment**).

'Some training is great. For example, we had domestic violence training where they gave us some knowledge but they took it beyond that. They looked at what it means for practice, how would you assess it, what it means for impact on the child. They give out tools – the DASH risk assessment. It was pitched at the right level. Case examples, interactive. It hasn't worked well when they have just told us about different types of domestic abuse – we know that.'

'The most important thing is the training that we do when we come away from that and we've got practical things that we can use and work with families.'

A few people talked about developing enthusiasm and motivation following training or an event, which inspired them in the short term, but was difficult to keep up under the pressure of their job. One person described how the team attended attachment training over a six-month period and established action learning sessions as part of the training:

> '…and we all loved the training and we all made time to go and it was really, really interesting. Case review sessions were set up after the training. But once the training finished, the day job got in the way, and everyone was too busy to do it.'

Several people mentioned peer learning opportunities. This was both at training, which improved their understanding, and through attendees sharing key messages with the rest of their team. Some local authority staff called for learning and development teams to take a key role in making sure that staff are trained in the most up-to-date and evidence-informed models.

Events for discussing and engaging with evidence

External events and joint working
Local authority staff discussed chances to engage with researchers or discuss evidence through external events. These might include events hosted by ExChange, universities, inter-local authority and interagency practice networks, and facilitated communities of enquiry. Some also wanted informal chances to talk to academics about their research. Useful features of external events and joint working included:

- **Asking questions and drawing links to practice and services**: this helped to apply evidence to day-to-day work. Some highlighted that it would be useful to ask researchers how they would answer practice, policy or service-linked questions with the knowledge they have, even if current research was not conclusive. People also liked researchers visiting their organisation and felt closer links with universities would be helpful.

- **Interactive and supportive events**: chances for attendees to actively explore and apply evidence in a safe space were valuable aspects of these events.

- **Developing contacts and knowledge sharing**: in line with the factors above, some saw events as a useful chance to make contacts, share knowledge and learn from peers.

- **Focusing on specific subjects or problems**: many people said events would be most useful and interesting if they focus on specific subjects or problems, such as young people's mental health. This would also be more likely to lead to tangible actions.

- **Keeping in touch with research and practice guidance**: some people valued being taken out of everyday work, learning about good practice and/or being reminded of the research basis to practice. This could reinvigorate them and their work.

- **Timely follow-up and agreed actions**: in relation to an externally arranged 'practice network' event, some said that definite follow-up or outcomes are important so they 'get something back' from attending events and maintain momentum. This might be agreeing to feedback teams or setting up a task group. This point was most important to non-frontline staff.

Regarding external and support events that participants found helpful, some explained:

'… [It's] very live and you've got the researchers there so you can ask a question, which you wouldn't be able to do it you were reading a paper.'

'I think that keeps us, as a team, in touch with current research…'

'It felt really safe…it's a safe environment, you can put your hand up if you have something to contribute…. it's really controlled… vey inclusive.'

Events with other organisations

Many local authority participants gave examples of events with other organisations, which tended to be set up by local authorities or health organisations, rather than by external researchers or evidence bodies. They were patchy across teams, regions or time; many spoke about ideas coming and going. Some examples are outlined below, including what people found worked well.

Inter-agency or inter-team events

Many discussed forums, events and days when they joined with other agencies, teams or professionals to share knowledge. They sometimes invited guest speakers. These tended to take place between one and four times per year. They were generally attended by frontline practitioners and managers in local authorities.

The benefits of inter-agency and inter-team events included opportunities to share practice, approaches, research and information, and learn about case law, new services and practice updates. These were also opportunities to learn about the work of other teams from across social care, health and other council services. For example:

- **Multi-disciplinary disability services days**: these had worked well when representatives from services came together to learn about and discuss a new law or evidence to improve their practice. This was combined with a guest speaker, for example, someone who uses services or an expert in information protection.

- **Inter-team days**: these had worked well when attendees from different teams, for example children's, adult and mental health teams, described their work to each other. Attendees would then feedback to colleagues.

Following lockdown, local authority staff also talked about virtual events or forums, focusing on themes and sharing professional knowledge. They valued these and there was an appetite for expanding them.

Conferences

There were a few examples of local authority-hosted conferences and events. These were for internal attendees and sometimes partner agencies. Both frontline and non-frontline staff saw them as a good chance to disseminate knowledge, share good practice and celebrate success. For example, a conference on building resilience involving chances to learn from other professionals, a guest speaker from a university, a case presentation about multi-disciplinary work to keep a family together and a personal story from a parent.

Team days and workshops (case-based)
Many frontline staff spoke about team days and workshops as another good way for sharing knowledge and learning from others. Keeping them relevant to practice and carving out dedicated time was important. For example:

- Creative thinking workshops in which social workers, senior practitioners, service managers and a direct payments representative come together to solve issues. They share information, good practice and ideas, for example, to address a gap following a service being closed.

- Awaydays in Child and Adolescent Mental Health Services, which take place four times per year. Attendees from across disciplines present on new work, share knowledge on available services and benefit from peer supervision.

Group supervision and reflective sessions
Group supervision and reflective sessions were a chance to share practice knowledge, research and information from training. But these sessions were inconsistent across specialisms and teams. They seemed to be most formalised in children's services, compared to adult, learning disability and mental health teams, although this varied. These sessions could be cancelled without management support. Successful examples included:

- 'Pods' in children's services: a formal process in which a range of professionals come together to discuss cases. They share relevant information from training, research and other evidence sources to inform decision-making. This was widely found to be helpful.

- Peer supervision in an adult social care team, centred on a topic or issue:

  'That's been very useful, it's dedicated, protected time…. It is popular, especially when I bring cakes and biscuits! No, they do see the value in it, they initially grumbled about it, we have it for two to three hours, I arrange it away from the team, it's usually in a different building or setting, so it shows the value that we put on it as a management team.'

Local authority participants welcomed external, internal and inter-agency events as a chance to share and discuss evidence and knowledge. These events should have certain features to be most useful, such as relevance to daily practice. This is important given the time pressure experienced by local authority staff. Further, internal events were particularly vulnerable to being discontinued or de-prioritised. Several people spoke about protected time and supportive leadership and culture enabling these events. Relationships, collaboration and relevance were also particularly relevant factors as the events often involved meeting with staff from other teams.

Further processes, initiatives and examples

Specialising, practice research and continuing professional development
Many of the suggestions for helping and increasing evidence use focused on practitioners upskilling, specialising and doing research. This links to the 'skills and qualifications' factor above, including the need to increase confidence and motivation. These suggestions were made by local authority and regional partnership board participants. Many of the suggestions focus on social workers, who are required to hold a professional qualification.

Continuing professional development and training requirements
It was suggested that specialising and upskilling opportunities should link to practitioners' continuing professional development and the appraisal process. Several people suggested that undertaking reading and research should contribute towards the 90 hours training requirement for social work registration. This would increase the likelihood of it being prioritised and protected. There were also calls for upskilling opportunities for non-qualified practitioners.

Specialist practitioners embedded in teams
Local authority staff widely supported opportunities for workers to specialise in subjects. Most felt this was not currently an option in social work. Specialising was seen as a way of increasing practitioners' expertise, supporting the whole team, and improving status, wellbeing and staff retention. Practitioners could specialise in subjects such as neglect or attachment. For those working in children's services, this would increase their authority and confidence in court. Such specialisation could be helped through intensive training, possibly through greater links with universities.

In terms of research and information expertise, some local authority and regional partnership board participants asked whether it is realistic or necessary for practitioners to gain these skills. Instead, evidence specialists could support them.

Consultant social workers
A consultant social worker is a practising social worker appointed to a specific consultant social worker post. Their role includes advising on complex practice issues, educating and training social work colleagues and leading on practice research – see **Consultant social worker**. The role was seen as facilitating use of a range of evidence types. Consultant social workers might provide group training, individual mentoring and use slots at team meetings to share information. However, the availability and use of consultant social workers varied widely across local authorities and teams, meaning the benefits were uneven and were more often found in children's services. Even within local authorities, some were not aware of their consultant social workers and their specialisms.

Links with universities and access to databases
Links with universities and opportunities to study were another suggestion. For example, Approved Mental Health Professional training already has close links with Swansea University, which works well. A few people had completed funded Masters or research projects, which had impacted on practice in their local authority. Practitioners wanted more of such opportunities although recognised budgets as a barrier. Another suggestion was for academic mentors to guide practice research, without practitioners undertaking formal courses. A couple of people suggested that maintaining the academic skills developed at university would increase a broader range of evidence use. People from all stakeholder groups (including government and those in policy and research roles) widely called for access to evidence databases. However, many also noted that journal articles were not sufficiently usable or condensed for practitioners.

Practice or internal research
Local authority and regional partnership board participants discussed other initiatives that worked well to support practice research undertaken by practitioners, sometimes as part of a postgraduate course. Views diverged about whether it was realistic for practitioners to undertake research. It required protected time and funding, which was often unavailable. But there were some examples of secondments for such projects or consultant social workers

undertaking research. Some practitioners had undertaken post-qualifying courses which supported practice research.

Other local authorities undertook internal research, involving both frontline and non-frontline roles, such as exploring trends in children in care and the reasons behind them. A few people also called for a strategy or structure around research within local authorities and organisations. This would help people to find out about research opportunities, support research projects, and make sure the correct research and ethics procedures are followed. It was notable that opportunities and approaches varied a lot within and between local authorities. Participants thought that internal research requires time, funding and often upskilling and/or academic guidance.

Relationships and knowledge sharing

Relationships and knowledge sharing are a great opportunity to improve the use of evidence and understanding.

Sharing information between agencies
Several staff working in information and service development in local authorities and regional partnership boards called for more opportunity to share information within their organisation and between agencies. At present, processes and established relationships are often lacking. Existing initiatives and other ideas include:

- The establishment of joint local meetings with health colleagues to share evidence-based practice. This was operating successfully in one local area.

- The use of technology to keep in contact while home working was successful, including between health and social care.

- Maximising opportunities and processes for data sharing between agencies, while upholding information governance requirements.

- Greater communication and feedback from those who request information, particularly the Welsh Government and some regional collaboratives. Some said that the Welsh Government publishes information which can be selective, lack detailed underpinning analysis and use categories (for example, age ranges) which are not optimally useful to regions. There were also perceived gaps between government departments. Therefore, closer working between the Welsh Government and local areas was welcomed, to better understand local needs.

- Chances to network, share ideas and local research that may benefit others across Wales. Some felt these opportunities were lacking.

- Chances to work in a more integrated way internally and capture all research initiatives centrally.

Sharing information with colleagues and other professionals
As already noted in the relationships and knowledge-sharing factor above and suggestion of specialist practitioners embedded within teams, sharing information within teams and with other colleagues is valued. This often works well already and people wanted it to be maintained. Open-plan offices and co-location were particular facilitators.

Leadership and culture

Team level

Team managers and senior staff in local authorities can play a key role in supporting evidence use. Some examples of this working well included discussing research and evidence in group or individual supervision sessions, managers suggesting specific research to those they supervise, and managers carving out time for staff in their team to engage with evidence.

> *'I think because my senior said… you should have a look at [a report on adverse childhood experiences], it will be really applicable for what you're writing, that gave me the confidence then… I think it's because I had the go ahead from someone senior to me.'*

Allowing time to get a cup of tea before having a reflective case discussion, or making sure practitioners are not given a new case before a group reflective session is scheduled (so they attend), support a culture of engagement with a range of evidence. But some discussed practical challenges to achieving this, for example, work pressure.

Organisational level

Similarly, senior and organisational support are key to instilling a culture of evidence use, as noted in the leadership and culture factor above. This may include leading by example, not seeing research as a luxury, and supporting attendance at conferences and evidence events. This discussion particularly came through in local authority focus groups.

Funding and dedicated evidence posts

Lack of funding was seen as a barrier to using evidence for all the workers in frontline and non-frontline roles. This connects to other factors and initiatives, such as the ability to carve out time for using research evidence, using supervision to have broad, reflective discussions and releasing practitioners to undertake research. This is all more possible with funding and smaller caseloads.

More funded opportunities for local authority staff to study were also suggested, with students 'giving something back' by communicating their research to teams, for example. Several people called for specific posts to be funded within organisations, such as research or evidence leads and development officers. This would increase capacity and expertise within organisations for research and evaluation. It would also afford greater parity with health.

Some suggested an 'evidence expert' to be a part of frontline social care teams, someone who could spread new evidence, such as legislation and practice guidance. Some information and development staff suggested the Welsh Government support capacity building and providing local resource to collect and use data of interest. There were also calls for long-term funding of innovative services, especially where it takes time to build evidence of effectiveness and gain trust of users.

> *'From the point of view of practitioners, they could do with somebody they could just ring or drop an email to with their questions and get them back rather than necessarily having the skills themselves.'*

> *'If there is a real desire to do something differently, it requires Welsh Government, Social Care Wales, whoever, to put money where their mouth is.'*

4.2. Findings from research with the Welsh Government

This section highlights findings from our engagement with government stakeholders. They were mainly senior staff working in health and social care policy, research and data roles and included those who commissioned and produced research. They commented on evidence use in government but were asked to focus on evidence use in local authorities, both in frontline and non-frontline roles. They were also asked to reflect on government's role in generating evidence for the sector.

4.2.1.   Initial ideas about evidence and research use

Participants agreed that the uptake of research and evidence is low and patchy across social care. There is not a good understanding in government about where research is being used, or not, although the commissioning and service-development functions in local authorities were identified as areas of strength.

A clear definition of research is needed to avoid confusion between different groups. The difference between data and research was also noted, with local authorities collecting and working with a lot of data, but not necessarily with research.

Comparisons were made with the health sector, which is more connected to research than in social care. In addition, participants felt that research funding is often diverted to universities, with social care research undertaken in health rather than social care centres. This was seen as further distancing social care from research.

Participants highlighted a disconnect between research and 'day-to-day policy'. This is linked to the different layers of social care with government, local authorities and frontline staff not always having access to and using evidence in the same way. There are concerns that research does not always reflect reality and is not transferable outside specific contexts. As a result, participants found it difficult to get a good overview of 'what is going on out there'. There are a lot of research reports and documents but it is not always clear what to do with the information.

All the focus groups agreed that the use of research evidence in practice is limited in local authorities and noted the potential to increase its use. In contrast, many local authority participants highlighted that types of evidence other than research are commonly used and provided a more positive impression of how 'evidence and research minded' local authorities are.

4.2.2.   Generating evidence and understanding impact

Government participants were asked to share examples of evidence they had produced or worked on relating to social care. They noted a wide range of programmes and projects across children's and adult services and discussed the extent of its impact.

There were three outcomes: there had been impact, there had been low/no impact, or they did not know either way.

- Research that had impact successfully addressed a specific issue or question identified from within the sector. There were examples where projects had directly changed policy and guidance in a specific area, although recognition that because a policy had changed, practice may not have.

- Where there was no/little impact, any impact had either been short-lived, or impact was 'hit and miss'. If there was no translation into policy or guidance there was less chance of take-up.

- There was agreement that often participants did not know the impact of their research or evidence. There may have been positive feedback when it was produced, but whether this translated to change in practice was not known. This lack of knowledge was common, and participants felt that monitoring and evaluating the impact of research should be built into projects. Too much evidence was being 'dumped' on websites with no follow-up.

Processes to support researchers were important and some of these were already in place. Those who commission research indicated they would rather commission work that had stakeholder buy-in from the start of the project, for instance heads of service developing the specification for the project. This collaborative way of working requires groundwork by researchers.

There was a distinction between data and evidence, with data needing to be analysed and translated into usable evidence. Participants described how local authorities collect a lot of data but lack the systems and expertise to use it as evidence to improve service delivery. Local authorities may need support with this. Linked to this was the concern by some local authority participants that by sharing information they could be open to criticism, such as with the creation of a league table. As noted above, some local authorities also called for support and resources from the Welsh Government to allow greater use of local information.

Funding was highlighted as a barrier to the production and evaluation of research projects, with local authorities often not having the resource to fund research and analysis activities that would be of direct value to them. The Welsh government group echoed the findings from local authorities regarding the impact of funding more widely.

Overall, the Welsh government participants described a wide range of social care evidence that they produced or commissioned. Some of this was known to have impacted on policy or guidance, but in many cases, participants did not know the impact of their research or evidence, especially at the practice level.

4.2.3. Factors influencing evidence use

Welsh government participants discussed what helped and what got in the way of using evidence.

Access

Participants were concerned that staff across the social care workforce had access to evidence and the right information for their needs.

As with local authority staff, access to research and evidence can be problematic for government staff too. For example, a journal subscription scheme with access to research findings had expired.

Usability

Participants described usable research and information as looking good, being accessible and being non-threatening. 'Usable' evidence was seen to differ for different staff in local authorities. For example, long reports may be used or shared by managers or policy staff, but frontline staff may prefer the key messages. Messages need to be in an accessible

format and tailored to the user. The most usable research was presented in a range of products, which could be provided to or selected by users, according to their needs.

The importance of usable and succinct evidence, particularly for frontline staff, is consistent with the feedback from local authority participants.

Trusted evidence

There were concerns over the quality and trustworthiness of some research and evidence. Specific points were that some outcomes gain traction with publicity and headlines, but that does not necessarily mean they are based on good-quality research. Toolkits and 'golden solutions' can be picked up quickly but then dropped when they do not meet expectations. This can lead to lack of confidence in research.

Linked to this was the concern that to fit different contexts, toolkits and models were regularly altered, but that there was rarely any evaluation of these changes. Again, this could reduce trust in evidence.

Timely evidence

Timing was highlighted as a problem in producing and applying research and evidence. Research could be excellent but slower than policy, making it hard to apply. This was thought to be a particular problem in social care compared to other areas of policy.

> *'The nature of social care and other disciplines [is such that] you've got families who are often vulnerable and in crisis − the thought of waiting two or three years for an evaluation or review to take place is perhaps not appealing in the field because people, quite rightly, want to make a difference* ***now****.'*

This point was also implied by local authority participants, when they noted that external events and joint working with research would provide a useful chance to ask researchers how they would answer practice, policy or service-linked questions, even if research was not conclusive.

Skills and motivation

Government participants suggested that frontline staff need to start with the necessary skills (which could relate to education routes into social care), to build research and evidence into the system. The lack of skills in some local authorities was seen to reduce motivation and buy-in.

> *'The capability is not broadly out there and I think it will depend, maybe, on whether or not you've got a key senior person in a department who's got a bit of a passion for this [research and evidence] and it might emanate from them, but if you've not got that person then it's not there.'*

Leadership and culture

Government participants were aware that some local authorities had a strong ethos of using research and evidence to inform practice while others did not. The key difference between such local authorities was seen to be the leadership. There were known examples of local authorities using research and data from the improvement hub to inform practice, and others that did not understand why they were being asked to collect information.

Charities and other groups involved in research were also aware of which heads of service were open to research, a key factor to them working with some local authorities.

> *'Certainly, in terms of wanting to conduct fieldwork, evaluations etc. you are aware of which heads of service will be interested in having a conversation with you, who will want to have a look at issues in the area and would be open.'*

4.2.4. Initiatives and ideas for supporting evidence use

Presenting research

Government participants acknowledged there was not a 'one-size-fits-all' approach to sharing research outcomes. Some good examples they knew of were:

- Infographics of evidence-based stories for frontline users

- An academic presenting the outcomes of research on postcards with pictures and key messages. Sets of postcards could also be used as part of training

- Impact stories

Participants suggested that some research is needed into which type of presentation of evidence people use. For example, do staff use podcasts and social media or is it only assumed they do?

Collating and accessing evidence

Participants felt it would be helpful to have a searchable set of information on current, completed and planned projects in order to avoid duplication and provide opportunities to build links. They did not only want to know about research outcomes, but also how they came about. Similarly, a few non-frontline staff suggested a resource which brought together research and evidence across Wales to avoid future projects duplicating completed ones.

It was widely agreed that it would be ideal to have a central place or portal to access information. This was described as a sector 'go to' for Wales.

> *'There is no single repository or "go to"… we need a "go to" for ourselves, the heads of social services, social workers….'*

It would not need to house all research, but rather link to it and be easily searchable, not only by topic but by audience. This chimed with the suggestion for a central resource from other stakeholder groups. But there was no agreement on the exact nature or content of the resource amongst participants.

Some government participants were also concerned that there is a lot of information on some topics and this could be off-putting. It would be better to combine information and findings to tell a whole story, rather than individuals having to piece this together. A good example of this was the 'what works' model, which doesn't promote a perfect model but rather the pros and cons of different approaches. Another was the **Children's Social Care Research and Development Centre (CASCADE)**, which includes rapid reviews on different models of working, presented in a 'digestible' way.

Users of research and information could benefit from some kind of 'how to' or 'cheat sheet' to help them to access and use it effectively. This was linked to the need to build capability and capacity in the workforce to engage with evidence.

Relationships and networking

Participants generally supported the idea of research and evidence networking events between and within regions. Best practice sharing events were seen as useful so long as local authorities had the capacity to attend them and share the information.

> *'I would encourage [events and best practice networks] at the regional level...*
> *Local authorities are all struggling with their out-of-county placements and*
> *numbers of looked-after children, well let's have that conversation on a regional*
> *level rather than separately, bring in information, bring in research...'*

A suggestion to avoid 'preaching to the converted' and to engage new people in research and information would be to set research into existing networks and work programmes rather than creating new ones. For example, heads of children's or adult services already have networks.

Research networks could have a broader job than sharing research and include creating new research ideas and bids. They could also be used to bring together groups from other sectors such as education and health, although events seen as health-led could deter those from social care.

4.3. Findings from research and policy advocacy

This section describes findings from research and policy advocacy participants. The evidence discussed by this group focused on formal research and information, although included other types of knowledge such as lived experience and practitioner knowledge. They commented on their own role as researchers and policy influencers, and evidence use in both local authorities (frontline and non-frontline roles) and the Welsh government.

4.3.1. Initial ideas about evidence and research use

Participants in this stakeholder group discussed evidence use in relation to various intended audiences, depending on their roles and research area. These included senior managers and elected members in local authorities, commissioners and service providers, practitioners, central government, people who use services and other public bodies. This covered plans to influence both policy and practice. Some said opportunities to feed in research findings were good and others described evidence uptake as low. Most agreed that challenges existed, including evidence gaps, usability of research, a mismatch between what is needed and what is funded, and a tendency amongst decision-makers to rely on 'common sense knowledge', rather than research.

4.3.2. Building evidence and understanding impact

Participants were asked to give examples of evidence they had produced or worked on. They outlined a range of qualitative and quantitative research and evaluation projects. These linked to various groups and both social care and health systems, as well as the research process itself. Methods included interviews, surveys, controlled trials, risk-factor analysis and evidence synthesis. Others were involved in knowledge mobilisation through narrative and dialogue-based methods. Participants described workshops, shared storytelling, presentations, webinars and videos as methods of discussing and generating knowledge. People's written outputs included peer-reviewed journal articles, reports, curated web pages, tools, resources and practice guides.

Participants explored the take-up and impact of their evidence. As with the Welsh Government, there were three outcomes: there had been impact, there had been low or no impact or they did not know either way. The reasons for this are summarised below and explored further in the next section.

- Where there had been impact, reasons included: meaningful human stories about individuals with a learning disability, a powerful talk from an academic which changed practitioners' perceptions and co-producing research with decision-makers.

- Where there was little-to-no impact, reasons included: a lack of resources and capacity by decision-makers, poorly scoped and commissioned research, lack of sustained relationships with decision-makers, lack of an implementation strategy and complex, nuanced answers to research questions.

- Many had also been involved in research projects for which they were unsure of the impact.

'Lots of studies you don't know, frankly, what happens after the evidence has been generated. Sometimes that's okay, other times that's not okay, and other times it's worse than okay. I think, having generated an evidence base that is quite compelling and then not having capacity to deal with that or take seriously the implications of that, is the worst of all. You're better off not having asked the questions in some sense, if you really can't take on board what those messages are telling you.'

4.3.3. Factors influencing evidence use

Research and policy advocacy participants discussed barriers and facilitators to evidence use. They commented on their own role and we also asked them about evidence use in both local authorities and the Welsh Government. This included their experience of being commissioned to undertake research by the Welsh Government and therefore generating evidence for the sector.

Time, access and structure

Many participants highlighted time and capacity as barriers, both for local authorities and the Welsh Government. This echoed local authority feedback. In relation to local authorities, one researcher described their impression:

'They feel quite under the cosh, quite under the spotlight − especially in the current climate − and they don't really have the head space, time or resources, to do the kinds of things the evidence suggests they might want to.'

Lack of access to journal articles was highlighted by many as a key barrier. This applied to local authorities as well as many third sector organisations. Several people also highlighted the lack of structure and processes for planning, conducting and disseminating research in local authorities and practice settings.

Culture

Many researchers spoke about a research-minded culture as something which helps research and evidence use. This is about whether research and evidence are seen as valuable and important, even when time is limited. One stakeholder noted that the social care inspection process in Wales does not contain a requirement or expectation for evidence

to support practice, again showing its lack of importance in the system. This chimed with discussions in other stakeholder groups, although researchers spoke about it more strongly at all levels of decision-making.

> *'I just do not see enough "time" given in the workplace for individuals to spend on reading/accessing research (evidence) to inform their practice. It is just too low down the priorities. (This has only been reinforced in a period of austerity). Very few workplaces have a culture of a day or half day per month given over to research or generating new knowledge ideas etc.'*

Across all groups (including local authorities and the Welsh Government) a few people also talked about the barrier of routine, heavy administration and time-pressured frontline work which they thought stifled creativity and exploration of new knowledge.

Relationships and joint working

The value of relationships and joint working emerged as strong themes in this group. This linked to relationships between research and practice as well as research and policy. Establishing relationships was seen as more possible in Wales, due to its small size.

Relationships and collaboration between researchers and policymakers promoted well-planned and impactful research. This was a strong theme. In particular, long-standing relationships helped people from different sectors to understand each other, learn their 'language' and become familiar with sometimes complex evidence bases. People also spoke about losing progress and traction when someone left their job.

> *'What's interesting in Welsh Government is the leadership changes so quickly in terms of the civil service… so you can't get any traction there, because they've started something, they've planted it and they've gone, and the next person might have a different interest.'*

> *'The relationships matter and sustaining those relationships over time matter if you want to get someone to change their behaviour as a result of an evidence base.'*

Researchers also highlighted joint working and planning as important to successful commissioning and gaining buy-in from all parties. Researchers felt that research questions should only be asked when the answer is not known, the findings will be useful and decision-makers have the capacity to act on the recommendations. This was currently not the case.

As well as lasting relationships, many people explained that research had most impact when policymakers were open to findings, including nuanced findings or those that may question existing plans and policy. It is also helpful if policymakers are responsible for the implementation of findings and can act on them. It was recognised that certain blocks and conflicts can stop this. For example, evidence and recommendations from researchers are not picked up and put into policy or action by the government. The process of putting evidence-based recommendations into practice can be risky and requires leadership and responsibility.

When research findings were consistent with current policy agendas or focus points, it was much easier to achieve impact. Although discussion in the Welsh Government focus group did not address this issue directly, participants recognised the challenge that the impact of commissioned research was often limited or not known.

Funding and timescales

A strong theme amongst this group was the barrier of insufficient or unsuitable funding for research. Some highlighted a lack of funding for social care research or concerns that funding would be reduced. Many also felt that limited resources were not always used well. For example, funds were used for research which was not seen as useful to decision-makers; short-term funding was often provided which was seen as not favourable to developing and evidencing strong services, and there was sometimes a lack of understanding about how pots of money could be spent. Unachievable timescales stipulated by commissioners were seen as another barrier to good research.

> *'We need a more reflective conversation about what we're trying to do. What worked? Why? Let's talk about the timescale in which it could happen. If funds are limited, do we need and want to ask these questions? The money could be spent elsewhere if not.'*

Useable, applicable, timely evidence

Things that help evidence use include usability, relevance, timely findings and high-quality (trustworthy) evidence. Engaging and creative methods for sharing findings were helpful. Research and policy participants had also found using stories and quotes an effective way of engaging people.

> *'We produced this report we made loads of fantastic tables and graphs that I thought were super attractive and they said "take them all out and put your quotes in because what the councillor wants is, they want to imagine their constituent". They want to hear the voice of the person they think is going to be in their surgery.'*

4.3.4. Initiatives and ideas for supporting evidence use

Leadership and oversight: evidence in Wales

Research and policy advocacy participants highlighted the need for leadership and oversight of activity in the 'social care evidence' field in Wales. This would fruitfully join up linked work, maximise impact and reduce duplication. Social Care Wales' strategy was seen as a chance to reach this goal. Such consolidation would also promote a fuller understanding of the relationship between building evidence linked to policy and practice. Questions and initiatives could be part of the fuller picture, which often does not happen at present. Strong relationships and trust between organisations were seen as important.

> *'Part of the problem seems to be, in terms of the relationship between the generation of evidence and the use of evidence, is that nobody seems to have a grip – although everyone talks about Wales being a small country and everyone knows each other – no one seems to have a grip on what's going on and how it then reads back across.'*

> *'The social care sector is very fragmented with a wide range of sizes, personnel and resources available to them. There are a number of organisations that provide leadership but no single body that can provide recognised authority in identifying evidence and disseminating it.'*

Research-minded culture

Following on from the 'culture' factor above, people called for more opportunities to engage with evidence, reflection and discussion when making decisions. The importance of this was highlighted in practice, but also in service development, policy and other decision making. This was seen to relate to time, leadership and fostering a research-minded approach, although the challenge of achieving this and previous efforts to do so were acknowledged.

> *'People who are making decisions, you know, practice decisions, day by day as a social worker or as a team leader with responsibility for a team of social workers, or a head of social services, or even an elected member, day by day you are making decisions without necessarily having the time to step back and think about "do you understand what the impact is?" "Are you doing the things you need to do to be able to understand the impact?" "Are you drawing on an evidence base, broadly defined?" "Are you creating space where people can all talk together about "I tried this" or "I'm wrestling with this".'*

Practice research and 'bridging the gap'

There was considerable support for 'bridging the gap' between practice and research and helping practitioners to do research. However, views varied about what this would involve and how it should be supported. Some called for more power to be 'devolved' to the frontline, enabling practitioners to engage with and experiment with evidence. There were also calls for practitioners to have more power over innovation and knowledge development.

> *'[A facilitator is] starting with what matters to the sector and building on what's working well (appreciative inquiry) − doing your best to help them out, rather than tell them what to think and do.'*

Others suggested copying the research schemes, structure and funding available in the health sector. Local authorities and regional partnership boards also discussed various routes to practice research and challenges around gaining time, funding and guidance. Nevertheless, there is widespread enthusiasm for closing this gap, as well as more knowledge sharing between practice and research.

Practice research could be improved through academic research dissemination and long-term connections between practitioners and researchers. Participants in this group welcomed chances to network with practitioners and policymakers, echoing other groups. But there was agreement that networking is not usually enough. They suggested that researchers spending a day a week in policy or practice settings, or vice versa, would enable stronger links and understanding. Testing and evaluating initiatives and using evidence to inform optimal knowledge mobilisation were promoted.

> *'Does it work to have an embedded researcher in a local authority? Does it work to have a peer-support network where people get together and talk about similar issues? And could you combine these? For example, a peer-support network with an expert that can come in.'*

Others called for support for academics to help them write for policy audiences, in the same way they have communications officers to get findings into the media.

Following on from the factor above, there were also calls for closer collaboration between researchers, funders and policymakers, as well as achieving the conditions which help policy

impact: developing the right research questions, openness to findings and accountability and resources for implementation of findings. Funding Welsh-specific research, including at universities, was also promoted. This links to the 'relevance' factor in the local authority and regional partnership board discussions.

Co-production with people who use services

Several people in this group, as well in other stakeholder groups such as local authorities and regional partnership boards, promoted co-production with people who use services in research and service development. This was often not achieved at present. There were calls to involve people who use services in all aspects of research, from setting the questions and priorities to translation of findings. The current funding system was seen as a barrier, so it was suggested that specific funding is made available:

> *'Included in this agenda must be monies for participatory approaches involving service users and carers where the normal "test" for research bids/funding cannot be met as the work is co-produced and not described/determined and fixed upfront by expert researchers and funding panels.'*

5. Conclusion

This study explored how members of the social services and social care workforce in Wales understand and use evidence. The study involved participants working in local authorities, regional partnership boards, the Welsh Government and research and policy advocacy roles. There was widespread agreement that evidence use is beneficial, however many participants felt that it is not used enough and could be used more. Much of the discussion focused on evidence use in local authorities, in both frontline and non-frontline roles, reflecting the key areas of interest for this research.

Across the groups, multiple factors influencing evidence use were identified. These can broadly be grouped into three areas. This categorisation draws on some of the literature from the scoping review summarised above.

- **Opportunities to use, share and discuss evidence**. Participants faced several practical barriers to engaging with certain evidence (for example research) including a lack of time, a lack of access due to paywalls, and inappropriate or insufficient funding (for example, to provide evidence-based services). People had more opportunities to engage with other types of evidence, such as legislative and policy knowledge and the voices of people who use services. Prioritising these voices was consistent with participants' professional values. Professional relationships and networking provided good opportunities to access, share and discuss knowledge.

- **The nature of the evidence**. Participants were better able and more likely to engage with evidence which was usable (succinct and written in plain language), trusted, timely and applicable to their daily work. This included evidence that they could apply to the local context and which addressed current practice or service questions.

- **Skills, confidence and motivation,** sometimes linked to **leadership and culture**. Participants commonly mentioned skills and qualifications as facilitators of evidence use, which was seen to be linked to motivation. 'Evidence-mindedness' and motivation could operate at the individual, team and organisational level, and is therefore linked to leadership and culture.

There was considerable agreement about many of the factors. Some emerged as particularly strong themes. For example, time, usability, skills, leadership and culture were commonly discussed across all stakeholder groups. The factors also connect with each other. For example, if usable and succinct evidence is made available, people will only engage with it if it is also applicable to their work and they have the time and skills to do so.

Different groups found different things helped or got in the way of using evidence:

- The time barrier and the importance of applicable evidence to daily work were especially important for frontline groups, who were seen to face the most acute time pressure.

- Culture and leadership were sometimes a barrier and sometimes as a facilitator, depending on someone's team, department or whole local authority.

- The nature and purpose of relationships and collaboration varied between participants. For example, for frontline staff, relationships with other professionals were especially important as they helped them to gain professional opinions for their casework. However,

those working in commissioning and service improvement valued networking and events to discover and share knowledge to inform their work.

- There was a debate about who the audience for research evidence should be, particularly whether and how it should be applied at an individual practice level compared to at a service level.

Some common themes also emerged from discussion of ideas and initiatives to support evidence use. The following were strong suggestions across the stakeholder groups, some of which were already working well. Many address multiple factors at once:

- **Events and joint working**. Participants gave many examples of successful local authority and inter-agency events, where people shared knowledge and evidence. However, organising and attending events requires several facilitators such as time, good relationships and supportive leadership and culture. These conditions were not always available. All the participants were broadly supportive of events and other opportunities for networking and knowledge sharing across research, policy and practice.

- **A central online resource** was one of the strongest suggestions across all groups. It would be a central, consolidated, accessible resource summarising relevant, up-to-date and trustworthy evidence. However, some highlighted challenges with this idea, noting the large amounts of information to sort. Some also called for a searchable resource of all current, completed and planned projects to avoid duplication and increase opportunities to build links.

- **Specialising, skills and development.** Many of the suggestions for increasing evidence use amongst practitioners and teams focused on individuals upskilling and specialising. There was also widespread enthusiasm for closing the 'research-practice' gap across all groups, but views diverged on how best to do this and the feasibility of widespread practice research.

- **Addressing structural issues** such as time, funding and database access were also highlighted as important factors.

6. Recommendations

These recommendations and guiding principles were co-developed with the research steering group.

Guiding principles underpinning all recommendations

- **Relationships are central:** interpersonal relationships and collaboration are important in enabling people to access, understand and use evidence.

- **Partner and collaborate:** maximise collaboration between practice, policy, research and people with lived experience, when designing services, undertaking research and developing and sharing evidence.

- **Practical and tangible:** evidence, whether communicated in training, written summaries or through other methods, should provide practical and applicable knowledge and/or tools to help facilitate use by social care staff.

- **take a whole-systems approach:** recognise barriers and facilitators across the system, including leadership, culture and practical/structural factors. Make links between local, regional and national levels.

Recommendation 1

Identify opportunities to help facilitate collaboration, networking and knowledge sharing across research, policy and practice.

- Build on existing networks and models that are working well, including those connecting researchers and practitioners e.g., Communities of Practice and ExChange.

- Use themes to bring people together (e.g., events focused on specific topics).

- Develop collaboration between universities and local authorities to improve opportunities for practice research.

- Investigate how to help build close and sustained relationships between researchers and policy makers to support the process of commissioning research, applying findings to policy and implementing research recommendations.

- Connect with existing social care research and data initiatives in Wales to make sure that information is available and usable to inform local policy, services and practice.

Recommendation 2

Explore options for a central, digital resource providing access to relevant, up-to-date, trustworthy evidence in a clear and summarised format.

- Consider whether access to existing digital resources would meet this need (e.g., Research in Practice or Community Care Inform) or if a Wales-specific resource is required.

- Include or link to a variety of media (webinars, podcasts, etc.).

- Address access to journals for practitioners wanting to explore research evidence.

Recommendation 3

Consider developing a searchable and engaging resource of all current, completed and planned research projects in Wales: this would share information about active research projects and opportunities for new research projects. It would enable people to build links, avoid duplication, maximise impact and enable/promote practice research.

- Additionally, consider developing a strategy and structure around practice research within local authorities (linking to the suggestion for joint working between universities and local authorities in Recommendation 1).

Recommendation 4

Enable practitioners to gain specialist knowledge, via qualifications, post-qualification and ongoing training and development.

- Build strong links between practitioners and researchers, including in setting research questions and involvement in practice research.

- Recognise the differing needs of adult and children's service practitioners.

Recommendation 5

Take a whole systems approach by supporting leaders to establish learning cultures.

- Identify practical methods via linkages with leadership training.

- Support leaders to champion the importance and benefits of research and evidence to promote 'research mindedness'.

- Support initiatives within local authorities and other agencies to enable engaging with and reflecting on evidence.

Recommendation 6

Investigate and identify solutions for the structural barriers to evidence production and use in local authorities − sufficient time and appropriate funding.

7. References

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8. Appendix 1: Methods

8.1 Recruitment

A chance sampling approach was adopted to identify participants. All local authorities were invited to participate with one representative selected from each area, based on which local authorities volunteered. In cases where no local authorities volunteered in an area, targeted follow-up emails were sent, with the aim of gaining a final sample of local authorities with a range of experience of using evidence and research. Once identified, a coordinating manager within the local authority recruited participants, either by seeking volunteers or nominating individuals. To recruit participants from other stakeholder groups, we invited known contacts to participate and asked individuals within workplaces to recruit others.

Table 1: Participant numbers and characteristics

Stakeholder group	Number of participants	Participant characteristics
Local authorities	58	• Participants were recruited from seven local authorities, one from each of the regional partnership board areas in Wales. • We engaged with the majority of participants (n=53) through focus groups undertaken at four local authorities prior to lockdown. The remaining local authority participants (n=5) were a small number of representatives from the other three local authorities, who had viewed the interim report in advance (see information collection methods). • Of the 58 participants, 36% (n=21) worked in children's services, 43% (n=25) worked in adults' services and 21% (n=12) did not work specifically in one service. • Of the 58 participants, 45% (n=26) were frontline practitioners (e.g., social workers), 38% (n=22) were non-frontline staff (e.g., team managers, commissioners, service planning staff), and 17% (n=10) had both frontline and management/ consultant responsibilities (e.g., assistant team managers, consultant social workers). • Of the 32 participants who were non-frontline or had both frontline and management/ consultant responsibilities, 62.5% (n=20) were frontline (e.g., team managers, assistant team managers, consultant social workers) and 37.5% (n=12) were non-frontline (e.g., commissioners, service planning and information staff).

Regional partnership boards	2	• Both participants worked in research, innovation and improvement.
Welsh Government	10	• The majority of participants were senior staff working in health and social care policy, research and information.
Research and policy advocacy	14	• All participants focused on social care, health and/or other public policy • Participants included university academics and researchers (n=8) and researchers and/or policy advocates from independent/third sector organisations (n=6)

8.2 Information collection

8.2.1   Focus groups

A steering group which included the research team from Social Care Wales and SCIE, as well as representatives from local authorities, research, the Welsh Government, third sector and regional partnership boards helped shape this research. A semi-structured interview approach was used to guide the discussion in the focus groups. Focus group facilitators used guides which covered key research questions mentioned previously. Questions were adapted slightly for each stakeholder group. For example, the group with representatives from the Welsh Government focused on the role it has in generating evidence for the sector rather than its own use of evidence.

This is consistent with the research's focus on evidence use in local authorities. Focus group facilitators were able to deviate from the guide to follow the natural trajectories of conversation when appropriate. This helped us to gain rich, detailed and relevant information.

Information was collected from January through to September 2020. In-person focus groups made up of approximately six to eight individuals were conducted between January and March. The end of March saw all governments across the UK introduce COVID-19 lockdown measures and as a result, the remaining focus groups were conducted online. Written feedback from a small number of participants in other stakeholder groups were also collected between March and April 2020. The majority of information collection took place before lockdown and the shift to widespread virtual engagement in response to the COVID-19 pandemic. An interim report was completed based on the information gathered between January and April 2020. This included representatives from regional partnership boards, the Welsh Government, research and policy influencing roles and four of the intended seven local authorities. Information collection with the remaining three local authorities was resumed in September 2020, having shared the interim report with them in advance.

Focus groups: structure and terminology

Focus groups with local authority staff included practitioners directly working with people and therefore holding their own cases. These were often social workers or family support workers, from both children's and adult services. They are referred to as 'frontline' groups or individuals. Other local authority focus groups comprised staff in a range of non-frontline roles, including frontline team managers, service leads, commissioners, planning and development officers and those working in information roles. These groups and individuals are sometimes referred to as 'non-frontline' to distinguish their roles. Regional partnership board participants are included in this group in the findings sections. Additionally, both frontline practitioners and frontline team managers are sometimes referred to as 'frontline' staff or individuals in the report, as they are directly involved in operational work with members of the public. 'Organisation' is used to refer both local authorities and regional partnership boards in the findings section.

Focus groups: card sorting activity

Local authority participants in the first phase of information collection (prior to the introduction of lockdown measures) undertook activities to explore their use of evidence. Those in frontline groups undertook a 'card sorting' activity to explore their use of various pre-specified evidence types, from 'frequently' to 'not at all', as well as having the opportunity to add other evidence types. Those in non-frontline focus groups were asked to spontaneously generate evidence types and record them on post-it notes, followed by discussion. (We did not use pre-specified evidence cards for these groups as their roles were less homogenous and therefore associated with a broader range of evidence.) Participants in the focus groups with the final three local authorities (in September 2020) covered to the same areas for discussion as the other local authority participants and were also asked to comment on the interim report findings and draft recommendations. They were specifically asked to highlight any gaps based on experience in their local areas.

8.3 Analysis

Interviews were transcribed and thematic analysis was used to identify commonly occurring themes in the information, using MAXQDA software. The broad areas for analysis were determined in advance, based on the research questions. But the themes and sub-themes largely emerged from the information during analysis.

8.4 Limitations

Key limitations and points to note:

- The use of chance sampling to identify participants means that the sample is likely to be biased towards those with a greater interest in research and other evidence types.

- Due to lockdown measures across the UK from March 2020, we cancelled some focus groups and changed our method of collecting information from some participants. For example, some participants provided written feedback. Therefore, they did not benefit from group discussion and collaborative comparing and contrasting of ideas. This meant that information provided by them was different in nature.

- In local authorities where focus groups were cancelled, a limited number of representatives commented on the interim report, which was based on the focus groups

which had been completed, as well as providing additional feedback. Therefore, they had less substantial input to the findings. But they expressed considerable agreement with the feedback from other local authority and stakeholder groups, indicating that many of their views had already been captured.

- As with all qualitative research, this study provides a valuable insight into participant views and experiences, but it is not a systematic study demonstrating the overall level of evidence use in Wales, nor can it demonstrate definitively which ideas and initiatives do and do not work.

9. Appendix 2: Evidence organisations and sources

We asked local authority, regional partnership board and Welsh Government participants which organisations and sources they currently use to access social care evidence:

- **Association for Fostering and Adoption Cymru**

- **Barnardo's**

- **Chain**

- **Community Care**/ **Community Care Inform**

- **Coproduction Network for Wales**

- **DEEP (Developing Evidence-Enriched Practice)** Swansea University

- **Education Workforce Council**

- **ExChange** (Cardiff University)

- **Health boards**

- **Institute of Public Care** (Oxford Brookes)

- **King's Fund**

- **Llamau**

- **Life Sciences Hub**

- **Nesta**

- **New Economics Foundation**

- **NSPCC**

- **Research in Practice**

- **Social Care Institute for Excellence**

- Universities and research schools, including Cardiff University, Bristol University, and the former Wales School for Social Care Research at Swansea University,

- **What Works Centres**, including **What Works for Children's Social Care**

10. Appendix 3: Evidence use models: audience and relevance

Throughout the focus group discussions, two distinct models of evidence use emerged for frontline practitioners, particularly in relation to the audience for formal research evidence. (Many models and approaches to evidence and research use have been developed, which are also relevant to the findings. Some overlap with these models. For example, Boaz and Nutley (2019) recently summarised models of the research use process.) [6]

Model 1: Research directly informing practice: this involves application of research and evidence on a 'case-by-case' basis. For example, practitioners might undertake reading and research relating to an arising issue. This would be integrated with other forms of knowledge (see section on 'different evidence types: who uses them and how much?'). People also talked about research underpinning their work and contributing to 'practice wisdom' without being formally cited or newly acquired:

> 'What you studied underpins everything you do now. It does inform practice…. I use a lot of research I read in the past but I don't know where it has come from. [I] know the impact or risk factor but don't know the reference.'

Model 2: Research underpinning standardised services, tools and approaches: in this model, evidence informs services, tools and approaches which are standardised across the local authority. Therefore, evidence is largely used by those designing and managing services or developing evidence-informed approaches. Such standardised, evidence-informed approaches were discussed across frontline and non-frontline groups and applied across service user groups. For example, trauma-informed approaches, systemic practice, the DASH risk checklist tool, parenting programmes and group supervision for staff. This model of evidence use does not rely on individual practitioners sourcing research on each case but does rely on them implementing and 'owning' approaches that they have been trained in, or referring to evidence-informed services. It therefore aims to embed evidence in practice. Again, practitioners and service managers would use other forms of knowledge too. The following quote captures an example of this model:

> 'We don't draw on research very well in relation to our assessments… I think we kind of rely more on policymakers and the research filtering down in our forms [so that] everything is set up so that we are covering things that matter.'

Advantages and disadvantages of both models were discussed during the focus groups. Many people found standardised, evidence-based tools useful and there were requests for more in adults' services. Such 'top-down' approaches were also seen to take pressure off individuals in finding and appraising research and enable a more consistent service:

> 'and it gets that uniformity then... cause you're right, it shouldn't be subject to if someone is motivated to look for research or not…'

On the other hand, some expressed an enthusiasm for finding and using research for cases. One person highlighted the link to professional identity:

> 'I understand why top-down works because you can change the system and you can use nudge approaches so people just automatically follow a system and that's great, but we're also meant to be practitioners who are experts in our own right,

who can analyse, who can see these situations and part of that is having your qualification to say you are an expert.'

The models are not mutually exclusive. For example, a practitioner could consult research on a case-by-case basis as well as use standard evidence-informed approaches adopted by the local authority, such as referring to a parenting programme or using the DASH risk assessment. Further, as has been noted, these models primarily relate to research evidence, whereas practitioners use a whole range of other evidence in their daily practice.

July 2021

Using evidence in social services and social care in Wales

Social Care Wales commissioned this research to explore how people working in social services and social care in Wales understand and use 'evidence'. Our definition of evidence includes academic research, the voices of people who use services and carers, and practitioner, policy and organisational knowledge.

The Social Care Institute of Excellence (SCIE) carried out the research, and findings are helping Social Care Wales to shape its strategy and approach for supporting evidence use.

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