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# Messages from research

## Armagh

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- Commissioning and Project Management
- Some primary research eg 'minimising risk'
- Lead on particular specialist areas
- Methodological support within SCIE
- Methodological development
- Collaboration with outside stakeholders –  
Social work education/users/practitioners/  
journals

# SCIE principles

SCIE's contribution to a modern welfare system is to create effective ways of using knowledge to enhance policy and practice, and to make knowledge the engine for changing services.

# Some relevant questions

- Why do we need evidence?
- What is evidence?
- How do we get it?
- What do we do with it?

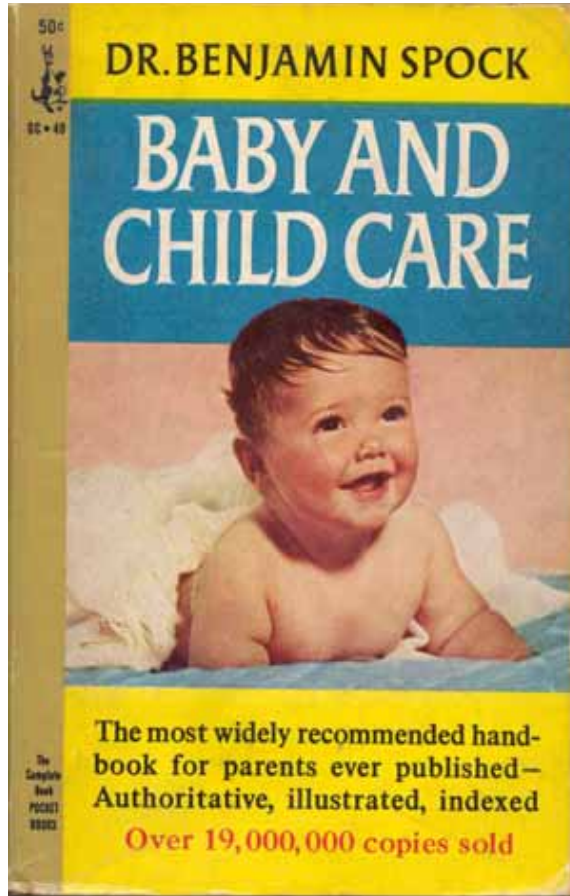
# Why do we need evidence (1)

- Knowledge is power – knowing what we know and on what basis we know it
- In a blame culture such as social work, it is useful to have a firm knowledge base for the assessments and judgements we make

# Why do we need evidence (2)

- We intervene as practitioners, policy makers or managers, in the lives of vulnerable people
- We need to ensure that we know what we are doing and that we are doing more good than harm
- Vulnerable people have the right not to be the 'victims' of untested and possibly harmful interventions, however well-intentioned
- Not all good ideas have the desired effect

# Remember this guy?



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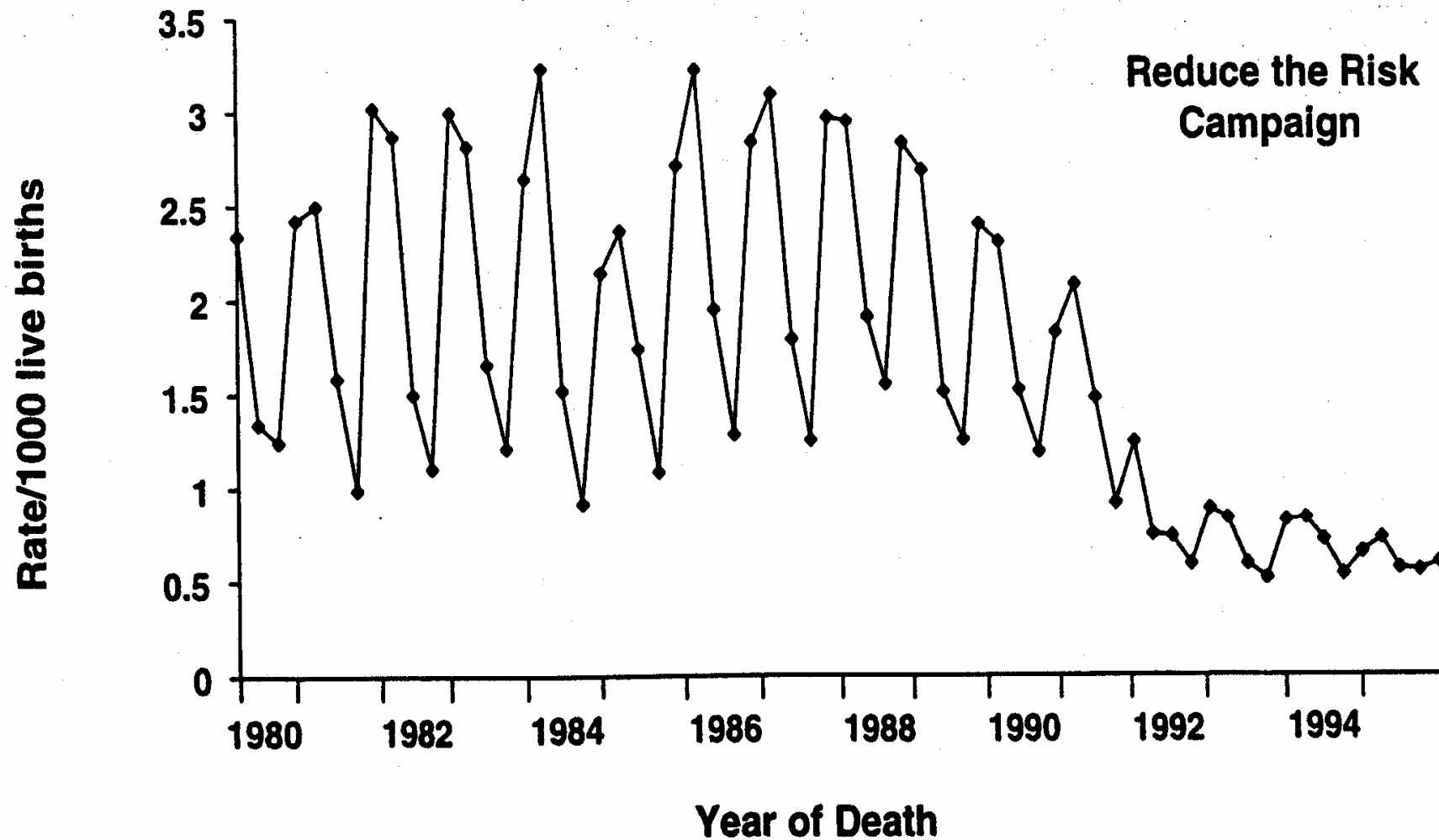
back. There are two disadvantages to a baby's sleeping on his back. If he vomits, he's more likely to choke on the vomitus. Also, he tends to keep his head turned toward the same side—usually toward the center of the room. This may flatten that side of his head. It won't hurt his brain, and the head will gradually straighten out, but it may take a couple of years. If you start early, you may be able to get him used to turning his head to both sides by putting his head where his feet were the time before, each time you put him to bed. Then if there is one part of the room he

I think it is preferable to accustom a baby to sleeping on his stomach from the start if he is willing. He may change later when he learns to turn over.

Extract from publicity prepared for the UK 'Reduce the Risk' Campaign in the early 1990s

“The risk of cot death is reduced if babies are **NOT** put on the tummy to sleep. Place your baby on the back to sleep.....Healthy babies placed on their backs are not more likely to choke.”

**Figure 3: Sudden Infant Death (SID) incidence (live birth to one year) by quarter. England and Wales 1980-1995**



Int. J. Epidemiol. Advance Access published April 20, 2005

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*International Journal of Epidemiology*  
doi:10.1093/ije/dyi088

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# Infant sleeping position and the sudden infant death syndrome: systematic review of observational studies and historical review of recommendations from 1940 to 2002

Ruth Gilbert,<sup>1\*</sup> Georgia Salanti,<sup>2</sup> Melissa Harden<sup>1</sup> and Sarah See<sup>1,3</sup>

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“Advice to put infants to sleep on the front for nearly half a century was contrary to evidence available from 1970 that this was likely to be harmful. Systematic review of preventable risk factors for SIDS from 1970 would have led to earlier recognition of the risks of sleeping on the front and might have prevented over 10 000 infant deaths in the UK and at least 50 000 in Europe the USA and Australasia.”

Ruth Gilbert et al. Int J Epidemiol, 2005

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# More examples

## **‘Scared Straight’**

A good idea with many benefits: reduce offending, occupy prisoners usefully, cheap intervention...

# Examples of good ideas that don't work

## Scared Straight

- Young offenders or young people at risk of offending spend time in prison with 'lifers'
- Good idea for lots of reasons – cheap, puts prisoners to useful work
- BUT it doesn't work. Young people who had the intervention more likely to re-offend.

Petrosino A, Turpin-Petrosino C, Buehler J. "Scared Straight" and other juvenile awareness programs for preventing juvenile delinquency. *The Cochrane Database of Systematic*

*Reviews* 2002, Issue 2.

# More examples

## Driver education

- Young people have greater proportion of accidents than older drivers
- Initiative to teach driving to school students to try and ensure that they knew how to drive properly
- Results of the review were that the intervention ensured that students received their licences quicker, and in fact then had more, not less accidents

Ian Roberts, Irene Kwan and the Cochrane Injuries Group Driver Education Reviewers. School based driver education for the prevention of traffic crashes. *The Cochrane Database of Systematic Reviews* 2001, Issue 3.

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# We can see that.....

- Individual experience is not always reliable on its own
- Evidence is the accumulated experience of many
- Evidence needs to be systematically collected to be valid and reliable

# The concept of evidence based practice

- Evidence based practice - the integration of this evidence into practice
- EBP becoming a cornerstone of policymaking in various policy areas in UK and elsewhere

# So.....

- What is evidence in social care?
- What kind of knowledge do we need?
- Where do we find our evidence?

# And....

How do we ensure that:

- it is relevant to the question?
- Relevant to the needs of service users?

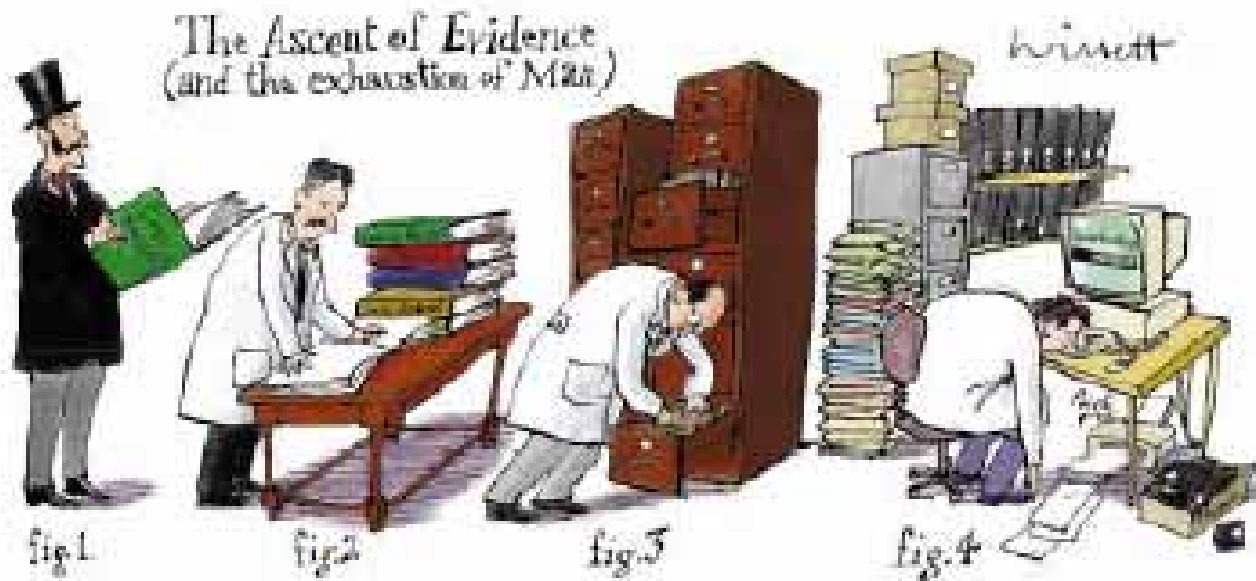
# And.....

## Where do we begin?

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# Information overload (1) ?




# Information overload (2) ?

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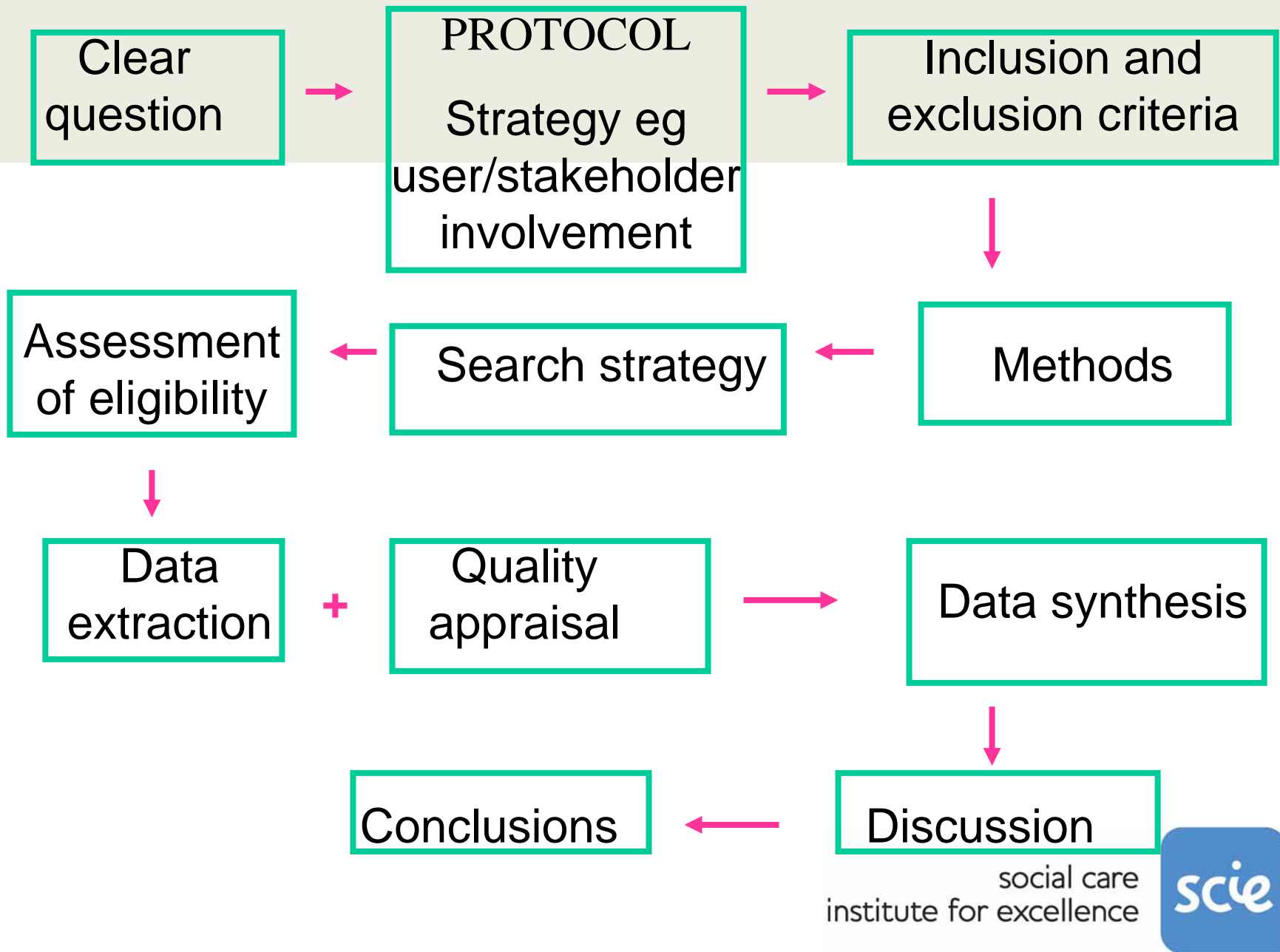
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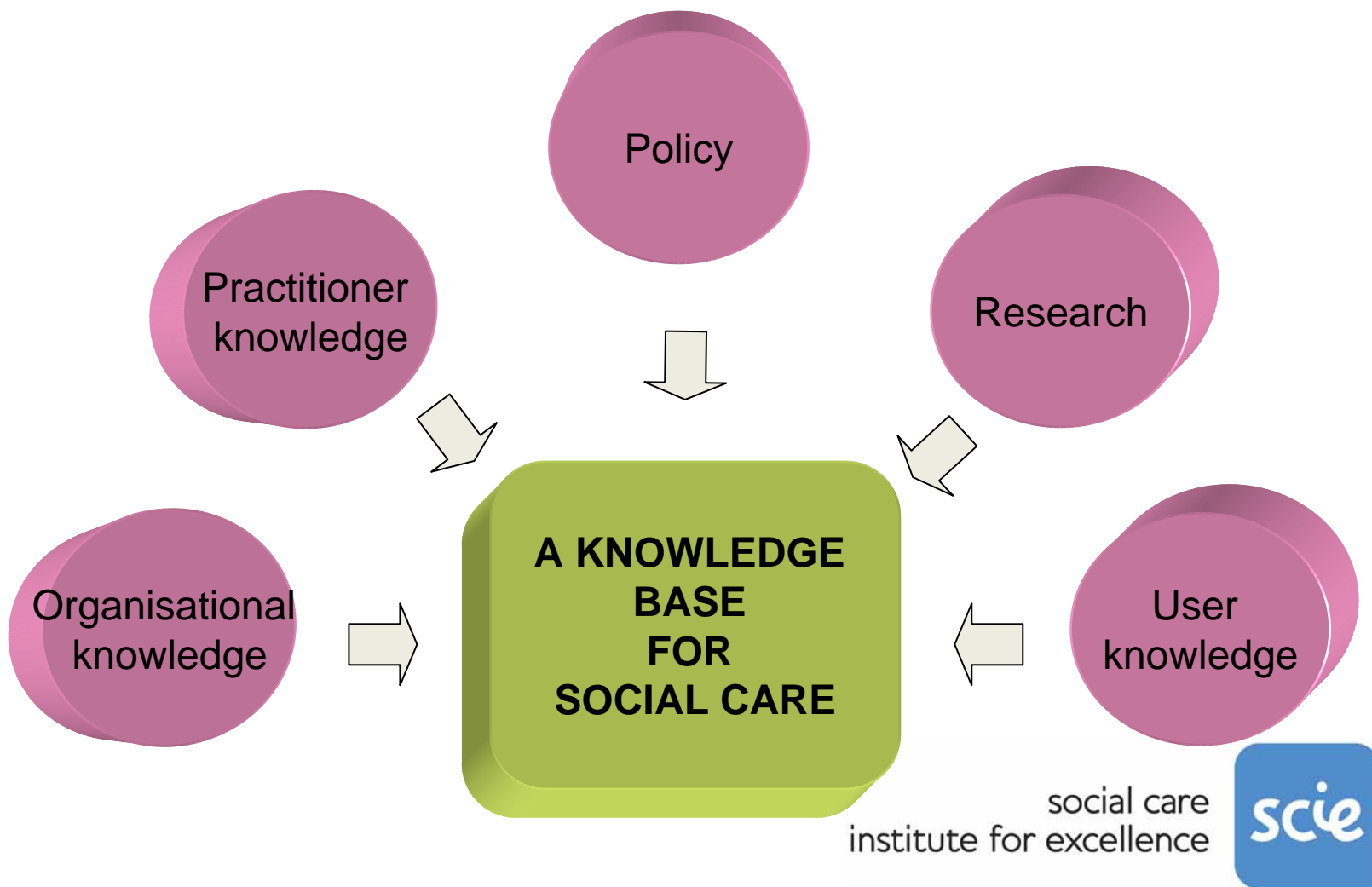
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# Five sources of knowledge



# Service user and carer views

- Direct input into scoping and prioritising SCIE's work
- From research evidence (participant views about services being evaluated)
- Direct input into management of individual SCIE projects: question definition, outcome prioritisation
- Comment on completed research

# Using qualitative research in systematic reviews: Older people's views of hospital discharge

- SCIE review involved looking for wider evidence about the views of older people on the discharge process
- RR team searched for published research which had included older people's views
- 104 studies identified but only 28 relevant
- Older people with experiences of discharge fed into process
- Published January 2006

# Older people's participation in the discharge process – some findings

- Older people rarely took part in decision-making about hospital discharge. Reasons for this include:
  - Lack of access to information
  - Deference to authority or professionals
  - Do not feel well enough to argue or assert
  - Personality and levels of education
  - Need more encouragement from staff

# Carer participation position paper

- Review of literature
- A practice survey across the UK covering the statutory and voluntary sector in social care, NHS and primary care trusts, joint trusts, learning disability partnership boards and carers' organisations
- Publication towards the end of June

# Are carers participating?

- The research shows that carer participation has focused mostly on consultation-type activities.
- Carers are less fully involved in service design, delivery and review, although in some cases this is happening at a strategic level.
- There is as yet no consensus on what 'carer participation' means.

# Are any groups of carers excluded from the process?

- Literature that includes black and minority ethnic carers is growing, but few studies of the involvement of black and minority ethnic carers *per se*.
- Limited knowledge about recognition and participation of gay and lesbian carers.
- Little activity aimed specifically at carers of people with substance misuse problems or other stigmatising conditions.

# Practitioner views

- Direct input into scoping and prioritising SCIE's work
- Surveys of practice in field
- From research evidence (practitioner views about services/needs)
- Direct input into management of individual SCIE projects: question definition, outcome prioritisation



# Practice Partners' Network

- The network helps SCIE to identify, develop, share and support good practice across the social care sector in England, Wales and Northern Ireland by:
  - commenting on the scope of SCIE's work
  - identifying good practice examples for use in SCIE's practice guides
  - assisting SCIE with its work on practice guides
  - field-testing SCIE's publications
  - helping to promote SCIE's publications.

# Research evidence

- Often synthesised into Research Briefings or Research Reviews
- But: research in social work isn't always geared to generating evidence...
- So: it's not always easy to gather the right kind of research messages...

# Issues in evidence for social work

- To know what works we need empirical research evidence
- More rigorous evaluation of interventions
- Much research not published in UK so not necessarily relevant

# What are we doing about this?

## Systematic mapping

- A new technique that we are developing that enables us to map out all the published work in a particular field, even if it isn't suitable to include in a research review
- This also enables us to identify the gaps in research, and the questions that need answering

# SCIE work on mapping literature

- Mapping the literature on the extent and impact of parental mental health problems on the family and on the interventions available and the acceptability, accessibility and effectiveness of these interventions
- Due out mid July

# Mapping literature\2

- Systematic maps aim to describe the existing literature in a broad topic area and can be analysed in depth or more superficially as appropriate to individual projects.
- The method was originally developed at the Eppi-Centre and has been adopted by SCIE for use in social care.
- Mapping has become a priority at SCIE.

# Work on developing the evidence base

USING EVIDENCE IN SOCIAL CARE REPORT 18

Developing the evidence base  
for social work and social care  
practice



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# Public expenditure by country

	»	Health £	Social services £
England		69,369,000,000	10,643,000,000
Wales		4,325,083,000	244,755,000
Scotland		7,775,660,000	230,439,000
Northern Ireland		2,139,800,000	712,600,000



# Research infrastructure

- There is no overall vision of the needs of the research field
- Therefore no strategic planning
- No structure into which to feed identified gaps in research
- Producer led
- SCIE is hoping to take a lead in developing this infrastructure

# Proposed consultation on improving social care research capacity

- Follows on from DH and DfES national seminar in December 2005 to explore ways of improving social care research capacity.
- SCIE asked to consult widely on actions required
- Primarily web-based.
- To take place during June- September 2006.
- Responses analysed by SCIE during October 2006.

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