

Strengthening knowledge-guided practice

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Abstract

Social workers and other human services workers are increasingly required to justify their decisions based upon defensible knowledge. This paper describes an innovative process that was employed to facilitate knowledge-guided practice among human service workers in child protection. The process incorporated the running of training workshops with time limited follow-up support, at the workplace level, on significant practice topics. In addition to describing the process, we identify salient principles of the workshop and mentoring processes that could be incorporated into ongoing professional development programs. Throughout, the paper is informed by our own reflections on the implementation of workshops with child protection workers and comments received from workshop participants in relation to the benefits and challenges of strengthening knowledge-guided practice in the workplace.

Keywords: *knowledge and practice, child protection, social work*

Introduction

In this paper we describe a practical strategy which was utilised to encourage and facilitate the use of knowledge-guided practice in direct service delivery. The strategy discussed is based upon our own experience of developing training workshops and mentoring for statutory child protection workers in Queensland, Australia. The paper is informed by our own reflections on the implementation of workshops and mentoring with child protection workers and comments received from workshop participants in relation to the benefits and challenges of strengthening knowledge-guided practice in the workplace. Strategies for overcoming implementation problems are also suggested. Our central aim in this paper is to give transparency to the process so as to enable its transfer to a range of human service practice fields. In so doing, we have identified several principles for strengthening knowledge-guided practice through group based training and professional development. These ideas which are based on our reflections could be further empirically examined in the future.

Knowledge-guided practice

Knowledge-guided practice is the application of critically considered research knowledge to service delivery. It is also referred to as evidence-based practice which combines practitioners' expertise and experience with current evidence on practice issues and topics (Sackett, Richardson, Rosenberg & Haynes 1997). Professional judgement is not devalued or substituted but extended and empowered by external sources of evidence (MacDonald 1998). Practitioners are encouraged to be critical thinkers, accountable, goal-directed and utilise high quality research to inform their practice (Gibbs 2003; Rosen 2003).

The evidence-based approach requires that the best possible evidence should inform practice. This necessitates the clarification of what denotes 'best' evidence. Those closely aligned with medicine have stipulated that the best form of evidence is that which has been produced from randomised, controlled trials. We, however, align more towards a pragmatic position (Trinder 2000). We see value in different types of research, as no one type can address all research questions and issues. However, the challenge when holding a pragmatic view of evidence is to critically appraise all research scholarship in terms of what it contributes to the problem or issue of focus and how it impacts positively or otherwise on client service delivery.

Previous research suggests that workers from a range of professions consistently have difficulty applying research based knowledge in their practice (Carew 1979; French 1999; Rosen 1994; Rosen, Proctor, Morrow-Howell & Staudt 1995; Ryan, Fook and Hawkins 1995; Smith 1996). Workers may read research reports, but without assistance in drawing out implications for their own work, such knowledge is rarely brought to bear in practice decisions. In a study of child welfare workers' understandings of physical child abuse, Darlington, Osmond and Peile (2002) found that participants did not appear to regularly consult theoretical literature and research. Likewise, Osmond and O'Connor (2006) found that empirically based knowledge was not routinely guiding practice behaviour.

There is no shortage of calls for workers throughout the human services, including child protection, to call upon evidence to inform their practice (Munro 2002). This presents two significant challenges for the broad field of child protection. The first is the pressing need to strengthen the evidence base of practice (Gilgun 2005). This can be achieved through consolidation of the existing knowledge base, through well-conducted meta-analyses of available research (Gough 2004; MacDonald 2004), and through further high quality research in key practice and policy areas. This first challenge is beyond the scope of this paper. The second challenge is to encourage and assist workers to make use of the evidence base that is currently available. Evidence-based practice, or as we prefer, knowledge-guided practice, will remain at the level of rhetoric unless organisations seriously develop structures to support staff, with the necessary training and time to seek and implement available evidence in their decision-making. Workers should obtain useable and relevant information efficiently, critically review it, both in terms of quality and its applicability to their setting, apply it to their practice and evaluate its usefulness. There is much that organisations can do to assist workers to access such relevant and quality information, through the increasing number of sources available for systematic review of research. Examples of such sources include the work being done by the Campbell Collaboration (www.campbellcollaboration.org), Research in Practice (www.rip.org.uk) and the Evidence Network (www.evidencenetwork.org). Organisations can also ensure the wide dissemination of any internally undertaken reviews through either dedicated research or policy branches or by motivated workers in front-line, supervisory or management roles. Good quality literature reviews conducted as part of higher degree studies are another fruitful source for research syntheses.

The most accomplished research review can not, however, tell a child protection or human services team how to act in any given situation. Child protection decision-making is complex and multi-faceted. Practice decisions require a strong knowledge

base, coupled with a comprehensive assessment that takes into account the particularities of the situation, enfolded within a critical and ethical gaze. The capacity to apply research-based knowledge to specific practice and policy questions, in a specific client or agency context has to be learned by every knowledge user. Knowledge-guided workers, however, need to be able to formulate questions, gather the evidence and critically evaluate and apply the messages from this evidence to practice situations. An organisational culture that values and supports informed practice is critical to the effective implementation of knowledge-guided practice.

In the following sections, we outline several principles that we incorporated into our training and professional development with 61 statutory child protection workers. These are: using a generic model, work group based learning, a safe learning environment, learning in context, ongoing learning support, and having a local champion. These principles began to emerge during the implementation of the project. We had not initially conceptualised the importance of these principles until examining our own personal learning and that of the participants.

Using a generic model

We deliberately used an approach to evidence-based practice similar to those used across a range of professional groups (Sackett et al., 1997). The most commonly used steps of evidence-based practice include: defining the problem or question, accessing information, critically assessing information, applying information to practice and evaluating practice outcomes, and generating new knowledge (Sackett et al., 1997:3). These steps provide a relatively simple and systematic framework within which to practice evidence-based practice. The simpler and more easily recognisable the model, the more likely it is to be remembered and taken up by workers. Second, the use of a generic set of steps enables workers in this field to link with the common language used in wider evidence-based practice forums.

Work group-based learning

Wherever possible, we delivered training to established work groups. In some cases, participants came from an entire region, but there was always a small representative group from the staff of each office included. This meant that, on each occasion, a substantial number of staff who ordinarily work together were exposed to the knowledge and skills-based material being presented. We did this for two reasons. First, to be able to focus on common and current areas of concern in that office or region and second, in order to foster ongoing discussion and integration of material once they returned to their practice setting. This we hoped would facilitate and sustain change in work practices at the local level.

Providing a safe learning environment

Raising the need for knowledge-based practice may be challenging for some practitioners, who may fear that their practice will be exposed and found wanting. Material needs to be introduced in such a way as to not only encourage interest and enthusiasm for the topic but also be non-threatening and immediately practice relevant. Throughout the training, participants worked in groups where they could

pool their knowledge. In this way, no individual was put on the spot in relation to their level of knowledge on a topic. We also fostered an environment where people could be honest and say what they thought and what they do, particularly around the types of knowledge they were using in practice. It was vital to stress the importance of 'not-knowing' and therefore giving participants' permission to 'not know' and see this as a necessary precursor to learning.

Learning in context

We were keen to ensure that participants understood how to implement or use the knowledge they had acquired in their local context. Given that participants ordinarily worked in the same locality, we encouraged small group discussion on how new knowledge introduced through training could be translated to their own area. A number of processes were designed to facilitate this objective. Conducting the training at a work group level went some of the way to achieving this. Additionally, to ensure practice relevance, training topics were chosen in consultation with departmental staff in policy and practice roles.

Case study activities enabled participants to consider the application of workshop material to specific and current case situations. We used a two-stage process to choose cases for group exercises. Initially, all participants are asked to choose a current case that is meaningful to them in terms of the practice issues being discussed in the training. We then allocated a short period for each small group to choose one of these cases to form the basis of that group's discussion. At this point, pseudonyms were applied for all persons and other potentially identifying information. Thus, training-based case study activities held explicit links to participants' own practice and ensured attention to regional differences in geography, socio-economic context and client groups.

Ongoing learning support

We surmised that however enthusiastically the training was received, the continuation of this process depended upon the commitment of the organisation and the work groups themselves. To facilitate this, small group sessions were offered following the formal training. The purpose of the follow-up support was to assist work groups to build on the knowledge and skills developed in the workshops, in ways that were realistically implementable at the local level. This took various forms, including site visits and, as well, email and telephone follow-up. The form of follow-up was negotiated separately with each region or office but with most groups it involved two contacts.

Additionally, it was important to have local champions for knowledge-guided practice. In each region, a senior staff member took on the role of coordinating the ongoing learning support. This person needed to have the trust of staff and be proactive in encouraging knowledge-guided practice; they needed to take an active interest in what was being learned and how staff could use this knowledge in day-to-day practice. The key benefits of having a senior person taking on this role were: to enshrine knowledge seeking activity as a legitimate and necessary part of practice; to keep the momentum going when day to day practice concerns threatened to derail

knowledge seeking behaviour; to foster both formal and informal scheduled opportunities and activities for discussion and reflection; and to exemplify cultural change in the organisation.

Challenges to implementation

In the latter half of the workshops, we engaged participants in a discussion about how they might incorporate a knowledge-guided approach into their ongoing practice. We recognised the pressures of child protection work, but did not want participants to view these as impediments to knowledge-guided practice – that they could shelve these ideas on the basis of the constraints of their work environment and responsibilities. The purpose of these discussions was for participants to critically reflect on tangible ways in which they could move forward in incorporating such an approach, in their own workplace.

We engaged participants in a structured exchange around three questions: what participants thought were the benefits of using a knowledge-guided approach; what factors might potentially hinder their capacity to do this; and what factors might potentially facilitate their use of knowledge-guided practice. Participants were initially encouraged to write down comments on each question on a pro-forma sheet. During the discussion phase, they were also encouraged to add comments from others that they thought might be useful in their own office. This enabled them to take their comments away with them, again emphasising the purpose of this session to assist them to think through possibilities for knowledge-guided practice and practical issues they may confront in doing so. In all, 61 child protection workers participated in this process, across four workshops. All comments that were shared in the large group discussions were written down by one of the workshop facilitators. The comments were rich and insightful, illustrating how some of the practical challenges to implementing knowledge-guided practice could be managed in day to day human service practice. Table 1 lists the major themes in relation to each of the three questions. In the following sections, we discuss each of these themes and sub-themes, illustrated with reflections from workshop participants.

Table 1: Child protection workers' thoughts on implementing knowledge-guided practice

Benefits of knowledge-guided practice	Number of responses
Better informed decisions	24
Benefits for clients	13
Being part of a broader change process	20
Increased credibility and professional satisfaction	11

Factors hindering knowledge-guided practice	
Time constraints and competing demands	11
Lack of organisational support and commitment	10
Lack of access to knowledge resources	6

Factors that might facilitate knowledge-guided practice	
Organisational support	29
Build in regional/local office structures	18
Work group initiatives	25

(Total number of participants = 61)

Benefits of knowledge-guided practice

In commenting on how the use of a knowledge-guided approach might impact upon their work, participants identified links between the use of research in practice and increased confidence and a sense of professionalism, as well as direct impact on work with clients.

Participants saw benefits across four broad areas: better informed and more accountable decisions, benefits for clients, being part of a broader organisational change process, and increased credibility and professional satisfaction.

Better informed and more accountable decisions

The most commonly reported benefit was in relation to the quality of decision-making. There were four related sub-sets. First, participants spoke of the possibility of more accurate decisions if based upon current knowledge about risk and about what kinds of services are effective. Second, they talked about being more able to articulate the reasons for decisions. For example, two participants said:

Give good account to team leader, court, client, yourself

Being able to rationalise clearly the basis of practice behaviour

Third, some participants linked this to increased confidence in the decisions made. Finally, they spoke about having less reliance on subjective, value-based assessments. Examples included:

More objective and less personalised basis for decision-making

Helps identify where you are getting your knowledge from – get balance back into your framework.

Benefits for clients

Some identified that better outcomes for clients would flow from more knowledge based decision-making. A key theme here was improved continuity of approach and thus, less confusion for clients. For example two participants said:

Steps towards more standardised responses in child protection approach how we work.

Goal-posts don't change for workers and clients. Continuity issues particularly considering staff turnover.

Others saw possibilities for client education, sharing information with them to help them to better understand the issues affecting them and their parenting. In the words of one participant:

Valuable joining with clients leads to sharing knowledge

Part of a broader change process

Some participants saw this as part of a broader direction in work practices, service delivery and organisational culture. They envisaged a shift in departmental approach towards valuing new ideas about best practice and encouraging staff to be part of that. Two participants said:

Shape future directions in service delivery

Developing and maintaining best practice culture – good for workers and clients

Some participants were hopeful that an emphasis in the department on evidence-based practice would flow on in terms of increased access to information and support for workers to incorporate relevant research into their practice and to reflect on their practice. Others felt they had learned more efficient ways of practice in a knowledge-guided way, through being able to undertake more focused searches for information and through pooling knowledge with others rather than working in isolation.

Increased credibility and professional satisfaction

Some participants saw benefits in more explicit use of research in practice in that this would impact positively on how others saw them. In particular, they thought this approach to practice would give them greater credibility with clients and in legal settings such as courts and tribunals.

Some felt that a shift to more knowledge-guided practice would lead to greater professional satisfaction. Examples included:

Increase in staff morale/pride which leads to increased success with clients and professional satisfaction

Stops professional stagnation

Factors hindering knowledge-guided practice

Three points featured prominently in participants' comments on factors that might hinder or make difficult the incorporation of a knowledge-guided approach to practice. These were: time constraints and competing demands, lack of organisational support and commitment and lack of access to knowledge resources.

Time constraints related to the time needed to search for and find relevant research, to critique it and apply it to practice. This flows directly to their next concern – perceived lack of organisational support. In summary, participants felt there would need to be a significant change in organisational culture and in demands placed on front line child protection workers, in order for them to seriously engage in knowledge-guided practice. Specific cultural issues mentioned included an over-reliance on policies and procedures and insufficient commitment to professional development.

Some participants identified specific issues in relation to the knowledge resources available. These would also be related and relevant to earlier concerns as, presumably, a more knowledge focused organisation would make such resources available.

Factors facilitating knowledge-guided practice

Bearing in mind these identified challenges to establishing and maintaining an active knowledge-guided practice culture, we asked participants to comment on what practical steps could be taken within their workplaces to facilitate this. Participants suggested various strategies, at a number of levels, ranging from broader organisational support, through to structural support at the regional or local level, and to worker practices. The nominated strategies dovetailed in many ways, suggesting that action at all levels is necessary to assist workers to engage in more explicit knowledge-guided practice, which confirmed many of the principles offered earlier in the discussion.

Organisational support

Many participants felt that tangible organisational support would be essential to their being able to practice in a more explicitly knowledge-guided way. Issues of resource allocation were seen as important: acknowledge time spent searching for and using research as part of core business; encouragement and resource allocation for worker's professional development; and allowing permission to prioritise this activity.

Some participants identified specific initiatives at the organisational level, such as, dedicating website space to post and share new research reviews; widespread sharing of resources; coordinating of networking within department. Others identified a need for better and more systematic access to relevant information and resources. Some felt that the organisation should make further externally provided workshops available. For example:

Let management know that better outcomes will require increased resource allocation.

Build in structures and procedures to support knowledge-guided practice

A number of participants identified structural changes at the regional or local office level that would facilitate their use of knowledge-guided practice. These included: allocating a staff member some time to facilitate; building time into existing meetings for group discussion of research material and its relevance to cases; allocating each staff member an hour a week to read; and set aside half a day a week for a staff member, on a rotational basis, to undertake research for the work group. Participants' suggestions included:

Employ someone to take it on – organisational leg work – legitimise it

Utilising special support staff – shared responsibility

Half day closures – good time for someone on team (rotational basis) to do some research

Case discussion/meetings with team and structured organisational environment that encourages

Worker and team level initiatives

Given broader organisational support and some facilitative structures at the regional or local level, many participants suggested ways in which they might use allocated time to further their own knowledge of research and to use this to inform practice.

One set of responses related to regular meetings to share learning from their reading and to apply this to specific cases. Participants from regional areas suggested a similar process, by teleconference. Others suggested a less regular process, in response to identified needs as they arose and inviting interested participants. There was from all responses a significant emphasis on pooling and sharing information with others. For example:

Finding a specific instance/case/need – then to advertise it

Pooling of knowledge – filing cabinet in the office

There was awareness of the need for attitude change among some staff and some participants saw themselves taking a role in encouraging this. For example:

Few interested – start with the motivated - then encourage the less motivated

Modelling by way of your own practice

Conclusion

In this paper we have drawn on our own experiences, reflection and worker perspectives gathered during a work shop based project aimed at strengthening knowledge-guided practice in a child protection context.

From our experience with this program, we have identified a number of processes that appear to be useful in building capacity for knowledge-guided practice in the

workplace in a way that is sensitive to the realities of day to day human service delivery. These include: (1) establishing work-based learning groups and initiatives; (2) contextualising knowledge in real practice; (3) creating opportunities for on-going learning and organisational support; (4) explicitly attending to barriers/obstacles that hinder the use of particular knowledges; and (5) strategising how these can be overcome in the practice environment.

Further research could examine specific strategies that could be employed at a policy and program level to support knowledge-guided practice. Such insights would be valuable in identifying creative and pragmatic solutions particularly in time and resource limited practice contexts. For some organisations prioritising knowledge-guided practice could be difficult logistically, in terms of limited funding, impacts on staff availability and access to resources. These broader constraints along with individual workers commitment to research informed practice do require concurrent attention if aiming for quality service delivery.

Whilst resource issues cannot be underestimated we contend that the principles identified in our work provide a useful framework for enabling and maintaining knowledge-guided practice in human service contexts.

References

- Carew, R. (1979) 'The place of knowledge in social work activity', *British Journal of Social Work*, 9, 3: 349-364.
- Darlington, Y, Osmond, J, & Peile, C. (2002) 'Child welfare workers' use of theory in working with physical child abuse: Implications for professional supervision', *Families in Society*, 83, 1: 54-64.
- French, P. (1999) 'The development of evidence-based nursing', *Journal of Advanced Nursing*, 29, 1: 72-78.
- Gibbs, L. (2003) *Evidence-based Practice for the Helping Professions: A Practical Guide*. Pacific Grove, CA: Brooks/Cole.
- Gilgun, J.F. (2005) 'The four cornerstones of evidence-based practice in social Work', *Research on Social Work Practice*, 15, 1: 52-61.
- Gough, D. (2004) 'Evidence for policy and practice: Making research relevant to practitioners, policy makers and users of research services', Paper presented at 15th International Congress on Child Abuse and Neglect, Brisbane, 19-22 September.
- MacDonald, G. (2004) 'Evidence-based child protection: What it is and what it isn't', Paper presented at 15th International Congress on Child Abuse and Neglect, Brisbane, 19-22 September.
- MacDonald, G. (1998) 'Promoting evidence-based practice in child protection', *Clinical Child Psychology and Psychiatry*, 3, 1: 71-85.

MacDonald, G. (1997) Social work: Beyond control? In A. Maynard & I. Chalmers (eds.), *Non-random Reflections on Health Services Research: On the 25th Anniversary of Archie Cochrane's Effectiveness and Efficiency*. Oxford: BMJ Publishing Group.

Munro, E. (2002) *Effective Child Protection*, London: Sage.

Osmond, J. (2006) 'Knowledge use in social work practice: Examining its functional possibilities', *Journal of Social Work*, 6, 3: 221-237.

Osmond, J, & O'Connor, I. (2006) 'The use of theory and research in social work practice: Implications for evidence-based practice', *Australian Social Work*, 59, 1: 5-19.

Rosen, A. (2003) 'Evidence-based social work practice: Challenges and promise', *Social Work Research*, 27: 197-208.

Rosen, A. (1994) 'Knowledge use in direct practice', *Social Service Review*, 68, 4: 561-77.

Rosen, A, Proctor, E.E, Morrow-Howell, N, & Staudt, M. (1995) 'Rationales for practice decisions: Variations in knowledge use by decision task and social work service', *Research on Social Work Practice*, 5, 4: 501-523.

Ryan, M, Fook, J, Hawkins, L. (1995) 'From beginner to graduate social worker: Preliminary findings of an Australian longitudinal study' *British Journal of Social Work*, 25: 17-35.

Sackett, D. L, Richardson, W. S., Rosenberg, W, & Haynes, R. B. (1997) *Evidence-based Medicine. How to Practice and Teach EBM*. New York: Churchill Livingstone.

Smith, D. (1996) 'Editors choice: More, better research now' *British Medical Journal*, 313: 1201.

Trinder, L. (2000) 'The appliance of science? A critical appraisal of evidence-based practice' In L. Trinder & S. Reynolds (Eds.), *Evidence-based Practice: A Critical Appraisal*. Oxford: Blackwell Science.

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