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Providing Objective, Impartial Evidence for Decision Making and Public Accountability

Annette Boaz and James Blewett

INTRODUCTION

Social workers take a variety of professional and administrative decisions within a policy and organisational context. Although in reality any absolute divide will be artificial and arbitrary, in the context of this volume the focus of this chapter is decisions taken by individual social workers in respect of individuals and/or families. The identity of *social work* is a very complex phenomenon which it has been suggested occupies somewhere between 'art and science'. Within this complexity the understanding of roles and tasks in social work will vary greatly. This chapter reviews the nature of the *knowledge* which underpins the process of decision making at the individual level. It highlights the varying compatibility between research traditions and social work decision making, whilst acknowledging that other forms of knowledge such as the views of services users also impact on the decision making process. It also provides brief examples of current strategic initiatives in the US and UK which are intended to optimise practitioner access to knowledge with a view to facilitating its application to practice. The chapter concludes with an exploration of the concept of the public accountability of social work practitioners at the level of state; community; and individual.

What does it mean to promote objective impartial evidence for decision making? We distinguish between concerns about the nature and quality of the evidence and its application in social work practice. This chapter draws together two very different sets of experience (one academic, the other rooted in social work practice) to consider the impact on theory and practice of a more evidence-based approach to practice. In doing so it spans (sometimes uncomfortably) two worlds: one concerned with finding a role for the best available evidence and the other more focused on the business of social work. It is with these different worlds in mind that we have spent some time thinking about evidence from a practice perspective, rather than (as is more often the case) from

an evidence perspective. However, we begin with the philosophical traditions that have led to a renewed interest in the use of evidence in social work practice.

THE PHILOSOPHY AND PARADIGM

The arguments in favour of greater use of more objective evidence to inform decision making in social work practice range from the ethical and ideological to the highly practical. In particular, experimental methods have been promoted in order to generate more objective evaluations of interventions. Prominent exponents of evidence-based policy and practice (Chalmers, 2005) have argued that social workers and other social care professionals are responsible for intervening in peoples' lives at critical points and that these interventions should always be based on a *robust* knowledge base. They argue that it is unethical to proceed with untested interventions. In fact one of the most worrying consequences of experiments for practitioners is that they have concluded that some established interventions were not just ineffectual, but harmful to service users. For example, Oakley (2000) gives the example of Blenkner's study of older people receiving a bundle of social, medical and psychiatric services found that on a range of outcome measures the older people in the control group (i.e. those not receiving the intervention) faired better (Blenkner et al., 1974). The capacity of services to do more harm than good is a compelling argument for collecting rigorous evidence of effectiveness. However, service users need to retain a voice in the research process, in order that the acceptability as well as the effectiveness of services is tested.

In practical terms, experiments and systematic reviews also offer some tantalizing outcomes in terms of, for example, effect sizes for interventions. Dubois et al. (2002) pooled together a range of very different outcome measures (such as school achievement,

attendance and employment) in order to calculate an effect size for youth mentoring interventions. The prospect of knowing that, for example, ten percent of young people participating in a mentoring scheme might achieve better educational outcomes is attractive to practitioners trying to choose between different interventions designed to help young people. Combined with cost benefit data this information can also support decisions in terms of making the best use of limited resources.

Ideologically, experimental methods have been aligned with positivism on one side of the great (if artificial) divide between quantitative and qualitative approaches to research. The former is considered to be mimicking natural science in the pursuit of real, measurable truths while the latter is characterized as a softer, more context sensitive approach to understanding. Much intellectual energy has been expelled in heated debate about the relative contribution of these different approaches (Chalmers, 2005; Hammersley, 2005). This debate has taken place in its current form for over a decade and as a result can feel both 'tired' and remote from the realities of everyday practice. Nevertheless it is important to recognize that this debate is not simply an expression of academic rivalries or an abstract and somewhat pedantic discussion of research methodologies and philosophy. Tunstill (2003) and Trinder and Reynolds (2000) argue that this debate is a response to, and has been shaped by developments in social policy. That is, they argue that particularly in the UK there has been a move away from Cochrane's (1979) original strong practitioner focus on the use of randomized control trials to improve outcomes for patients to the use of 'evidence' in a much more overtly organizational and managerial role. They argue that this growth of managerialism has implications for how research is funded and carried out, particularly in relation to the definition and measurement of *outcomes* and how the findings of research are then disseminated into practice. There are, as we will go on to illustrate, expressions

of this shift in terms of how practitioners utilize research in their decision making.

However, the debate about methods (randomized controlled trials versus more conventional methods of social work research) has shifted attention away from perhaps a more challenging question of how evidence can be used to support policy making and the implementing of policy into practice. While it is widely accepted that policy is rarely 'made' to pre-agreed recipes and practice is complex and often messy (Shaw and Shaw, 1997) a gulf remains between most conceptual writing about policy and practice and the day-to-day realities of making and taking decisions. Indeed:

> … the literatures of decision making, policy formulation, planning and public administration formalize the [rational, linear] approach … leaving public administrators who handle complex decisions in the position of practicing what few preach (Lindblom, 1959: 80).

In the US, in particular there has been recognition that there remains a gulf between an abstract adherence to the *idea* of evidence-based practice in the context of both social work education and in agencies and the reality of how far this translates into day-to-day practice within either professional training or practice. There is an increasing recognition that the barriers to working in a more evidence-based, research minded way are complex and multi-facetted (Barratt, 2003; Gibbs and Gambrill, 2002) with the barriers ranging from the conceptual in terms of what is counted as evidence, the cultural in terms of the extent to which this knowledge is both accepted and promoted in the field and the practical in terms of how practitioners are able to access this knowledge base.

A second strand therefore of research within evidence-based policy has been less concerned with research methods and more focused on improving connections between good quality research and practice. This research suggests that increasing the uptake of social work research is about much more than arming social workers with the critical appraisal skills required to read

academic papers. In the US Rubin (2007) among others distinguishes between what he describes as 'bottom up' and 'top down' approaches to promoting research mindedness amongst practitioners. The 'bottom up' is an approach in which the focus is on training and equipping practitioners with the skills to locate and utilize applied social research in their practice. It entails therefore being able to critically appraise research-based knowledge and adapt it to their specific context (Sackett et al., 2000). In contrast the 'top down' approach entails the development of practice guidelines and other toolkits developed by managers and policy makers that social work practitioners then implement. These tools are based on a robust research knowledge base. In the UK context Walter et al. (2004) identify similar typologies but propose three models for understanding the contribution of research might make to social care practice. These are:

- The research-based practitioner model
- The embedded research model
- The organizational excellence model

First they identified the research-based practitioner model, which to some degree is similar to Rubin's 'bottom up approach'. They argue that it is where practitioners take sole responsibility for and ownership of their professional development. In this model, practitioners seek continually to update their knowledge base. The practitioner themselves therefore makes choices as to what areas of research are pertinent to their practice and they play a large role in determining the weight of competing areas of research-based and other 'evidence'. The strength of such an approach is that it *can* promote the professional authority and self esteem of the social worker. It fits with a perception of the expert practitioner and is particularly relevant to the independent social worker model. The disadvantages of such an approach is that the possibilities for testing the knowledge base of the practitioner can be limited and there can be a danger that employers will absolve

themselves of responsibility for the professional development of their workforce and recognizing the importance of promoting a learning culture in their agencies as a prerequisite for high quality practice.

Exemplar 1: A pilot study of working with practitioners in New York: an example of the research-based practitioner

The nature of this model is such that it has not been as widely researched as the other two approaches. It involves an individualistic approach by social work practitioners to the task of increasing their levels of research mindedness. Mullen et al. (2007), however, provide a very interesting example of a small-scale project with which they have been involved in New York. Although the project involves elements of the top down and organizational excellence models it is largely based on the bottom up or research-based practitioner model. The research team selected three contrasting welfare agencies in New York. They then worked closely with managers to identify some of the main challenges and practice issues that faced them in their work. The team then delivered training to practitioners in the following areas (based on Gibbs, 2003):

- motivation for evidence-based practice;
- how to convert information need into a search question;
- evidence search tools;
- evidence appraisal skills;
- information integration skills; and
- self-evaluation.

The project is still in its early stages, but the authors report very positive initial findings. The teaching of research evaluation skills was evaluated by participants as being successful. One of the main early benefits identified is that while the project has not necessarily led to practitioners proactively using research in their decision making it

did lead to higher levels of analysis and more awareness of the relevance of research. Nevertheless the real practical challenges to using research on a systematic basis in the workplace remain very real.

Second, the embedded research model, which reflects Rubin's 'top down approach' represents the opposite end of the continuum, where practitioners take no *individual* responsibility for integration of research into practice. Rather, managers and policy makers ensure that research is embedded in practice through policy and procedures. The strength of such an approach is that it can ensure that service design and within that decision making is based upon an evidence base that is tested and potentially robust. This can enhance the credibility of an intervention and also promote partnership working with the users of services in that practitioners can justify and explain their work in relation to 'objective evidence'. The weakness of this approach is in the nature of the 'evidence' in terms of its validity and durability and can imply a simplistic, linear, and to a degree depoliticized relationship between research, policy and practice. However, there is danger that the role of practitioner could be reduced to that of technician, minimizing the scope for continuing professional development.

Exemplar 2: Early intervention service in child welfare in the US: an example of embedded research

Over the last 20 years there has been an emerging body of research based evidence in the US that has demonstrated the effectiveness of early intervention services for families whose children are vulnerable. The most well known of these is *Head Start* but there are a wide range of others such as *Homebuilders* and the *Nurturing Parent Programme*. The research base has helped define and shape these services as well as convincing funders of their worth. However this example also shows the shortcomings of such an approach.

Policy makers have often been selective as to the messages they have taken and the implementation of programmes has been patchy and geographically uneven, with some minority ethnic groups not receiving an equitable service. The evidence base has promoted 'joined up' homogenous services but these have rarely been achieved in practice. Although by and large positively evaluated the piecemeal nature of the development of these policies has posed methodological difficulties for researchers attempting to measure outcomes that are in themselves complex in their nature and relationships (Hanson et al., 2006).

The third model identified by the SCIE review is the organizational excellence model. This model is in some respects a combination of both the bottom up and top down approaches. This also puts agencies 'at the centre', but the crucial role they can play is in developing a research-minded culture through training, supervision and clear leadership. Research is seen as contributing to service development, but it is recognized that findings need to be adapted to the local context. Translatory organizations, such as in the UK Making Research Count (See Exemplar 3) and Research in Practice, are seen as having an important part to play in supporting the management of agencies in developing this culture, and in assisting practitioners in applying research to their work with clients. They have the potential of combining the strengths of both of the other approaches and minimizing their weaknesses. However, the challenges of successfully promoting a research-based learning culture should not be underestimated in complex and often pressured practice environments (Humphries et al., 2003).

Exemplar 3: Making research count in London – an example of the organizational excellence model

Making Research Count is a university based research dissemination network that works with health and social care agencies in England. Its aim is to promote evidence or more accurately knowledge informed practice at both the service design and delivery levels of social care services. It does so from a belief in the legitimacy of a pluralistic knowledge base and that dissemination can be most effectively promoted at the local level within agencies themselves. Each of the universities that make up the MRC network acts as a 'hub', working with a group of local agencies to deliver research-based services and models of working, which vary across the country. The London hub is based in the Social Care Workforce Research Unit, Kings College London. As examples of MRC's work last year in London:

- 72 seminars were delivered in-house in the agencies on a broad range of policy and practice-based topics.
- Six regional conferences and thirteen seminars drew an audience of 1900 practitioners and managers.
- An email enquiry service was provided whereby practitioners could make requests for references about specific areas of their work.
- A reflective practitioner group composed of managers in London met every month around a specific area of practice.
- Researchers have provided consultation to specialist working groups in agencies such as those in protection of vulnerable adults (Blewett, 2007).

THEORY

This chapter is focused on a particular perspective on the role of the contribution of social work research. While part of a longer tradition (Fischer, 1984), there has been a recent resurgence of interest in objective, impartial evidence for decision making. In particular, the international interest in evidence-based medicine and the focus on improving accountability make a consideration of these issues timely. The terms 'objective' and 'impartial' reflect an interest in rigorous evidence that 'speaks truth' to power.

This has very much focused at the level of individual practitioners and managers faced with dilemmas in treatment and intervention. In particular evidence-based medicine has advocated systematic reviews of evidence (Haynes, 2005; Egger et al., 2001) and randomized controlled trials to improve the quality of evidence available to practitioners. This chapter argues that while much can be learnt from the experience of this approach, and indeed the wider moves toward evidence-based practice in public policy, in relation to social work a narrow conception of evidence should be avoided. This is both in terms of the methodologies employed to generate that evidence and the need for empirical evidence to be used alongside other areas of expertise including that of practitioners and the users of services or as Preston Shoot (2007) describes 'experts by experience'.

One of the dangers in the debate in relation to the promotion of a more evidence-based approach to decision making amongst social work practitioners is that there can be a confusion between *technical* and *conceptual* challenges faced by both the research and practice communities. This is to a degree understandable in that the two are closely entwined with one another. However, if we are to understand ways in which professional decision making can be made more rigorous and therefore accountable then we need to understand the nature and complexities of the relationship between the two. There can be a danger with both the 'top down' and 'bottom up' approaches that they are interpreted crudely and are based on a mechanistic understanding of the relation between research and practice. This can then in turn lead to practical but ultimately simplistic solutions such as attempting to resolve complex practice issues by either only making more training available or promoting ever more prescriptive practice guidelines and toolkits within which research findings are embedded. Instead there needs to be, as Proctor and Rosen (2008) argue, a debate which combines both knowledge production and implementation, while recognising the

political and organizational context in which practitioners are operating.

The debate is further complicated in that there are differences in approaches to objective, impartial evidence across the world. For example, in the UK social work research has traditionally been characterized as favouring qualitative methodologies over quantitative, with the concept of what counts as evidence often being hotly contested (Davies et al., 2000). By contrast in the US there has been more of a quantitative tradition in social work research (Shaw, 2006). The increased interest in the nature and utilization of research reflects a shift in social work and other fields of practice away from a faith in professional decision-making based on experience, or decision-making guided by political ideology. We will explore the professional context of this debate further but the argument that what matters should be what is effective in terms of improvements for service users has struck many commentators as extremely persuasive (Smith, 1996). However, putting this theory into action has been challenging for all concerned, not least because the pressures of politics and practice have not gone away. While the evidence might suggest a particular course of action, politicians continue to want change today, resources are limited, and organizations are caught up in a constant process of change and reorganization. In practice, a Swedish study suggested that fewer than 10% of practitioners read research-oriented books or journal articles more than once or twice a year (Bergmark and Lundstrom, 2002).

One response which has been at the heart of the evidence-based practice 'movement' over the past 15 years has been to promote the use of research evidence derived from social experiments rather than encourage more use of research per se. Randomized controlled trials, used widely in medical research and, in the US, to assess social interventions, have been promoted as a method for really understanding whether or not social interventions actually work (Macdonald, 1997). Similarly, systematic reviews have

been conducted as a means of pulling together a wide body of knowledge related to a given intervention. This focus on interventions (and systematic reviews of intervention studies) has been attractive to many commentators, particularly as it helps to focus service providing organizations on desired outcomes of specific services.

Early attempts to generate a rigorous evidence base for social interventions occurred in the United States in education policy (Oakley, 2000), where schools were considered to be natural laboratories for experimental interventions. Elsewhere, the shift has been more a case of debate and pronouncement than the widespread use of experimental methods. For example, the 1999 UK White Paper on Modernising Government encouraged a greater use of evidence in policy making:

> This Government expects more of policy makers. More new ideas, more willingness to question inherited ways of doing things, better use of evidence and research in policy making and better focus on policies that will deliver long term goals (Cm 4310, para 6, 1999).

This more general encouragement to greater use of evidence has been interpreted in different ways by those wishing to promote the use of all different types of research relevant to policy making (Pawson, 2006) and others who saw an opportunity for greater experimentation (Macdonald and Sheldon, 1998). However, perhaps the greatest note of caution has come from those arguing the promoting a greater use of evidence in practice is altogether more complex than improving the availability of appropriate evidence to practitioners (Rubin, 2007; Mullen et al., 2007).

CHANGING CONTEXTS OF SOCIAL WORK PRACTICE

This section argues that an understanding of the role of social work research should be grounded in social work traditions rather than social work research traditions. The activity of social workers lies very often at the interface between the individual citizen and the state and the profession has been difficult to assign a single role or set of roles and tasks; indeed its nature is complex and fluctuating (Asquith et al., 2005). Butler and Drakeford (2005) argues that this represents both its strength and weakness in that social work can on the one hand be perceived as adaptable, durable and capable of acting as a key mechanism for meeting the aspirations of macro social policy. On the other hand it can appear rootless, vague and at worst built on superficial foundations. This dichotomy has been reflected in the debate about the nature of the 'expertise' of social work practitioners and the way that this expertise is executed in the course of their work. In particular the knowledge base that underpins this expertise and the extent to which this informed by, and *the way* that is informed by, applied social work and other social research has been at the heart of the discussion about the nature and role of social work.

One of the striking features of the social work profession has not only been its growth internationally but also the globalization of the debate about the nature of its theory and practice to the point where there is now an internationally recognized definition of the profession (IFSW, 2000). Nevertheless theorists and commentators, including the users of services and practitioners but primarily academics and policy makers have explored and at times polemicized about the role and identity of social work as a profession (Lavalette and Ferguson, 2007). Social work, intervening as it so often does at the interface between the private lives of individuals and the state is therefore inherently political. Questions about the extent and nature of the involvement of the state in individual's lives are central to the shaping the roles and tasks of social work. It is therefore unsurprising that over the last 50 years (and to some degree before) different traditions have emerged within social work. These traditions reflect the different positions toward state

involvement but also within social work on the status of different spheres of knowledge and the dynamic between knowledge, values and skills.

In the context of the complexity and fluidity of both the role and identity of the social work identifying typologies within the profession can always be problematic and potentially simplistic or reductionist. Nevertheless Dominelli (2002) and Payne (2006) have each developed a helpful framework that identifies three broad traditions within social work: the therapeutic; the social order or maintenance; and the emancipatory or transformational tradition (Table 2.1). The relative influence of each varies over time and internationally. The therapeutic tradition, with its roots in psychodynamic ideas, casts social workers in the role of helping the individual manage and cope with adversity. The emphasis is on addressing individual psychological functioning and the social worker's role is to maximize the individual's capacity to live with difficulties in their past and present. The role of research in such a tradition is to provide frameworks for the social worker to understand these processes and models for intervention at the individual level.

The second trend Dominelli and Payne identified was that of the social order or maintenance tradition. Within this model the social worker occupies a different role of 'expert' in relation to the user of services. The expert social worker is there as a source of information and knowledge and provides solutions to problems the individual faces. Within this tradition the social worker is not so much concerned with personal empowerment but solving difficulties on *behalf* of the service user and where appropriate on behalf of society such as in cases, for example, of adult and child safeguarding and protection. It therefore purports to represent a more pragmatic perspective on social work practice. This tradition has become most commonly associated with state social work, particularly in Western Europe, North America and Australasia and establishing public accountability for assessments and interventions carried out on behalf of the state have been crucial. The development of and assertion of the evidence base of applied social research for this mandate for social work, with the emphasis on 'what works' we will go on to argue has been an important feature of social work and other professions in the public services (Davies et al., 2000).

The third position identified within the social work literature is the emancipatory or transformational tradition (Payne, 2006; Dalrymple and Burke, 2006). This tradition sees social work as an inherently more politically orientated profession than the other two traditions. The starting point is that those who use social work services do so largely because of difficulties that are defined or significantly influenced by the unequal and discriminatory nature of societies in which we live. Social work is therefore centrally concerned with issues of social justice

Table 2.1 Social work and evidence

Three traditions in social work	*Three perspectives on evidence*
Therapeutic	Evidence should be used to generate frameworks
Facilitation of the individual to find ways of dealing with difficulties facing them in their lives	or models that help social workers understand processes and interventions
Social order or maintenance	Evidence should show which interventions work and
The 'expert' practitioner facilitating change through the provision of services and information. This includes taking coercive action on behalf of the state where necessary	which do not. This perspective is most closely aligned with objective, impartial evidence
Emancipatory or transformative	Evidence should be produced by practitioners or
Based on principles of social justice the activity of the practitioners is based on the concepts of empowerment and promoting the self efficacy of the individual	service users (or at least with practitioner or social worker involvement) and should be part of practice development and improvement

and this position asserts that individual problems can only be understood and addressed within their wider social context, even if social workers are not necessarily in a position to influence or change that context. The proponents of this tradition, which is interestingly strongly reflected in the international definition, argue that social workers cannot afford to be neutral on issues of inequality and discrimination. On the contrary Banks (2006) for example links emanicipatory social work to reflective practice and argues that a central feature of the reflective practitioner is their preparedness to take 'moral blame', a theme echoed by Clarke (2006) who argues that social work has, as distinct to other professions a 'moral character' in both theory and practice.

Humphries et al. (2003) argues that applied research within this more radical tradition is key to social work maintaining both its clarity and integrity in the decision making process. She argues that public accountability is wider than practitioners' responsibilities toward those prescribed by any given state. While a feature of many social workers' practice environments is the statutory framework within which they practice (Thompson, 2000) social workers have a wider professional responsibility that transcends day-to-day policies and procedures, which interestingly is reinforced by many national codes of professional conduct and registration processes. The nature of the research that is utilized is also an important dimension of this tradition. Qualitative as well as quantitative methodologies are identified as being useful in the decision making process but in particular participatory models is promoted. These, it is argued, both articulate the perspectives of those who use social work services and challenge the position of those users as the passive objects of research (Beresford et al., 2007).

These different perspectives involve different actors (academics, practitioners, service users) and come in and out of favour at different points in time. As we discuss here, evidence-based social work had seen a renewed interest in evidence that demonstrates the effectiveness of social care interventions. Like many typologies these three traditions are rarely to be found in pure or separate forms with most practitioners working in a combination of the three. Payne (2006) characterizes them as three poles between which practitioners move, depending upon their circumstances. 'Expertise' and its role within a broader social work identity need to therefore be understood within any given practitioner's geographical and political context. However, the status of knowledge and its relationship to practice also has to be understood within the broader context as to how practitioners make decisions.

There is a danger when discussing the decision-making process by practitioners that the relationship between research and practice is perceived as linear, with at its extreme the practitioner seen simply as the conduit of research (Lawrence, 2006). Jordan and Jordan (2000: 209) comment:

> Evidence based care would be a very good way to tie the profession … into a conception of their tasks that effectively de skilled and shackled them, while seeming to raise their status to that of scientific researchers.

However many writers have recognized that in the course of their work the reality for social work practitioners is that they draw upon a number of different areas of knowledge (Gilgun, 2005; Drury Hudson, 1999). Certainly social workers may well utilize research-based knowledge but do so alongside their practice experience and knowledge, local and national procedures (usually based upon legal frameworks) and their personal experience. The relationship toward and between each of these 'spheres' of knowledge varies greatly and all are mediated by the influence of professional and personal values.

The pluralistic nature of the knowledge base that underpins practice is widely recognized by policy makers. In the UK the Social Care Institute of Excellence validated such a view in a published knowledge review (Pawson et al., 2003). Moreover the General

Social Care Council in the same national context recognized that the post qualifying social work education programmes needed to be developed on the basis of the integration of research, theory, practice and values (GSCC, 2005). What is striking when looking at the international definition of social work and many of the curricula of social work programmes is the influence and near hegemony of at least the language of emancipatory and transformational approaches.

Statham et al. (2005), in the context of the debate regarding the role of social work in Scotland, argue that this is to some degree the consequence of the nature of the social work task. Social work is by its very nature complex and the process of the work itself requires a model of knowledge utilization that is more sophisticated than the linear relationship that some models particularly of dissemination suggest. Munro (2002) has taken this forward and explored the decision-making process in social work from the perspective of generic decision-making theory. In particular she looks at the inter-relationship between intuitive and analytical reasoning and the use of emotional intelligence. Munro argues that many social workers rely upon intuitive reasoning. This reflects the low status that knowledge has in many practice environments and that the emphasis in many settings is on social workers' activism and pragmatism rather than their view of either themselves or by others as being an expert profession. Munro does however recognize the utility and validity of intuitive reasoning and that its speed and basis in empathy and rapport building fits closely and comfortably with the social work role. Munro does, however, argue that social work practice and the perception and reputation of the profession can be enhanced by greater use of analytic reasoning in social work decision making. It is not a case of counter posing analytical reasoning to intuitive processes but rather that the former can be an important check and balance on the latter. The systematic utilization of research is an important dimension of moves toward a more analytical

model of reasoning in the decision-making process that is at the core of social work practice.

Although not accidental it is perhaps unfortunate that attempts to increase the rigour of both the knowledge base itself and the process of its application to decision making have been in the context of an increased emphasis on audit and performance management. Tillbury (2005), writing from an Australian perspective, comments that performance management can militate against the execution of professional judgment and discretion. Tillbury (2005) and Allnock et al. (2005) make the point that performance indicators can be important tools for increasing public accountability and raising awareness and increasing understanding about the impact of social policy and social work practice. As such they play a valuable role in providing 'objective evidence' for informing the development of policy. The gathering of such evidence takes place within a political and organizational context and this will inevitable impact on what is measured, how it is measured and any findings that are applied. Bullock for example comments in relation to the impact of research on recent UK child care policy:

> Those [studies] that produced recommendations that were costly and difficult to implement, such as the overview for children cared for away from home, had little impact whereas the adoption studies had a delayed but major effect owing to a change of Government and the Prime Minister giving it his personal attention (Bullock, 2006: 19).

In terms of both evaluation and performance management, care needs to be taken that any criteria for assessing services and practice need to be based upon appropriate indicators in terms of what they are seeking to measure and that there is recognition for example that there is often a complex relationship between costs and outcomes. If they become used as a crude managerialist tool then they will not only provide misleading data but the prescriptive way that they are used will also have consequences for professionals and their practice. If an 'audit culture'

develops (Munro, 2004) then the corrosion of practitioners' capacity to exercise their professional expertise and judgment will impact on the *way* that those practitioners utilize knowledge and an unintended consequence could be a diminution of expertise rather than its enhancement in the decision-making process.

The interest in performance management has partly been driven by a desire to increase the efficacy and accountability of agencies providing care services. However, the management of risk and more specifically its aversion has become a widely recognised and well documented concern in the public sector (Beck, 1992); the evidence base has been identified as one of the mechanisms of monitoring and managing risk. There is an emerging body of literature that has focused on agencies that need to be perceived as high reliability organizations (Roberts and Bea, 2001). In these organizations, (typically airlines, fire services and the nuclear power industry), failure to manage risk can be catastrophic. In social work, systemic failure can be very serious and traumatic, particularly in cases that involve maltreatment. Research-based evidence can help equip social workers with the knowledge necessary to identify and intervene in situations in which risk is a strong feature. Similarly, it can be used to build dynamic, responsive organizational structures that seek to learn from systems failures. Parton (2005) and Hendrick (2003) both warn against welfare systems being shaped by these most serious cases in that living with a level of risk is not only necessary but desirable. For example the early removal of children from the care of parents with difficulties such as addiction problems may minimize risk in one sense but that course of action will carry a number of other risks such as disrupted attachments and a burgeoning population in state care. Research-based evidence can give practitioners the confidence in both their own but also their managers' and the wider public's eyes to live with and manage levels of risk in the community.

CRITIQUES

Debates about the provision of more objective, impartial evidence for decision making have elevated research as a source of knowledge for social work practitioners. Promoting objective, rigorous social work research has gained support amongst researchers and research users and the notion of systematic reviews producing syntheses to support practice has proved particularly attractive.

More recently the debate has shifted to consider the challenging issue of how to better support the use of evidence in decision-making. It quickly became apparent that this was about more than promoting critical appraisal skills for social work practitioners, but required a whole set of individual, organizational and wider structural barriers to be addressed. The three models proposed by Walter et al. (2004) go some way to addressing these barriers.

Evidence is often inconclusive. However, when it is clear, there is still a lot to be learnt about how to promote changes in practice. In medicine, professional guidelines have been used to channel new research to practitioners; in social work in the UK this development has been mirrored by the development of evidence-based resources by organizations such as the Social Care Institute for Excellence (SCIE). The effectiveness of strategies to promote the use of good quality research in practice (and ultimately outcomes for service users) has been given very little attention (Nutley et al., 2007).

And what of the far more frequent occurrence – when the evidence is inconclusive and does not lend itself to neat 'guidelines' for practitioners? It has been suggested that it might be helpful in cases such as these (and perhaps for all evidence) to think in terms of contributing new complex, inconclusive information to the 'mindlines' of practitioners (Gabbay and May, 2004) – the complex web of understanding that is shaped by not only evidence (of all sorts) but also professional practice, context, etc. This would involve a more fluid approach, involving for

example professional networks, continuing professional development and staff exchanges.

It is now more widely accepted that evidence will never be capable of replacing professional judgment, particularly for professionals tasked with complex decision making in the inherently risky situations encountered by social workers every day. However, for evidence to support the professional judgment in, for example, the management of cases and resources and for evidence to enable practitioners to think differently about the challenges that face them, it will need to enhance skills and understanding rather than undermine them. Thus there remain challenges for organizations, individuals and the profession more widely if evidence is to be used actively and intelligently in decision-making.

There is still a challenge in providing more objective, impartial evidence through improvements in the quality and synthesis of evidence. In particular, the role of systematic reviews as rigorous syntheses to inform practice has been promoted and supported through the Campbell Collaboration social welfare group. Ventures such as the Campbell Collaboration reflect the international demand for objective, rigorous evidence to support policy and practice. The next step will be to ensure that this evidence makes a meaningful contribution to social work practice.