Athlone Institute of Technology

An investigation into evidence-based practice in residential centres in Ireland

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Submitted in part fulfilment of the MA in Advanced Social Care Practice,

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Athlone Institute of Technology
MA in Advanced Social Care Practice
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It would not have been possible for me to complete this thesis without the help, guidance and support of people around me.

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Abstract

The research topic was an investigation into the use of evidence-based practice (EBP) in mainstream residential centres in Ireland. The expectations on social care workers' working within Ireland are changing with the anticipated opening of registration for social care workers' with CORU – The Health and Social Care Professionals Council. One key requirement from CORU is that social care workers both know and understand the basic principles of research, can evaluate interventions and utilize an evidence-informed approach in their work. This study investigated social care practitioners' experiences of EBP. Owing to the vastness of the sector, the research focussed on the residential child-care sector.

The current study focussed on four specific research questions. The first objective was a general enquiry as to workers understanding of evidence-based practice. The focus then moved to the role of EBP within daily work, and how the use of this practice could enhance the effectiveness of social care workers. The third objective explored the factors which inhibit or enable the use of EBP with the final section exploring if workers feel confident to research EBP and to introduce new strategies into their workplace. By exploring EBP from four different angles, this study captured the status of EBP in mainstream residential centres in Ireland. The use of a qualitative cross-sectional research design enabled the researcher to address the research topic effectively and to enhance the body of knowledge regarding the use of EBP in mainstream residential care.

All participants in the study were willing to engaging in research to source alternative interventions for their young people. However, challenges such as time commitments, the difficulty of maintaining consistency within the team, and the importance of team engagement were highlighted as challenges. There was also a lack of confidence demonstrated by participants in their own capacity to research, evaluate and implement new strategies. There was a difference in the views of managers and workers in the challenges they faced when introducing new work practices. The workers were aware of more specific challenges whereas the managers spoke in a general sense. The workers had introduced EBP's under the guidance of therapists/social workers in the past. However, workers also stated that they relied on their managers to guide the implementation of new practices. This

finding indicates the need for managers to be up to date with new interventions for effective introduction into centres. The wider implication suggests the need for specific continuous professional development for managers regarding the use of interventions, the language of research, and the skills necessary for implementation. The use of EBP was not endemic within the sector, and was driven, not by social care but by external stakeholders. CORU will require social care workers to demonstrate their capacity to know and understand the basic principles of research, to evaluate interventions and to utilize an evidence-informed approach in their work. This research indicates that there is further work to do in this area to develop the capacity of social care workers to achieve this skill.

Literature Review

CORU, the Health and Social Care Professionals Council was established in 2005 under the Health and Social Care Professionals Act 2005 (as amended). The role of CORU is to protect the public through the promotion of high standards and competencies across a range of health and social care professions. With the eminent opening of the social care workers register with CORU, it is important that the readiness of social care workers in Ireland for professional registration be investigated. In so doing, any additional staff supports needed within the social care sector to achieve the criteria expected by CORU will become known.

CORU have identified key criteria which are deemed necessary to protect the public and to ensure professional practices are in situ amongst the social care work force in Ireland. Incorporated within the criteria is an expectation that social care workers:

> "Know and understand the principles and applications of scientific enquiry, including evaluation of intervention efficacy, the research process and evidence-informed practice"

> (Social Care Workers Registration Board, 2017 p 9)

The above criteria clearly outline that social care workers must not only know and understand research processes but must also be able to evaluate interventions. This study into the experiences of social care workers regarding evidence-informed practice will demonstrate if the sector is prepared for upcoming registration. A key requirement from CORU is that social care workers must engage in continuous professional development to maintain their registration. This study will also identify deficits in the skill set of social care workers which could be addressed through engagement in continuous professional development programmes.

Owing to the vastness of the social care sector in Ireland, this study will focus on the mainstream residential sector. There is a dearth of published research regarding the status of evidence-informed practice in this sector. The current study will add to the current body of knowledge in this regard.

What is evidence-informed practice (EIP)?

To truly evaluate the use of evidence-informed practice in the daily work routines of Social Care Practitioners employed in mainstream residential centres it is important to first explore what evidence-informed practice is. The traditional interpretation of what constitutes credible evidence-based practice (EBP) focussed on gold standard

quantitative research, primarily experimental or quasi experimental methodologies with universality being a core construct (Bryman, 2004). Much of this type of research emerged from medical research (Means et al, 2015). However, many researchers in the Health and Social Care sphere questioned the validity of such a focus. Mitchell (2011) argued that evidence collated through other forms of research e.g. clinical experience, local information, patient preferences and experiences, were also credible and relevant, particularly in children and youth services. Michell's view is echoed in the work of Kazak et al (2010) who hypothesised that the variety of children and the complex and diverse needs exhibited by many, results in the need for tailored interventions to meet individual needs. Expanding this point further, Archibold (2015), suggested that individual factors such as cultural cohesiveness, equality and consideration to human rights need also to be considered, in conjunction with scientific evidence, when deciding the most appropriate intervention to utilize to support a client. Kazak et al (2010) argue for a multi-systemic approach when working with youths, utilizing qualitative research, organisational theory, ecological systems theory and mixed methods research. Lewis (2001), defined knowledge as; evidence plus practice wisdom plus service user and carer wishes and experiences. Translating Lewis's definition into practice suggests that best practice in social care incorporates evidence-based practice coupled with other salient factors. Therefore, practice is informed by evidence, but evidence is just one element (Shlonsky and Stern, 2007). Margo (2010) supported this definition, however, argued that organisational context, and organisational policies, procedures and guidelines must also be considered to utilise evidence-informed practice in Social Care. Similarly, Brady et al (2016) advocate for the development of the concept of evidence-informed practice which is an approach that facilitates the practitioner to utilise research evidence in conjunction with knowledge derived from other sources when deciding on a course of action to support a client. The common thread emerging from these studies is the need for social care workers to assess an EBP and integrate it into practice, giving due consideration to contextual influences. Therefore, the remainder of this study will focus on evidence-based practice (EBP), as the literature suggests that social care workers need to understand EBP in order that they can engage in evidence-informed practice (Nevo and Slonim-Nevo, 2011).

Empirical research and practical knowledge.

There has been an inconclusive debate in the literature regarding the role played by practice wisdom in the capacity of social care workers to utilize EBP. According to many writers, (Gibbs & Gambrill, (2002); Fisher (2016)), a key component in the use of EBP is the practitioner's clinical experience, or professional judgement. Conversely, a research study by Stroobants et al, (2016) did not establish a link between clinical experience and the use of EBP. Fisher (2016) acknowledged that the practitioner has the professional task of interpreting the evidence, and through their knowledge of both the situation and the service user, deciding on the practicality and validity of a specific intervention. Fisher also acknowledges the importance of seeking the views of the service user, or their carers, at this juncture to maximise the likelihood of the intervention being successful (Fisher, 2016). Gibbs and Gambrill believe that EBP "is designed to create professionals who are life-long learners who draw on practice-related research findings and involve clients as informed participants in decisions made" (2002, p. 452).

Across the literature, many writers do not support the view of Gibbs and Gambrill. Writers such as Mitchell (2011) ague that there is a disparity between the research literature and the practise wisdom literature. They argue that many researchers are not cognisant of the practical wisdom which is gained in the field and do not truly acknowledge this knowledge. The focus is on empirical research and is not on the practical application of the research findings. Aarons et al (2009) argue that until researchers find a way to make their work more accessible and practical for everyday application it will remain underutilized, a view supported by Hewitt-Taylor et al (2012). Nilsen et al (2012) propose that there is a lack of motivation for those in practice to research EBP's, not because of a lack of interest, but because some practices become habitual, are fully ingrained in day to day work practices, and therefore there is no impetus for change, a point echoed in the work of Friedberg (2015). Rycroft-Malone et al (2004), suggest that there is a need to integrate both practice-based knowledge and empirical research to best support service users. The tenet of their argument is that for evidence-based practice to become better utilized, there needs to be an acceptance of the need to integrate scientific evidence with practical situations. The point is also made that research is always evolving, and that that there are few absolutes in science. Therefore, as new research becomes

available to practitioner's older research becomes invalid. Consequently, all sources of evidence, from empirical research to clinical experience, are valid and necessary to best support service users (Rycroft-Malone et al, 2004).

The skill-set of the social care practitioner necessary to enable the incorporation of EBP in daily use.

The process of integrating knowledge from a variety of sources and utilizing this knowledge to best meet the needs of service users is complex (Rycroft-Malone et al, 2004; Gambrill, 2013; James, 2017). It is known from past research that there are times when common practices in the helping professions were doing more harm than good (McCord, 2003; Thyer and Pigotti, 2010). It is also known from past research that many professionals make practice decisions which are not based on practice-related research but lean instead on local knowledge, clinical expertise and habitual reactions to reach clinical decisions (Mullen & Bacon, 2004; Nilsen et al, 2012). Gambrill (2013) identified three key traits which she argues are necessary for an individual to develop so that they can effectively engage with and pursue evidence-based practice. These are; critical thinking, client advocacy and clinical expertise.

Gambrill argued that critical thinking is a key component in the use of EBP, a view echoed in the work of Barton et al (2012) and Caldwell et al, (2007). According to Paul (1993), there are specific intellectual traits which are essential for critical thinking to be effective. These are; courage, integrity and perseverance. Supporting the view that critical thinking is a key element in the effective use of EBP, Higgs and Jones (2001) argue that merely being aware of an EBP does not result in practitioners using this information to support clients, a view endorsed in the findings of Leathers et al (2016). In his 2011 study, Finn suggests that there are four thinking style's which enhance the development of critical thinking capacity in workers, these being; open-mindedness – which refers to a disposition which is interested in finding new evidence, new ways of working and new ideas, fairmindedness – which is the capacity to take on board views, opinions and perspectives which may be in contradiction to one's own previously held beliefs, reflectiveness – which is the individuals willingness to take their time to review any new information and to look at the advantages and disadvantages of each without accepting the first apparent solution and finally counterfactual thinking which is the capacity to look at the

research and the situation from a range of different perspectives and to endeavour to think through possible alternatives and outcomes.

The second key trait is for the worker to be an effective advocate for their client. There is consensus across the social care literature in Ireland that social care workers advocacy role encompasses the promotion of the needs of the client (CORU, 2017), ensuring that clients have access to an advocacy service (HIQA, 2017) and a preparedness to advocate for resources and services subject to the needs of the client (Tusla, 2016). Incorporated within the advocacy role is the need to ensure that the supports needed to empower clients are in place, for example: scheduling meetings in venues accessible by public transport or being cognizant of the need to avoid professional jargon in meetings. Clients may also rely on the interpersonal skills of social care workers to empower them to engage with other professionals or in certain situations (Evans and Kearney, 1996).

The final skill necessary for the effective utilization of EBP, according to Gambrill (2013) is clinical expertise. Gambrill argues that practitioners can draw on their clinical expertise to integrate information regarding the individual client's personal characteristics and preferences with external research findings, thereby establishing the best intervention to address their needs. Notwithstanding the fact that there is some conflict regarding the role that clinical expertise plays in the utilization of EBP by practitioners working in the field (for example Stroobants et al, 2016), the work of Gambrill is often cited across the literature.

Organisational, cultural and economic context's.

To implement EBP, it is important to consider the context and the work environment in which social care workers practice (Hasson et al, 2014). Whilst cognisant that the implementation of EBP is predominantly focussed on changing the behaviour of the professional, writers such as Blasi et al, (2001) and Michie et al, (2011), argue that the social, organisational and economic context's impact on the capacity of the individual practitioner to effect real change. It is argued that different organisations will interpret and apply new information in different ways depending on the setting – what works one way in one setting may work in a very different way in a different setting (Gray et al, 2015). Notwithstanding, certain organisational characteristics have been found to have a positive effect on the implementation of EBP. Features such as transformational leadership, proper oversight, evaluation and feedback

coupled with cultures depicted by innovation, critical thinking and learning, support the effective implementation of evidence-based practice (Hasson et al, 2014; Aarons et al, 2009; Gray et al, 2015; Holden et al, 2014).

The previous discussion considered the implementation of EBP as being the responsibility of the individual practitioner who could be facilitated to change personal practice by a positive work environment. As a rebuttal to this point, Austin & Ciaassen (2008), writing from the perspective of social workers, argue that the effective implementation of new EBP needs to be viewed in conjunction with organisational change. It is the view of Austin & Ciaassen, that the culture, ethos, resources and oversight/evaluation features of an organisation need careful consideration so that sustainable and effective change can occur in the day to day work practices of social workers. The tenet of their argument is that change cannot occur within individuals unless change also occurs at an organisation level and all stakeholders in an organisation are involved in the change process (Austin and Ciaassen, 2008; Akin et al, 2016). Interestingly, a more recent survey of Social Workers in Australia (Gray et al, 2015), found that, whilst nearly half of respondents took ownership of their own role in the application of EBP in their work, barriers such as lack of resources, insufficient time, and an organisational culture which was unsupportive were cited as challenges which restricted their capacity to engage in EBP as a matter of course. Similar findings emerged from a study by Morago (2010) amongst Social Workers in the United Kingdom.

Residential Child Care

The arguments supporting the utilization of EBP in Residential Centres catering for young adolescents is persuasive. As identified by Barton et al (2012), EBP helps to reduce the likelihood of re-traumatizing children as only validated theoretical approaches are being used by the care teams, it provides a solid base for the care teams thereby enabling them to work effectively with young people, to make sense of difficult and challenging behaviour and to ensure consistency across a range of workers. The use of EBP in residential settings also ensures that care teams have a benchmark against which new approaches can be evaluated (Whittaker et al, 2016). Farrelly (2013) puts forward the view that EBP also enhances the reputation of social care workers as professionals thereby enhancing public confidence in the work that is completed in the social care sphere. James et al (2017) suggests that residential

care ought to be considered "evidence-based care" (p. 158), and that residential centres provide interventions to troubled young people that can be best provided in a residential care setting as opposed to in other community or family support services. This view is supported by Whittaker et al, 2016; James et al, 2013 who advocate for the development of enhanced intervention models in Children's Residential Centres through an increased focus on research and on the development of proven models to enhance the outcomes for those exiting care.

The key tool utilized by social care workers in residential settings is the power of the relationship between the young person and the workers. Gilligan (2001) suggests that professional social care in a mainstream residential setting is about creating and maintaining relationships with young people through everyday interactions. Such interactions are referred to by Whittaker et al (2002) as "The other 23 hours", meaning the times when the child is not in therapy. These interactions are the times when much of the work conducted during therapy sessions is re-enforced. Barton at al (2012) believe that when a care team are all working in a consistent manner and utilizing a particular EBP then the young people can feel secure, are aware of expectations, and know how the team will react in any situation. Therefore, the importance of team buy-in when considering the implementation of a new intervention is vital. Barton et al acknowledge that such consistency is very difficult to maintain and advocate for significant levels of staff support, supervision, opportunities for reflection and development as key elements necessary to enable the care teams to work in a consistent manner (Barton et al, 2012).

As the underlying argument in favour of evidence-based work in Residential Centres is convincing, it is worthwhile to consider what the research tells us in terms of the true effectiveness of EBP in residential childcare settings. Boel-Studt and Tobia (2016) identified a plethora of issues which question the published findings regarding the effectiveness of EBP in residential childcare settings. Boel-Studt and Tobia established that studies are not utilizing research designs such as experimental or quasi-experimental methods. Therefore, the reliability and validity of their findings were reduced. Outcome measures were often poorly designed and the descriptions of the programs under investigation were limited and unclear. Despite these limitations, a review of the literature in this field yields some interesting findings. A study by De Swarth et al (2012) suggested that young people living in residential

settings who availed of cognitive behavioural therapy demonstrated greater effect then those not in such a setting. A further study by James et al (2015) found an overwhelming majority of service providers utilize EBP, yet only half of the EBP utilized are listed in registries of evidence-based practices. James et al (2015) concluded that there is a desire amongst service providers to utilize EBP however there is a deficit in their capacity to identify empirically supported EBP and to implement these. A later study by James et al (2017) suggested that until service providers become convinced of the benefits of adopting an evidenced-based model, their existing models, whilst not empirically proven, meet their needs in terms of registration and accreditation, and therefore there is no impetus for change. It was recommended that further research be conducted, and resources supplied, as there is a risk that good quality interventions may be lost over time due to a lack of empirical evidence to support their use (Lee and McMillen, 2017).

In the Irish context, McHugh and Byrne conducted a survey of the research activity skills and training needs of health and social care professionals in 2013. This study was conducted across all health and social care professionals. Of the total respondents to the survey only 4.3% were social care workers which represents approximately 1.9% of the professional social care workers. Despite the very small representation of social care workers within the survey, its' findings provide a snapshot of some of the challenges faced by workers who wish to engage in research related practices. The top five barriers listed which impede or restrict the capacity of workers to engage in research were: time, workload, funding, lack of support/encouragement, resources and lack of supervision or mentorship. The recommendations from this study advocate for further training and continuous professional development opportunities for workers which are tailored to their current level of expertise.

Evidence-informed practice, as advocated by CORU (2018) and proposed by Brady et al (2016) provides a strategy to incorporate up-to-date EBP with practice in social care. Having explored a working definition of EBP, this review has also evaluated the role of EBP in the general sphere of social care. The disparity between evidence-based research and practice wisdom was explored and the challenges faced by social care practitioners in amalgamating both sources of knowledge has been discussed. Following the above discussion, the skill-set of the social care worker

necessary for the implementation of EBP was explored, and different traits and thinking styles supportive to the implementation of EBP was discussed. Building on this discussion, the traits and characteristics of the organisation which is conducive to the propagation of EBP were explored.

In the final section of this review, the focus switched specifically to the Residential Child Care sector and the role of EBP in this sector was investigated. The role of the team in the implementation of EBP in the residential sector was discussed. Relevant international research revealed a dearth of credible, empirically supported EBP specifically relevant to the residential child care sector. However, research also established a willingness from providers to engage in EBP. But a lack of knowledge, capacity and motivation to source and introduce empirically supported EBP into residential centre models of care was exposed. Finally, McHugh and Byrne's 2013 study provided a snapshot of the specific challenges faced by workers in the health and social care sphere in engaging in research related activities.

The current study.

The research topic is an enquiry into the use of evidence-based practice in social care in Ireland. As discussed, the expectations on social care workers' working within Ireland are changing with the anticipated opening of registration for social care workers' with CORU – The Health and Social Care Professionals Council. One key expectation is that use of evidence-informed practice within the field of social care will be typical. This researcher was curious about social care practitioners' experiences of EBP. Particularly, as workers will need to understand EBP to work in an evidence-informed manner. Owing to the vastness of the sector, the research focussed on the residential child-care sector.

Several international studies conducted amongst social workers investigating the use of EBP were reviewed. Two in particular, (Gray, et al., 2015), and (Morago, 2010) explored the views of social workers. However, these were both quantitative studies. No qualitative studies emerged during the literature review which examined the experiences of social care workers utilizing EBP with young people. Additionally, there were no published studies which investigated EBP in residential centres in Ireland. The current study seeks to addresses these gaps in the literature.

The current study will focus on four specific research questions. The first area is a general enquiry as to what workers understand evidence-based practice to be. This question will give the researcher an insight into the workers' current knowledge regarding EBP. Then workers will be given an opportunity to speak about the role of EBP within their daily work, and how the use of this practice could enhance their effectiveness. The third objective explores the factors which inhibit or enable the use of EBP with the final section exploring if workers feel confident to research EBP and to introduce new strategies into their workplace. By exploring EBP from four different angles, this study will capture the status of EBP in mainstream residential centres in Ireland. The use of a qualitative cross-sectional research design enables the researcher to address the research topic effectively and to enhance the body of knowledge regarding the use of EBP in mainstream residential care. Training needs for social care workers as well as area's worthy of further investigation can also be identified.

Method

Research Design

To best meet the objectives of this research a cross-sectional design was employed. A cross-sectional research design enabled the researcher to capture the views and attitudes of a cross section of social care workers at a specific moment in time – March 2018. Becker (2012) argues that cross sectional designs provide viable frameworks particularly when quantitative research strategies are being employed. In choosing which research strategy would best address the objectives of this research, the purpose of the research was reviewed. The aim of this research was to explore evidence-based practice in residential centres. To gain a true insight into how social care practitioners use evidence-based practice it was important to engage practitioners in conversation and to be free to explore their views and feelings regarding evidence-based practice. There are two specific types of research strategies available for consideration: quantitative and qualitative. A mixed method approach, utilizing both quantitative and qualitive strategies is also worthy of consideration. Qualitative research seeks to understand the meaning individuals place on a specific area of interest, whilst quantitative research is interested in measuring variables and analysing data using statistical processes (Creswell, 2014). A mixed method approach considers the same research problem but collects data utilizing both strategies and then integrates the data.

The objective of this research was to explore the views and feelings of social care practitioners. A qualitative research strategy enabled this data to be captured during the research. Within a qualitative research strategy, there are several data instruments available. Semi-structured interviews were chosen as the most appropriate data instrument as the researcher was free to explore the views of the interviewee whilst still having a guide to follow to ensure that the researcher remained focussed on the research topic and did not deviate. In the initial design phase, the possibility of completing focus groups in lieu of semi-structured interviews as a qualitative data instrument was considered. It would have been interesting to create a conversation, between social care workers from a range of social care organisations, regarding their experience of evidence-based practice. To enhance the validity of the findings, no more than two employees from any one organisation

were invited to participate. Therefore, participants were dispersed across a large geographical area. When the practicality of gathering such a group together, in a voluntary capacity, with no budget to cover expenses was reviewed, it was decided that focus groups were not feasible. Therefore, semi-structured interviews were employed instead as the researcher could absorb the costs and meet people at times and locations which were convenient to them.

Validity of Approach

Creswell, (2014), suggests that factors such as the nature of the research problem, the experience of the researcher and "the audience for the study" (p. 3), influence the choice of research strategy utilized. The use of a qualitative research strategy ensured that the research problem was explored, and that rich data was captured. Semi-structured interviews benefited the novice researcher as it reduced the likelihood that large volumes of data which were not relevant to the research problem were collected (Maxwell, 2013).

Interviews enabled the researcher to gain an authentic account of an individual's experiences, (Miller and Glassner, 2016), and to understand the context of both experiences and situations (Flick, 2006). Qualitative interviews helped explore "how and why things change" (Rubin & Rubin, (2005), p.3). The interviewer was also free to probe and explore the answers given by the interviewee's thereby enhancing both the researchers understanding of the subject and the richness of the data captured (May, 2011).

Feasibility of the study

The feasibility of the study was considered from two perspectives: access to participants and time constraints. Currently in Ireland there is an openness and willingness across many organisations within the Social Care sector to engage with research, as evidenced by the diversity of research presented at the recent Social Care Ireland conference (SCI, 2018). Many organisations in the social care sector facilitate researchers and encourage the active participation by their employees in research related activities. Therefore, access to participants was not a concern.

The second factor considered was the time constraints involved. The research needed to be designed, processed and submitted within a five-month time frame and so it was important that the research design facilitated a prompt and efficient use of time. A cross-sectional design, utilizing a qualitative approach which incorporated semi-structured interviews as data instruments facilitated such as time frame.

Research Participants

A purposeful sampling strategy was employed when identifying the sample for the study.   This enabled a specific target group to be chosen for inclusion in the research based on their membership of a specific population. Such an approach ensures that those who are invited to participate in the research are relevant to the research and can contribute to the discussion (Bryman, 2012). The population for the study was professional social care workers employed in mainstream residential centres. Within the population, there were two sampling frames; one which composed of social care managers and a second which composed of social care workers. To explore both perspectives four interviewees were social care workers and four were social care managers. A total of eight interviews were conducted. A disadvantage of purposeful sampling is that the sample choice may be prone to researcher bias when compared to probability sampling techniques which strive to eliminate researcher bias (Laerd, 2012). However, in this case the advantages of purposeful sampling outweighed the disadvantage. To enhance the validity of the research results, particular care was taken to ensure that the research was conducted across a range of service providers.

In total eight interviewees participated in the study; four social care managers and four social care workers. The managers are identified by the letter M and numbered 1-4. M1 has over ten years' experience as a social care manager and has managed several residential homes in several different organisations. M1 has both social care and management qualifications. M2 recently returned to study and completed a masters having worked for a few years following her initial degree. M2 is a manager of a children's residential centre, this is her first management post, having been a deputy manager for over five years. M3 has only recently been promoted to a management post having worked for several years as a social care worker. M3 is currently completing a masters on a part-time basis whilst working. M4 has over

twenty years' experience at management level in social care and had worked abroad as well as for several companies in Ireland. M4 had not returned to study over the years and her qualification was a diploma in social care. All four managers were employed in the private sector.

The workers are identified by the letter W and numbered 1-4. W1 has several years experience and had been a keyworker for the last three years. Shortly after the interview she was promoted to a team leader position within the company. W2 had just over two years' experience in her role as a social care worker and had begun key working six months prior to the interview. W3 was working as a relief worker for the organisation and was in fourth year completing his level 8 degree. W4 had been a keyworker in his current organisation for the last three years. All four workers had either attained, or were working towards their level 8 qualification, with two of the workers expressing an interest in pursuing masters programmes.

Materials

The topics for discussion in the semi-structured interviews were decided in advance. (Appendix I). The advantage of this approach was that through the use of a pre-determined format similar data was collected in each interview thereby facilitating analysis whilst simultaneously ensuring that interviewees were free to give their true and honest points of view (May, 2011).

The interview questions were designed to echo the research questions and are grouped accordingly in the interview schedule. Within the schedule there was room for flexibility and to probe further as the interviews progressed, still ensuring that the key research questions were answered.

All interviewees were provided with information sheets (Appendix II) and consent forms (Appendix III). These forms were designed early in the process and were submitted as part of the application to the ethics committee in Athlone Institute of Technology for approval prior to the commencement of data collection.

The final element was communication to Service Directors of the Social Care Providers seeking permission to give their employees the opportunity to participate in the research (Appendix IV).

Procedure

Ethical approval was granted by the ethics committee in Athlone Institute of Technology. To ensure the anonymity of participants in the research, a decision was made to interview no more than two employees from any one service and to ensure that these employees worked in different centres within the one company. It was also decided to interview both social care managers and social care workers' thereby exploring if there was a difference in their experiences of EBP. Additionally, no work colleagues of the researcher were invited to participate in the research.

Once ethics approval was granted, the service directors in ten residential childcare providers were contacted to request permission to interview members of their teams. Initial contact was made by phone, followed up with an email which included the information sheet. Unfortunately, I was unable to get direct contact with decision makers in the HSE. Therefore, no HSE services were invited to take part in the research. Permission was granted by four organisations, all of whom operate in the private sector.

The sampling and interview process worked effectively. I successfully contacted gatekeepers in each of the organisations and they circulated my information sheets. Participants came forward and agreed to take part in the research. I do not know what criteria the gatekeepers utilized in the distribution of my information sheets and contact details. There could be a bias in the research because of who was offered the opportunity to take part. Each participant met at a time and location which was convenient to them. The interviews were all conducted away from the participants place of work. The researcher had spoken with each participant on the phone prior to meeting and each had a good understanding of the process before meeting. There was one participant who had come forward initially, and subsequently decided not to take part as they felt that they did not know enough about the subject.

The next stage of the process was to meet with each of the participants and to conduct a semi-structured interview. All eight participants in the research initially found engaging in the interview process difficult. There was a certain nervousness and apprehension about taking part in the research. Participants required reassurance from the researcher regarding the protection of their confidentiality. In addition, reassurance that this research was interested in hearing about the

participants personal experiences, and about their personal views on evidence-based practice was provided. Once participants became comfortable with the topic each person was able to speak with good authority on their experience of evidence-based practice in work. Each participant was agreeable to an audio recording being made of the interviews for subsequent analysis.

This initial research question was designed to capture the level of understanding and the level of engagement of social care workers with evidence-based practice. This question also enabled the conversation to commence with a relaxed open question which would put participants at ease and allow them to engage with the process. Within the interview guide the researcher was free to explore how social care workers utilized evidence-based practice in work and created a space where social care workers could consider what type of approach they themselves utilize. The participants could then link this approach to a theory or evidence-based approach. The average length of the interviews was thirty minutes, although one was forty and one was fifteen. An audio copy of the interviews was recorded and later transcribed into paper format for analysis. I found that my confidence grew over the course of the interviews and I became more adapt at probing and exploring different points of view, of following up various lines of enquiry and also at steering the conversations so that the content of the interviews remained relevant to the research questions.

The final stage was to review my interview notes, to identify themes emerging from the data and to reach conclusions based on the data I had collected. Thematic analysis was utilized to assess the data and identify specific themes as they emerged. My findings were then discussed, with reference to the literature review and any new information identified. To explore if the research had answered each research question my findings were considered in light of each of the four research questions. Within each section, the findings from the managers and the social care workers are presented separately. It is interesting that in some sections the managers perspectives differ quite significantly from the workers perspectives. This is a finding which was not anticipated during the research design and provides an insight which has not been noted in the published literature.

The managers engaged in the interview process with more confidence than some of the social care workers. This may reflect their status, or perhaps, as they mostly had

over five years' experience they were more comfortable speaking about their knowledge then the social care workers were. As a group they spoke more about the role their practice experience plays in supporting young people.

Ethical Considerations

The fundamental principle of research ethics, developed through the Declaration of Helsinki (1964) and the Nuremberg Code (1947-49), states that "the ends do not justify the means in the pursuit of knowledge". (Denscombe, 2010). Denscombe (2010) outlines four specific ethical principles, which researchers ought to adhere to thereby ensuring the validity of their work. These principles also ensure that those engaging in the research are protected from exploitation or damage. The first principle is that the interests of the participants should be protected. The second principle states that researchers must present themselves in an open and honest manner. The third principle is that participation in the research must be voluntary and participants should give informed consent meaning the participants must have sufficient knowledge about the research to decide if they wish to participate. The final principle is that the research must be legal and must not be in breach of the laws of the land. (Denscombe, 2010).

Within this piece of research, the research participants are all employed in the social care sector as social care practitioner's, therefore each person was able to give informed consent, the identity of the participants was protected and written consent – see Appendix III consent form - was obtained from the research participants. Each of these elements ensured that the research was conducted within the ethical guidelines of Athlone Institute of Technology and complied with best ethical practice.

Limitations

This study was limited and restricted by several factors. Firstly, owing to financial considerations the study was restricted by the good will of respondents to engage with the interviews. There was no financial recognition for respondents. Secondly the researcher's limited experience in the completion of research limited the scope and range of the research design and of the methodology utilized. A possible further limitation within this study was that the researcher was unable to gain permission from The HSE/Tusla to interview social care practitioners employed in their centres.

Therefore, all participants in the research were employed in the private sector. It is not known if this is significant or not.

I would question if some organisations are more open to engagement in research then others and if by default, these are also organisations who are more open to the exchange of ideas and work methods. Perhaps one could deduce that I was more likely to find staff teams eager to engage in research, to seek out better methods of working, if the ethos of the organisation was one which supports research. Unfortunately, this is a question which remains unanswered as I did not pursue those organisations who did not reply to the initial research requests.

Findings

Understanding of EBP

Each manager was asked about their understanding of EBP. When asked her thoughts on hearing the phrase evidence-based practice M1 replied *"I suppose something that would come into my mind would probably be the use of therapeutic practice, critical thinking, my own practice ideas and what I was thought in college"* while M2 stated that *"In my experience, evidence-based practice would be the theory behind the work and how we work with the children that we work with. The theories teach us the best ways that we can possibly work with the children that are in our service."* Both managers could comfortably link theory to practice without referring to other professionals to guide them. M3 who has only recently moved into a management position spoke about the need to *"consult with other professionals such as therapists"* when asked about her thoughts about using evidence-based practice in her daily work.

As the discussion moved to explore their understanding of evidence-based practice, M4 spoke about the use of the model of care in their organisation and how this model informs practice. However, when probed further, M4 could not cite any theory or research evidence which informed the model of care. M4 has been a manager for nearly twenty years and has not engaged in further study. This contrasted with both M1 and M2 who comfortably spoke about various theories such as Bowlby, Winnicot and so on explaining that these theorists informed their styles of working. (Both M1 and M2 have completed masters programmes in the last five years).

All four managers spoke about the importance of the relationship in working with the young people. M3 referred to the importance of building positive relationships with both the young people and their families. She referred to specific theory relating to family systems and Bronfenbrenner.

In recent times, the relationship between social care workers and other professionals involved in the care of young people is becoming more of a partnership in which knowledge and information is shared to support the young person. Within this partnership with other professionals, there was also an understanding that evidence-based practice was informed by, or resulting from, a theoretical base. W1 spoke about working with *"professionals on different strategies for the young people",* a

point also echoed by W4 who referred to *"information"* and *"experience"* that social care workers have about the young people which can be passed on to other professionals such as psychologists or therapists who are involved in the lives of the young people. W4 referred to the sharing of "*proper information*" which resulted in *"an individualized plan"* being designed for the young person to support the team who are working with them. W2 described EBP as *"work based on other people's research"* while W3 described EBP as "*practice based on a theory*". W3 spoke specifically about attachment theory and the influence of attachment theory on his style of working. W2 also spoke about the model of care in the organisation which guided the staff teams and informed their style of working. In that organisation the focus of the model of care was on the role of the relationship and the uniqueness of the relationship between the staff and the young person. Both W3 – *"build a relationship"* and W4 "*have a strong relationship with the young people*" also referred to the importance of the relationship in their work but did not initially see this as a type of evidence-based work. When probed further, both saw building the relationship as the way they themselves worked and did not realise that there is evidence to support both the role and importance of the relationship in social care work.

Within the discussion regarding participants' understanding of evidence-based practise, both W1 and W3 referred to the theory learned in college. W1, when speaking about research he studied explained that *"I don't think you can really understand it until you have the practice to go along with it"*. He saw that there was a clear connection between learning about a topic and applying this in practice. This point was echoed by W3 who, referring to theories learned in college, mentioned that "*you learned more coming into our service and then doing training on it*". The implication that knowledge alone does not impact on practice is interesting. Workers only understood EBP when they used the strategies in work. Despite workers gaining theoretical knowledge in a classroom situation, it was only when this was put into practice in the workplace that they gained an understanding of an intervention. This point will be elaborated further in the next section.

Importance of EBP

CORU stipulates that practitioners must engage with evidence-based practice, however, those already in the field will not have had the experience of attending a CORU approved degree programme. A second objective of the research was to establish the attitude of current practitioners towards EBP.

Although all four managers agreed on the importance of engaging with EBP, they approached it differently in practice. M1 spoke about the importance of practice wisdom and experience. M1 discussed the challenges faced in interpreting new research and applying it in practice. In M1's experience, their knowledge of "*what work's best for young people was based on what has worked well in the past for young people with similar profiles*". M1 spoke about the use of "*trial and error*" as a means of establishing how to best support a young person, particularly those who "*are not under clinical supervision*". M4 was selective in her approach towards the use of interventions speaking about the need to "*cherry pick*" aspects of certain evidence-based approaches to see which "*bits*" would best suit the young people in the centre. M3 spoke about how the team in the centre would discuss possible new approaches and would "*negotiate*" amongst the team to establish how a new practice could "*fit*" into their working styles. Within the managers, whilst there was an overall openness and willingness to utilize evidence-based practice, there was a general sense that the evidence was based on what had worked well for them before as opposed to evidence which was research based.

Social care workers' responses reflected wide-ranging view on the importance of EBP in practice. W1 when discussing the utilization of practices which have been proven by research and are clearly evidence based explained that: "*I feel more secure, I have a foundation, I'm not going in blind, I'm on solid ground*". Discussing this further W1 continued that "*a lot of people may be afraid to approach a situation without knowing what to do. They might be a bit hesitant.*" W1 believed that the application of specific evidence-based approaches to working with some young people empowered the social care team as people knew how to manage certain situations and behaviours.

In contrast, W2 saw evidence-based practise as relevant because "*it is not until we learn new ways of working that we learn that the old ways were the bad ways. It's*

like anything really, it just develops the more we learn." W2 expanded further arguing that there was "*no point doing practice unless it is evidence based*".

An alternative view was proposed by W4 who spoke about the challenges the team faced when a play therapist and a psychotherapist suggest two very different approaches to use with the same young person. The care team had to evaluate both approaches and choose which one to utilize.

> *"His play therapist told us one approach, she told us to keep his personal space clean, and then we had a psychotherapist review his case, she has changed and there is a different approach now. It was very softly softly before and it's a little bit more direct now…..it is a clash, because the psychotherapist thinks that the young person is way more capable then the play therapist did."*

 W4 explained that in his place of work there is an openness and a willingness by both the social care workers and the management team to work to the highest standards and to provide the best care to the young people, however, they struggled as there was a clash of two perspectives amongst outside professionals.

Interestingly, W2 struggled to discuss if EBP was relevant or not. W2 is in her second year of working after graduating from college. She spoke about the importance of her training and of the strategies that are used in the centre to support the young people. She discussed the importance of consistency amongst the team, and of the need to ensure that everyone engaged in professional development. She did not link this back to evidence-based practise. However, after a discussion with the researcher about the various strategies that she uses every day in work she realised that she is utilizing a range of evidence-based practice however she had not framed her work in this language. This point will be developed further in the next section.

Factors that enable or inhibit the use of EBP

Four themes emerged in this section of the interviews: practice wisdom, attitudes to change, organisational culture and team collaboration. These will be explored within the subgroups of managers and social care workers.

Practice Wisdom

Two of the managers (M4 and M1) had been working in social care for a considerable period, and both referred to their previous extensive experience. M4

referred to utilizing experience from the past when deciding if a recommendation from a play therapist to introduce a new strategy was going to be adopted or not. She explained her rationale as: *"In my previous experience, I have found that her particular recommendation has not worked well for the young people in residential houses".* M4 did quantify this decision by following up that it was not that the therapists' strategy would not work for this child but that the dynamic in the centre at that time did not lend itself to taking on this advice. From her perspective, the therapist's advice would have been practical in a home situation but not in a residential centre.

Similarly, M1 spoke about considering new interventions and deciding against utilizing ones which had not been effective in the past. M1 added that she would take on board what the teams are saying to her regarding any intervention with a young person. *"My team as here twenty-four hours a day where I am on site during office hours".* M1 clarified that the views of the social care workers were vital as any new intervention in a house would need to be "*delivered consistently*" by team members and their insight into how useful a strategy may or may not be is important to her.

The importance of practice wisdom was referred to by all four social care workers, although they did not frame it in this language. When asked about how she finds out about alternative ways of working, W2 spoke about how the team work together and if a new team member joins who has previous experience of a situation that this knowledge is shared in the team. *"See what works for others and try their strategies to see what works for the kids, what they use, so we are learning from each other".* Echoing this point, when W1 was asked if team members researched new strategies she explained that it was more about "*experiences within our team*" and continued to recount a time when she had brought a strategy that she had used in her last job to her current role. Speaking about her team in general she mentioned that *"a lot of it would have been what we did before"* in terms of bringing suggestions or alternative ways to approaching a challenge they were facing.

Attitudes to change

The openness of the care teams to engage with new work practices emerged strongly in the research. All four managers spoke about their willingness to take on any strategies which would benefit the young people resident in their centres. M3, a relatively new manager, spoke about being inexperienced, and about taking

guidance from the various clinical teams who are working with the young people. She spoke about how positive her team are when it comes to adapting to the advice given by the various specialized services the young people are engaging with. She explained that any new strategies are discussed at the team meetings and that as a team they will try to facilitate new work methods. However she clarified that they might have some *"difficulties"* and may not be in the position to "*facilitate"* the full recommendation but may adopt some aspects.

M2 also spoke about the team meeting as a forum where possible new strategies for working with the young people are explored: "*My team, that I work with, are very open to new suggestions and new ways of working and I would have brought my ideas to team meetings and to the people that I work with"*. She elaborated that in her centre "*We are always open to change and development and new ideas*". When asked about challenges that she and her team might face when bringing in new strategies she explained that "*time is not always your friend*", a point also mentioned by both M1 and M4 who both spoke about the challenges faced in trying to find time to investigate ideas brought to them by the teams or suggested by outside professionals.

W1 spoke about how some members of the teams can be *"very reluctant to want to change….people are set in their ways, and it can be hard to get everyone on the same practice".* In this instance, she was speaking about an intervention which had been advised by a therapist, and she, as a keyworker, was the conduit of the information from the therapist to the care team. The intervention had the support of the management team and W1 had to convince her team members that this intervention would be positive for the young person. W1 spoke about how people would forget the new way of working, which involved removing attention from a young person when certain behaviours were observed and giving extra attention when other behaviours were observed. It required a high level of awareness of body language, facial expressions and tone of voice from the care team and was challenging for all involved. W1 spoke about how she had to assure her team members that if they forgot sometimes to use the new strategy that this was okay once they reengaged with it after the lapse. W1 spoke about the importance of every person on the team fully understanding the reasoning behind the intervention, the practical application of it, and the envisaged outcome for the young person involved.

She reported that it was a long, slow and challenging process but that the young person's behaviour has greatly improved. However, she explained that without the guidance of the young person's therapist, and the support of the management team it would not have been possible to introduce this intervention into the centre.

Organisational Culture

The willingness of their organisations to enable change was a point which was discussed in some part by all four managers. Each explained that they were creating cultures in their teams which would embrace change and believed that they had an openness to engage in any practice which would support their young people. However, each quantified this by mentioning some barriers to change within their teams. M1 mentioned that "*it depends on staff member comfort levels regarding change*", in relation to the challenge of ensuring consistency within the team. M3 mentioned the role that outside professionals play in the lives of the young people and suggested that "*the social workers and therapists might not agree*" with whatever strategy the care team may be willing to try and therefore it would not proceed. M4 discussed how in his view his team were good at bringing suggestions forward to the team meetings however if suggested interventions were "*not well thought out*" then they would not be adopted. He also discussed how he would consult with his deputy manager and team leaders when a new approach was being considered as they were also very experienced and had a very *"real"* understanding of what interventions could be utilized by his team.

The subject of the culture of the organisation in terms of its willingness to engage with and embrace EBP was explored with each of the four social care workers. All four workers believed that their organisations were open to change and all four could cite examples of times when new strategies were introduced in their work. As this research was restricted to organisations which had given permission for their employees to engage in the research process, there is possibly a question as to if this finding is generalizable across all social care organisations. It is plausible that those organisations which are supportive of research are also supportive of and open to practices which have a basis in research. There is also a question regarding the criteria applied by gate keepers in providing employees with opportunities to participate in this research. Perhaps employees who had already implemented an evidence-based intervention were more open to participating in the research.

Team collaboration

A common tread within all four managers was the role of the team in the utilization of EBP. Issues such as "*team buy-in*" (M4), "*team resistance*" (M1), "*need to be consistent across the board*" (M3) were highlighted by the managers as key to the implementation of an EBP. M2 spoke in general terms about the need to consult with the team in team meetings to ensure that everyone on the team "*was in agreement*" regarding any interventions being used with the young people. The importance of the team in any intervention was also discussed by M3 who referred to the need for an intervention to "*fit*" the "*skills*" of the team.

The managers acknowledgement about the need for team collaboration was also echoed in the workers interviews. W4 referred to bringing an intervention into the team meeting which had been advised by a therapist and "*showing it to everyone*", a point echoed by W1 to explained that for in intervention to work it needs to be "*consistent across the team*". She elaborated that consistency is achieved by "*bouncing ideas off each other*" in the team meetings and creating a space in the meetings for people to express any difficulties they are having adhering to an intervention.

Engaging in research and introducing EBP

Surprisingly, there was some resistance from the managers regarding their engagement with research. M4 spoke about how she would encourage her team to engage in research and engage her deputy manager and team leader in any discussions regarding the utilization of any ideas brought forward by the team. However, she did not say that she would do any research herself. M3 spoke about taking advice from outside professionals such as therapists and social workers but again did not engage in the conversation regarding sourcing alternative evidence-based practices herself to introduce to her team. M2 explained that she would feel confident about researching other evidence-based practices and bringing ideas to her team if she felt that these were strategies which could be considered for the young people in her centre. M2 had recently completed an MA programme and had already introduced new practices in her work place because of her enhanced learning on the MA programme. M1 suggested that much of the published research which is available to social care is not easily transferrable from a theory to practice. She argued that much of the published literature is not user friendly, and that as

social care managers have such demands on their time, they are not always in the position to tailor strategies to make them applicable in practice. She advocated for more research to be conducted in practice settings. She believes that there are excellent practices' in mainstream residential settings which are not captured in research. Yet, they are utilized every day in practice and have been proven because they are in use and are effective.

All four social care workers had been involved in the implementation of an evidence-based intervention with the young people with whom they work. Three of the four participants were keyworkers and had been involved with the clinical teams who were working with their young people. W3 was not a key worker, however, he is a member of a music band, and had been using music and rapping with some young people to create a medium through which they could express their feelings, thoughts and opinions. All four used words such as *"confident"* (W4), *"comfortable"* (W2), "*positive* (W3) and "*secure*" (W1) when discussing how they felt about suggesting a new strategy to their manager to support a young person in their centre.

Conclusion

The interview guidelines supported the researcher to structure the interviews in four sections, thereby creating a discussion which echoed each of the four research questions. The findings mirror these discussions.

Reviewing these findings demonstrates there is a clear demarcation between the managers and the social care workers in terms of their experience of utilizing evidence-based practice. The four workers interviewed have recently implemented changes in how they approached their work based on the input from clinical teams, three of these workers having managed the change directly. Therefore, the workers were very comfortable speaking about the specific challenges they faced, and how the teams responded. However, the mangers could only speak very broadly about the utilization of evidence-based interventions but did not have the specific information, or clarity, as the workers. This will be developed further in the results discussion as it is a finding which emerged which was not anticipated and warrants further exploration.

Discussion

Understanding EBP

Generally, participants in the study conveyed an understanding that EBP was practice informed by a theoretical base. However, beyond this broad interpretation, participants struggled to extrapolate further. One manager did not refer to research or theory at all. Her perception of evidence-based practice was practice which she knew was effective as it had worked for her in the past. Her evidence was in her experience. Such a fragmented understanding of EBP also emerged in Avby et al's (2014) research with social workers in the United Kingdom and demonstrates the confusion that exists among practitioners regarding EBP. In discussion with the researcher, participants demonstrated the practical application of a range of EBP within their work environments. These interventions were not framed by the participants as EBP but were viewed more as work practices. This unexpected finding demonstrates the mismatch in understanding which seems to exist in practice regarding EBP. The wider implication of this finding is that CORU use the phrase "evidence-based" several times throughout their document's yet social care workers and managers in practice did not appear have a shared interpretation of this phrase when engaging in conversation about it.

The researcher found that participants, when asked about work practices which were informed by research or theory, were able to speak with authority about a range of different interventions which are utilized. However, the interventions utilized were suggested by social workers, therapists, practice experience or informed by the centres' model of care. None of the participants had actively engaged in secondary research, although all agreed that they could do so. Leathers et al (2016) investigate the argument that the utilization of EBP in child welfare scenarios is influenced by the demands of external stakeholders. It is suggested that workers and organisations are influenced more by the requirement to use an EBP by external forces then from an interest in an EBP. Leathers et al's argument is supported by the finding in this research.

Integration of EBP

The research found that integrating EBP was a complex process. In the case of the managers, the integration of EBP tended to be adapted and often was loosely based on the evidence. Each manager relied on their previous experience and practice

wisdom when deciding how to apply an EBP within their centres. Managers spoke about how they integrate new methods of working into daily practices' however each had a different approach. M1 spoke about how sometimes it is through a process of trial and error that she and her team refine their approach towards a young person - especially if there was no clinical involvement, while M4 referred to how she and her management team "*cherry-pick*" aspects of an EBP to see what will "fit" best into their work. Mitchell (2011) explores the need for researchers to combine practice wisdom and science. Described as an integrative approach, this definition of EBP has at its core an amalgamation of clinical expertise, research evidence and patient values. Implicit within the integrative approach is an acceptance that practitioners will modify programmes to facilitate the needs and contexts of specific clients (Aarons & Palinkas, 2007).

However, Chaffin and Friedrich (2004) caution over modification and suggest that "high-fidelity implementation" (p. 1098) will achieve the best outcomes for clients. Chaffin and Friedrich argue that there is insufficient robust evidence to demonstrate if outcomes for clients will be achieved if interventions are not researched and evidence based. Discussions with the managers seem to indicate that their work is closer to evidence-informed practice as discussed by Akin et al (2016), and expected by CORU, in contrast to pure EBP which is implemented with high fidelity.

Social care workers adopted a different approach when discussing how to integrate an EBP into their work. As a group they relied on both their unit managers and on the therapist or social worker for support when introducing EBP. The social care workers spoke about the need for a whole team approach to the introduction of EBP and the need for all team members to support the intervention. There was agreement amongst the social care workers that the utilization of a common approach towards a young person gave them extra confidence in their roles and supported them to be more effective.

This finding evidences the need for the context and situation to be considered when choosing an effective EBP as team capacities as well as the young person's situation both impact on the outcome achieved (Chaffin & Friedrich, 2004). It was also clear that EBP were altered and adjusted to suit the needs of those involved. Akin et al (2016) suggest that to achieve fidelity to the original EBP the training

needs of core staff must be addressed. It is clear from the participants that they relied on social workers or therapists to provide the training and support needed to implement EBP and such training appears to have been ad hoc and unstructured. In contrast Brady et al (2016) critics the focus on outcomes suggesting that to discount the practice wisdom and knowledge of the practitioners delivering an intervention is ill-advised.

A wider implication of this finding is the need for EBP to be designed which are compatible with the specific needs of residential centres. Implicit in this is the need for EBP which are accessible to a range of workers, are relevant to the specific requirements of the sector and can be manipulated to suit a variety of contexts. With this insight in mind, the need for further practice-based research which captures the practice wisdom of the managers and workers is highlighted by this finding.

Teamwork and collaboration

Within each of the eight interviews, the importance of team work, of consistency, and of collaboration were mentioned. The need to "*negotiate*" with her team to see how a new EBP would work in their centre was raised by M3. M2 spoke about the importance of the "*team-meeting*" as a space where the team could discuss how to integrate practices into their work. M1 referred to "*staff members comfort regarding change*" as a concern when looking at EBP.

The social care workers who engaged in the research had each been involved in the introduction of an EBP into their work. There was commonality in their experiences of supporting colleagues to adhere to the planned interventions, and of seeking the support of outside professionals as necessary to ensure the intervention was implemented as directed. As part of this partnership with outside professionals, there was also a two-way process where the intervention could be altered or amended to suit either the needs of the care teams involved, or the needs of the young person. The importance of such inter-agency collaboration is emphasised in the literature to evaluate the effectiveness of an intervention (Coates, 2017).

This finding is significant as it demonstrates that EBP which is utilized in residential centres is disseminated across teams and needs to be understood by all layers within the organisation before it can be implemented. This finding also reinforces the importance of inter-agency and multi-disciplinary working within the mainstream

residential sector as a partnership approach is utilized by the social care workers when embracing recommended interventions with young people. A key element in the effective utilization of EBP as discussed by Gambrill (2013) is the capacity of the practitioner to engage in critical thinking. As a profession, social care workers will be required to demonstrate their capacity to engage in critical thinking and to work in partnership with other professionals (CORU, 2017).

Supporting this finding, Brady et al (2016) explore how EBP looks in youth work and suggest that for research to be applicable in social care contexts there is a role for evidence-informed practice, a concept which incorporates research evidence coupled with local circumstance and practice wisdom.

Factors that enable or inhibit the use of EBP in residential centres.

Having considered if EBP could be integrated into residential centres the interviews then explored the factors which either enabled or inhibited the integration. The most common theme within the eight participants was the role that their experience and expertise played in their capacity to adopt new approaches towards the young people.

The openness of the participants to engage in EBP emerged strongly in the research, a finding echoed in several other studies (McHugh and Byrne, 2014; Akin et al,2016; Morago, 2010; Gray et al, 2009). All eight participants expressed a willingness to consider alternative strategies which would support their young people. However, issues such as time commitments, the challenge of consistency and the importance of every team member engaging with the process were highlighted as challenges which need to be acknowledged. Similar challenges were identified by both Morago, (2010) and McHugh and Byrne, (2014). As each of the four social care workers had introduced EBP in their work they could speak at length of the challenges that were faced and overcome as part of the process. A common theme was the need for both internal and external supports for the intervention to be effective. Without these, individual social care workers felt that they would not have been in the position to introduce EBP owing to the challenges faced. The most significant challenge was to ensure that all members of the team engaged in the new practice. Workers felt that having the support of external professionals and senior management gave the intervention more credibility in the eyes of their teams. Therefore, the team's engaged better in the process. One worker explained that

without the external support of a young person's therapist, the team would not have engaged with the intervention and it would not have been successful. Managers' spoke about the importance of getting buy-in from the team when introducing a new EBP.

This finding suggests that there is a lack of confidence in social care workers and managers regarding their own capacity to research and evaluate an EBP. Having the validation of an outsider made an approach more valid in the eyes of the teams. And with the managers it was the validation that they had experienced this situation before and therefore could rely on their experience. The findings seem to suggest that there is a conflict between managers stated openness to EBP and their actual behaviour. This research also suggests that workers depend on managers to facilitate EBP. These findings seem to indicate that there is an identified deficit in the capacity of managers to engage in EBP unless they have had prior experience of the specific intervention. This finding warrants further investigation.

Writing from the perspective of implementation research, Nilsen et al (2012) provides an interesting interpretation of the reluctance of experienced personnel to engage in new work practices. It is suggested that once individuals develop habitual behaviours, their openness to new strategies decreases, and they become more likely to avoid alternative practices which conflict with their present behaviour. Nilsen et al conclude this point by suggesting that individuals can simply overlook new work methods as their current habits reduces their appreciation that a new method may be applicable to them. An alternative explanation, highlighted by Bellamy et al (2006), is that without sufficient resources, training and infrastructure support, social care managers and workers do not have the capacity, despite their openness, to implement EBP into centres. This finding is not unexpected when one considers that the introduction of EBP into social care as a sector is in its infancy, particularly in comparison to established sectors such as medicine. Research indicates that EBP's are not yet widely utilized within the sector (Morago, 2010).

A broader implication of this finding is in the context of the professionalization of the sector and the requirements from CORU. It is a criteria that social care workers demonstrate their familiarity with the research process, show that they can evaluate

strategies and introduce them into their work. This research appears to indicate that there is deficit in the skill set of social care workers and managers in this regard.

The importance of organisational and team culture was raised by managers as important to facilitate new ideas and the development of EBP within their centres. Concerns such as the capacity of their teams to embrace change, and the views of social workers and therapists were mentioned by managers as possible inhibitors to new practices. In contrast, the four social care workers had already introduced EBP in their work and therefore were working in centres which had a culture of openness to new ways of working and EBP. This finding is positive for the future development of EBP in residential centres as it demonstrates that there is an appetite for the utilization of EBP in residential centres.

It is unexpected that all eight participants in the research were working in or managing centres with a culture which embraced change and were all open to new methods of working. There may be an issue with social desirability bias in this section of the interviews (Bryman, 2004). Additionally, as this research was restricted to organisations which had given permission for their employees to engage in the research process, it would be interesting to find out if this culture of openness to change is generalizable across all social care organisations. It is plausible that those organisations which are supportive of research are also supportive of and open to practices which have a basis in research. There is also a question regarding the criteria applied by the gate-keepers in providing employees with opportunities to participate in this research.

Engaging in research and using EBP

Even though the social care workers had introduced EBP under the direction of external professionals, none of the participants in the research had researched and introduced an EBP directly. It was interesting to explore their views regarding engaging in such activities. There was a disconnect between the managers and the workers in this regard. Three of the managers explained that they would encourage their teams to research EBP but did not express any interest in engaging in this themselves. Both M1 and M4 elaborated that in their experience, much of the published research is not user friendly. M1 argued that she did not have the time to source interventions and then interpret them for her team. An alternative approach was adopted by M4 who explained that she would delegate the role of sourcing

alternative practices to her deputy manager or team leader. M3, herself an inexperienced manager, expressed concerns that social workers and therapists may not be supportive of a new intervention, especially if the manager had not experienced the intervention in practice before. Therefore, she did not see any benefit in researching an intervention which had not been previously used in practice. The managers did not necessarily accept that a published validated EBP was of any use to them unless they themselves, or a member of their teams, had used it in the past. These points are supported by Schalock et al, (2017), who argues that research must have "viable validity" (p 115). This means that results can be generalised from research to practice setting and EBP can incorporate both the context and situational factors.

In contrast, the social care workers used words such as *confident* (W4), *comfortable* (W2) and *secure* (W1) when asked how they would feel about suggesting a new strategy which they had researched. However, they did quantify that they would need to be fully reassured that the intervention was reputable and they mentioned lack of access to good quality research, and lack of time, as barriers to conducting such research. This finding was anticipated with this group of social care workers owing to their past experiences with EBP. It would be interesting to establish if this finding is representative of residential social care workers generally.

This finding suggests that the capacity of social care workers to engage in the research process requires development. Participants do not currently engage in active research to source interventions for their clients. This finding also highlights the need for accessible research which is relevant to the sector, is credible and is easily disseminated across teams and situations. This issue was addressed by M4 who referred to the challenge faced by those in practice who wished to research interventions owing to the type of academic language utilized by those who publish research. Her experience is that "*research publications are not practitioner friendly*." The significance of this finding is that it provides an insight into the importance of ensuring that social care practitioners are exposed to the language of research, and the language of EBP. Such exposure would reduce the barrier to engagement in research which was exposed during this research.

The broader implication of this finding relates to the opportunities for future social care workers to engage in research related activities. CORU have stipulated that social care workers need to be able to engage in research, and to introduce EBP into daily work. This finding indicates that there is no culture of engaging in research-based activities within the sector. Therefore, it could be deduced that social care students who go on placement will not be indoctrinated into research related activities, thereby impacting on the attitude of new professionals towards EBP. This finding indicates the need for continuous professional development opportunities for those employed in the mainstream residential sector to support them to meet the key criteria as identified by CORU. New graduates coming into the sector will have benefitted from undergraduate programmes with a focus on EBP. However, current workers had not had this opportunity.

Methodologies Issues

A key weakness in this research is the dearth of research in Ireland against which to compare and validate these findings. The validity of the research findings would be greatly enhanced if there was quantitative research to support or challenge the findings. For example, a study using a mixed-method approach, utilizing a survey to gain a snap shot across a range of social care practitioners in Ireland. This would provide a comparison for the research findings which emerged from the interviews. This is the only study, as far as the researcher can ascertain, which has utilized a qualitative approach to investigate the status of EBP in residential centres in Ireland. McHugh and Byrne's 2013 survey does provide some information however it was a quantitative study across all of health and social care, and only those employed by the HSE were invited to take part. Additionally, only 4.3% of the participants were social care workers.

The scope of the interviews was restricted by ethical guidelines which directed that employees could only be offered the opportunity to engage in the research if permission had been granted by their employer. Permission was received from four organisations, all of which operate in the private sector. With minimal comparison data, and all participants operating in the same sub-sector within the residential sector in Ireland, it is difficult to ascertain the validity of the research findings.

There is also a potential weakness in this study owing to the limited experience of the researcher. As the interviews progressed, the quality and dept of the data

collected improved. An additional complication was the limited time frame available to collect and analyse the data. A further possible limitation is the suggestion that there may be a social desirability bias in the interviews. The research design had safeguards in place, in that no work colleagues of the researcher were offered the opportunity to take part in the research, and where participants worked in the same organisation, they did not work in the same unit. However, it is not known if this was successful in the elimination of social desirability bias.

Despite its limitations, this research provides some valuable insights into the current experiences of workers in residential sector in relation to EBP. There is a willingness to engage in the use of EBP even if there is a lack of capacity to research the practice themselves. Participants were very engaged in the interview process and organisations have requested the results of this study. This indicates an interest in the development of EBP within the sector. This may also indicate an interest in future engagement with other research endeavours which can give researchers an opportunity to capture practise wisdom and to ensure approved EBPs are relevant within the residential sector.

There is a dearth of understanding amongst managers and workers regarding what EBP is in relation to residential services. A number of participants did refer to their model of care which informed their practice. While a model of care does provide guidance, it is not an EBP. Further research to establish if this confusion regarding EBP is common across all areas is required. The apparent lack of engagement with EBP until directed by external stakeholders also warrants further investigation. Both findings, when coupled with the upcoming registration with CORU, suggest that there is a need for continuous professional development for both workers and managers to develop their knowledge.

The reliance on outside professionals to suggest and direct EBP seems to also indicate that the use of EBP in residential centres is not embedded in the culture of organisations. For EBP to become embedded there will need to be a review of the expectations and demands of residential centres from funding organisations. Private residential centres in Ireland are currently funded by the Health Service Executive. To qualify for funding services are required to ensure that all employees receive training in Therapeutic Crisis Intervention (TCI). Participants in the current study

mentioned TCI as an EBP which is used in their services. However, a study by James (2017) argued that TCI does not meet the criteria of an EBP as it has not been evaluated in a randomised controlled trial nor have robust investigations been conducted into its effectiveness as an intervention. This finding suggests that for real change regarding the use of EBP in private residential centres to occur, there needs to be a link with the expectations of funding organisations (James, 2017).

It would be interesting to repeat this study within the statutory and Section 39 organisations as well as the other sectors which employ social care workers thereby completing the exploration of the use of EBP. As the study has evolved, it presents one piece of an overall jigsaw.

Conclusion

This study indicates an openness and awareness amongst social care workers regarding EBP, a belief supported by the evidence that workers have introduced EBP under the guidance of social workers and therapists. In these cases, social workers and therapists supported the teams through the implementation process. In cases where social care managers introduced strategies within their teams they relied on experience to inform their decision making and implementation process. A lack of confidence amongst social care workers and managers to research alternative interventions and introduce them into practice also emerged during this research. However, CORU's expectation is that workers can *evaluate intervention efficacy, the research process and evidence-informed practice*. The findings in this study suggest that there is a need for further training of social care workers and managers so that the required skills can be developed. New graduates from social care programmes will have attended degree programmes approved by CORU however current workers in the sector have not had this opportunity. This study demonstrates the need for tailored continuous professional development opportunities for social care workers and managers to develop their research skills and their capacity to engage with evidence-informed practice.

Recommendations

The findings from this research indicate that there are significant challenges for workers in residential social care regarding engagement with evidence-informed practice. A new finding emerging from this study is the disparity between social care managers and social care workers in terms of their capacity to engage with research. The evidence suggests that those who had completed their studies some time ago struggled with the language of research. Two of the managers who participated in the research had not engaged in further study for some time. Both managers referred to the inaccessibility of research. The evidence also indicates a reliance on their managers by the workers in the implementation of interventions. These factors indicate the need to support social care managers in the development of their research skills and their capacity to engage with research. Such support would create environments for workers to utilise an evidence-informed approach in their practice and to meet the criteria expected by CORU. It is a recommendation, based on this research, that for evidence-informed practice to become integrated into social care practice, social care workers and managers need to be given opportunities to develop their capacity to engage in research related activities. One such opportunity could be the introduction of action research within the residential sector.

Action research is an approach to research in which the worker is the researcher, and the research topic is an investigation into the workers own practice. Workers examine what they do, why they do it and what results they hope to accomplish. The purpose of engaging in such research is to enable workers to create new theories regarding how the research has impacted on their personal practice. Action research can also be conducted with teams, with the team being the researcher (McNiff and Whitehead, 2006). Through engagement in the process of action research, day to day work practices can become transformed into theories thereby expanding the research in the field of residential care.

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Appendix I Interview Schedule

Semi-Structured Interview Questions:

Section 1.

1. What is your interpretation of evidence-based practice? What does this look like in work?
2. Is there an overall conceptual framework approach or theory that informs your work with the young people in the centre? Tell me about it? Would everyone on shift be aware of this?
3. What approach works best for you when working with young people?
4. What informs this approach – It is based on research or other evidence.

Section 2.

5. In your opinion, would it be useful to learn of alternative ways to work (practices which have been studied) with the young people?
6. How relevant is research in your current area of practice?

Section 3

7. Do you think that more emphasis should be placed on evidence from research informing service delivery and practice? How would this work in your day to day work.
8. In your role as a social care practitioner/social care manager, do you feel that you can research alternative ways of working with specific young people and introduce these into daily work practices? Why? or Why not?
9. Can you think of a time in work where your practice changed as a result of accessing research findings?
10. In work, do you ever discuss new/alternative research or theories of working?
11. What would make it easier for you to introduce alternative ways of working with young people?
12. What would make it more difficult for you to introduce alternative ways of working with young people?
13. Do you feel that the adoption of EBP places additional demands on social care practitioners?
14. Is there a culture in your workplace which enables/inhibits the introduction of new methods or approaches to working with the young people? Tell me about this? What does this look like?

Section 4
15. Have you studied research methods? Do you feel that this study has given you the confidence to implement evidence-based practice?
16. Do you think that your professional practice would change if you had greater access to research literature?
17. If you conducted some research and found an alternative approach towards with a young person in your centre, how would you feel about bringing this to your manager or to your team?

INFORMATION SHEET FOR PARTICIPANTS

An investigation to explore the understanding, application and utilization of evidence-based practice in mainstream residential centers in Ireland.

<u>Invitation Paragraph</u>

I would like to invite you to participate in a research project that will contribute towards my master's dissertation. Taking part in the study is completely voluntary and you are not obliged to participate. In order to decide whether you want to participate in the study, it is vital that you read and properly understand all the information provided on this information sheet. After doing so, if anything remains unclear or you would like more information, please ask me using the contact details provided at the end of this information sheet.

<u>What is the purpose of the study?</u>

The aim of this study is to explore the use of evidence-based practice in mainstream residential centres in Ireland. CORU (The Health and Social Care professionals' council) have stipulated that social care practitioners demonstrate their capacity to utilize evidence-based practice. This study seeks to discover the current status regarding the use of such practice, including the knowledge of those currently working in the sector regarding evidence-based practice and also the level of support which is available in the workplace to facilitate and encourage the use of such practice. It is intended to capture the views of both managers and practitioners in residential centres as research has established that the organizational culture is a key factor in the capacity of practitioners to utilize evidence-based practice. It is envisaged that the findings will enhance the existing knowledge regarding the utilization of evidence-based practice and also barriers to the use of evidence-based practice which can then inform both management and training organizations as to the work required to ensure that all practitioners in the field are working to the standards required by CORU.

Why have I been invited to take part?

You have been invited to take part as you satisfy the requirement of being either a social care practitioner or a social care manager working in a mainstream residential centre in the Republic of Ireland.

Do I have to take part?

You do not have to take part. You should make an informed choice of whether or not you wish to participate after you have read and fully understood all the information provided on this information sheet. You should not agree to take part in this research until you have clarified any questions you may have with me.

You can chose to withdraw your data up to four weeks after completion of the interview process.

What will happen to me if I take part?

If you decide to take part you must keep this information sheet for your reference. I will contact you, so we can arrange a time and date to complete the interview. The interview will take approximately 45 minutes; however, this time may vary depending on the discussion during the interview.

Incentives

There is no financial incentive to participate in this research.

What are the possible risks of taking part?

There are no foreseeable risks in participating in the study. The main disadvantage to taking part in the study is that you will be donating around 45 minutes of your time. If during the interview you decide that you do not wish to continue you may withdraw from participating without any explanation.

What are the possible benefits of taking part?

There are no direct benefits of taking part in the study. However, the information I receive from the study will help me to gain a better understanding of the interpretation and application of evidence-based practice in social care. The more detailed responses I receive, the more accurate and thorough my analysis will be.

Will my taking part be kept confidential?

Your responses during the interview will be strictly anonymous and confidential. They will be held securely both during the research as well as after it is finished. Your participation is entirely voluntary. If you change your mind, you are free to withdraw from engaging in the interview without providing any reasons. All data for analysis will remain anonymous and you will not be asked to provide your name, address or any contact details. There will be no possibility of you as an individual being linked with the data. All data collected will be protected under the Data Protection Act.

What will happen to the results of the study?

The results of the study will form part of my research and will be analyzed within my master's dissertation.

Who should I contact for further information or if something goes wrong?

If you have any questions or require more information about this study, please contact me using the following details:

Noelle Reilly A00227224@student.ait.ie or 087-9021988

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study, you can contact my dissertation supervisor at Athlone Institute of Technology for further advice and information using the details below.

Mairéad Seery, mseery@ait.ie or 090-6468275.

Thank you for reading this information sheet and for considering taking part in this research.

Appendix III Consent Form

CONSENT FORM FOR PARTICIPANTS

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: An investigation to explore the understanding, application and

utilization of evidence-based practice in mainstream residential centers in Ireland.

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Please tick or initial

I confirm that I understand that by ticking/initialing each box I am consenting to this element of the study. I understand that it will be assumed that unticked/initialed boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

☐

Please tick or initial

1. **I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily.**

☐

2. **I understand that I will be able to withdraw my data up to 4 weeks after my interview"**

☐

3. **I consent to the processing of any personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the Data Protection Act 1998.**

☐

4. **I understand that my information may be subject to review by responsible individuals from Athlone Institute of Technology for monitoring and audit purposes.**

☐

5. **I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any publications.**

☐

6. **I consent to my interview being audio/video recorded.**

☐

_____   _____   _____
Name of Participant   **Date**   **Signature**

_____   _____   _____

Name of Researcher   **Date**   **Signature**

Appendix IV Email to Service Directors

Dear

My name is Noelle Reilly and I am currently completing my Masters in Advanced Social Care Practice in Athlone Institute of Technology. For my final dissertation, I am conducting a small-scale research study on the use of evidence-based practice in residential centres.

For this research, I would like to conduct some interviews. I would appreciate if you would give me permission to invite some members of your teams to participate in the research. Please find attached an information sheet with full details of my study. Participation in the research is entirely voluntary and no identifying information (names of participants, names of organisations or of the residential centre's) will be recorded.

The information I get from the study will help to further understand the use of evidence-based practice in residential centre's and how it can be supported. If you wish, I can provide you with a short summary of my findings in June.

 I would be grateful if you could let me know by return if this is acceptable to you.

 Yours sincerely

Noelle Reilly

087-9021988