



PSDP - Resources for Managers of Practice Supervisors: Leading an evidence- informed practice initiative

How to use this guide

This knowledge briefing is for you if you manage practice supervisors, and you have decided (or been chosen!) to lead a drive to make evidence more obviously inform the working practices, service developments or decisions in your organisation. It will help you think about how you can map your journey, structuring an effective approach, while also encouraging, empowering and inspiring others through your role. It will suggest ideas for how to develop a culture of evidence-informed practice, with reflective points and messages from research throughout. However, which strategies you use and how you use them will depend on your own local context.

This guide assumes a basic level of knowledge about evidence-informed practice, and will be most useful for those who want to start developing an evidence-informed practice initiative. Its structure will take you through preparing, planning, implementing and sustaining an evidence-informed practice drive, while emphasising the importance of relationships throughout.

If you'd like to know more about what evidence-informed practice is and why it's important, you may find it useful to read the knowledge briefing, 'Promoting evidence-informed practice as a middle leader', which has been developed to be read alongside / uploaded to the same section of the website as this one.

We have also developed resources on evidence-informed practice for practice supervisors, including a further knowledge briefing on [Enabling evidence-informed practice](#) and a [webinar](#) on evidence-informed practice supervision (you need to scroll down the webpage until you find the webinar).

Introduction

‘Science doesn’t tell anyone what to do. It merely collects and presents verified information. It’s up to us to study and connect the dots.’

(Greta Thunberg et al., 2020)

Evidence-informed practice means that decisions when working with children, young people and families are informed by an understanding of:

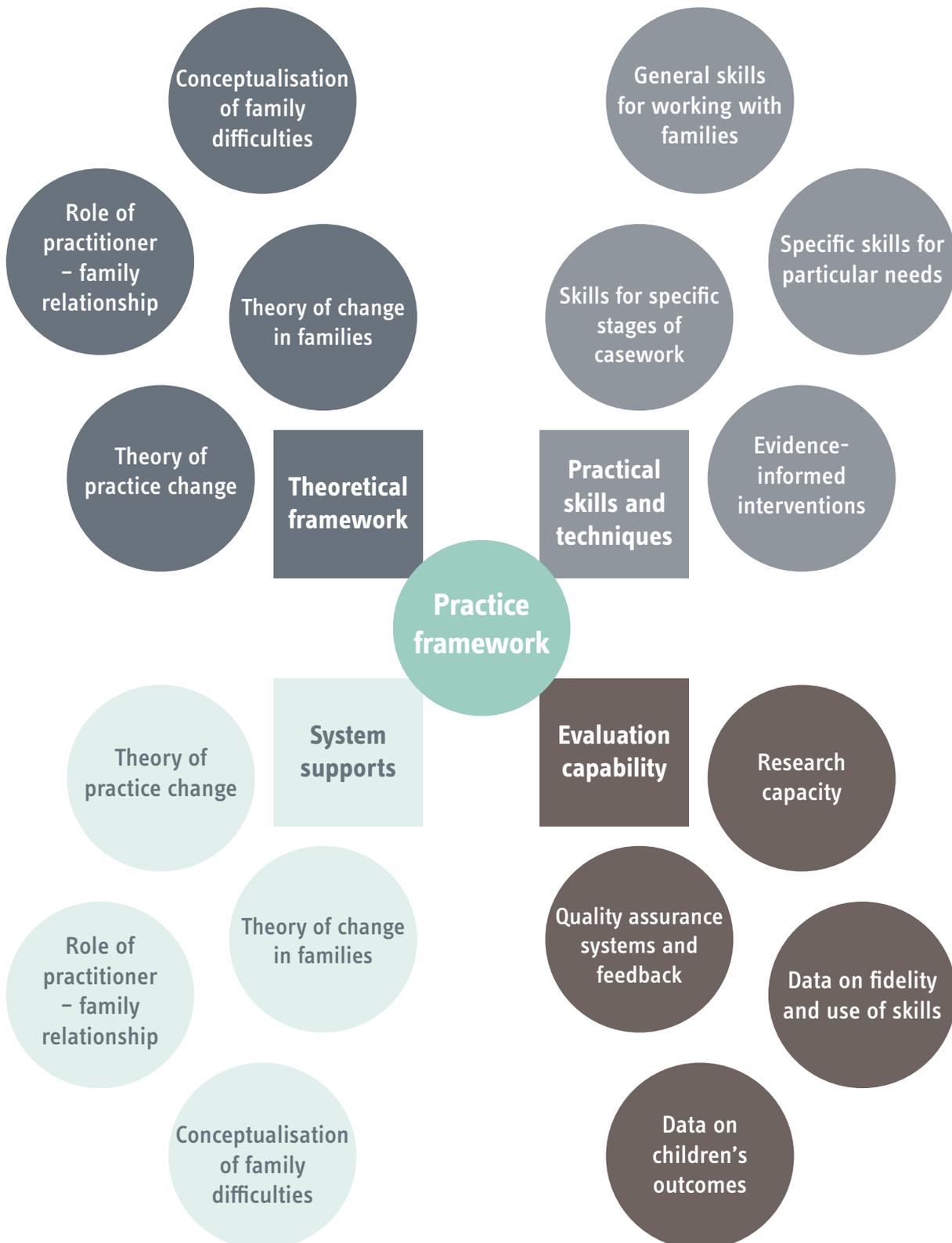
- > the best available evidence about what is effective (research evidence from national and local studies)
- > practice wisdom (individual and team experiences)
- > the views of children and families (their preferences and perspectives).

It’s crucial to say that evidence-informed practice treats the lived experience of children and families as equal to more formal types of knowledge. Actively collaborating with families is ‘a vital but often underemphasized’ step of evidence-informed practice (Drisko, 2017). It’s consistent with child-centred practice, social work values and ethics, cultural competence, and supports effective decision-making (Drisko, 2017). People who use social care also expect practitioners to be up-to-date with the latest research, and to shape their practice accordingly (Davies & Gray, 2017).

Middle leaders are in a uniquely influential position when it comes to embedding evidence-informed practice (Baeck et al, 2020; Mosson et al., 2018; Dwan et al., 2015; McBeath & Austin, 2015). You can influence practice supervisors to become more evidence-informed through modelling, expectation-setting, and supporting them to embed evidence-informed practice in supervision. You can also influence senior leaders to adopt an evidence-informed approach throughout the organisation.

This is vital because, as the diagram below shows, evidence-informed practice is so important in implementing strength-based frameworks, underpinning all kinds of service delivery, and as an embedded part of organisational life. For instance, evidence is needed when evaluating practice. It underpins knowledge about how families can best be supported to change and supports skill development in practitioners.

Figure 1: leading strengths-based practice frameworks (Godar, 2018).



Critical thinking, ‘what works’, and ethical practice

Evidence-informed practice within social care has been on a journey over the past two decades. There’s less emphasis now on technical or practical access to research (although these are important) and its linear ‘transfer’ to practice. More focus is now on critical thinking – how practitioners, managers and organisations translate, integrate, challenge, and contribute to evidence in the light of their local contexts (Munro et al, 2017; Heinsch, 2018; Nutley et al., 2019). Evidence-informed practice recognises that evidence isn’t neutral or static, and that it has different influences in different situations.

A type of evidence is the idea of ‘what works’, a phrase and underlying concept that has gained a lot of ground in recent years. ‘What works’ commonly refers to an intervention or way of practicing that has had its effects proven through research (usually a Randomised Control Trial or RCT). This type of evidence may well be used as a part of evidence-informed practice. However, it will always be considered alongside practice experience and the family or child’s individual circumstances. ‘What works’ should stimulate this discussion, not dictate its course (Hammersley, 2013).

In essence, we might know ‘what works’ in a research study, but we don’t know how it works in the complex world of practice (Gough et al., 2018; McGrath, 2016). Taking on that complexity, not seeking to simplify it, is also *ethical* practice. Knowing that the decisions we make may have enduring consequences for children and young people, it’s ethical that we draw from both the best available evidence of what’s likely to help and from our own professional judgement, and then test out our thinking in reflective supervision.

Questions for reflection:

- > Think about the three domains of evidence-informed practice (research, practice wisdom, and the views of children and families). Do you think you pay equal attention to all three in your organisation? If not, what do you think is behind this?
- > What is the current place of critical thinking in your organisation? How might you develop it, and link it to evidence-informed practice?
- > How would you describe the difference between evidence-informed practice and a 'what works' approach? Why do you think it's important?
- > Do you think others in your organisation (senior leaders, practice supervisors, practitioners) are clear on the difference? Do you think they need to be?
- > What's the balance in your organisation between using external research evidence (the 'what works' kind), evidence from practice, and evidence from your local population?

Leadership as the linchpin

The point of leading evidence-informed practice should not be to enforce an ‘autocratic and strict application’ of what works, but to support ‘the wise application of expertise’ alongside it, through critical thinking, reflection, and professional curiosity (Aarons et al., 2019). Good leaders will steer the climate, culture, and people’s motivation to make evidence-informed practice a daily reality.

Leadership is known to be a key factor in determining the success of any organisational change, and promoting evidence-informed practice is no exception. Phipps and Morton (2013) identify the qualities of flexibility, enthusiasm, creativity, being a good communicator, courage, tact, and stamina in leading evidence-informed practice. Added to these, Bayley et al. (2018) suggest more formal skills of change management, research literacy, and quality assurance are important.

Evidence-informed practice as an inclusive approach

The ethnic diversity found in direct social care work is not mirrored in senior management (Skills for Care, 2018), with a distinct lack of diversity at strategic level (Spillet, 2014). The academic fields are similarly skewed. For instance, less than one percent of UK university professors identify as black (Higher Education Statistics Agency, 2020). This means we need to ask questions about power, diversity, and evidence-informed practice: what research evidence is being produced, what worldview does it represent, and who is in charge of its influence on practice?

For example, it’s been found that studies examining children’s participation pay minimal attention to black and minority ethnic children’s perspectives (Bernard, 2020). If non-diverse research is then filtered further through organisations with disproportionately white senior and middle management, it’s not hard to see how black and minority ethnic children’s perspectives might be minimised in decision-making – even if the process could be called ‘evidence-informed’.

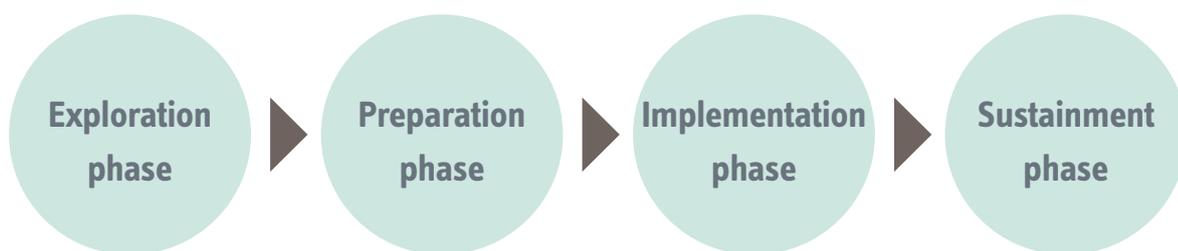
To counter this, organisations need to think explicitly and frankly about these issues. While you can’t necessarily influence the research being produced, you can influence who in your organisation interprets it and the critical lens through which they do this. Throughout, reflect on how evidence-informed practice can support inclusivity and the sharing of power, and also highlight areas where it might reproduce existing systems of privilege.

Enabling and promoting critical conversations about power, diversity and social identity within the organisation (and particularly in supervision) is a key part of an inclusive evidence-informed practice approach. One way to do this is through reflecting on the social GRRRAACCEEESSS: a model that describes aspects of personal and social identity including gender, geography, race, religion, age, ability, appearance, class, culture, education, ethnicity, employment, sexuality, sexual orientation and spirituality (Burnham, 2012). This model can help us to think more about and open up conversations which reflect on whose voices are heard more and who is heard less in relation to power, privilege and social inequality.

Structuring your initiative

Now you've decided to work on embedding evidence-informed practice in your organisation, this next section will help you to make a start. To help you structure your approach, Aarons et al. (2011) developed a model setting out the different phases to consider:

Figure 2: The phases of implementing evidence-informed practice in an organisation



Source: Aarons, Hurlbert & Horwitz (2011)

- > The exploration phase is about considering current issues in practice and how evidence-informed practice might address them.
- > The preparation phase plans what changes might be needed and who needs to be on board, while anticipating challenges and opportunities.
- > The implementation phase puts it all into practice, remaining flexible to emergent issues.
- > The sustainment phase seeks to consolidate it with ongoing monitoring and quality assurance.

It's a helpful structure, and we'll consider these phases in turn. However, as Eileen Munro and colleagues found in *You Can't Grow Roses in Concrete* (2017) (evaluating how Signs Of Safety have been implemented in local authorities), remaining flexible during each phase, a process they call 'iterative and interactive', is vital.' Going backwards, forwards, stalling, reflecting and repeating are to be expected. In fact, it would be very unusual if it were a *linear* process. Think of the diagram as a long-term process, reflecting your commitment, rather than as a set of formal stages to move through and tick off as you go.

However, it's also important not to focus *too* much on the language of change. Social care is a sector with huge amounts of organisational change anyway, and people may feel fatigued by it (Berneth et al., 2011). Think of an evidence-informed practice not as one big change, but as a series of smaller shifts and negotiations that build on what's already there (Mosson et al., 2017).

1: Getting started (the exploration phase)

‘Focus on what people care about.’

(Breckon & Dodson, 2017, p. 8)

Finding a focus

Spending time on this phase and understanding your context is really important but often overlooked, which can make the whole process more vulnerable (Mosson et al., 2017). Without taking the time to really investigate what’s already happening and where the gaps are, you might risk repeating work that’s ongoing, missing important context, or misjudging the tone of your communications. To give your evidence-informed practice initiative the best chance of success, you should directly connect it with what’s going on in your organisation (Cordis Bright, 2019; Godar & Holmes, 2017).

Therefore, the key question is: ‘who benefits from this, and how?’ (Nicholas et al., 2019). It’s likely there will be lots of potential beneficiaries to an explicit and increased focus on evidence-informed practice such as improved transparency in decision-making for children and families, greater skill sets for practitioners, or scarce resources targeted towards interventions with a higher chance of success.

Reflect on the potential benefits to your own organisation, and be as specific as you can. Talk to others about what they would like to see from becoming more evidence-informed. Knowing these potential benefits will help you to discuss the initiative with confidence and enthusiasm.

Questions for reflection:

- > Who needs to contribute to your focus? Think not only of different roles within the organisation, but of varied cultural viewpoints too – consider the social GRRRAACCEEESSS.
- > How can you hear the quieter and unheard voices in your organisation? What is needed to make sure people ‘speak truth to power’ and share their honest opinions with you?
- > What are you trying to personally achieve with this initiative? How does it tie into your own values and hopes?

Where you are now

Thinking in a strengths-based way, it's likely that there will be lots of excellent evidence-informed practice already going on in your organisation, with knowledge, experience and opinions to draw from (Slavin, 2018). How might you build on existing work, stopping you replicating something that's already there?

When you're investigating the current evidence-informed landscape in your organisation you might also pick up a lot of *generalised* enthusiasm for evidence-informed practice. This is great, but don't get complacent! There's evidence that this doesn't always mean people are clear on the concept, or that it will translate into people's everyday work (Finne, 2020).

There's no shortage of research on the barriers to embedding evidence-informed practice in an organisation, ranging from insufficient time and high caseloads, to a lack of confidence in dealing with research, to worries that it will impose a one-size-fits-all approach in complex practice circumstances (Spensberger et al., 2020; Masood et al, 2020; Garcia et al., 2019).

You may very well hear these concerns when exploring where you are now. Try to see them as evidence of healthy skepticism from your colleagues, or perhaps as a flag of potential workplace stress, and be prepared to explore them while supporting wider emotional resilience in terms of organisational change (see also section three: It's all about relationships).

Questions for reflection:

- > What general evidence-informed practice is already going on in your organisation (consider, for example, practice forums, team initiatives, group supervision, reflective and critical thinking initiatives)?
- > Look at figure 1 (leading strengths-based practice frameworks). Consider each element of this diagram and think about how far evidence-informed practice is already at work in this area. This will help you think in granular detail about your current organisational context.
- > What barriers do you personally identify to evidence-informed practice? What do others identify, and how might you practically address people's concerns?
- > How can you develop feedback loops (or build on existing ones) to collect ongoing evidence on the progress of your initiative?

Developing a vision

Now you have a good idea of the focus you'd like to take and your current organisational landscape, you can consider your vision, or, how you will win hearts and minds. A key to unlocking your vision is in understanding how evidence-informed practice supports and improves everyday work (Mosson et al., 2017; Breckon & Dodson, 2017).

Your vision should:

- > be clearly aligned with current organisational priorities
- > describe how things will be better for children and families
- > outline specific objectives you want to achieve, and explain why these changes are important
- > be no more than one side of A4 paper
- > be in simple language
- > contain emotional content that will engage, excite, give hope, and motivate people to change
- > consider how it contributes to your organisation's equality, diversity and inclusivity agendas
- > not be so prescriptive that it stifles initiative and alternative ways forward
- > be attainable but ambitious.

It's also important that people, especially the practitioners who need to make it real, can see how they fit in, i.e. what will be better for the children, young people and families they work with, what it means for their practice, and how they will contribute. Using examples from one or two thorny practice issues will give your vision real meaning. You could even consider a short tagline or memorable slogan.

Questions for reflection:

- > Is your vision clearly and deeply embedded in current practice?
- > Can you describe your vision quickly, in two or three sentences?
- > Can you explain your vision thoroughly and subject it to challenge?

2: Mapping the strategy (the preparation phase)

‘The traditional passive “disseminate and hope” linear approaches to research dissemination and use are unlikely to be adequate in complex and challenging contexts.’

(Powell et al., 2017)

Deciding your strategy

Nutley and Davies (1999) distinguish three types of change likely to be necessary to sustain evidence-informed practice:

How you plan to get there

Now you’ve explored the existing ground and set out your vision, it’s time to prepare, to consider how evidence-informed practice might be integrated into what you’ve discovered.

As the above quote sets out, simply providing opportunities for people to engage with evidence won’t be enough, and it certainly won’t support goals of increased critical thinking or ensuring evidence-informed practice supports equality and diversity.

It is important that you are able to articulate the route you will lead people along as well as what the destination looks like. People are much more likely to want to put their energy into making the vision a reality if the approach feels achievable.

1. **Ideological change:** winning over practitioners to the value of evidence, the importance of using it when making decisions, making it feel achievable even in busy practice contexts, and the difference it makes to children and families. People need to know why they are being asked to work in this way and be convinced of the benefits. This strand of your strategy deals with the emotions and values of your colleagues.

2. **Organisational change:** making changes to the working systems, structures or processes to enable evidence-informed practice to flourish in day-to-day practice. It might mean you need to alter:

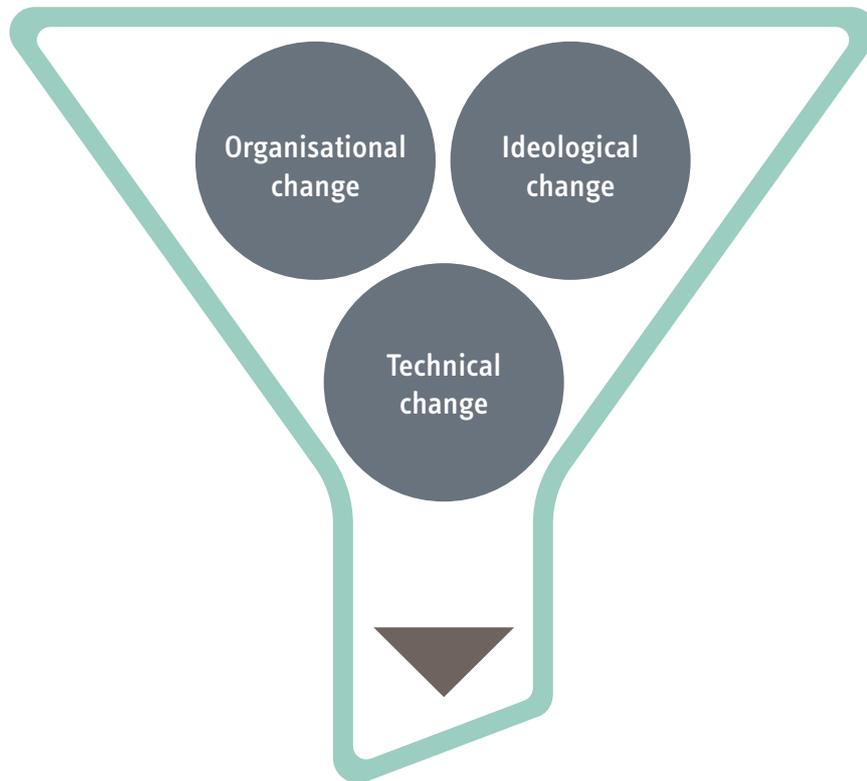
- > induction, supervision and workforce development procedures
- > working practices (case recording, supervision agreements or reporting templates)
- > team or service planning approaches
- > team meetings or development days
- > practice development approaches.

3. **Technical change:** providing access to research as well as supporting its use in decision-making. It also means checking that IT or corporate recording systems don't unintentionally get in the way of evidence-informed practice.

Colleagues must have support to engage with research messages and the headspace to reflect on different forms of evidence to consider how new knowledge either challenges or supports their existing practice. Technical change is also about creating ways to embed the voices of children and families in the organisation, such as by forming consultation groups or by routinely collecting feedback on direct practice. Your strategy therefore needs

to allow for research access and for the amplification of the voices of children and families, as well as support to develop new knowledge and to try out new methods of working.

Figure 2: Sustained change needed for evidence-informed practice



Sustained change needed for evidence-informed practice

For instance, an objective you may want to achieve is ‘to promote critical thinking and challenge in our work’. The *ideological change* needed is to make sure colleagues don’t feel defensive about this new approach, i.e. for you to communicate that challenge isn’t about blame, but about learning. The *organisational change* needed is to embed evidence-informed challenge within supervision, through agreements, practice, and recording. The *technical change* needed is to ensure that practice supervisors have critical thinking training, so they can be confident in applying abstract research messages to tangible practice challenges.

Consider the balance between ‘quick wins’ and long-term change. Quick wins, where practitioners can see how evidence-informed practice has directly improved their work, are important, and these examples should be shared as widely as possible. But it’s also important to encourage practice supervisors to support reflection on long-term change. For example, how evidence-informed practice affects practice confidence (IRISS, 2020).

Questions for reflection:

Look at your vision. Break down each objective within it, and consider the ideological, organisational, and technical changes needed.

- > Are there any overlaps? Will one organisational change support several different objectives? If so, this change might be something to focus on first.
- > What order would you tackle these changes in? Where will most of your energy be focused? Is one change likely to take longer than the others? Which one, and why?

Developing a plan

The next stage is to develop a realistic plan. This will detail the practical steps you and others will take. Each of the objectives needs to clarify:

- > who is responsible for the progress of the objective
- > the specific actions needed
- > the agreed timescale for each action
- > the resources needed, and whether they are existing or additional resources.

It's really important to co-produce the plan with others in your organisation. Not only should this improve the realism of the plan, it will also foster diversity, engagement and ownership. Don't forget to build into your action plan moments for stepping back, evaluating and celebrating your achievements. Make sure, too, that you recognise where and when there is likely to be capacity for the initiative (don't start it when you know you're likely to be really busy).

Think about drawing your plan as a flow chart and find a prominent place to display it. Make sure all those who need to make the plan happen have a copy, but don't just distribute a written document. Written information only is less effective because practitioners and managers already feel overloaded (Mosson et al., 2018). Section three, *Relationships*, will help you consider how to communicate and build enthusiasm for your plan.

Questions for reflection:

- > Is your plan divided into manageable actions?
- > Is responsibility and ownership of the plan shared with a diverse group of people, representing a wide range of experiences and viewpoints in your organisation? Have you negotiated some dedicated time to put this plan into action? Or are you trying to do it on top of everything else? If it's the latter, make sure achievements and timescales are completely realistic.
- > Have you built in regular review points for you and others to take stock of what's changed?

Leading by example

The preparation phase is an ideal time to consider your own evidence-informed journey. Setting an example through personal conduct is a critical role for you as a leader in your organisation.

Goleman et al. (2002) found that:

- > those in a leadership role are watched more closely than anyone else in the group (even subtle reactions are spotted)
- > a leader is listened to more carefully than anyone else
- > how a leader sees things is given more weight than other people's perspectives
- > a leader's response is considered the most valid.

A leader's own attitudes to evidence-informed practice strongly influence others' attitudes (Mosson et al., 2018). Visibly and obviously modelling evidence-informed practice will show your passion and commitment, while demonstrating how the approach is achievable. Becoming a mentor and champion in evidence-informed practice, as well as its leader, will imbue your vision with authenticity, and also contribute to your own professional development.

Questions for reflection:

- > How confident are you in navigating research evidence – tracking it down, appraising its relevance, and critically applying it to a complex practice situation?
- > How do you remain up-to-date with research?
- > Do you routinely and deliberately reflect on each domain of evidence-informed practice (research evidence, practice wisdom, and the views of children and families) with practice supervisors?

3: It's all about relationships (all phases)

'When it comes to changing behaviour, personal ties and social influence matter.'

(Breckon & Dodson, 2017)

Formal and (especially) informal relationships are absolutely crucial to leading evidence-informed practice (Masood et al., 2020; Mosson et al., 2018; Powell et al., 2018). Through speaking directly to colleagues and using your 'soft skills' of persuasion and patience, people in your organisation are more likely to understand evidence-informed practice and be on board with why it's important.

Intensifying and streamlining existing relationships, consciously nudging people into behaviour change, providing positive role modelling and enhancing opportunities for exchange and support are all essential. Yet they can be hard to quantify and are often underestimated (Mols et al, 2020).

Practice supervisors, practitioners, and power

Research suggests that acknowledging power imbalances while working collaboratively with those directly involved in practice is very important for evidence-informed practice to gain traction (Mols, 2020). If evidence-informed practice is seen as 'top down' this can actually be a barrier for practitioners (Finne, 2020). Your persuasion and social influence are really supported by direct communication, empathy and a shared sense of purpose, as well as by building people's confidence in the knowledge base (Mols et al, 2020).

Put yourself in a practice supervisor's shoes. What do they need to improve their decision-making and support their practitioners? Becoming more evidence-informed involves bringing new knowledge into complex real-world issues (Spensberger et al, 2020; Masood et al, 2020), which is exactly what practitioners grapple with all the time. This kind of framing for evidence-informed practice can be very helpful as it presents evidence-informed practice as addressing current issues, rather than as a noble but abstract concept that over-stretched practitioners will struggle to devote time to.

Although it's time-consuming, taking the time to (physically or virtually) go 'door to door', asking practice supervisors and practitioners about their own practice issues, and communicating your plan personally, has been shown to increase the use of research (Garcia et al., 2019). Collaboration is the watchword: listening to people's ideas and existing approaches, giving people control over aspects of your plan, sharing worries, and making it clear you trust practice supervisors (Andrews et al., 2015; IRISS, 2020).

Questions for reflection:

- > What motivates your practice supervisors? What de-motivates them?
- > How can you share power and control in the evidence-informed practice initiative?
- > What areas of responsibility would others be particularly suited to?

Diversity

Given that the literature on evidence-informed practice suggests that a shared sense of belonging and purpose are crucial to building an evidence-informed culture, we need to reflect on *who* is part of this shared sense of belonging. We tend to not only ask 'what evidence?' but also 'whose evidence?', and 'we are more inclined to view evidence gathered and / or presented as accurate and reliable if we share social identification with the source of the evidence' (Mols et al., 2020).

Therefore, to ensure evidence-informed practice is meaningful to the entire workforce, the initiative needs to be representative of that workforce and the local population we're working with. Explicit attention to diversity has been noted as a factor in the success of embedding evidence-informed practice (Nicholas et al., 2019).

Diversity is also important in critical thinking skills. It's worth noting that there may be potential cultural differences in the nature of critical thinking itself (Miu-Chi Lun et al, 2010). A lack of openly expressed critical thinking, as viewed through 'western' hallmarks of debate and overt questioning, doesn't mean that reflection and challenge is not occurring. Indeed, our critical thinking, practice knowledge, personal experience, and relationships with families can all be affected by our ethnicity, gender, disability status, educational experiences, and a host of other aspects of personal identity and history (Garcia et al., 2019; Miu-Chi Lun et al, 2010). Reflecting on these influences can support us to use our identity positively, and to avoid bias.

Questions for reflection:

- > What forums and mechanisms do you have in your organisation to reflect on identity? How might evidence-informed practice support these discussions?
- > Do we routinely ask ‘whose evidence?’ as well as reflecting on the quality and relevance of research?
- > How are you going to ensure the evidence-informed practice initiative in each phase (exploration, preparation, implementation, sustainment) reflects diverse experiences and viewpoints?

Senior management

Research has found that senior and middle leaders often have different understandings of evidence-informed practice, with the former more focused on strategic and system-level implementation of evidence and the latter on supporting staff to access and use evidence (Baeck et al., 2020).

Working closely with senior leaders is important to create a fertile context for evidence-informed organisational culture, championing research at the highest level, integrating research into system design, enabling access (by providing funding and resources) and by supporting continuous staff development (Baeck et al., 2020; Cordis Bright, 2019). The active involvement of senior management in an evidence-informed initiative increases middle leaders’ motivation and interest, provides clarity and social support, and allows middle leaders to prioritise tasks more easily (Mosson et al., 2018).

As with practice supervisors, spend some time thinking about how evidence-informed practice might speak most to senior leaders, e.g. issues of quality assurance, workforce development (Baeck et al., 2020), or the effective targeting of scarce resources (Godar, 2017). You can make it clear to senior leaders that they do not need to feel like experts in evidence-informed practice. It’s just as effective for them to emphasise their own ongoing journey, and to focus on how the organisation can learn together (Garcia et al., 2019).

4: Making it real (the implementation phase)

‘Risk taking, independent decision-making, and mistake making are not always desired traits for social work practice in a large organisation, but are desired traits in developing, leading and disseminating research. Get comfortable with these traits.’

(Trowbridge & Mische-Lawson, 2017)

Beginning initiatives

Now you’ve planned and communicated your strategy, it’s time to get going! The mechanisms you chose to implement your strategy will be unique to your organisation, but research suggests that middle leaders can create and influence a variety of non-hierarchical reflective spaces (McBeath & Austin, 2015) as a way to promote mass ownership of evidence-informed practice.

Cultural exchange, where people who have diverse viewpoints engage in debate, has been highlighted as an effective strategy (Garcia et al., 2019; Cordis Bright, 2019). This discussion and debate approach is more effective than reading research in isolation (Godar, 2017), and gives everyone the opportunity to use their critical thinking skills to interrogate how research affects the reality of their practice (Dwan et al., 2015).

A formal type of cultural exchange is a *journal club*, where people regularly discuss and debate new research on a particular topic, which has been shown to improve the ability of practitioners to use research (Breckon & Dodson, 2017). Journal clubs with an explicit educational aspect, and where people learn something new, may be especially effective (Langer et al., 2016). They also help research literacy, whereby practitioners engage in critical appraisal of research, and serve to popularize research (Breckon & Dodson, 2017).

Practice discussion and review is an opportunity to incorporate more evidence use (Cordis Bright, 2019; Drisko & Grady, 2018; Godar, 2017). Many organisations will already have a system of group supervision. Can this be tweaked to explicitly include discussion of the evidence on key themes?

Incorporating research can also support positive dynamics emerging in practice discussion: using external knowledge alongside practice wisdom can contribute to ‘an open space in which thinking and reflecting is encouraged that embraces a range of possibilities.’ (Ruch, 2007).

Questions for reflection:

- > How can you facilitate (virtual or face-to-face) cultural exchange, supporting debate and discussion between peers?
- > Are there existing practice discussion forums in your organisation? How can you use your influence as a middle leader to bring in greater reflection on research into them?

Training and development

Formal training on research literacy probably won't work in isolation (Breckon & Dodson, 2016). However making training on *all topics* more explicitly evidence-informed (for instance, visibly and consistently including up-to-date research messages in internal training, and insisting on it with commissioned training) is much more effective as an approach, supporting an evidence-informed learning culture overall (Garcia et al., 2019).

Linking with wider learning culture and CPD

Supervision is a constant and regular way to continue to keep evidence-informed practice on the agenda (Garcia et al., 2019; Drisko & Grady, 2018; Godar, 2017; Tuten et al., 2016), that's why your modelling and close support to practice supervisors is so important. Reflective, evidence-informed supervision is affected by wider learning culture, and can contribute to it as well (Earle et al., 2017).

Tacking evidence-informed practice to external factors, like CPD requirements, is important to gain and sustain momentum (Baek et al., 2020). If students, NQSWs, practitioners, practice supervisors and practice leaders need to demonstrate their learning anyway, organising these into a positive learning culture that shares widely and benefits all is a task for you as leader.

Sending brief, targeted emails that pique curiosity (rather than instantly provide answers) has been shown to engage practitioners and nudge people into an evidence-informed mindset (Garcia et al., 2019). Use plain language, stories from peers or children, and pictures – they all help (Andrews et al., 2015; Drisko, 2017).

Keeping a *reflective diary* (and encouraging practice supervisors to do this too) about becoming more evidence-informed can provide you with a safe forum to express the challenges, vulnerabilities and successes you face, and also enable you to explore how far you've come (Vinjamuri et al., 2017). As long as people know that their diary won't be used to penalize them, it can help people to reflect on how their own assumptions, biases and motivations affect the process (Vinjamuri et al., 2017), and contribute to reflections on their CPD (continuous professional development), too.

Questions for reflection:

- > How can people share their formal learning experiences (in training sessions or webinars, for example) to benefit the team and wider organisation?
- > Is there a learning journey for people, aligned with re-registration requirements?
- > Is keeping a reflective diary encouraged and respected as a space for private reflection?

5: Keeping it going (the sustainment phase)

‘Competing priorities will get in the way of your initiative and you should not be disappointed or disheartened when you don’t make the progress you plan or expect. Rather, leaders need to recognise this reality right up-front and plan ways round it.’

Hodson & Cooke, 2007

Conflict and resistance

You are bound to encounter some resistance to your work in leading evidence-informed practice. Often this won’t be obvious at the start but will gradually emerge (some people won’t engage without saying anything, others will argue that it won’t make a difference or state that it’s just another change they don’t want, and so on). Initial enthusiasm may lessen or evaporate.

Since the vast majority of practitioners and practice supervisors want to do the best for the children and families they work with, try to understand the nature of a colleague’s resistance. The colleagues who have different opinions about the way forward will usually have reasons for it. Changing any form of organisational culture involves taking a risk. In risk-averse organisations, resistance to using research evidence may be greater (Brown,

2015; Cordis Bright, 2019). Acknowledging and discussing risk and resistance with colleagues is important.

A common locus of resistance is the crisis-oriented nature of much work with children and families that, for some practitioners, seems to clash with the more considered and longer-term work needed to become more evidence-informed (Garcia et al., 2019). For these practitioners, rebalancing the sense of urgency with more reflective practice is a useful strategy.

Some might see evidence-informed practice as opposed to child-centred working, instead of in tandem with it, or something that is prescriptive rather than responding to complex circumstances (James et al., 2019). In these cases, a clear and repeated emphasis on evidence-informed practice as a process of critical thinking that centres the voice of the child will be important.

Practitioners working in evidence-informed organisations tend to have greater emotional resilience. You can find out ways to develop emotional resilience in the [Social Work Organisational Resilience Diagnostic \(SWORD\)](#). This tool provides a range of evidence-informed practical interventions alongside in-depth strategies. It will support you to foster the conditions that have been shown to underpin resilience at individual, team and organisational levels.

Gathering evidence and rewarding success

One of the important means of sustaining interest in, and commitment to, your initiative is to be very clear about what is being achieved. It needs to consider:

- > *what* has actually been done and how it compares with what was planned
- > the *changes* for individuals, teams, families, and the organisation (intended or not)
- > *why* these occurred (or what initiatives and approaches were successful).

Build in regular review points so you can monitor these questions against your plan, being honest about successes and failures, and particularly noting how the initiative interacts with existing ways of working (McBeath & Austin, 2015; Munro et al., 2017).

Changes may be subtle. For instance, increased understanding of what evidence-informed practice is (Dwan et al., 2015) or the confidence to take creative decisions rooted in the best knowledge available. These may be best drawn out using an [appreciative inquiry](#) approach. Try to avoid only measuring simple metrics (web traffic, for example) or requiring additional admin from practitioners (Powell et al., 2018; McBeath & Austin, 2015).

Staff surveys, commonly undertaken in organisations, can be used to collect attitudes about organisational change, capturing positive and negative views. One particularly telling question to include will be whether people feel able to talk about mistakes, and whether or not these are treated as a weakness (Munro et al., 2017).

Public recognition has been found to keep motivation up for evidence-informed practice (Breckon & Dodson, 2016), so sing people's praises, give professional recognition, celebrate publicly via social media, and don't forget to send constant reminders!

Questions for reflection:

- > Can you identify people who are passively or actively resisting the evidence-informed practice initiative? What might be their reasons?
- > Do you have an existing system of reward and recognition? Can you build into it reward for evidence-informed practice?

Your own reflections and resilience

Developing an evidence-informed practice initiative can be very exciting and rewarding, but it can also feel lonely, complex and stressful (Bayley et al., 2018; Mosson et al., 2018). Make sure you look after your own resilience as well as supporting that of others. This will really help you to keep up your own enthusiasm, and to model emotional resilience, personal commitment, and stamina to others.

In the best case scenario, working in an evidence-informed way can become self-sustaining and part of an organisation's bloodstream, resulting in a less demanding role for you as leader. It can end up being informal and decentralised, even unexceptional. That's what you're aiming for – good luck!

References

- Aarons, G. A., Hurlbert, M., Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38, 4-23. <https://doi.org/10.1007/s10488-010-0327-7>
- Aarons, G. A., Askew, R. A., Green, A. E., Yalon, A. J., Reeder, K., & Palinkas, L. A. (2019). Evidence-based practice adaptation during large-scale implementation: a taxonomy of process and content adaptations. *Journal of Children's Services*, 14(2), 61-77. <https://doi.org/10.1108/JCS-02-2018-0003>
- [Andrews, N., Gabbay, J., le May, A., Miller, E., O'Neill, M., & Petch, A. \(2015\). Developing evidence-enriched practice in health and social care with older people. Joseph Rowntree Foundation.](#)
- Baek, A., von Thiele Schwarz, U., Hasson, H., & Richter A. (2020). Aligning perspectives? Comparison of top and middle-level managers' views on how organisation influences implementation of evidence-based practice. *The British Journal of Social Work*, 50(4), 1126-1145. <https://doi.org/10.1093/bjsw/bcz085>
- Bayley, J., Phipps, D., Batac, M., & Stevens, E. (2018). Development of a framework for knowledge mobilization and impact competencies. *Evidence and Policy*, 14(4), 725-738. <https://doi.org/10.1332/174426417X14945838375124>
- [Bernard, C. \(2020\). Understanding the lived experienced of black and minority ethnic children and families. Research in Practice.](#)
- Bernerth, J., Walker, H. J., Harris, S. G. (2011). Change fatigue: Development and initial validation of a new measure. *Work and Stress*, 25(4), 321-337. <https://doi.org/10.1080/02678373.2011.634280>
- [Breckon, J. & Dodson, J. \(2016\). Using evidence: what works? A discussion paper. Alliance for Useful Evidence.](#)
- Brown, L. (2015). A lasting legacy? Sustaining innovation in a social work context. *The British Journal of Social Work*, 45(1), 138-152. <https://doi.org/10.1093/bjsw/bct107>
- Burnham, J. (2012). 'Developments in Social GRRRAACCEEESSS: visible-invisible, voiced-unvoiced' in I. Krause (Ed.), *Culture and Reflexivity In Systemic Psychotherapy*. Karnac.
- [Cordis Bright \(2019\). Implementing evidence-based practice in health and social care. Cordis Bright.](#)
- Davies, K. & Gray, M. (2017). The place of service-user expertise in evidence-based practice. *Journal of Social Work*, 17(1), 3-20. <http://dx.doi.org/10.1177/1468017316637222>
- Drisko, J. (2017). Active collaboration with clients: an underemphasized but vital part of evidence-based practice. *Social Work: A Journal of the National Association of Social Workers*, 62(2), 114-121. <https://doi.org/10.1093/sw/swx003>

Drisko, J. & Grady, M. (2018). Teaching evidence-based practice using cases in social work education. *Families in Society*, 99(3), 269-282. <https://doi.org/10.1177/1044389418785331>

Dwan, K. M., McInnes, P., & Mazumdar, S. (2015). Measuring the success of facilitated engagement between knowledge producers and users: a validated scale. *Evidence and Policy*, 11(2), 239-252. <https://doi.org/10.1332/174426414X14165029835102>

Earle, F., Fox, J., Webb, C., & Bowyer, S. (2017). *Reflective Supervision: Resource Pack*. Research in Practice.

Finne, J. (2020). Attitudes toward and utilization of evidence-based practice among Norwegian social workers. *Journal of Evidence-Based Social Work*, 17(2), 149-162. <https://doi.org/10.1080/26408066.2019.1689879>

Garcia, A. R., DeNard, C., Morones, S. M., & Eldeeb, N. (2019). Mitigating barriers to implementing evidence-based interventions in child welfare: lessons learned from scholars and agency directors. *Children and Youth Services Review*, 100, 313-331. <https://doi.org/10.1016/j.childyouth.2019.03.005>

[Godar, R., & Holmes, D. \(2017\). The use of research evidence regarding 'what works' in local authority child protection systems and practice: an analysis of five local authorities. Research in Practice / Early Intervention Foundation / Local Government Association.](#)

Godar, R. (2018). *Leading strengths-based practice frameworks: Strategic Briefing* (2018). Research in Practice.

Goleman, D., Boyatzis, R., & McKee, A. (2002) *The New Leaders*. Little Brown

[Gough, D., Maidment, C., & Sharples, J. \(2018\). UK What Works Centres: Aims, methods and contexts. EPPI-Centre.](#)

Hammersley, M. (2013). *The myth of research-based policy and practice*. Sage.

Heinsch, M. (2018). Exploring the potential of interaction models of research use for social work. *The British Journal of Social Work*, 48(2), 468-486. <https://doi.org/10.1093/bjsw/bcx034>

[Higher Education Statistics Agency \(2020\). Who's working in Higher Education? Higher Education Statistics Agency.](#)

Hodson, R. & Cooke, E. (2007). *Leading Evidence-Informed Practice*. Research in Practice.

[IRISS \(2020\). Navigating evidence: a reflective tool to support evidence use in practice. IRISS.](#)

James, S., Lampe, L., Behnken, S., & Schulz, D. (2019). Evidence-based practice and knowledge utilization – a study of attitudes and practices among social workers in Germany. *European Journal of Social Work*, 22(5), 763-777. <https://doi.org/10.1080/13691457.2018.1469475>

[Langer, L., Tripney, J., & Gough, D. \(2016\). The science of using science: researching the use of research evidence in decision-making – final report. EPPI-Centre.](#)

Masood, S., Kothari, A., & Regan, S. (2020). The use of research in public health policy: a systematic review. *Evidence and Policy*, 16(1), 7-43. <https://doi.org/10.1332/174426418X15193814624487>

McBeath, B. & Austin, M. J. (2015). The organisational context of research-minded practitioners: challenges and opportunities. *Research on Social Work Practice*, 25(4), 446-459. <https://doi.org/10.1177/1049731514536233>

McGrath, B. (2016). Reflecting on 'evidence' and documentation devices in 'translating' community interventions. *Community Development Journal*, 51(2), 179-194. <https://doi.org/10.1093/cdj/bsv007>

Miu-Chi Lun, V., Fischer, R. & Ward, C. (2010). Exploring cultural differences in critical thinking: Is it about my thinking style or the language I speak? *Learning and Individual Differences*, 20(6), 604-616.

Mols, F., Bell, J., & Head, B. (2020). Bridging the research-policy gap: the importance of effective identity leadership and shared commitment. *Evidence and Policy*, 16(1), 145-163. <https://doi.org/10.1332/174426418X15378681300533>

Mosson, R., Hasson, H., Wallin, L., & von Thiele Schwarz, U. (2017). Exploring the role of line managers in implementing evidence-based practice in social services and older people care. *The British Journal of Social Work*, 47(2), 542-560. <https://doi.org/10.1093/bjsw/bcw004>

Mosson, R., von Thiele Schwarz, U., Richter A., & Hasson, H. (2018). The impact of inner and outer context on line managers' implementation leadership. *The British Journal of Social Work*, 48(5), 1447-1468. <https://doi.org/10.1093/bjsw/bcx077>

[Munro, E., Turnell, A., & Murphy, T. \(2017\). You can't grow roses in concrete: Signs of Safety English innovations project - final report. Munro, Turnell & Murphy.](#)

Nicholas, G., Foote, J., Kainz, K., Midgley, G., Prager, K., & Zurbriggen, C. (2019). Towards a heart and soul for co-creative research practice: a systemic approach. *Evidence and Policy*, 15(3), 353-370. <https://doi.org/10.1332/174426419X15578220630571>

Nutley, S, Boaz, A., Davies, H., & Fraser A. (2019). New development: What works now? Continuity and change in the use of evidence to improve public policy and service delivery. *Public Money and Management*, 39(4), 310-316. <https://doi.org/10.1080/09540962.2019.1598202>

Nutley, S. & Davies, H. (1999). *Achieving Evidence Based Practice in UK Public Service: From dissemination to diffusion*. Working paper. University of St. Andrews

Phipps, D. J., & Morton, S. (2013). Skills and qualities of knowledge brokers: Reflections from practice. *Evidence and Policy*, 9(2), 255-265. <https://doi.org/10.1332/174426413X667784>

Powell, A., Davies, H., & Nutley, S. (2017). Missing in action? The role of the knowledge mobilization literature in developing knowledge mobilization practices. *Evidence and Policy*, 13(2), 201-223. <https://doi.org/10.1332/174426416X14534671325644>

Powell, A., Davies, H., & Nutley, S. (2018). Facing the challenges of research-informed knowledge mobilization: 'Practicing what we preach'?. *Public Administration*, 96(1), 36-52. <https://doi.org/10.1111/padm.12365>

Ruch, G. (2007). 'Thoughtful' practice: child care social work and the role of case discussion. *Child and Family Social Work*, 12(4), 370-379. <https://doi.org/10.1111/j.1365-2206.2006.00466.x>

[**Skills for Care \(2018\). The state of the adult social care sector and workforce in England. Skills for Care.**](#)

Slavin, R. E. (2018). *Educational psychology: Theory and practice* (12th ed.). Pearson.

Spensberger, F., Kollar, I., Gambrill, E., Ghanem, C., & Pankofer, S. (2020). How to teach evidence-based practice in social work: a systematic review. *Research on Social Work Practice*, 30(1), 19-39. <https://doi.org/10.1177/1049731519852150>

[**Spillet, M. \(2014\). Leadership imbalance: Black and Asian leaders missing in action: A think piece. Virtual Staff College.**](#)

[**Thunberg, G., Neubauer, L., De Wever, A., & Chaliar A. \(2020\). After two years of school strikes, the world is still in a state of climate crisis denial. The Guardian.**](#)

Trowbridge, K. & Mische-Lawson, L. (2017). Social work research in practice: lessons learned. *Journal of Evidence-Informed Practice*, 14(1), 1-7. <https://doi.org/10.1080/23761407.2016.1261382>

Tuten, M., Morris-Compton, D., Abrefa-Gyan, T., Hwang, J., & Harrington, D. (2016). Predictors of the use of evidence-based interventions among National Association of Social Work (NASW) members. *Journal of Evidence-Informed Social Work*, 13(3), 253-262. <https://doi.org/10.1080/23761407.2015.1047109>

Vinjamuri, M., Warde, B., & Kolb, P. J. (2017). The reflective diary: an experiential tool for enhancing social work students' research learning. *Social Work Education (The International Journal)*, 36(8), 933-945. <https://doi.org/10.1080/02615479.2017.1362379>



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