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Improving and Safeguarding  
Social Wellbeing

# Social Work Research and Continuous Improvement Strategy 2015 - 2020

**In Pursuit of Excellence in Evidence Informed Practice  
in Northern Ireland**

Supporting the profession and improving outcomes



Research  
Evidence

Data

Information

Knowledge

Practice

**STRATEGY**



# Accessibility statement

Any request for the document in another format or language will be considered.

## Equality, Human Rights and Personal and Public Involvement

In the development of the Social Work Research and Continuous Improvement Strategy, equality and human rights were integral to the process. Key sections in the Strategy reflect consideration of these issues which are also reflected in the specific priorities identified. The Strategy has also been screened in accordance with the HSCB's statutory equality duties. The screening outcomes are available as part of our requirement to publish quarterly equality screening reports <http://www.hscbusiness.hscni.net/services/2664.htm>. In the roll out of the Strategy and in the conduct of any future research activity, account will be taken of the specific needs of groups marginalised in society where inclusive research activity can provide positive equality outcomes.



**A summary of this Strategy is available at:**

<http://www.hscboard.hscni.net/swresearch/swrcistrategysummary2015>



Telephone: 028 95 363017 or Text phone: 028 95 363017 with prefix 18001 if you wish to speak to someone about the Strategy.



Email [swresearchcistrategy@hscni.net](mailto:swresearchcistrategy@hscni.net) if you need a paper copy.



### AN OPPORTUNITY TO REFLECT

In the concluding section of this Strategy a number of reflective questions are posed. These questions are designed to encourage the reader to consider, reflect and develop their own views on some of the key issues facing health and social care organisations in adopting and promoting a culture of research mindedness.

# Foreword

**I am very pleased to present a five year Research and Continuous Improvement Strategy for Social Work in Northern Ireland. This Strategy offers a new and refreshed impetus for us all to move forward collaboratively at a time when delivering social work in the context of wider social care services is taking place in a more complex, uncertain and changing environment.**

Social work is an established professional discipline which makes a valuable contribution in helping children, adults and families to take control of and to improve their lives in conditions where their security, safety or ability to participate in civic life are restricted. In Northern Ireland there are currently 5,600 registered social workers who operate within a framework of legislation and government policy relating to children, families and adults and who are governed by the Northern Ireland Social Care Council's Code of Practice. The Strategy has a particular focus on social work in the Health and Social Care System which is where the majority of social workers are employed. Criminal justice, education, youth justice, voluntary and independent organisations are also important employers of social workers and this Strategy should also support social work research activity in these sectors.

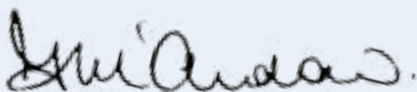
Social workers work holistically with individuals and families and with other professions in many diverse and often very complex social circumstances where there are high levels of uncertainty, stress, conflicts of interest and risk and often in situations where very often there are no clear answers. The value base of the profession is however one that encourages equality and partnership working appropriate to individual circumstances to help achieve independence and allow individuals, adults and their families exercise their human and civil rights. In some instances social workers are required to intervene on a preventative or statutory basis when adults and children who are at risk or need safeguarding from abuse, neglect or exploitation, and possibly need removing from their home.

Improving and Safeguarding Social Wellbeing Social - Work Strategy 2012-2020, Belfast: DHSSPSNI (2012) set out the vision and agenda for action by social work and social workers in improving the social wellbeing of individuals, families and communities, including supporting greater personalisation. We believe that this includes having robust evidence and takes into account the lived experience of service users and carers.

Our aim therefore with the development of the Social Work Research and Continuous Improvement Strategy is to build an organisational culture that recognises and values the contribution of research and evidence and its integration at all levels of policy, commissioning and practice. We want to increase both the quantity and quality of research relevant to Northern Ireland to support both the visibility of the social work profession and better outcomes for service users and carers.

The Strategy has been informed by an extensive consultation exercise. It has the support of a wide range of interested organisations and individuals both internally within the health and social care sector and externally from a diverse range of settings including academia, the voluntary sector, representative organisations, service users and carers and other individuals. The time and commitment offered by everyone in this endeavour is warmly acknowledged. We wish to capitalise on the positive attitudes that exists for this Strategy at this time.

The lesson learned from the development of the Strategy is that all of these stakeholders had a part to play and all, and others, will have a part to play in its implementation if our vision that service users and carers will benefit from social work being a more confident profession in the production and use of research, evaluation, audit and engagement in knowledge transfer partnerships to inform policy making and practice is to be realised.



**Fionnuala McAndrew**

Director of Social Care and Children  
Health and Social Care Board



**Health and Social  
Care Board**

# A message from Sean Holland Chief Social Work Officer

**In 2012, when the Social Work Strategy was launched, at its heart was the recognition of the need for social work as a profession to have a stronger research culture. Building a body of social work research is the first step on the road to improving outcomes for those who use and rely on social work services by providing the knowledge and evidence base about what works and what doesn't work.**

Other important steps are needed to embed research into organisational and practice activity if it is to contribute meaningfully to improving and safeguarding people's social well-being. While there has been significant progress in equipping social workers to be more research-minded, particularly through social work education and training and the increase in access to the knowledge base and research findings through technology, more needs to be done to fully integrate evidence based approaches into service delivery and practice.

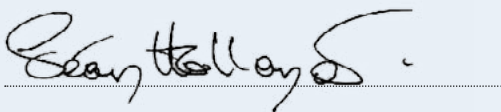
In an integrated health and social care system social workers also need to be able to make applications and secure funding for research on a stronger footing alongside their healthcare colleagues, to be more research active in the workplace and contribute to the knowledge and evidence base of not only what works in social work, but what works in an integrated health and social care context.

The Department's funding for the development of a Social Work Research and Continuous Improvement Strategy reflects my commitment to building the capacity and capability of all social workers to use and build the evidence base for practice in Northern Ireland, to engage in research and research-related activity and to build a culture of continuous learning and improvement.

A strong research and evidence base underpinning practice and service provision is an important hallmark of any profession. It promotes credibility, trust and confidence in the profession and at the same time enhances the skills, expertise and ability of social workers in meeting the needs of service users.

I therefore very much welcome this Strategy in providing the road map to take this challenging agenda forward and congratulate all those involved in its development. It is a first for Northern Ireland and represents a landmark in the on-going professionalization and professionalism of social work.

I believe it will contribute to the development of a vibrant research culture for social work and help embed research and evidence based approaches as an established and integral part of service delivery and practice which will benefit those who use our services.



**Sean Holland**

Chief Social Work Officer/Deputy Secretary  
Department of Health, Social Services and Public Safety



# Glossary

Term	What it means
Audit	Provides a method for systematically reflecting on and reviewing practice. It aims to establish how close practice is to the desired level of service. This is achieved by setting standards and targets and comparing practice against these. Research methods also have an application to audit.
Critical appraisal	Is a systematic framework to assist in interpreting the quality and relevance of the research process carefully judging its trustworthiness, and its value and relevance in a particular context. It asks are the results presented valid. Just because it is scientific or because it is published is not always a guarantee.
Evaluation	Defined as a set of procedures to judge a service's merit by providing a systematic assessment of its aims, objectives, activities, outcomes and costs. Audit may be one activity that takes place during a service evaluation, alongside other activities such as routine data gathering, incident reporting and interviews with staff, service users and carers. Research methods also have an application to evaluation.
Evidence	The available body of facts and information about a particular topic or subject.
*Evidence - based	<p>An intervention or practice which has been robustly evaluated (usually involving one or more Randomised Control Trial) (RCT).</p> <p>Other research designs also exist to generate robust evidence for example prevalence and incidence of social problems and experiences of problems and care processes including service user and carer perspectives. Evidence based* and evidence informed* are often used interchangeably and are a matter of preference of terminology rather an absolute distinction. See also definition of evidence informed.</p>



Term	What it means
*Evidence - informed	<p>Knowledge gained from integrating the best available research and literature with the professional judgement of practitioners and service user experience. Evidence is the information that supports or substantiates research findings.</p> <p>Identifies what makes for an effective intervention.</p>
Knowledge	<p>The interpretation of evidence including research.</p>
Practice wisdom	<p>Enables practitioners to integrate different forms of knowledge, modes of thinking, evidence and actions in ways that facilitate sound judgement.</p>
Randomised Control Trial (RCT)	<p>An experiment in which individuals are randomly allocated either to receive an intervention (intervention group) or to receive no intervention or a different one, such as the standard service (control group). Both groups are measured at baseline (e.g. level of independence, level of anxiety) and at the end of the intervention period, and are usually followed up later. The outcomes of the two groups are then compared to determine the effectiveness of the intervention under investigation.</p> <p>It does not, in itself, provide any information on why, or how, the intervention works, but only the extent that it did.</p>
Research	<p>Is a scientific approach to answering questions about the social world designed to reduce potential sources of bias in everyday reasoning. It uses a set of logical, systematic and documented methods for investigation. It allows others to inspect and evaluate the methods used and the evidence produced by investigation.</p>

Term	What it means
Qualitative data	Includes participant observations, focus groups and interviews designed to capture views. Qualitative data are words, pictures or drawings. They do not have direct numeric interpretation.
Quantitative data	Includes surveys and experiments that record changes and variations. Data that is quantitative is either numbers or attributes that can be ordered in terms of size or magnitude.

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## Introduction

**This document sets out a five year Research and Continuous Improvement Strategy for Social Work in Northern Ireland from 2015-2020.**

It supports the promotion of a culture of evidence informed practice, quality, service and user outcomes and the delivery of research, evaluation and audit across services. Research is essential to the development of new knowledge and to innovation; evaluation ensures learning is captured and that service user and carer views are included and audit is the cornerstone of ensuring that we deliver high quality person centred services and sustained improvement.

Each source of evidence overlaps and feeds each other and together forms a platform from which to plan and deliver services and improvement.

The Strategy reflects the commitment shown by the social work leadership; the Chief Social Work Officer of the Department of Health and Social Services (DHSSPS), the Director of Social Care and Children of the Health and Social Care Board (HSCB) and Executive Directors of Social Work in the five Health and Social Care Trusts (Trusts) who requested and supported its development. Appendix 1 provides detail of the infrastructure behind its development. It also provides details on members of the group established to identify research and evidence priorities. It has a particular focus on social work within the statutory health and social care sector which is where the majority of social workers are employed. Criminal justice, education, youth justice, voluntary and independent organisations are also important employers of social workers and this Strategy should support social workers in relation to activity in these sectors. The Strategy should be read in conjunction with key government policies that set the strategic direction for social work services and the evidence agenda in different sectors and settings.



The values of the social work profession, its concern for social justice and tackling inequalities should influence and support an inclusive and participatory model that responds to research priorities.

From the outset it is recognised that this is a step change and changing the culture will not happen overnight. We believe that setting a number of strategic priorities will contribute to building a strong foundation that allows research and knowledge exchange for future generations. A number of incremental steps are necessary to build on this foundation. By necessity the Strategy retains a degree of flexibility to respond to rapid changes in the world of social work in the context of wider social care provision.

The principle behind the Strategy is that the development and use of research and evidence should increasingly be driven and owned by health and social care with opportunities for discourse and knowledge from a critical perspective and independent of the sector. The approach proposed is one that encourages the fostering of reciprocal relationships between the producers of research and evidence, and those who need to use it by applying it to practice. The users of research and evidence include: policy makers, managers at commissioning and provider levels, practitioners, other researchers and service users and carers. This Strategy will support the creation of opportunities for all, relevant to needs, to build confidence to engage with and influence research, evaluation and audit activity.

**OUR VISION** - Our vision is that service users and carers will benefit from social work being a more confident profession in the production and use of research, evaluation, audit and engagement in knowledge transfer partnerships to inform policy making and practice.

**AIM** - The aim is to build a research minded organisational culture. This culture is one that recognises the important and necessary contribution that undertaking, understanding, critically appraising and applying evidence makes to improving outcomes for service users. This should be supported through a well-developed knowledge transfer process in making sense of what is best practice in services.

**PURPOSE** - The purpose of the Strategy is to demonstrate, both internally and externally, organisational commitment for the promotion and support of social work research, evaluation and audit activity across the wider context of social care service provision. The Strategy will provide confidence that decisions taken at policy, commissioning, service development and practice levels are evidence based, with research evidence worthy of particular attention in the generation of new knowledge.

## Where are we now?

Northern Ireland has a long and steady commitment to the conduct of high quality research. The recently launched strategy for consultation, HSC R&D in Northern Ireland ‘Research for Better Health and Social Care’ (2014) is the third strategy since 2002.

Specifically in relation to social work and social care early attempts by leading academics, health and social care senior managers and voluntary sector representatives to profile social work research as an integral part of the HSC Research and Development infrastructure can be traced back to the late 1990’s (NISCC 1998).

A particular strength in Northern Ireland is the close partnership and collaborative working relationship between all the key stakeholders including the DHSSPS, HSCB, HSC Trusts, HSC R&D Division of the Public Health Agency (PHA), and Northern Ireland Social Care Council (NISCC), as well as universities, the voluntary sector and other employers of social workers. A further strength is the fact that Northern Ireland is a small geographical area with close proximity to the Republic of Ireland, the United Kingdom and the rest of Europe which provides opportunities for multi-site research.

Post qualifying training in Northern Ireland has also provided continuous professional development opportunities for social work managers and practitioners. This has enabled them to acquire the necessary skills and knowledge for application of research methods across the spectrum of research, evaluation and audit activities. This has resulted in positive outcomes including the conduct of a large number of projects related to practice areas and the production of quality publications.



Research has the potential to benefit organisations, staff and service users alike. It aims to make improvements but also motivates and drives innovation and supports excellence.

In addition in accordance with what Walter et al (2004) and Nutley et al (2010) describe as 'the research based practitioner model' this has resulted in a large number of committed and enthusiastic social work practitioners having been recognised for their projects at Masters and at Fellowship level. Others have successfully gained or are pursuing award through the Doctorate in Childhood studies specifically related to research.

Social work is a registered profession. To maintain their registration on NISCC's Register, all registrants are required to meet Post Registration and Learning Requirements. These require registrants to undertake a minimum of 90 hours every three years learning and development activity relevant to their work role. This requirement helps ensure that registrants keep their knowledge and skills up-to-date promoting the centrality of evidence informed practice.

The recent Review of Health & Social Care (Donaldson 2014) commends professional development practices with specific reference to Part 1 registrants (social work registrants). Croisdale - Appley (2014) in an independent review concerned with revising social work training referred to the social worker as a social scientist who should be able to understand and apply knowledge to their practice and have an understanding of social work through both evidence gathering and through research.

NISCC's Professional in Practice Framework (PiP) – The Continuous Professional Development Framework for Social Work (2015) incorporates existing provision within the Post Qualifying (PQ) Framework. The existing PQ Awards and Requirements are now to be known as PiP Awards and Requirements. These requirements are worded specifically to encourage research minded practice focusing on the understanding, demonstration and application of the following skills:

- Critical judgement, critical reflection and critical analysis;
- Analysis in applied research, professional research, audit and evaluation; and,
- Conducting applied research, professional research, audit and evaluation.

Professional in Practice is wider in scope as a Continuous Professional Framework. It will offer professional credit for learning and development activity that can be accumulated and used to claim professional PiP Awards. The credit accumulation system will proactively encourage and recognise research minded Continuous Professional Development.



It will provide a mechanism to recognise and encourage this practice through the continued provision of approved educational programmes and by recognising smaller, incremental work-based professional developments that promote better use of research, evaluation and audit.

Universities in Northern Ireland have a dual role in relation to social work research. They provide teaching and education to students, practitioners and managers at qualifying and post qualifying levels. This helps to develop a culture of informed research mindedness and critical enquiry, and undertake research across a range of topics and issues, often in partnership with social work and social care organisations in Northern Ireland. The quality outputs from research studies have been recognised by the Research Excellence Framework, which in 2014 placed both universities in the top 25 world leaders in research. An additional strength is that many of the academic staff were social work practitioners which continues to inform much of the research undertaken.

All staff in social work posts must be on the professional social work register held by Northern Ireland Social Care Council (NISCC). In addition all staff who teach and assess on the qualifying programmes must be on the social work register.

In the case of post qualifying whilst this is not a requirement the assessment process must include assessment by a registered social worker. These strengths help to ensure that academic social work (both teaching and research) are firmly rooted in practice issues which they critically appraise using relevant research methodologies underpinned by sound and necessary theoretical knowledge.

Each university has developed structures to support research, often in response to the interests and expertise of social work staff and other colleagues. At Queen's University Belfast particular research strengths are in child care, disability issues, mental health, criminal justice, the life course and professional education. Queen's University also has the internationally regarded Institute for Child Care Research located within the School of Sociology, Social Policy and Social Work. An imminent restructuring of the university will see the establishment of a small number of interdisciplinary Global Research Institutes that will include topics and issues of relevance to social work.



Research has the potential to benefit organisations, staff and service users alike. It aims to make improvements but also motivates and drives innovation and supports excellence.

At Ulster University there are two research clusters. These include Mental Health and Wellbeing and Decisions, Assessment, Risk and Evidence. These clusters are designed to complement the strengths at Queen's University.

A major contribution to research and evidence has also been made by independent researchers and researchers working within Centres of Excellence and those working in the community and voluntary sectors who undertake research covering a number of important social issues from a critical and independent perspective.

There are a number of examples of research and evaluation activity that have led to better outcomes for services users and carers and in good partnership working. It is our aspiration that further such activity will be supported by this Strategy. It provides a strategic vision and an identification of priorities so that any investment can be fully capitalised upon to help make the necessary shift in the overall culture.

### **Capacity and capability for research and evidence activity**

To inform our thinking on the level of research capacity and capability amongst social work professionals to embrace research and evidence activity national and international literature was explored (Webber and Slater 2011, Sharland 2009, Orme and Powell 2008, Marsh and Fisher 2005, McEwan 2007, Trevithick 2008).

Our work was also informed by the outcomes of exploratory consultation studies by the Institute for Research and Innovation in Social Services Scotland (IRISS 2008) and by the Centre for Social Work and Social Care Research, Swansea University (2009). Both these studies related to developing research and development strategies responsive to local priority issues for Scotland and Wales respectively.

Issues from contemporary studies and reviews of the literature echo the issues expressed by social work managers, practitioners, researchers and other academics who attended local conferences and events hosted by the HSCB and the HSC R&D Division of the PHA during 2014 and 2015. The purpose of these events was to inform the development of the local Strategy (HSCB and HSC R&D Division, PHA 2014: 2015).

The outworking of these events was instrumental in defining the detail of this Strategy.

A summary of the evidence is provided here.

### **Culture and infrastructure and working with others**

- The organisational system and culture is not always conducive to research. There are issues of workload, role expectation and lack of time;
- There is a need to address the 'sense of isolation' experienced by social workers interested in research activity;
- Research needs to be embedded in social work. This is about changing the culture with the necessary support provided by managers;
- The social work research infrastructure is not well developed;
- There is a need for a more joined up approach within health and social care organisations, the HSC R&D Division, universities, The Northern Ireland Public Health Research Network and other research providers;
- There is a lack of expectation amongst social workers in spite of continuous professional development requirements;
- There is little articulation of social work and social care research needs and priorities;
- There is a need for a mechanism for identifying priorities linked to policy and practice requirements;
- Funding is difficult to access so we need a way to secure more funding for relevant social work research and optimise funding applications including those to the HSC R&D Division;
- Staff lack the confidence, capacity and necessary skills to interpret, use and undertake research, evaluation and audit;
- There is a need to embed research and evidence within a research excellence framework practice with academia. This is a two way process;
- There is limited training on research methodology and critical appraisal;
- There is a need to ensure the visibility of social work within regional and strategic groups established for research purposes. This needs champions.

### Impacts

- The research base is fragmented and evidence does not exist in certain areas;
- Academic research does not always address the important issues at policy and practice levels;
- Research and evaluation needs to better address personal and public involvement and the role of service users and carers throughout the whole process;
- Research does not always produce clear outcomes;
- Opportunities need to be taken to link outcomes of the research process with organisations own developmental plans and recommendations.

### Transfer of knowledge

- The timing of the conduct of research and policy making do not always coincide as research takes longer than policy makers often expect;
- Policy makers are not always involved in discussion about priorities;
- Complex lengthy and inaccessible research reports are not helpful to policy makers or practitioners;
- There is an issue around the implementation of research and evidence. Dissemination of outcomes needs to be better planned between researchers; managers and funders;
- Limited use of evidence in some areas to inform action into practice;
- Lack of attention given to addressing the complexities associated with knowledge transfer and exchange;
- Researchers generally have limited time or resources for transferring knowledge to their audiences.

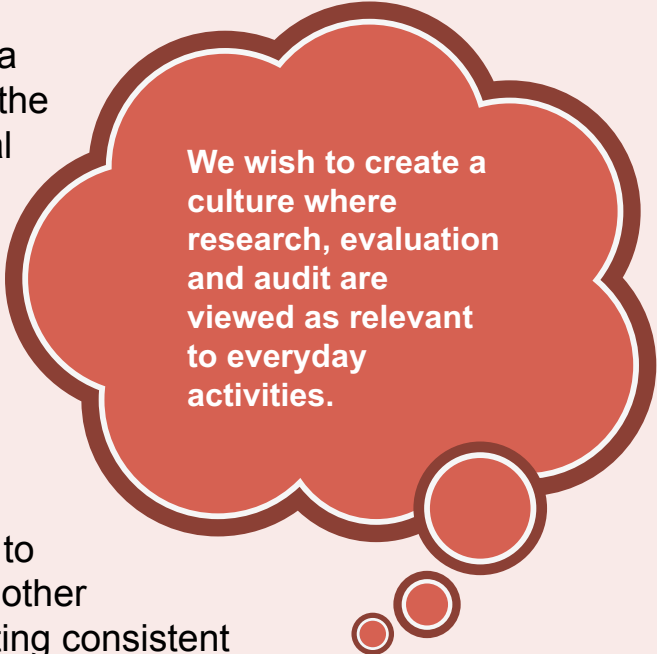
## Why we need a Strategy at this time?

**The overarching need for the Strategy is to ensure that service users and carers receive high quality services. There are both moral and legal duties placed on the social work profession to ensure that decisions and services are based on the best available evidence.**

The government's modernisation agenda makes clear its commitment to improve the quality, safety and effectiveness of social services while promoting a change in the culture through personalisation, independence, choice and control and the protection of adults at risk.

The impact and scope of the Strategy is on the social work profession within the wider context of service provision.

The development of the Strategy needs to be viewed in the context of a number of other related agendas and strategies highlighting consistent and crosscutting themes. This includes the HSC R & D Division's draft strategy, Research for Better Health and Social Care (DHSSPS 2014). The Social Work Research and Continuous Improvement Strategy represents the outworking of the regional HSC Research and Development Strategy especially for research and evidence activity related to the social work profession. The vision and principles of Transforming your Care which has a focus on outcomes (DHSSPSNI 2011) and Quality 20:20 Strategy (DHSSPSNI 2012) aimed at protecting and improving the quality of health and social care in Northern Ireland are important drivers for the use of quality research and evidence. Likewise Croisdale – Appley's (2014) national report on revisioning social work education reinforced the need for better training opportunities. The Strategy should give confidence that investment in training at qualifying and post qualifying levels is producing evidence informed practice and critical appraisal.




We wish to create a culture where research, evaluation and audit are viewed as relevant to everyday activities.

Social work and social care modernisation requires an increasing emphasis on research evidence with regard to decision making, service contracting and delivery and outcome measurement. This commitment however comes amidst a difficult economic climate where there are significant demands for changes to services to meet new and emerging needs. With ever increasing interest and scrutiny by politicians, the media, service users and carers and the public it remains important that resources are used efficiently.

A local conference in February 2014 (HSCB and HSC R & D Division) highlighted the need for an overarching strategy for social work research, evaluation and one which includes the scope for interdisciplinary engagement. In continuous improvement activities the need for partnership working between stakeholders who work to improve the quality of social work services and those who work to better meet the needs of those who experience these services was noted.

The Strategy 10 year Strategy for Social Work in Northern Ireland (DHSSPSNI 2012) was launched, at its heart was the recognition of the need for social work as a profession to have a stronger research culture. Building a body of social work research is the first step on the road to improving outcomes for those who use and rely on social work services by providing the knowledge and evidence base about what works and what doesn't work.

We believe this Strategy will support the realisation of the aspiration of the Social Work Strategy to create a vibrant research culture for social work where research-mindedness and evidence based approaches are an established and integral part of all learning and practice. A culture where research activity is valued and encouraged and where social workers have the capacity and capability to engage confidently alongside other disciplines in making a case for and securing funding for research, in undertaking research related activity in the workplace and in contributing to the knowledge and evidence base of not only about what works in social work, but what works in an integrated health and social care context. As a regulated workforce the responsibility of individual registrants and organisations for competence, conduct, and keeping knowledge and skills up to date are made explicit within the Northern Ireland Social Care Council's (NISCC) Codes of Practice (2002).



Research evidence is knowledge acquired through a systematic and transparent process of review of published research material, articles and papers or unpublished evaluations.

Informed decision making to support better, safer practice and improved standards of competence and service provision was also a central theme of the Personal Social Services, Education and Learning Strategy 2006- 2016 (DHSSPSNI 2006). It referred to the need for informed decision-making to take place in a climate of a learning organisation where staff are continuously encouraged and enabled to question and learn from practice.

### Strategic priorities

A summary of the strategic priorities is presented in the following table to give the focus of the Strategy. These strategic priorities are further expanded upon in Section 6 under the section ‘where we want to get to’ with further detail on the issue being addressed and how we intend to address it in our ‘pursuit of excellence’ for social work research and evidence.

The challenge within the development of the Strategy was to balance the strategic priorities with the identification of meaningful activity at policy, commissioning, practice service users and carers levels. It was also important not to be overly prescriptive, precise or time bound so that the outworking of these priorities remains contemporary throughout the duration of the 5 year time line 2015-2020. A phased and targeted action plan will be developed to support the priorities and the areas identified.

SUMMARY OF STRATEGIC PRIORITIES	
No.	Priority
1	To improve outcomes and experiences for service users, carers and society through attention to research and evidence informed approaches to enhance individual and societal wellbeing at policy, commissioning and practice levels.
2	To ensure the body of research and evidence is easily available and relevant to social work in Northern Ireland supporting an overall model of continuous improvement and excellence in commissioning, planning and practice.
3	To increase investment in research, evaluation and audit activity.
4	To increase the engagement, participation and visibility of social work practitioners, in partnership with other professionals, in research, evaluation and audit activities.

5	To promote and support a research infrastructure within Northern Ireland which recognises the professional integrity and organisational arrangement for the social work profession whilst ensuring any research related activity complies with research ethics and governance standards.
6	To ensure the experience, practice wisdom and knowledge of frontline staff, service users and carers is used to inform proposals for commissioning and investment in research, evaluation and audit activity.
7	To ensure that any research, evaluation or audit activity promotes the principles and practice of personal and public involvement and equality and human rights.

### Who is the target audience?

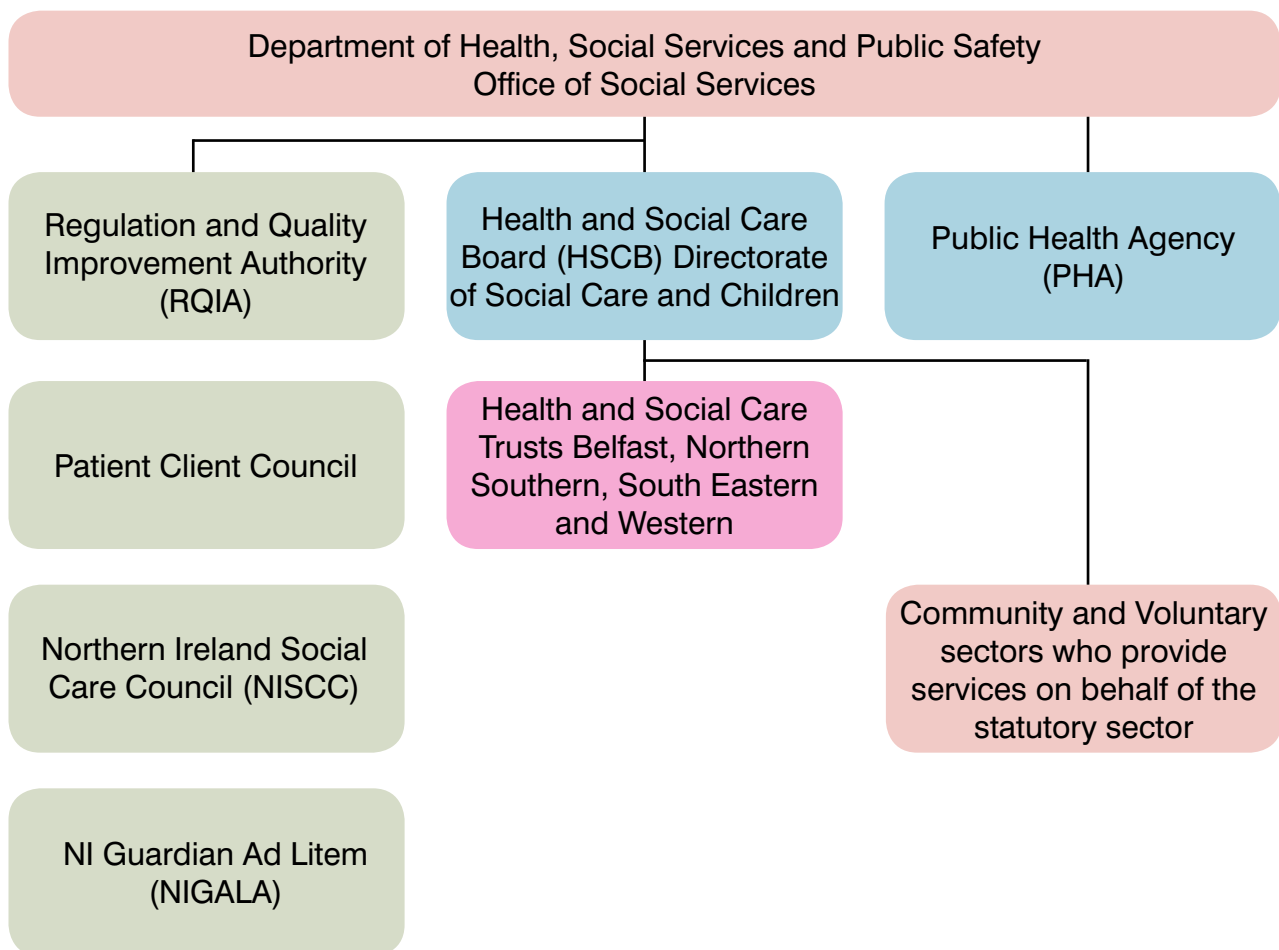
The immediate impact will be on social work professionals which in 2015 equated to 715 trainees and just over 5600 professionals who have responsibility for designing, commissioning managing or providing services and empowering service users and carers. The majority (70%) are employed in the statutory health and social care organisations primarily within Health and Social Care Trusts, 47% in Children's Services and 32% in Adult Services. A number are also employed in management posts. The remainder of social work professionals are employed in a range of practitioner and management posts across other statutory and voluntary organisations.

In view of the multi-dimensional nature of social work and social care the outworking of this Strategy will also have wide reaching impact on a range of other statutory, academic and research organisations, voluntary and community sectors and service users and carers.

The following Figure outlines the key stakeholders including the HSC Research and Development (R&D) Division within the Public Health Agency.



## Key stakeholders in relation to the Social Work Research and Continuous Improvement Strategy.



A number of other stakeholders including:

### **Service users and carers**

Academics, Other research providers, Voluntary community and independent sector and Knowledge Exchange Organisations

### Why does the Research and Continuous Improvement Strategy matter to social workers?

Service users and carers have a right to services based on the best available evidence. The overlapping sources of evidence from research, evaluation and audit activity are needed to plan and deliver service delivery and improvement as an integral part of social work practice. Staff need to be supported in these activities.

To adopt an evidence informed approach involves the confidence to critically question claims to authority, whether they come from experts, practitioners, personal experience or from the beliefs of interest groups. It is this culture of questioning and critique that this Strategy intends to build.

By adopting this culture organisations can:

- Enhance accountability to stakeholders;
- Enhance accountability and fairness in decision making;
- Increase confidence in the quality of decisions;
- Enhance outcomes for service users and carers.

(Evidence Network 2003).

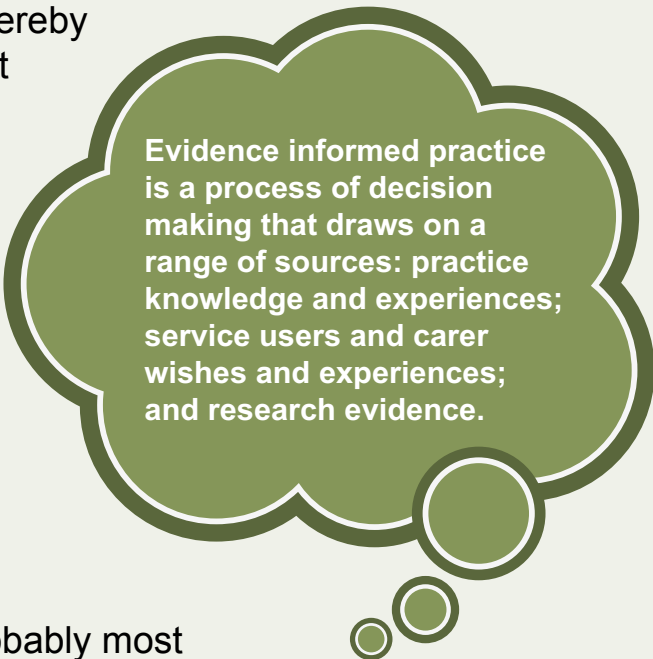
## What does evidence informed practice look like?

**In any discussion about getting research evidence and knowledge into social work practice, organisations should consider the typology of implementation.**

A useful typology was articulated by Walter et al (2004) and revised by Nutley (2010). In the three models outlined by these authors the term research can be easily replaced by the term evidence and will resonate with those familiar with the debate about the promotion of research activity.

- *The research based practitioner's model* which is most effective for instrumental use of research by highly motivated and autonomous practitioners, making a linear use of research:
- The *embedded research model* whereby it is assumed that evidence of what works becomes part of policy, guidelines and protocols
- The *organisational excellence model* which focuses on the macro level on creating research minded cultures at a managerial level with an expectation of filtering down through the layers of the organisation to create a whole systems approach.

Nutley et al (2009) suggest that the organisational excellence model is probably most important, but the less well developed, and in reality elements from all three are necessary. The 'excellence model' has helped shape the priorities within this Strategy. A pre-requisite however to the choice of any model is agreement on what is needed in order to build the body of evidence relevant to social work in Northern Ireland.



Evidence informed practice is a process of decision making that draws on a range of sources: practice knowledge and experiences; service users and carer wishes and experiences; and research evidence.

This includes a commitment to the necessary resources and adequate time allowed for establishment, maturity and on-going evaluation and reflection.

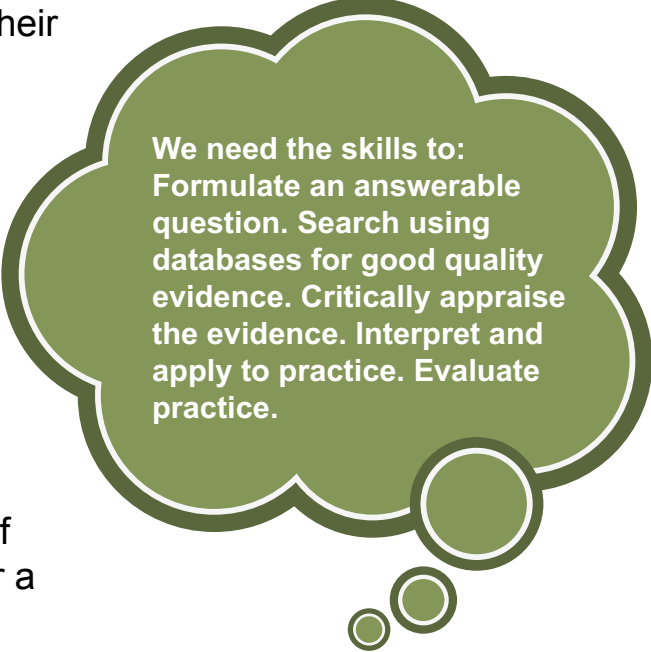
Evidence informed practice is best described as a framework that makes use of current empirical evidence alongside professional judgement and the individual values and characteristics of service users and carers. The emerging world of evidence-based practice is concerned with explicit use of the best available knowledge to inform decisions and therefore requires greater cross-fertilization of expertise and the sharing of knowledge.

### Platforms for knowledge into action

The process of knowledge building is a dynamic process that draws on a range of sources including research evaluation and audit. Over a number of decades a number of networks, best described as knowledge - exchange networks, have been established locally, nationally and internationally. These are aimed at providing organisations with a broader pool of relevant and complementary knowledge. All can be classified as forms of knowledge - exchange networks and hubs but their scope, content and rigor differ depending on their original intent.

In Northern Ireland we have a range of organisations and networks including academia and research collaborations concerned with preparing, maintaining and disseminating systematic reviews of evidence, as well as a number of other organisations which contribute to implementation and transfer of knowledge. To date none of these are insufficiently linked to deliver a comprehensive response.

To consider the best responsive approach the health and social care sector requires dialogue and engagement with and between the wide range of relevant stakeholders, under the principles of effective engagement and inclusion as are outlined in the introduction to this Strategy. It will be informed by experience and learning from elsewhere nationally, and internationally where a range of approaches have been developed for building capacity and translating evidence into practice.



We need the skills to:  
Formulate an answerable question. Search using databases for good quality evidence. Critically appraise the evidence. Interpret and apply to practice. Evaluate practice.

## Where we want to get to

This section outlines the range of strategic priorities with an outline of what we hope to achieve. The 'At a Glance' section summarises the expected outcomes. It is recognised that this is a step change in the culture.

Actions to support the implementation of the Strategy will be phased and targeted. Some measures will be easy to implement, others will take longer.

### Strategic Priority 1

To improve outcomes and experiences for service users, carers and society through attention to research and evidence informed practice to enhance individual and societal wellbeing at policy, commissioning and practice levels.

### What we hope to achieve

- Senior managers will support a whole system approach that promotes a culture of research mindedness and evidence informed practice;
- Decisions about policy, commissioning, service developments and practice will be informed by evidence from research, evaluation and audit;
- Research and evidence will be embedded into and aligned with other mainstream accountability processes related to planning, decision making, governance and supervision;
- A continuum of training including critical appraisal skills, research methodology and processes will be in place at qualifying and post qualifying masters and doctorate levels;
- A continuous learning culture will be fostered whereby managers recognise the importance of social workers seeking out, critically appraising and applying the best available evidence as an integral part of their role in planning and decision making.

### Strategic Priority 2

To ensure the body of research and evidence is easily available and relevant to social work in Northern Ireland supporting an overall model of continuous improvement and excellence in commissioning, planning and practice.

#### What we hope to achieve

- A mechanism will be established, in partnership with others, to determine review and manage research and evidence priorities on an annual basis including identifying the need for new empirical research, systematic reviews of evidence and better utilisation of existing data sets;
- Social work representation on strategic research decision making bodies, including the HSC R&D Division will be strengthened ;
- Greater influence in decisions regarding funding calls will be exerted to better reflect and target social work research priorities;
- Linkages and partnerships with Higher Education Institutes and other Centres of Excellence will be developed and maintained to foster mutually beneficial alliances and collaborative working in research related activity;
- The capability of social work staff will be strengthened in the procurement and commissioning of research related activity ensuring clarity ownership, intellectual property and publication rights.

### Strategic Priority 3

To increase investment in research, evaluation and audit activity.

#### What we hope to achieve

- The current level of investment in research, evaluation and audit activity in Northern Ireland will be identified and monitored in order to capitalise on its impact on decision making and its contribution to identifying research priorities;
- The quantity and quality of research applications will be increased to secure funding from HSC R&D Division and from other funders for research related activity to be undertaken by social workers;
- Funders will be lobbied to influence funding decisions about investment in high quality research relevant to Northern Ireland.

### Strategic Priority 4

To increase the engagement, participation and visibility of social workers in partnership with other professionals, in research, evaluation and audit activities.

#### What we hope to achieve

- Senior managers will support and facilitate a culture of organisational research whereby social workers will be encouraged to be research active;
- A local research champion infrastructure will be established to support and drive the research and evidence agenda across the range of social work services;
- Targets will be established for investment in the education and development of social workers (policy, commissioner and practice levels) in research methods and critical appraisal skills;
- Organisations will build the capacity, capability and confidence of social work staff to engage in research and evidence related activity and education and learning and adopt approaches to measure if investment is producing evidence informed practice and critical appraisal;
- A variety of supports will be in place to encourage and facilitate practitioner based research and evidence activity in the workplace including technical support and partnerships with Higher Education Institutes and other Centres of Excellence, locally, nationally and internationally, and engagement with other professions;
- Greater attention will be given, including better use of technology and existing networks, for making research and evidence more accessible to those who need to use it;
- Opportunities will be created to celebrate and communicate success
- Opportunities will be created to recognise, value and maintain the skill base of those practitioners who have acquired academic credit for research by utilising these skills in the mentoring, the supervision and provision of teaching inputs on recognised courses, for the benefit of other practitioners wishing to engage in research activity;
- Organisations will build the capacity of staff for greater dissemination of research locally (including within organisations), nationally and internationally using a range of innovative technologies;
- Dialogue between and within organisations to consider the best approach to implementation and knowledge transfer responsive to local needs will begin.

**Strategic Priority 5**

To promote and support a research infrastructure within Northern Ireland which recognises the distinct features of the Social Work Profession whilst ensuring any research related activity complies with research ethics and governance standards.

**What we hope to achieve**

- Engagement with the HSC R&D Division will ensure that the regional research infrastructure is proportionate for the different types of research activity;
- Work with existing HSC R&D Governance and Ethics Committees will ensure there is both practical assistance and accessible information to support social work staff in negotiating and navigating the research and governance infrastructure.
- Engagement of social work in the mechanisms in Trusts for research governance and evaluation governance and the development of research and evaluation activity.

**Strategic Priority 6**

To ensure the experience, practice wisdom and knowledge of frontline staff, service users and carers is used to inform proposals for commissioning and investment in research, evaluation and audit activity.

**What we hope to achieve**

- Social workers, in partnership with service users and carers, will engage in research, evaluation and audit activity as a regular mainstream feature of their work;
- Routine and systematic collection and analysis of service users views and experiences of service interventions will be undertaken to support continuous improvement of services;
- Greater involvement of service users and carers will be facilitated in identifying and measuring outcomes.



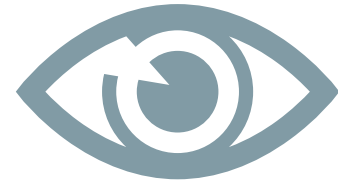
### **Strategic Priority 7**

To ensure that any research, evaluation or audit activity promotes the principles and practice of personal and public involvement and equality and human rights.

#### **What we hope to achieve**

- Appropriate structures will be identified for creative networking and engagement with service users and carers, including those from marginalised communities, to provide opportunities for influencing the research and evidence agenda and managing expectations;
- Mechanisms, including the provision of training, will be in place for the engagement and involvement of service users and carers to enhance Personal and Public Involvement in the outworking of the Strategy.
- Engagement will take place with researchers to develop ways to overcome challenges in Personal and Public Involvement. This will encourage and support more co - research activity whereby service users and carers play a partnership role in research activity rather than being perceived as passive recipients;
- Research related activity will demonstrate consideration of equality and human rights issues.

## At a glance



### What we wish to see from the Research and Continuous Improvement Strategy:

- The development of a regional research active culture that builds a body of robust research evidence and knowledge relevant to Northern Ireland;
- The establishment of a mechanism in partnership with others to determine and review research priorities linked to funding that are driven and owned by the Health and Social Care sector;
- Greater collaboration between academic, other research and evidence providers and practice settings in order to identify and respond to existing evidence gaps;
- A better understanding of the barriers to evidence informed practice and a means to tackle these;
- An increase in the exchange, dissemination and use of research and evidence that is accessible to the end user;
- Better engagement and involvement of service users in the whole research process including research, evaluation and audit;
- Greater attention to how we define and measure outcomes of social work interventions and services; and,
- The development of improved quality services.

# Equality and Human Rights and Personal and Public Involvement


## Equality and Human Rights

Social work is a value based profession. According to the Code of Ethics for Social Work (BASW 2012) social workers have a responsibility to promote social justice in relation to society generally, and in relation to the people with whom they work. The profession has a unique commitment to social change, problem solving in human relationships empowerment and liberation. The explicit value base emphasises a commitment to human rights, human dignity, self-determination and participation.

There are a number of recent legislative drivers that give further impetus to this value base.

The Human Rights Act (1998) reinforces the statutory requirement to ensure practices are in accordance with the European Convention on Human Rights (ECHR). Unique to Northern Ireland, Section 75 of the Northern Ireland Act (1998) commits public bodies to consider the extent to which nine protected equality categories have differential experiences in terms of policies, decisions and consideration of mitigating action where necessary.

The legislation whilst reflecting the whole of the diversity of the population is of particular importance to those people who are often excluded or marginalised by our structures and processes. Examples of these are: older people, children and young people, black and ethnic minority groups, carers, people with disabilities or those who are gay, lesbian, and bi-sexual or trans gender.



Research from social work because of its applied nature and its relationship with service users, carers and practitioners is in a position to develop the type of research that will underpin practice in the future.

They are the same groups and individuals that social workers are concerned about.

The logical conclusion of this is that those engaged in social work research should also see such relationships and partnerships as central in any associated activity, rather than the position of the service users and carers being viewed as one of passivity.

In the development of the Strategy equality and human rights were integral to the process. It has also been screened in accordance with the HSCB's statutory equality duties. The screening outcomes are available as part of our requirement to publish quarterly equality screening reports. In the roll out of the Strategy, and in the conduct of any future research activity, account will be taken of the specific needs of groups marginalised in society where their involvement in research activity can contribute to positive equality outcomes.

### **Personal and Public Involvement**

The Health and Social Care Reform Act Northern Ireland (2009) alongside local and national policy increasingly emphasises the central role of service users and the public in shaping services. It is also becoming an increasing priority and a research requirement for funding awards to have evidence of service user and public involvement in research and evaluation activity.

The movement for service user and carer involvement and engagement is partly value based in that it rests on the principle that service users and carers have a right to be involved in research which affects them and the services that they receive ([Involve www.invo.org.uk](http://www.invo.org.uk)).

It is also based on the increasing evidence that service user and carer involvement is fundamental to improving both the quality of the research evidence and its impact (Staley and Hanely 2009).

In another key area, that of defining service outcomes, it is also important to note the shift in political and ideological interest in public policy making with greater emphasis on service user and carer defined outcomes.

In Northern Ireland, commitment to service user, carer and public involvement in research has now become central to research activity. This is outlined by the Strategy for Research and Public Involvement in Health and Social Care Research (HSC, R&D Division 2010, under review). There is now a requirement for those responding to funding calls to demonstrate genuine evidence of involving service users and carers in their activities and report on impact. This is also a requirement in external funding schemes.

The Research Governance Framework (2006) also makes explicit reference within its ethics section to the importance of engagement and involvement of service users and carers. In linking research and ethical practice Research Ethics Committees look more rigorously at this issue. It often provides a more favourable opinion where research applications demonstrate genuine user and carer involvement including as co researchers.

In this Strategy a core principle is that people who are affected by research or evaluation have a say in what and how it is undertaken. Service user and carer priorities and concepts of outcomes and quality may differ substantially from that of policy makers, commissioners and providers. The two strands, personal and public involvement and service user and carer outcomes tend to be treated as discrete discourses and have developed separately in policy, a situation that needs redressed.

The Strategy provides an opportunity to engage in such a dialogue to consider what needs to be done to develop the infrastructure that supports a culture of service user and carer and public involvement including a consideration of:

- Clarity of purpose, levels (strategic and project based) and benefits;
- Capacity – staff, time and financial resources to deliver;
- Capacity of service users, carers and public;
- Training needs for researchers, other staff and service users and carers;
- Recruitment – inclusion and diversity;
- Networks of relationships; and,
- Monitoring and evaluation.



# Research Governance in Northern Ireland Health and Social Care

**Northern Ireland has robust standards for the conduct of any research in Health and Social Care. In 2006 the DHSSPSNI introduced a set of standards to improve research quality and protect the public.**

The standards are concerned with:

- Promoting research;
- Enhancing ethical and scientific quality;
- Minimising adverse incidents;
- Promoting responsible management.

Research Governance is the key to ensuring that Health and Social Care is conducted to a high scientific and ethical standard. All research commenced within Northern Ireland relating to Health and Social Care services must be undertaken in accordance with the Research Governance Framework for Health and Social Care (DHSSPSNI 2006).

This framework applies to internal and external researchers including students wishing to pursue research studies. Proper attention to standards is crucial to ensure that service users and carers and the public have confidence and trust in research activity.

Staff involved in undertaking research are required to:

- Secure ethical approval from the relevant research ethics committee;
- Follow the protocol or proposal submitted and approved by ORECNI (Office for Research Ethics Committees);
- Secure approval from the host organisation;
- Apply for Research Governance approval;
- Use the IRAS (Integrated Research Application System) which allows completion of multiple application forms without duplication.

Despite the inclusion of social work as an integral part of the research governance and ethics framework the quality and the quantity of applications in respect of social work research activity is considerably lower than that from other disciplines. For some this is attributed to the complexity of the process designed primarily for this research. Executive Directors of Social Work have recently voiced concern in relation to the range and type of social work research activity that is presented at Research Ethics Committees without their prior knowledge or initial support. This issue requires redress in order to reduce duplication and in order to support a better partnership and collaborative approach between researchers and the social work sector. It is also to help to ensure that any intended outcomes respond to agreed strategic research priorities.

### **Social Care Governance**

Social Care in Northern Ireland was a leading light in the development of the first framework for Social Care Governance: the first in the UK. Social Care Governance according to Munro (2011) helps ensure that good professional practice is informed by knowledge of the latest theory and research. The framework ensures a robust set of standards that the public can expect of the statutory sector to ensure good governance and good practice in the Health and Personal Social Services (DHSSPS 2006).



The Social Care Governance Practice Handbook (SCIE 2013) is aligned to the core standards contained in the original 2006 framework. One of these standards relates to safe and effective practice of which research evidence, best practice and informed decision making is identified as integral. Throughout the handbook reference to research and evidence is noted, particularly in Theme 8 which relates to *'research, evidence based practices and informed decision making'*.

For practice implication this requires the need for staff to have:

- Access to research to identify best practice;
- Opportunities to learn from research;
- Support for research led methodologies in the conduct of robust research, evaluation and audit;
- Time to keep up to date with evidence and learning arrangements for research.



## Resources

**In order to be of maximum value the production of research has to be managed and properly resourced.**

The benchmarking element of a HSC R&D Division evaluation exercise (2012) highlighted that the HSC R&D Fund in Northern Ireland is significantly lower per capita than funds in the rest of the UK. The draft strategy Research For Better Health and Social Care (DHSSPSNI 2014) stated that one of its aims was to increase this funding to the point where it is at least in line with that of the other jurisdictions.

Research requires an infrastructure comprising a workforce, funding and a framework of research priorities (Marsh and Fisher 2005). In terms of investment available to social work research other commentators in the UK have found that robust comparator information within the health sector is notoriously difficult to locate and in many instances is entirely lacking. The Joint University Council Social Work Education Committee (JUCSWEC) in collaboration with SCIE (2006) did however bring together evidence to indicate that the overall level of funding of social work research lags far behind health. In 2006 the view was that the level of funding for social work and social care research could not produce the quantity and quality of evidence that is required (JUCSWEC 2006). It is not apparent that this position has substantially improved since 2006. In Northern Ireland the HSC R&D Division coordinates regional research and development activity for Health and Social Care. This coordination includes the administration of the HSC R&D fund.

Additional funding sources are available from other research funders including statutory and private sectors and charities. The HSC R&D Division also supports researchers to seek to secure a range of research funding from other sources such as the National Institute of Health Research (NIHR). Details available at: <http://www.publichealth.hscni.net/directoratepublic-health/hsc-researchanddevelopment>.

Whilst securing funding and adequate resources is a priority, it is possibly worth reflecting that if substantial investment for social work research was achieved overnight, the lack of capacity and capability in the social work workforce in terms of training, skills and attitude would remain an immediate obstacle to increased research outputs. This is similar to the position which was previously articulated by JUCSWEC (2006). Increased resources will be required to support sustainable social work research.

The focus for social work research will be on maximising investment by ensuring that existing programmes of research activity adequately reflect social work perspectives. This requires the sector to articulate more specifically its research priorities. Funding opportunities, including specific Social Work and Social Care funding calls with the HSC R&D Division, will be pursued that reflect agreed research priorities. Greater attention will also be provided to selecting and pursuing relevant local, national and international research funding opportunities.

In addition any health and social care investment in service improvements will need to ensure that they are accompanied by appropriate funding in order to undertake evaluation studies to measure effectiveness and outcomes achieved for service users and carers.

## How we plan to take this Strategy forward?

**This five year Strategy reflects a commitment from the social work leadership in Northern Ireland, who have requested and supported its development.**

To keep the Strategy alive effort needs to be sustained over the forthcoming years in order to realise its full potential in building a body of evidence relevant to Northern Ireland. To this end the initial approach will centre on two activities:

- Communications; and,
- Visibility.

These activities are vital forces in any strategy. A plan will be developed to support clear and accessible communications so that the Strategy is translated into terms that are understood by all who have responsibilities for its success. Annual events and seminars will be arranged to profile activity. It is important that the Strategy be included in relevant committee and team agendas.

The priorities and the framework for practice set out an exciting but equally challenging agenda. In order to keep the Strategy under review a phased implementation plan with timescales will be developed which will be reviewed and updated regularly. The focus will be on achieving outcomes and monitoring impact.

Organisations will have different start points in relation to research capacity and activity, so locally sensitive approaches will be needed. The management of this activity and its alignment with the Strategy will be critical to sustainability.

A Steering Group, reflective of stakeholders, will be established to oversee the Strategy's implementation. The impact of implementing the Strategy will be monitored and evaluated. Baseline markers will be established for key priority areas and progress against these will be measured. There will be an annual report to chart progress and achievements against agreed outcomes.

Not all of the activity outlined in this Strategy requires additional resources. Some activities reflect the need for a change of attitude and greater collaboration and partnership working across sectors in order to secure greater maximisation of current investment, including investment by the HSC R&D Division. We will take every opportunity to encourage synergy with other workforce developments and other developments emerging from the Social Work Strategy (2012-2022) and the Personal Social Services (PSS) Education and Training Strategy (2006 – 2016). These strategies already include plans and mechanisms for increasing the capability, skills and professionalism of the workforce, including the area of research and evidence.

In other instances implementation actions will require dedicated resources to be secured within the sector, including working in partnership with the HSC R&D Division to generate funding calls that are more reflective of social work and social care priorities. In addition expertise needs to be developed within the sector to capitalise on existing local, national and international funding opportunities.

## Success factors

- The establishment of a mechanism in partnership with others to determine and review research priorities that are driven and owned by the sector itself and linked to funding;
- The development of a regional active research culture that promotes the importance of robust evidence;
- Greater collaboration between academic and other research providers and practice settings in order to foster reciprocal relationships and partnerships working to identify and fill existing evidence gaps;
- Work that helps understand and tackle the barriers to evidence informed practice;
- An increase in the exchange, dissemination and use of research and evidence that is accessible to those who need to use it;
- Better engagement and involvement of service users in the whole research processes; and,
- Greater attention to how we define and measure outcomes of social work interventions and services.





## Conclusion

The Social Work Research and Continuous Improvement Strategy has set out the vision and the priorities of the social work sector in order to build an organisational culture that recognises the importance and contribution of research and evidence. Ultimately it is about increasing the quantity and quality of research and evidence relevant to Northern Ireland which will inform policy and practice decisions.

It will support professionals in responding to the diversity of needs in the population to provide social work services based on the best available evidence of what works and what does not work.

We believe that by increasing confidence and competence in the area of research mindedness and the use of evidence this will support both the visibility of the profession and deliver better outcomes for service users and carers.



### Reflections

**An opportunity to consider the importance of robust research, evaluation and audit evidence and the importance of the Strategy.**

#### REFLECTION 1

Do you need to ensure that the services you commission are based on the best available evidence of what works?

Would you like to ensure that the services you deliver are based on the best available evidence of what works?

Would you like to understand research and appraise its quality?

Would you like to be able to sort the empirical evidence and studies on social policy that are most relevant based on an answerable question?

***If you answered yes to one or more of the following questions this Strategy applies to you!***

**REFLECTION 2**

In what ways do a systematic approach to data searching and critical appraisal compare favourably with the traditional ways of keeping up with evidence which included activities such as; asking colleagues, seeking advice from an expert or reading an article in a book or a journal?

**REFLECTION 3**

Evaluating practice helps you to know whether or not what you are doing works. It may show a positive impact or it might show that what you are doing is having little impact. What are the steps you would need to take to demonstrate what works in your practice area?

**REFLECTION 4**

Some equality categories have been researched more than others. Can you think of any ways in which the lack of information about some other marginalised groups increases chances of inequality in social work services?

**REFLECTION 5**

Service users and carers are able to offer different perspectives about outcomes from those of policy makers. Can you think of some of the challenges and opportunities that might exist for researchers and different groups of service users and carers in engaging in the different research processes?

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### Legislation

Human Rights Act 1998, c.42

Northern Ireland Act:1998, Section 75

Health and Social Care (Reform) Act (Northern Ireland) 2009

# Appendix 1 Infastructure

## Social Work Research and Continuous Improvement Strategy

Project Board	
Fionnuala McAndrew	Health and Social Care Board
Cecil Worthington	Belfast Health and Social Care Trust
Kieran Downey	Western Health and Social Care Trust
Ian Sutherland	South Eastern Health and Social Care Trust
Marie Roulston	Northern Health and Social Care Trust
Paul Morgan	Southern Health and Social Care Trust

Strategy Development Group	
Fionnuala McAndrew	Health and Social Care Board
David Bickerstaff	Health and Social Care Board
Una Lernihan	Health and Social Care Board
Gerry Maguire	Health and Social Care Board
Eithne Darragh	Health and Social Care Board
Anne McGlade	Health and Social Care Board
Frances Nicholson	Department of Health Social Services and Public Safety

Francesca Leyden	Southern Health and Social Care Trust
John Growcott	Belfast Health and Social Care Trust
Veronica Callaghan	Northern Health and Social Care Trust
Christine McLaughlin	Western Health and Social Care Trust
Roslyn Dougherty	South Eastern Health and Social Care Trust
Barbara Campbell	South Eastern Health and Social Care Trust
Ruth Carroll	HSC R&D Division, Public Health Agency

### Employer Champion Network

Anne McGlade	Health and Social Care Board
Marita Magennis	Southern Health and Social Care Trust
Campbell Killick	South Eastern Health and Social Care Trust
Jacqueline McGarry	Belfast Health and Social Care Trust
Paul McCafferty	Western Health and Social Care Trust
Barbara Gillen	Northern Health and Social Care Trust
Avril Craig	Patient Client Council
Paul Schofield	Patient Client Council
Brenda Horgan	Northern Ireland Social Care Council
John Sheldon	Northern Ireland Guardian ad Litem Agency



<b>Advisory Group - not part of the developmental infrastructure</b>	
Christine Smyth	Department of Health Social Services and Public Safety
Frances Nicholson	Department of Health Social Services and Public Safety
Fionnuala McAndrew	Health and Social Care Board
Cecil Worthington	Belfast Health and Social Care Trust
Kieran Downey	Western Health and Social Care Trust
Ian Sutherland	South Eastern Health and Social Care Trust
Marie Roulston	Northern Health and Social Care Trust
Paul Morgan	Southern Health and Social Care Trust
Ruth Carroll	HSC R&D Division, Public Health Agency
Anne McGlade	Health and Social Care Board



# ***STRATEGY***





Social Care and Children's Directorate,  
12-22 Linenhall Street,  
Belfast,  
BT2 8BS.



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