



# Back to the Basic: Value-based Approach to Practice Research in NGO

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## Four Years Ago

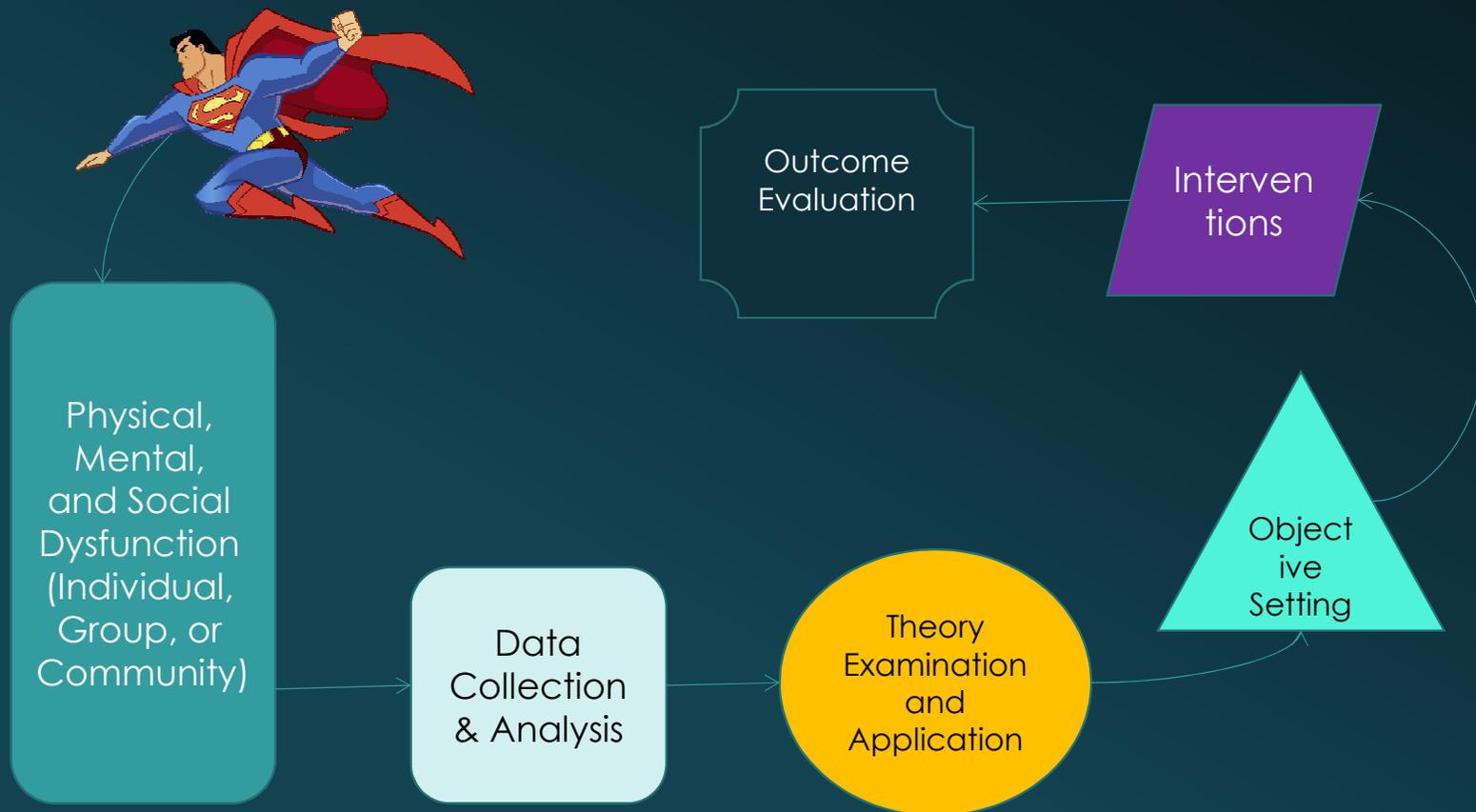
1. The agency has been advocating evidence-based practice (EBP) for years, but no one could tell what it was.
2. Randomly selected several programs from a centre but the centre manager could not tell for what reasons the programs were held.
3. Most of the workers were busy, but most of them could not tell what the service goals were.
4. Most of the program objectives were output in nature.



Question 1:

Why should my agency carry  
out evidence-based  
practice(EBP)?

# Professional Helping Process





## Implications

1. Helping process is a chained action and reaction. Each action or task is the result of the preceding one.
2. Needs assessment is utmost important. It is the origin of our interventions. If it is not properly done, the subsequent works will be out of focus.
3. Outcome evaluation is not optional. It is a duty of a professional worker.
4. Our interventions are targeted on the change and improvement of our service users' issues and needs.



Question 2:

What is evidence-based  
practice (EBP)?

# Definition of EBP

EBP is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996)



# Level of Evidence

***Higher End of Internal Validity  
(in terms of causal inference)***

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- Systematic Reviews (highest form of evidence)
  - Meta-analyses
  - Multi-site Randomized Clinical Trials
  - Individual RCTs
  - Quasi-experiments
  - Pre-experiments
  - Single Subject Studies
  - Correlational Studies/Epidemiological Studies
  - Qualitative Research
  - Narrative Case Studies
  - Basic Science Studies
  - Expert or consensus opinion, Theory (lowest form of evidence)

***Lower End of Internal Validity***



## Implications

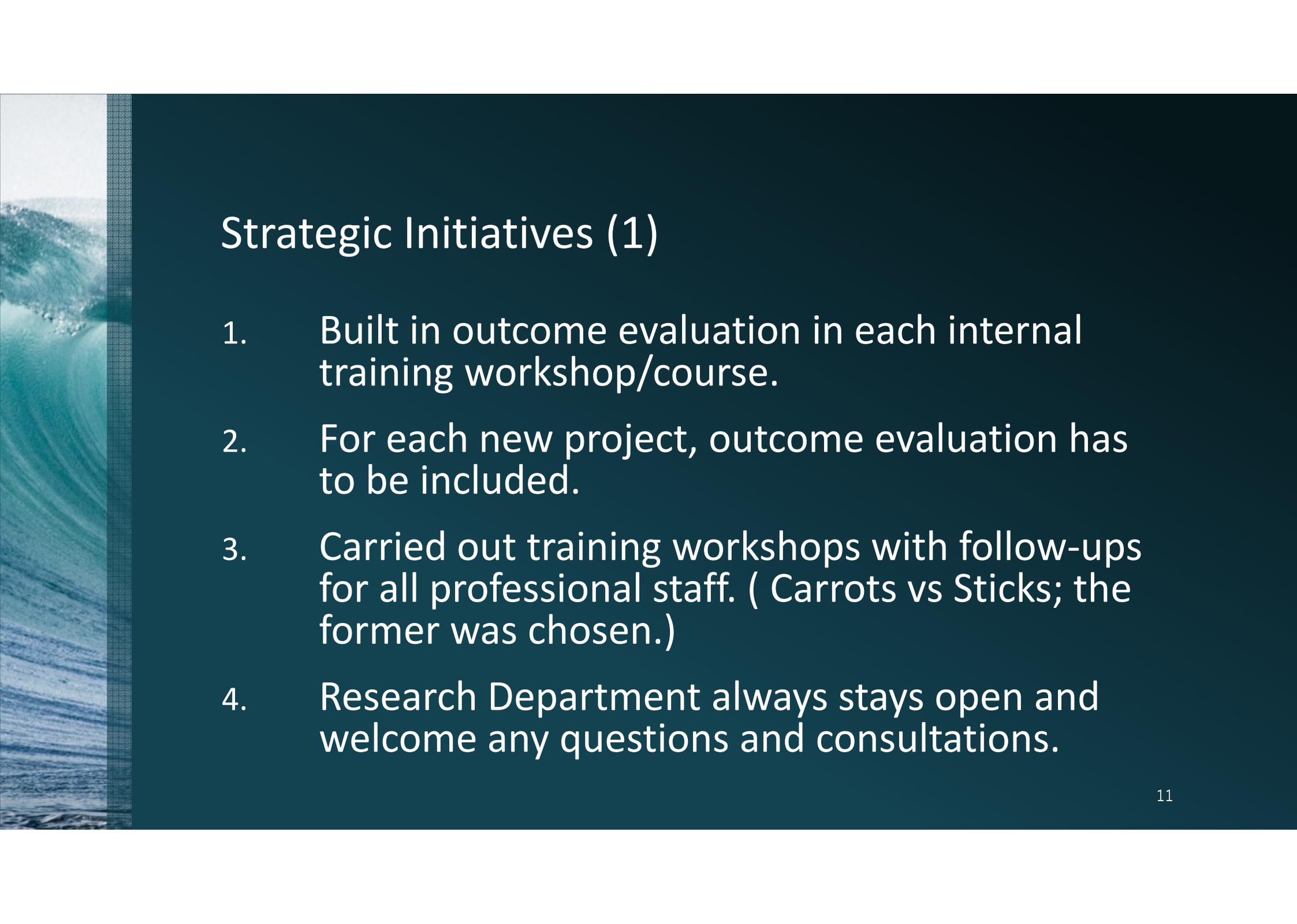
1. Every form of research can provide evidence. The difference is only the level of internal validity.
2. We should make attempts to get the latest evidence.
3. Evidence could come from journals or external studies, but experiences from past works are equally valuable.
4. Expertise is respectable, but service users have the right to know what changes the interventions will bring to them (Empowerment).



## Ground Work

1. A brainstorm session with representatives from different ranks and professionals.
2. Conducted simple surveys among professionals to assess their concerns about EBP.
3. **Reached consensus with several key drivers.**
4. Gained blessing from top management

\* It just so happened that an application for a million-budget project with built-in outcome evaluation was successful.



## Strategic Initiatives (1)

1. Built in outcome evaluation in each internal training workshop/course.
2. For each new project, outcome evaluation has to be included.
3. Carried out training workshops with follow-ups for all professional staff. ( Carrots vs Sticks; the former was chosen.)
4. Research Department always stays open and welcome any questions and consultations.



## Strategic Initiatives (2)

5. Encouraged staff to share their EBP studies in the parallel sessions of FHS 40<sup>th</sup> Anniversary Symposium in 2017.
6. Encouraged centres to develop annual plan with outcome evaluation.
7. Recruit a Knowledge Management Officer to strengthen the effort on EBP.



## Results After Four Years

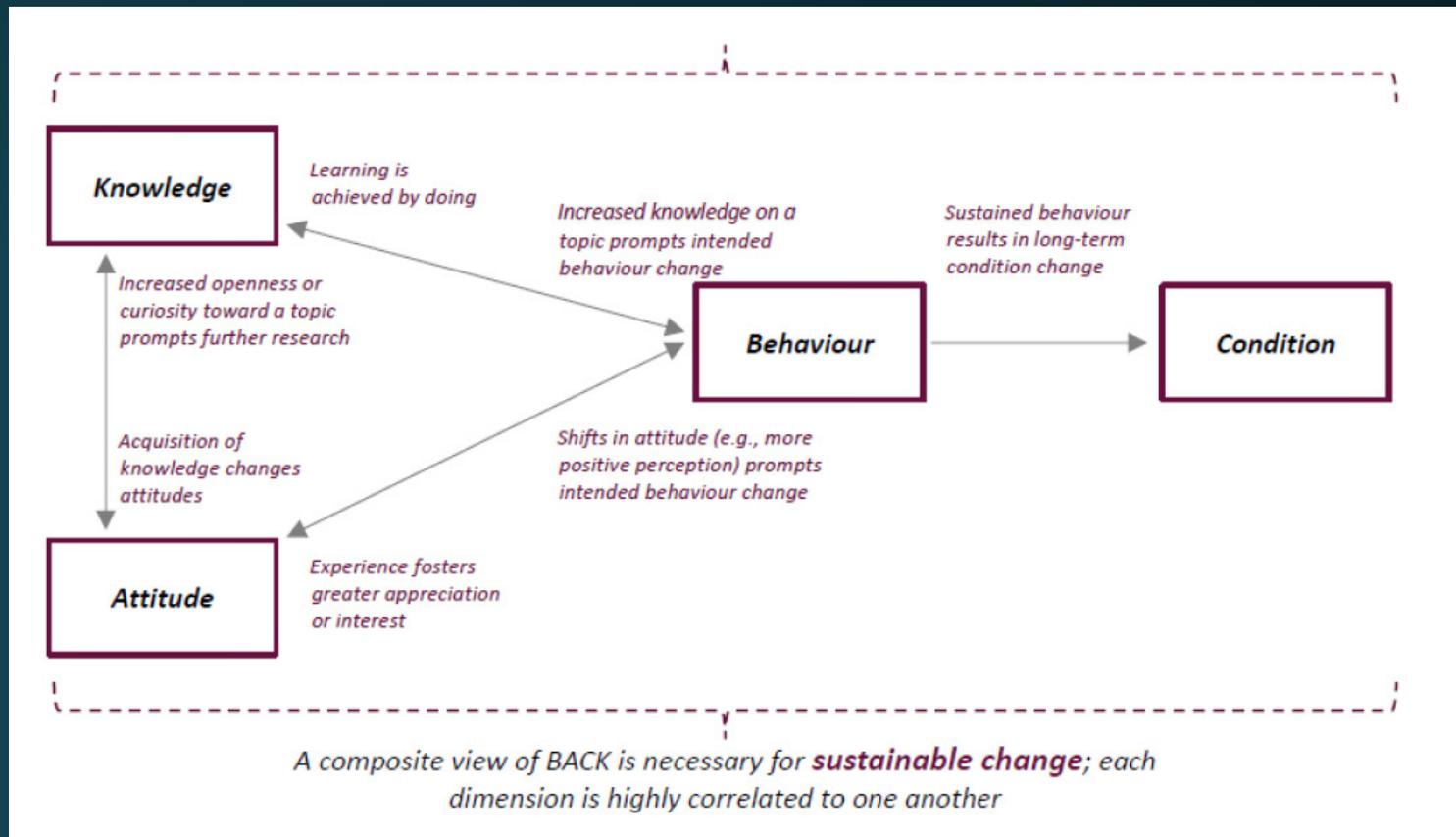
1. About half of professional staff are aware of the importance of EBP.
2. When a new idea for a program is hatched, the first question to be heard is “what are the needs of the target?”
3. Program contents become more connected to the objectives and needs of the service users.



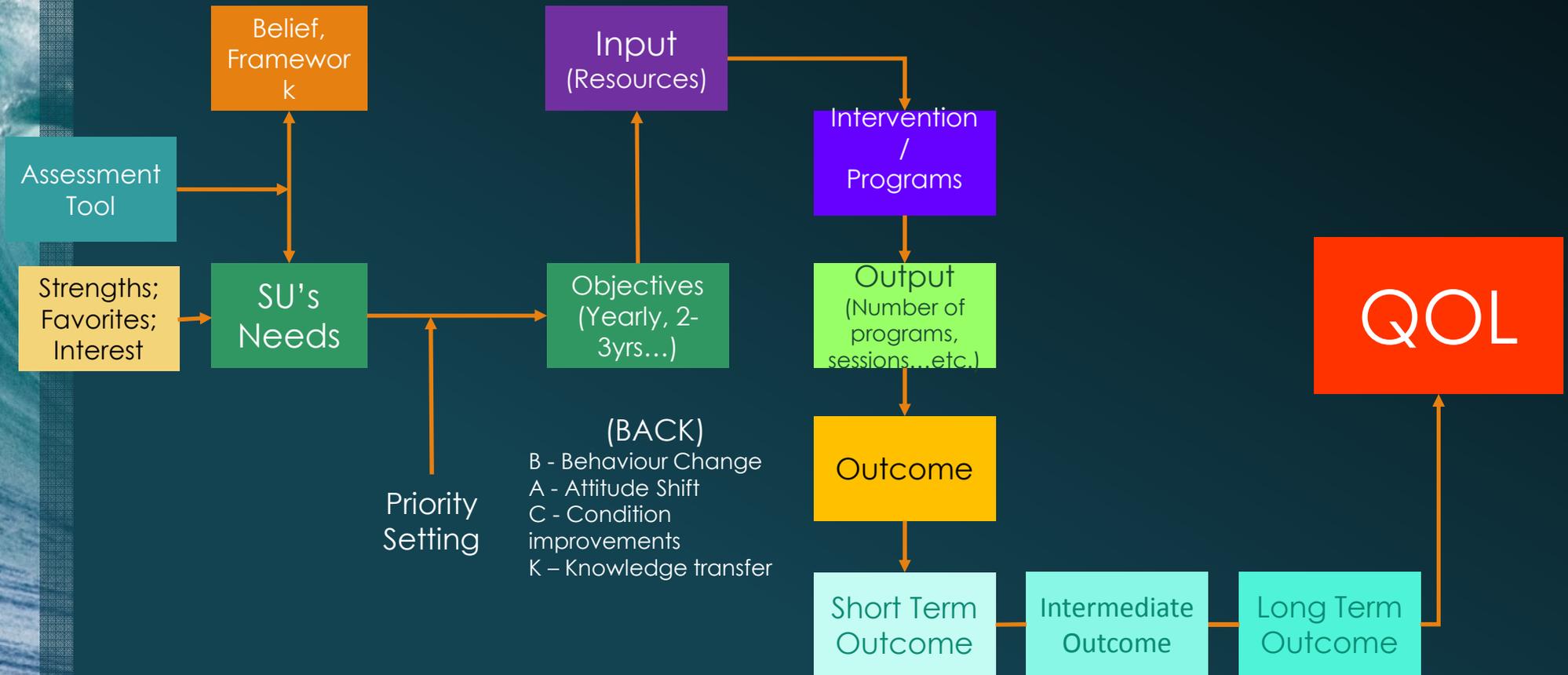
## Way Forward

1. To continue the use of B.A.C.K. model and logic model.
2. To implement knowledge management tools in the services, e.g. After Action Review (AAR).
3. To carry out service review.
4. To explore the application of International Classification of Functioning, Disability and Health (ICF) in our services.

# B.A.C.K. Framework (HKJC)



# Logical Model





## Critical Success Factors

1. Support from senior management.
2. Incorporate EBP into agency's strategic plan.
3. Carrying out EBP is the agency's policy, e.g. built-in outcome evaluation in new projects.
4. Link competence of EBP with reward and promotion; carrot is much better than stick.
5. Tolerate imperfection, change of mind set is much important than strictly following research methodology.



# Thanks for your attention

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