



# **PRACTICE AND RESEARCH FOR SOCIAL SERVICE EXCELLENCE : SUPPORT FROM THE ACADEMIA**

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# RESEARCH-BASED PRACTICE VS PRACTICE-BASED RESEARCH

## ○ Research-based Practice

- “The use of research-based concepts, theories, designs and data-gathering instruments to structure practice so that hypotheses concerning cause-effect relationships between social work interventions and outcomes may be rigorously tested”.
- research requirements may outweigh clinical consideration

(Epstein, 2001, p.17)

## ○ Practice-based Research

- the use of research-inspired principles, designs and information gathering techniques within existing forms of practice to answer questions that emerge from practice in ways that inform practice;
- practice requirements may outweigh research consideration.

(Epstein, 2001, p.18)

- The fundamental difference is between research on practice (RBP) and research in practice (PBR) (Epstein, 2001, p, 18)
- Ultimately, the most important is how to **improve quality of service** and **generate good knowledge** by collecting clinical evidence through partnership between the practitioners and the researchers

# BARRIERS IN INTEGRATING RESEARCH & PRACTICE

- Putting research into practice appears to be difficult for professionals across many disciplines (Cabana et al., 1999; Glasgow, Lichtenstein & Marcus, 2003).
- Less than half of medical practice was based on scientific evidence (Eddy, 2005; Hunt, 2001)
- Most interventions in clinical psychology have not been based on solid scientific evidence (Beutler, 2000).

- Social work interventions are even less likely to be based on a review of evidence than those from medicine or psychology (Gambrill, 2001; Proctor & Rosen, 2004)
- In fact, most social workers do not consistently use research to inform their practice (Mullen et al., 2005).

# RESISTANCE OF PRACTITIONERS TO RESEARCH

- It is time consuming, especially under heavy workload
- Researcher from academic is perceived as “overly perfectionistic”, living in the ivory tower with little understanding of the real practice;
- Most of the researches are incompatible with the practice values and/or their organisation role-requirement (Epstein, 2001)

- The fear that EBP would lead to mechanistic “cookbook-style” interventions without appreciating the tacit knowledge developed through practice wisdom (Addis et al., 1999; Klein & Bloom, 1995; Timmermans & Mauck, 2005)

- EBP places a premium on RCTs (the golden rules) to validate practices and demonstrate efficacy, while overlook the feasibility issues and ethical constraints

# HIERARCHY OF EVIDENCE

- 1) Grade 2 plus evidence of effectiveness
- 2) Evidence based on multiple well-designed, randomised controlled trials or multiple well-designed, interrupted time-series experiments conducted **by 2 or more independent research teams.**

**Source :** Biglan, A., Mrazek, P.J., Carnine, D., & Flay, B.R. (2003). The integration of research and practice in the prevention of youth problem behaviours. *American Psychologist*, 58, 433-440

3) Evidence based on multiple well-designed, randomised controlled trials or multiple well-designed, interrupted time-series experiments conducted **by a single research team.**

4) Evidence based on at least one well-designed, randomised, controlled trial or an interrupted time-series design that was **replicated across 3 cases;**

- 5) Evidence based on **non-equivalent group design** (i.e. comparison between groups that were not effectively randomised to conditions);
- 6) Evidence based on pre-post evaluation with no comparison groups or multiple post-tests (i.e. pre-experimental design).
- 7) Evidence based on clinical experience by respected authorities (researchers and practitioners), descriptions of programs and case report.

- Rigid demand on the Golden Rules of research studies scare away practitioners from the field, and may not be feasible in the field of social service

# OTHER THAN RCT, ANY OTHER ALTERNATIVES?

- Translational research
- Community-based Participatory Research
- Consolidation of clinical observation
- Case Studies
- Clinical data-mining
- Outcome studies
- Non-control trial study
- Systematic review

# CHALLENGES

- 1) To organise and disseminate new information from research findings into manageable, user-friendly summaries;
  - Medical researchers responded to this challenge by developing [the Cochrane Collaboration](#)
  - Social Scientists develop the [Campbell Collaboration](#)

# EVIDENCE-BASED PRACTICE : REGISTRIES AND DATABASES

## ○ The Cochrane Library

<http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME>

The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making. It includes reliable evidence from Cochrane and other systematic reviews, clinical trials, and more. Cochrane reviews provide the combined results of the world's best medical research studies, and are recognized as the gold standard in evidence-based health care.

- **The Campbell Collaboration: Library**  
<http://www.campbellcollaboration.org/library.php>

The Campbell Library of Systematic Reviews provides free online access to systematic reviews in the areas of education, criminal justice and social welfare. The library is a peer-reviewed source of reliable evidence of the effects of interventions.

- **California Evidence-Based Clearinghouse for Child Welfare (CEBC)**

<http://www.cachildwelfareclearinghouse.org/>

The CEBC provides child welfare professionals with easy access to vital information about selected child welfare related programs. Each program is reviewed and rated utilizing the CEBC Scientific Rating scale to determine the level of evidence for the program. The programs are also rated on a Relevance to Child Welfare Rating Scale.

## EBP Substance Abuse Database

<http://lib.adai.washington.edu/ebpsearch.htm>

The EBP Substance Abuse Database is a small, but growing, database of evidence-based interventions for treating substance use disorders. Interventions were selected according to criteria described on the About EBP page. Each record in the database includes a description of the intervention and its implementation, populations for which it has been shown to be effective, references to supporting literature, the availability of instructional manuals, and author/developer notes and other useful information.

# WHAT THE ACADEMIC CAN DO?

- 1) Development of social work leadership in translational research
  - Social worker needs to move from being the object of research to actively conducting the research (Palinkas & Soydan, 2012, p.183)
  
- 2) Curriculum Design
  - School of social work should strengthen the courses on methods for conducting effectiveness, dissemination and implementation research (Palinkas & Soydan, 2012, p.184)
  - Evidence-based practice as a guiding focus of curriculum design

- 3) Development of infrastructure for conducting such research
  - Systematic reviews and web-based clearing-house
- 4) Formation of collaborative interdisciplinary frameworks between university-based researchers and community-based practitioners;
- 5) Development of guidelines for conducting translational research, and for the use of mixed methods;

- 6) To advance the field of translational research by developing strategies for moving between translational research and research translation;
- 7) Promote a better use of the available clinical information which can be converted into valuable retrospective, data-base for practice-based research studies;

8) **Best Practice Award** for projects integrating practice with research;

9) **Joint practicum / placement scheme** between university and organisations which integrate research and practice.

# CONCLUSION

- Integration of research & practice for service excellence depends much on collaboration, communication and compromise between the different parties involved (practitioners, organisation, researchers, and university)

End of Presentation  
Thank you !