

# WHEN RESEARCH IS MISSING: LEARNING THROUGH INTER-AGENCY SHARING IN THE PUBLIC SOCIAL CARE SECTOR

Dr Todor Proykov<sup>1</sup>

[todor@ripfa.org.uk](mailto:todor@ripfa.org.uk)

research in practice *for adults*

## ABSTRACT

The current paper describes an approach to inter-agency knowledge sharing developed by Research in Practice for Adults. This approach was developed in the last few years to address a range of challenges in implementing evidence-informed practice in the statutory social care sector in England: namely the lack of robust research evidence in a range of new areas of practice and the rapid pace of organisational change.

The paper explores some theoretical foundations of the practice-based learning, which inform the current model of knowledge sharing. The model is presented in detail and various examples of its application are discussed.

## 1 INTRODUCTION

The current paper is based on a study of a knowledge exchange method developed by Research in Practice for Adults. Research in Practice for Adults is a research implementation organisation, which works in partnership with a number of English local councils to promote evidence-informed practice in adult social care.

While a lot of work has been done in the last fifteen years to base contemporary social care practice on the best available evidence of what works for clients, in the past few years the English social care sector faces a particular new challenge—the innovation and structural change happen with a pace that traditional research and evaluation cannot keep up with.

*Research in Practice for Adults was approached a year ago by one of their partners with a request to find out existent evidence about the impact of a new governmental policy on the councils' reablement services. The request was—as usual—to write up and submit a written rapid evidence review on the subject. As part of the process, an initial scoping for research evidence was carried out through subject online databases and general internet search. The scope revealed that research in this area was close to non-existent. Additionally, there were hardly any documents available of what other local councils did to tackle the consequences of the governmental change. Therefore Research in Practice for Adults was faced with the dilemma of whether they could fulfil the partner's request at all.*

Service planners accustomed in the past to take local decisions with a wealth of published research at their disposition often find themselves in an 'evidence vacuum', as in the above example. As a result, local social care services increasingly look out to

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<sup>1</sup> Dr Todor Proykov, 19 Julius House, New North Road, Exeter, Devon EX4 4HG, telephone 07515355236, email [todor@ripfa.org.uk](mailto:todor@ripfa.org.uk)

learn from the experience of others—either from the region or from other parts of England. Social care senior managers have shared the importance they attribute to learning through site visits and face-to-face sharing with fellow managers in a study of Government’s Beacon scheme for local authorities (Rashman, Downe and Hartley, 2005). Gorry also finds a considerable potential of knowledge sharing in the public sector, particularly among public school teachers (Gorry, 2008).

To meet this need, organisations like the UK’s I&DeA—Improvement and Development Agency for Local Government—have put a major effort to equip the sector with basic knowledge management tools and to develop a number of online communities of practice<sup>2</sup>.

Research in Practice for Adults have been responding to this need by facilitating the capture and exchange of a wide range of knowledge—both tacit and explicit—between its local partners. In the above example, a telephone conference was set up between four local councils aiming to exchange ideas of how each one of them was tackling the aforementioned change in government policy.

With the need becoming increasingly apparent, such type of initiatives were carried out more and more—initially to a great extent ad-hoc. However, a certain method within the organisation started to emerge based on the gradual learning and reflection on experience of what had worked. Particular influence in this development played the model of the Change Projects developed by Research in Practice and Research in Practice for Adults.

The Change Project Model is an action research approach, which

“...bring together participants from Partner agencies to work with a facilitator with research expertise in the topic area of focus, and a research in practice facilitator with expertise in the principles of evidence-informed practice. The group meet over a number of months to develop the project, one outcome of which is the production of new resources to inform practice or policy. Most often these have been Handbook publications which typically include a set of tools (practical exercises, audits, checklists) to help put the materials into practice; resources and practice examples generated by agencies in the research in practice network; links for ‘digging deeper’ into information on particular topics; and often a disc with DVD film resources (Bowyer and Moore).

This approach has proven to be popular with the authorities supported and one that meets the needs of developing the best evidence in a practice environment that is rapidly changing. Using the approach of the Change Projects, Research in Practice for Adults developed a practice resource in the area of safeguarding adults (Safety Matters, Julian and Penhale, 2010).

The Change Project method follows a certain process described in the diagram below.

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<sup>2</sup> <http://www.communities.idea.gov.uk/welcome.do>

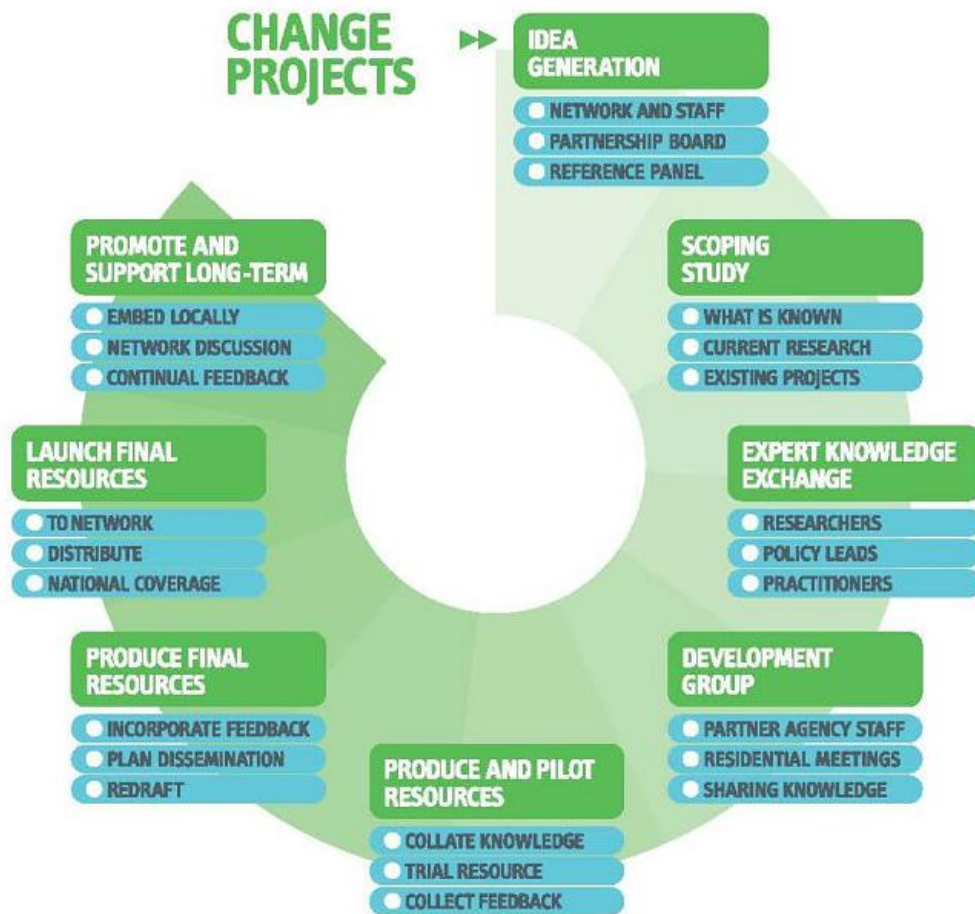


Figure 1  
The Change Project model (Bowyer and Moore 2010)

While the Change Project method has proven to be very successful approach to develop evidence-based practice for Research in Practice for Adults and its partners, in the last year the magnitude of changes in the public sector increased to a degree where the implementation of the method faced two challenges

- limited resource of the partners to commit participants' time throughout the life-time of the project
- need for more rapid response and answers identified than the classing Change Project would allow.

Before the particular method that emerged in the last couple of years is described, some theoretical background will be discussed and certain theoretical principles will be formulated that inform the method.

## 2 THEORETICAL UNDERSTANDING OF LEARNING THROUGH KNOWLEDGE EXCHANGE

Those who try to facilitate the sharing of practice knowledge across or within organisations face an uneasy dilemma; this is particularly the case when an organisation strives to base its practices on evidence.

Evidence based practice emerged in the field of medicine and is described as a “...conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett et al cited in Mullen, Bledsoe and Bellamy, 2008).

In the domain of social work and social care, the term ‘evidence-informed practice’ has been preferred in order to indicate the range of much more diverse types of evidence used to inform decisions. Evidence informed practice can be defined as “...the practice of a range of professionals whose decisions are grounded in a sound knowledge of the needs of service users. This knowledge is informed by the best available evidence of what is effective, the practice wisdom of professionals and the experience and views of service users” (Atherton, Barratt and Hodson, 2005, 14).

The notion of evidence-informed practice does not easily fit with the notion learning through practice sharing. Two problems need to be addressed here

- What does guarantee that the know-how, solutions and answers shared in this process are based on enough evidence to make them valid?
- What does guarantee that solutions from one locality are necessarily transferrable to another locality? Does this account for any local specifics—either cultural or idiosyncratic?

Below I endeavour to provide some answers to these questions and to demonstrate how the knowledge sharing approach taken by Research in Practice for Adults strives to tackle this challenge.

At epistemological level, what helps to address this problem is to look at how practice knowledge is created on the first place and a particularly helpful notion is that practice knowledge is not an abstract entity or a ‘thing’ but rather ad-hoc ‘rules’ that become alive in practice. In other words

“...knowledge [is] enacted—every day and over time—in people’s practices. It leads us to understand knowledge and practice as reciprocally constitutive, so that it does not make sense to talk about either knowledge or practice without the other. It may suggest that there may be value in a perspective that does not treat these as separate or separable, a perspective that focuses on the knowledgeableability of actions, that is on knowing (a verb connoting action, doing, practice) rather than knowledge (a noun connoting things, elements, facts, processes, dispositions)” (Orlikowski, 2002).

The implication of the above understanding of practice knowledge is significant in the way we endeavour to operationalise it and points in the direction of learning through reflection—particularly reflection on our actions in practice and the rationale behind them. Of course, this is not a new notion; the importance of reflective learning has been well-known in the helping professions (Schon, 1983).

In the context of organisational knowledge management a range of methods have been applied to learn from reflection (Keating, Robinson and Clemson, 1996, Nicolini, 2009, Neve, 2003). Nicolini develops the method of the ‘interview of the double’ where the interviewee is helped to reflect on his/her practice through the mental experiment of having to pass their experience to a ‘double’ who would take their work place on the following day. Neve borrows from the Socratic method of inquiry and puts forward a question technique that facilitates the process of reflection and knowledge facilitation:

In general, questions should promote individual awareness and mutual comprehension and not lock the individual, not mislead, or give him or her incorrect associations. Some examples are: What do you mean by...? How do you know that...? Could you give me an example? Do you know how others see it? (Neve, 2003).

Based on the above, two underlying principles of Research in Practice for Adults knowledge sharing method are formulated.

- The knowledge sharing method is set in a way to maximise the opportunity of the participants to reflect on their practice and actions.
- The knowledge sharing method pays a particular attention to the rationale—conscious or unconscious—behind the participants’ actions and decisions.

The latter is particularly important because it helps to address the second challenge set on Page 4: namely, how do we know that local know-how and solutions are transferrable to other contexts.

This is a challenge that should not be underestimated, particularly when practice knowledge is concerned. As Clarke and Wilcockson put it

“Knowledge from practice is that which is derived from within a specific care environment. It is therefore, dependent on the contextual issues within that environment such as staffing levels, the nature of the service and the process of engaging service users in care provision. As such, knowledge from practice (which can be described as ‘proximal knowledge’) does not meet many of the criteria used to judge the quality of knowledge such as its ability to be generalisable in traditional ways...” (Clarke and Wilcockson, 2002)

Is there a way to address this challenge? I believe there is and it is the following

What is ‘generalisable’ is not the particular know-how, solution, practice from one locality to another *but the thinking process and rationale behind why a certain organisation has taken one approach or another*—consciously or unconsciously. Therefore, an effort to capture knowledge through sharing focuses not just on the content (the particular practice/solution in place) but also on the process (‘dissecting’ the rationale).

In conclusion to this section, Research in Practice for Adult’s method of knowledge sharing follows two principles

- Reflective inquiry: a disciplined self-appraisal and exploration of how we know what we ‘know’; what the roots of our certainties are.
- Process knowledge—means that the focus of knowledge sharing and transfer is not just the external protocol / product but *the decision-making process* itself.

### **3 RESEARCH IN PRACTICE FOR ADULTS' KNOWLEDGE EXCHANGE METHOD EXPLAINED**

Following on the theoretical discussion above—in part the notion that practice knowledge is inseparable of the act of practising itself—I present a detailed account of Research in Practice for Adults' knowledge sharing method as it has been performed. The structure of the following account is the result of a reflective effort, not dissimilar to the output of Nikolini's 'interview of the double' practice articulating referred to above.

#### **Research in Practice for Adults knowledge sharing method**

##### *1 Preparation*

- 1.1 Identify a topic where there is an already emerging current local practice.
- 1.2 Review and map the existing evidence-base: research, policy documents, etc.
- 1.3 Identify professionals with an interest in and knowledge around the defined topic.
- 1.4 Carry out an intensive preliminary email/phone consultation process with the participants to elicit questions/themes on the subject. Ask them about their top 2 questions on the subject that their organisation would like to raise at the meeting.
- 1.5 Draft a final version of the list of questions based on the participants' input and wishes.
- 1.6 Circulate the final list of questions/themes to the participants in advance with a request for them to reply with any readily available documents from their organisations.
- 1.7 Give a clear message throughout all described communication that people take part as representatives from their organisation, sharing their organisation's knowledge.

##### *2 Knowledge sharing discussion—structure and facilitation*

- 2.1 Allocate 2½ - 3½ hours for the discussion; try to keep the number of questions and number of participants to no more than a dozen.
- 2.2 Facilitate the discussion by participants to answer the questions.
- 2.3 Ensure that the discussion is grounded in concrete experience and example, and is not just speculative / theoretical. Ensure the 'how' is described fully as well as the 'what' and 'why'. Particularly explore the rationale—the underlying reasons—behind why they have taken one approach or another.
- 2.4 Be aware of three typical challenges of facilitating this kind of groups:
  - group's tendency to get into a fight/flight mode of 'complaining'
  - need to prioritise because most likely you will end up with more content than could possibly fit into the time allocated
  - continuously getting people to think about the 'how' and 'why' behind the 'what'.

##### *3 Recording*

- 3.1 Audio capture the discussion.
- 3.2. Write a detailed account of the discussion and distribute it to all participants with a deadline for a reply on: whether they are happy with the factual content and whether they are happy with all occasions in the account that their organisation is named. The latter is an important procedural step but also part of the intervention because the participants have the responsibility to read the account carefully.

#### *4 Output from the knowledge exchange process*

The output of the knowledge exchange is based on the knowledge management approach to online communities of practice and frequently asked questions (FAQs)—put references. Its structure is informed by the following principles

- keep the format and content as close to the ground and in the context in which it had emerged as possible; in other words, keep the community element to it
- design the output in a way that can be rapidly accessed and used by busy professionals; the assumption is that the output resource will be accessed by people with a specific question in mind looking for a specific answer for a practical problem they face
- design the output in a way that allows for its further improvement and update, preferably through a collaborative method.

4.1 Finalise a list of Frequently Asked Questions (FAQs) on the subject, which is a mixture of the original list and of any additional questions that have been raised at the meeting.

4.2 For each question, provide an answer as much as possible based on the discussion at the meeting; provide the ‘what’, ‘how’ and ‘why’ of what organisations represented have done, as much as possible. Avoid the ‘he said this, she said that’ narrative.

4.3 For each FAQ, add additional evidence as follows

- *other practice examples* from sources like community forum and others
- any available evidence from *policy and research* with additional comments of how the latter relate to the answers elicited from the knowledge capture
- incorporate *customer views* on as many of the FAQs as possible.

The above model is work in progress and Research in Practice for Adults plan to appraise and evaluate its impact once it has been implemented and replicated in full. At present, we are in the process of putting together the final output from a number of knowledge exchange meetings.

The next section provides a range of illustrations from the work done so far with accompanying discussion of how these fit with the underlying theoretical principles of the method.

## **4 DISCUSSION AND PRACTICE EXAMPLES**

Practice established that to a great extent the depth of the interagency know-how captured at the knowledge exchange meetings depended on how the meetings were facilitated—in particular people being encouraged to reflect on why their organisations have used a certain approach.

### **4.1 Rationale behind the actions**

Here is an example of how the knowledge captured through knowledge exchange provides not only a description of what a local authority do but also *why* they do it. This is a slightly modified FAQ from one of recent knowledge exchange meetings:

1. What is the rationale for developing a fast-track Reablement service?

A problem that needs to be addressed is having a *range of front doors*: a front door directly to the social work teams, a front door directly into the OT teams, etc. At each front door screening is done, and after that, if it has come to the actual front door, people go to the team managers who do some more screening and then people will get passed on to a service and then there could be more screening and so on.

Another factor is that when people come for the first time, they have a statutory assessment of need done and they *tend to receive as a result a long-term care package*. Not unrelated to that is the issue of *how complaints are perceived* by the service. If you as a practitioner do not want to receive a complaint, what you can do is just give people what they ask for. Is it having complaints against your name necessarily a bad thing? Maybe it means that you try to apply a proper process.

Council A has got an intermediate service at the moment, jointly commissioned with the NHS, supporting 4,700 people per year as they come out of hospital and it has a rapid response element as well. Then a question was raised, “We do not do that for people coming through our own door; why not?” Changing that practice would mean offering people a change to have something really happen when they come through the front door; over that six-week period to give them time to *learn a bit more about what long-term care means, how much it is going to cost, what the implications will be on their privacy (people coming to their home), etc.* For that reason, Council A is developing a Reablement service, which went live on 1 December 2010 and about 16 people went through.

The benefit of this way to capture knowledge is that the innovative practice described is packaged with the rationale behind it and organisations from other localities can make their own judgement to what extent it applies to their local circumstances. On the other hand, other organisations can *learn from the reasoning*, i.e. endeavour to apply not necessarily the original council’s solution but apply their *reasoning process*.

Here is another example.

2. How do you redesign the expensive night care for people with learning disabilities?

Council B are tackling this problem at present. They have got a lot of relatively small network houses (3-4 individuals, sometimes 1 individual). There is still quite a lot of waking night support in those settings; it costs £70,000 a year for this waking night support per place. They are rapidly coming to a conclusion that anyone who needs physical presence overnight isn’t going to be a model that could be sustained in these small network houses.



They are looking at larger schemes—for example a service where there are 16 bungalow type units in the community—2 night staff for 16 people. They are looking to develop three cluster units, which are effectively small inter-connected houses – all with their own front door. This will lead to increased efficiency because 25% of learning disabilities services are around night support.

### 4.3 Learning from practice cases

While the above examples indicated know-how in structural organisational change, there is a lot to be learnt from collective practice wisdom based on work with specific cases, too.

3. Does changing the living context/service for a person change their risk-taking behaviour?

In Council C people with learning disabilities were moved out of residential care and there was a lot of concern about moving some particular people because their behaviour was so difficult to manage and there were lots of discussions about risk within the organisation and how the risky behaviour could be contained and managed in a different way. Actually what happened was that when people were put in a different environment—they were in independent and supported living—their behaviour was totally different. Sometimes thinking about managing the risk ‘there’ could be counter-indicative. We need to be thinking, if the risk would still be there if the context changes.

While this latter example strikes to the core of what ‘practice knowledge’ is, it points also in the direction of another important warning:

Knowledge captured through sharing is not a research endeavour and the principles of generalisation—as discussed in Section 2—work differently. In this example, the conclusion is not that “Risk-taking behaviour changes when the context of living is changed”, which could be a conclusion typically elicited from research. The conclusion is rather “*We need to be thinking, if the risk would still be there, if the context changes*”, and this is a big difference. In other words, the knowledge sharing process helps us become more reflective and learn from other professionals’ or agencies’ *reasoning process* rather than taking others’ existing practices as necessarily validated by evidence.

## 5 CONCLUSION

In conclusion, the current paper demonstrated methods for learning and cooperation of English public social care services facilitated by Research in Practice for Adults. These methods address and try to find possible answers for at least three problematic areas: organisational learning in a context of limited research evidence, inter-agency cooperation and coping with drastic organisational change in the public sector.

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