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# Attitudes and approaches to evidence, innovation and improvement in social services in Scotland

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# 1 EXECUTIVE SUMMARY

## Introduction

The Institute for research and Innovation in Social Services (IRISS) has three programmes through which it delivers its work: evidence-informed practice, innovation and improvement, and knowledge media. IRISS wished to conduct research to examine attitudes, approaches, use and barriers to innovation and improvement and evidence-informed practice in the sector which could be used as a baseline for future research to track and monitor attitudinal change. The objectives of the research were to:

- Provide a baseline for two workstreams (innovation and improvement and evidence-informed practice) to understand attitudes and approaches to innovation and improvement and evidence-informed practice
- Provide a baseline for future research to understand attitudinal trends over the forthcoming three years
- Provide a detailed understanding of the current status of the social services sector in Scotland in the use of evidence-informed practice, innovative practices and making improvements to services
- Provide insights into barriers that stop individuals from innovating and improving services
- Highlight areas where IRISS programmes could influence or make an impact.

## Methodology

A staged approach to this research was adopted, comprising an initial stage of 300 quantitative telephone interviews, followed by a series of 9 qualitative discussions. The quantitative work has provided robust statistical data to feed into decision making, and the qualitative work allowed for clarity on issues raised during telephone interviews. Quotas were set in terms of sector, job title and service type in order to ensure representation of a cross-section of respondent and organisation types.

In summary:

Views on innovation, improvement and evidence to inform working practices are largely positive and all respondents participating in the qualitative and quantitative studies cited ways in which they apply each.

Most respondents were able to provide examples of ways in which innovation, improvement and evidence to inform working practices has been applied in their work, although this varied considerably. For example, this can be at a relatively simplistic level in relation to minor health and safety changes, or may be at a more strategic level in implementation of a new strategy.

Although access to financial resources is increasingly restricted in the current economic climate, a commitment to innovation and improvement was demonstrated, with many of the respondents participating in this study having an innovation and improvement strategy within their organisation. The qualitative findings also suggest that this is an ongoing process.

In the light of comments made in relation to the current economic climate, it is perhaps not surprising that the key barriers cited by respondents in the delivery of innovation, improvement and evidence to inform working practices were resources in

the form of available time and budgets. These are perceived to be likely to continue impacting on the sector in the foreseeable future.

There is evidence to show that respondents still place importance on resources for innovation, improvement and evidence to inform working practices, although cuts in budgets mean that respondents are placing greater emphasis on the use of resources that are cost and time effective. The qualitative data show there has been an increase in the use of online resources at the expense of external training provision. That said, a degree of importance is still placed upon other more interactive forms of training such as conferences, seminars and workshops that allow respondents to meet face-to-face for discussions and networking.

While the Care Commission and Scottish Social Services Council (SSSC) play an important role in providing information and resources to individuals within the social services sector, information they provide is largely perceived to correspond to what is required on a statutory and regulatory basis.

IRISS (and some other organisations such as Social Care Institute for Excellence (SCIE)) is perceived to provide information that is more directly relevant, and often more practical, to respondents. Although only around a quarter of respondents note that IRISS provide information on innovation, improvement and using evidence to inform practice, the qualitative data suggest wider usage of these resources, for example, by cascading information via staff meetings.

Respondents making use of IRISS resources praised them for their high quality, objectivity and independence. Some qualitative respondents would like to see IRISS adopt a higher profile within the sector.

Many respondents noted the importance of information and resources that have a practical and pragmatic slant rather than theoretical or academic papers.

## **Understanding**

The data shows there are a number of ways in which respondents define innovation and improvement and the use of evidence to feed into working practices. Understanding of these is not universal and some respondents incorrectly identified what constituted each. Furthermore, the quantitative data shows evidence-informed practice is defined by some respondents as different methods of recording or monitoring information rather than a process of reflecting on actual work practices.

The qualitative data shows that for respondents, innovation, improvement and use of evidence sit alongside each other, one complementing the other. The overriding view is that in order to innovate or improve, evidence to inform changes to practice will have to feed into this process.

## **Attitude**

A majority of respondents claim that their organisation encourages innovation and improvement both across the organisation and within their job, and a number of different examples were provided as to ways in which innovation and improvement is encouraged. These include collaboration with other departments or organisations, engaging and developing services with users, and managerial support to develop ideas.

A majority of respondents also consider that evidence-informed practice is encouraged and promoted across the organisation as a whole and within their individual practice.

Qualitative respondents noted changes in the use of resources; primarily an increase in the use of online resources and an allied decrease in other types of resource. This was primarily associated with the current economic climate and increasing financial constraints being placed upon organisations.

### **Knowledge**

While a number of different organisations provide information on innovation, improvement and evidence-informed practice, key organisations are the Care Commission, SSSC and local authorities. To a lesser extent, SWIA, JIT and IRISS were also mentioned. Preferred organisations for the provision of information are also the Care Commission, SSSC and local authorities. Some organisations will prioritise changes required by the Care Commission and SSSC over and above changes suggested by other organisations.

Greater proportions of Strategic Managers currently receive information from IRISS and have a preference for information from IRISS compared with Operational Managers or Practitioners. The qualitative data suggests wider usage of IRISS resources than the quantitative data as some managers will disseminate IRISS information without informing staff of the source of the materials.

The types of information provided by the Care Commission and SSSC are seen primarily to fit with statutory requirements and, for example, may include changes in relation to health and safety. In comparison, IRISS is perceived to provide information on using evidence to inform practice or on innovation and improvement that is more directly relevant to working practices.

Respondents obtain information through a number of different channels and this is provided in a number of different formats. Preferences for formats include newsletters, websites, pamphlets / brochures and workshops or seminars.

The qualitative data shows the need for a range of information channels to be utilised. While online information, newsletters and brochures provide information, they do not offer the opportunities for interactive discussion offered by face-to-face meetings. For some, while there is an acknowledgement that conferences and seminars are relatively costly, there is a perception that these offer greater opportunities to learn than do online resources.

For some respondents, there is a preference for practical information and examples of case studies or user practice rather than information on theoretical and academic work.

### **Capacity and barriers**

A wide range of resources is available to respondents to enable them to carry out innovation, improvement and evidence informed practice. Key resources desired by respondents are money and time.

All respondents participating in the qualitative work identified lack of budgets and / or the current economic climate as being key barriers and perceive these to continue to impact in the short to medium term. Other key barriers were access to training

(usually allied to lack of budgets), staff attitudes and organisational culture, time, and applicable and relevant examples of innovation, improvement and evidence-informed practice.

### **Responsibility**

Within the social services sector, professional bodies and local government are perceived to play a key role in leading innovation and improvement, although within respondent organisations, a key role is perceived to be played by those actively working in the sector ie social work managers and social work practitioners.

In terms of leading evidence-informed practice within the social services sector, key roles are perceived to be played by social work practitioners, social work managers and professional bodies; within respondent organisations, social work managers, practitioners and strategic managers all play a key role.

### **Service development**

Innovation, improvement and transformation is currently happening primarily within services and organisational reform and the key sectors perceived to be driving this are policy / government and service users / carers.

Engaging in evidence-informed practice is clearly important, with almost all respondents noting that evidence is informing practice in the social services sector. The key area where evidence is informing practice is in service delivery.

### **Attitudes towards innovation and improvement and evidence-informed practice**

Both the qualitative and quantitative data show that attitudes towards innovation, improvement and evidence-informed practice are largely positive, although the quantitative data show that time to implement evidence-informed practice and for researching evidence and support is an issue. This ties in with the quantitative findings that show lack of finance and resources are key barriers.

### **Views on IRISS**

Respondents who are aware of IRISS note a need for the organisation to increase its level of communication and marketing of its role within the social services sector, particularly in the light of current and future changes. For example, to increase its level of partnership working with other organisations, or to become involved in more conferences, seminars and workshops within the sector.

Information provided by IRISS is seen to complement that provided by other organisations and for some, is perceived to be more directly relevant to their role within their organisation.

## 2 INTRODUCTION

There have been a number of developments and initiatives since devolution in Scotland, many of which are bringing about change within the public sector. Significant changes include the emphasis on locality and local priorities in decision-making; changes to the scrutiny and evaluation regime that will place more emphasis on feedback from citizens and service users; the delivery of a more focused and proportionate scrutiny regime; the Crerar Review, The Concordat, Best Value 2 and the aim of aligning public sector policy decisions with the 'Government's Purpose' from 2009/2010.

Key issues facing the social services sector in recent years have also included funding for the workforce and in staff recruitment and retention and how to develop workforce skills across the full range of individuals and organisations working within the sector.

These issues mean that the landscape of the social services sector has been changing and will continue to change in the foreseeable future. Organisations working within this sector need to be able to respond to the challenges that these changes bring, while continuing to maintain and improve standards of care and helping to keep people safe and well cared for.

### **IRISS**

The Scottish Institute for Excellence in Social Work Education (SIESWE) was created in 2003. After the report *Changing Lives: Report of the 21<sup>st</sup> Century Social Work Review*, the organisation consulted members and partners about the future of the organisation and how to build upon its success to date. Following on from this, in early 2007 it became a charitable company. In late 2007 it re-branded and launched a new corporate identity, changing its name to IRISS (Institute for Research and Innovation in Social Services). This introduced new aims and objectives and has members from a wide range of stakeholder organisations including universities, colleges, employers and the voluntary sector.

IRISS works with a wide range of organisations including employers, universities, regulatory bodies, professional bodies and users and carer groups to improve social services. As noted on its website, its primary aim is *"working to develop a knowledge based social services sector which through learning, creativity and partnership will deliver positive outcomes for the people who access Scottish social services."*

### **A need for research**

IRISS has three programmes through which it delivers its work: evidence-informed practice, innovation and improvement, and knowledge media. IRISS wished to conduct research to examine attitudes, approaches, use and barriers to innovation and improvement and evidence-informed practice in the sector. This will be used as a baseline for future research to track and monitor attitudinal change. The objectives for the research were to:

- Provide a baseline for two workstreams (innovation and improvement and evidence-informed practice) to understand attitudes and approaches to innovation and improvement and evidence-informed practice
- Provide a baseline for future research to understand attitudinal trends over the forthcoming three years
- Provide a detailed understanding of the current status of the social services sector in Scotland in the use of evidence-informed practice, innovative practices and making improvements to services

- Provide insights into barriers that stop individuals from innovating and improving services
- Highlight areas where IRISS programmes could influence or make an impact.

This report provides findings from the research.



### 3 METHODOLOGY AND SAMPLE

A staged approach to the study was adopted, beginning with an initial stage of quantitative interviews, followed by a series of qualitative discussions. The quantitative work provided robust statistical data to feed into decision making, and the qualitative work allowed for clarity on issues raised during the telephone interviews and to obtain further exploratory information on these.

#### Quantitative research

A quantitative telephone methodology was employed to establish the views of those working within the social services sector. The sample for inclusion in this study was taken from the Care Commission website and quotas were set to ensure representation of specific sub-groups within the sample. A full copy of the questionnaire is provided in Appendix 1 of this report. A total of 300 interviews were conducted and Figure 1 below shows the profile of the sample achieved. Interviews were conducted across all 32 Scottish local authorities.

In order to ensure a cross-section of different organisations, quotas were imposed on:

- Service type – adult services and children’s services
- Job type – Strategic Manager, Operational Manager or Social Service Practitioner: Strategic Managers were defined as individuals with a senior and decision making role within their organisations; for example, a social service director within a local authority or a director within an independent organisation. Operational Managers were defined as those with a management role at an operational, rather than strategic level within their organisation. Social service Practitioners were defined as qualified social workers without management responsibilities
- Sector – Statutory, Independent voluntary and Independent private.

**Figure 1: Profile of respondents (quantitative survey)**

	%	No		%	No
<b>Job Type</b>			<b>Sector</b>		
Strategic Manager	8	24	Statutory	48	145
Operational Manager	50	150	Independent, voluntary	26	77
Social service practitioner	42	126	Independent, private	26	78
<b>Service Type</b>					
Adult services	50	150			
Children’s services	50	150			

#### Qualitative research

Following the telephone interviews, George Street Research undertook a qualitative phase of research. All those who had participated in the initial quantitative phase were asked if they would be willing to take part in a following stage of qualitative research and 77% agreed to be recontacted if further research was being undertaken. Those who agreed formed the basis of the sampling frame for the qualitative research. The topic guide for the qualitative stage of the research is provided in Appendix 2 of this report.

A total of 9 in-depth telephone interviews were conducted between 10 and 14 May 2010 and the profile of interviews achieved is shown in Figure 2. Again, respondents were selected based on the following criteria:

- Job type
- Service type
- Sector.

**Figure 2: Profile of respondents (qualitative survey)**

	No		No
<b>Job Type</b>		<b>Sector</b>	
Strategic Manager	3	Statutory	4
Operational Manager	4	Independent, voluntary	3
Social service practitioner	2	Independent, private	2
<b>Service Type</b>			
Adult services	5		
Children's services	4		

## Reporting

George Street Research interviewed a number of different respondent types. Throughout the report all data and responses are analysed collectively. Where key differences between respondent groups were identified these have been reported.

We have carried out significance testing on differences between sector type, job title and service type. Most differences between sub-groups are not statistically significant and the base sizes are small in some instances. However we have provided commentary through the report and highlighted differences where they are statistically significant.

In every day English, 'significant' is used to mean 'important' or 'noteworthy'. In statistics, it is used to describe findings that are reliable, ie not due to chance. In this report the word significant is only used when the survey results are statistically significant at a minimum of the 99% level, ie we can be 99% sure that the results reflect a real difference in responses and are not simply due to chance.

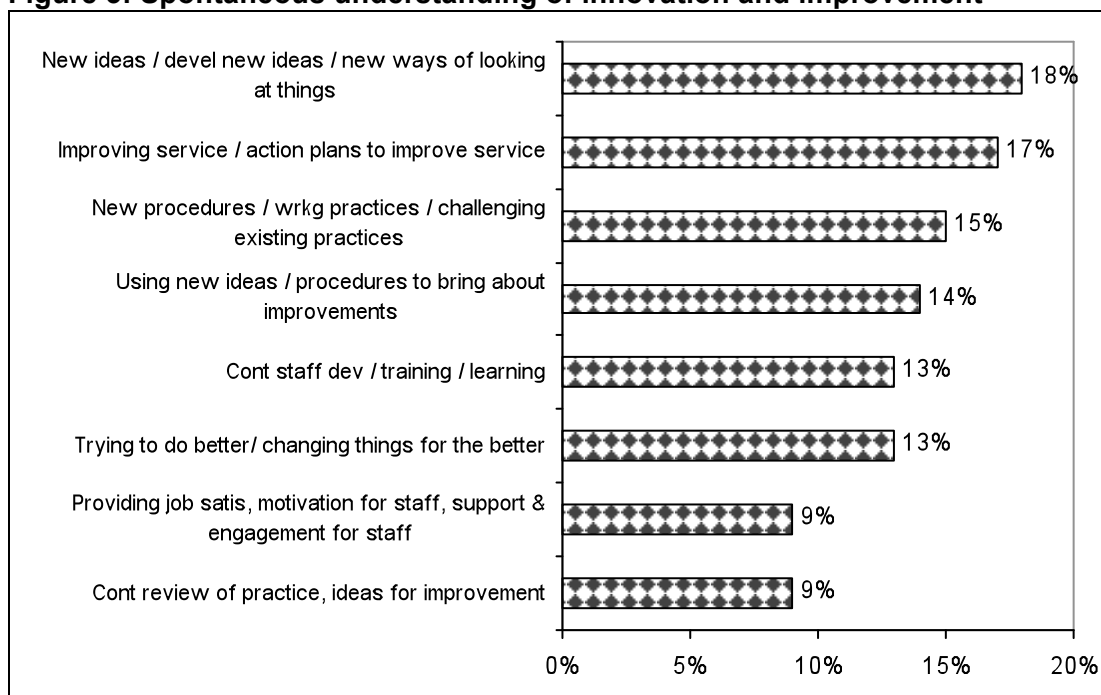
## 4 MAIN FINDINGS

### A Understanding

At the beginning of the quantitative telephone survey, all respondents were asked to say what they understood by innovation and improvement and evidence-informed practice in the workplace.

As Figure 3 shows, responses in relation to innovation and improvement highlight the broad range of ways in which respondents understand the concept of innovation and improvement within their work. A number of responses emerged and key comments included 18% who felt this meant new ideas, the development of new ideas or new ways of looking at things; 17% that this means improved service or action plans to improve service and 15% that this means new procedures, working practices or challenging existing working practices. Slightly smaller proportions also referred to using new ideas or procedures to bring about improvements (14%), continuous staff development, training or learning (13%) or trying to do better or changing things for the better (13%).

**Figure 3: Spontaneous understanding of innovation and improvement**



Source: Q2; Base = All respondents (300)

Because of the range of comments emerging, summary codes were applied to this data to determine the extent to which respondents correctly understood the terms innovation and improvement. These summary codes were agreed in conjunction with IRISS once a full list of comments had been produced during the analysis process.

It is interesting to note that a higher proportion of respondents (22%) correctly defined both innovation and improvement, compared to (8%) who incorrectly defined both. However, the data shows there is a degree of misunderstanding in the sector, with 16% correctly defining innovation but incorrectly defining improvement. Conversely 32% of respondents defined improvement correctly but innovation incorrectly. One in ten (10%) provided both correct and incorrect definitions of

improvement and the same proportion provided both correct and incorrect definitions of innovation.

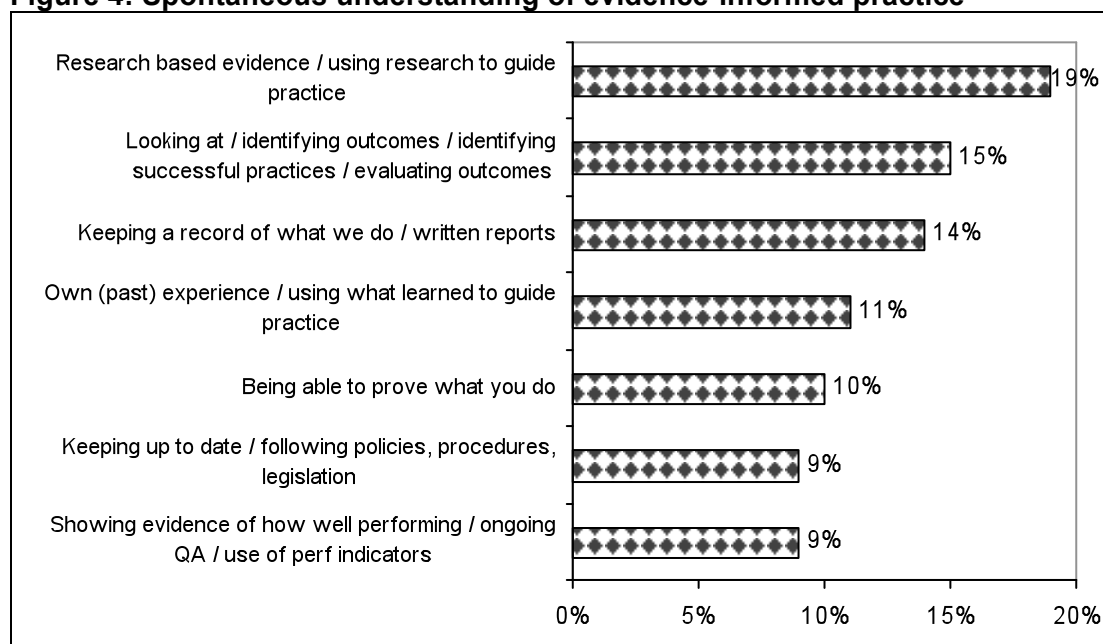
The qualitative findings help us to understand this quantitative data. Many respondents noted that innovation and improvement go hand in hand and both tend to be classed together, although when respondents were asked to expand on their initial responses, there was largely an understanding of differences between the two. As one respondent noted,

*“I think improvement is something that is actually written into one of our mission statements that we continually review our services with a view to improving them and that is an ongoing process, but that improvement may mean kind of little tweaks or adjustments or whatever. I would see innovation being something a little bit more fundamental than that, something completely new, not just different but new.”*

*(Strategic Manager)*

Figure 4 relates to evidence-informed practice specifically. Respondents provided a number of different definitions when asked to say what they understood by evidence-informed practice in the workplace. Most frequently mentioned was research based evidence / using research to guide practice (mentioned by 19%). Smaller proportions referred to looking at / identifying outcomes / identifying successful practices / evaluating outcomes (mentioned by 15%), keeping a record of what is done / written reports (14%), own experience / using what is learned to guide practice (11%) or being able to prove what you do (10%).

**Figure 4: Spontaneous understanding of evidence-informed practice**



Source: Q3; Base = All respondents (300)

Again summary codes were applied and the data shows that understanding of evidence-informed practice was relatively high, with 76% of respondents correctly defining this. Only 5% were incorrect in the definition applied and 12% gave a response that was contradictory (ie included both correct and incorrect definitions of evidence-informed practice). That said, some responses provided in the telephone interviews suggest that understanding of what constitutes evidence-informed practice

relates more to monitoring information, such as keeping paperwork or the recording of information, rather than reflecting on working practice.

For many of the qualitative respondents, evidence feeding into work practices sits alongside innovation and improvement and is an ongoing process. For example, one respondent commented that any organisation that encourages the use of innovation and improvement will also be encouraging staff to consider evidence that feeds into their work practices. Most of the Strategic Managers and Operational Managers participating in the qualitative work noted that changes in their working practice was an integral and ongoing element of their job, although this was not universal across all qualitative respondents.

In summary:

- Respondents noted a number of ways in which they define innovation and improvement and the use of evidence to feed into working practices, although understanding of these is not universal.
- For most respondents, innovation and improvement and use of evidence sit alongside each other.
- The quantitative data shows that evidence-informed practice is defined by some respondents as different methods of monitoring or recording information rather than reflecting on actual work practices.

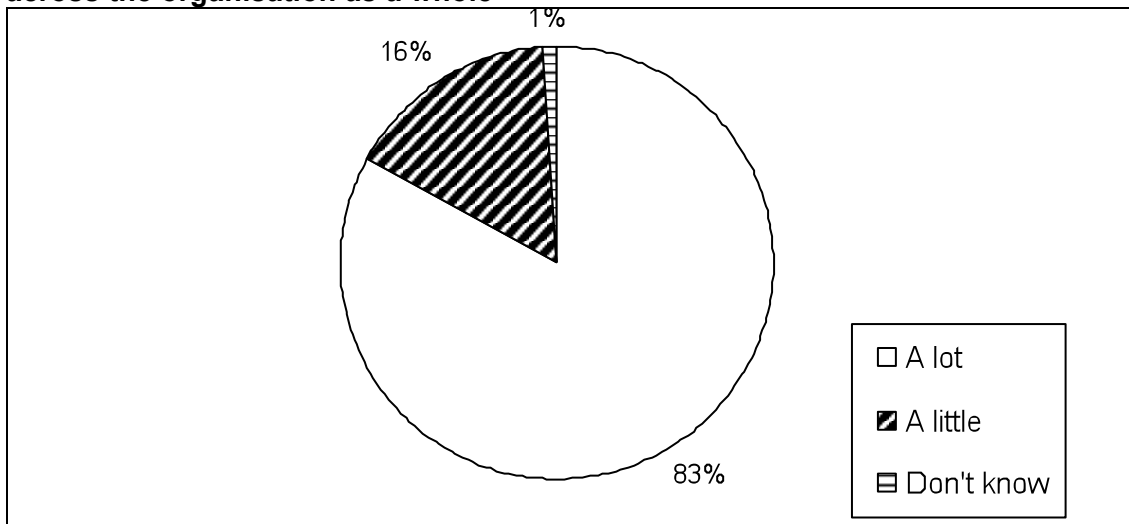
## B Attitude

### ***Encouragement of innovation and improvement***

All respondents participating in the telephone survey were asked to say to what extent their organisation encourages innovation or improvement across the organisation as a *whole*, and the extent to which there is encouragement to use innovative ideas or improvement *in their job*.

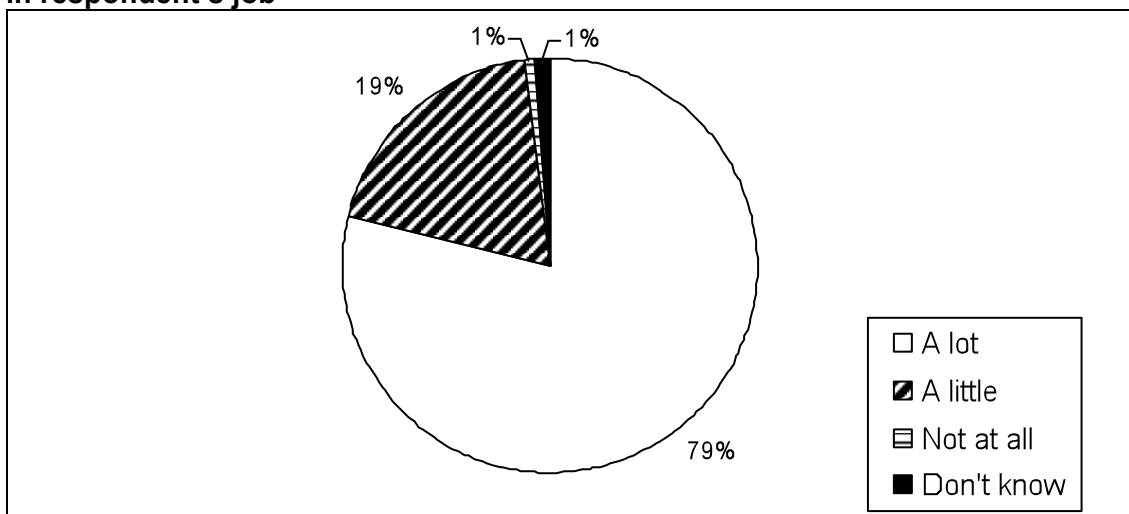
As can be seen in Figures 5-6, **views on the use of innovation and improvement within the organisation as a whole and for individuals in their job appear to be positive**. A large majority claimed that their organisation encourages innovation or improvement *a lot* across the organisation as a whole (83%) or encourages them to use innovative ideas or improvement in their job (79%). Only a minority (16%) claimed there is *a little* encouragement across the organisation (16%) or in their job (19%).

**Figure 5: Extent to which organisation encourages innovation or improvement across the organisation as a whole**



Source: Q4a, Base = All respondents (300)

**Figure 6: Extent to which organisation encourages innovation or improvement in respondent's job**



Source: Q4b, Base = All respondents (300)

As shown in Figure 7, responses from different sub-groups in relation to innovation and improvement across the organisation were broadly similar and none of these are statistically significant.

**Figure 7: Extent to which organisation encourages innovation or improvement across the organisation as a whole by different sub-groups**

	Job Type			Sector			Total
	Strategic Manager (24) %	Operational Manager (150) %	Practitioner (126) %	Statutory sector (145) %	Indep Volun (77) %	Indep Private (78) %	
A lot	79	85	81	77	88	87	83
A little	17	15	18	21	12	12	16
Not at all	-	-	-	-	-	-	-
Don't know	4	1	1	1	-	1	1

Source: Q4a, Base = All respondents (300)

Figure 8 also shows that responses from different sub-groups were broadly similar in relation to innovation or improvement in the respondent's job. The emboldened figures show that those in the independent sector were more positive than those in the statutory sector and this difference is statistically significant between the statutory sector and the independent voluntary sector .

**Figure 8: Extent to which organisation encourages innovation or improvement in respondent's job by different sub-groups**

	Job Type			Sector			Total
	Strategic Manager (24) %	Operational Manager (150) %	Practitioner (126) %	Statutory sector (145) %	Indep Volun (77) %	Indep Private (78) %	
A lot	83	77	82	<b>72</b>	<b>88</b>	85	79
A little	17	21	17	26	12	13	19
Not at all	-	1	2	2	-	-	1
Don't know	-	1	-	-	-	3	1

Source: Q4b, Base = All respondents (300)

All respondents were asked to say spontaneously in what ways their organisation encourages innovation or improvement in the workplace. Respondents were then prompted with a list of other possible ways in which innovation or improvement in the workplace can be encouraged and asked to say which applied to them.

As can be seen in Figure 9, a number of examples were cited spontaneously by around one in three or more respondents and the highest mentions were for:

- Support to develop ideas (cited by 39%)
- Support from managers for new ideas and their application (33%)
- Engaging and developing services with users (32%)
- Encouragement from senior management for staff to develop innovation and improvement in their work (31%)
- Innovation and improvement strategy (30%).

Further examination of the data shows that many respondents were spontaneously aware of a number of ways in which organisations encourage innovation or improvement in the workplace; only 62 respondents spontaneously cited one approach, 72 respondents cited 2 approaches, 51 respondents cited 3 approaches and 106 respondents cited more than 3 approaches.

A wide range of other ways of encouragement of innovation and improvement was also mentioned spontaneously by respondents and most frequently mentioned were engagement with staff / dialogue with staff / staff meetings (cited by 15%) and training / staff development (14%).

Once prompted, there were higher levels of mention for all of these means of innovation and improvement. Highest proportions of respondents (90% or more) cited:

- Collaboration with other departments or organisations (95%)
- Engaging and developing services with users (92%)
- Support to develop ideas (90%)
- Support from managers for new ideas and their applications (90%).

The lowest overall mentions were for secondments (at a level of 52%) and reward programmes for innovation and improvements (42%) when prompted.

Two factors impacting on innovation and improvement in the workplace that are clearly not top of mind (ie they receive relatively low levels of spontaneous mention and comparatively high mentions on prompting) are collaboration with other departments or organisations and tolerance of failure of ideas.

**Figure 9: Ways in which organisation encourages innovation or improvement in the workplace**

	Spontaneous (300) %	Prompted (300) %	Total (300) %
Collaboration with other departments or organisations	<b>18</b>	<b>77</b>	<b>95</b>
Engaging and developing services with users	32	60	<b>92</b>
Support to develop ideas	39	51	<b>90</b>
Support from managers for new ideas and their application	33	57	<b>90</b>
Encouragement from senior management for staff to develop innovation and improvement in their work	31	56	87
An appraisal system that encourages innovation and improvement	29	55	84
Innovation and improvement strategy	30	44	74
Tolerance of failure of ideas	<b>4</b>	<b>70</b>	<b>74</b>
Work time for developing and promoting ideas	20	54	73
Resources for innovation and improvement	11	57	69
Secondments	4	48	52
Reward programmes for innovation and improvements	11	31	42
Engagement / dialogue / meetings with staff	15	-	15
Training / staff development	14	-	14

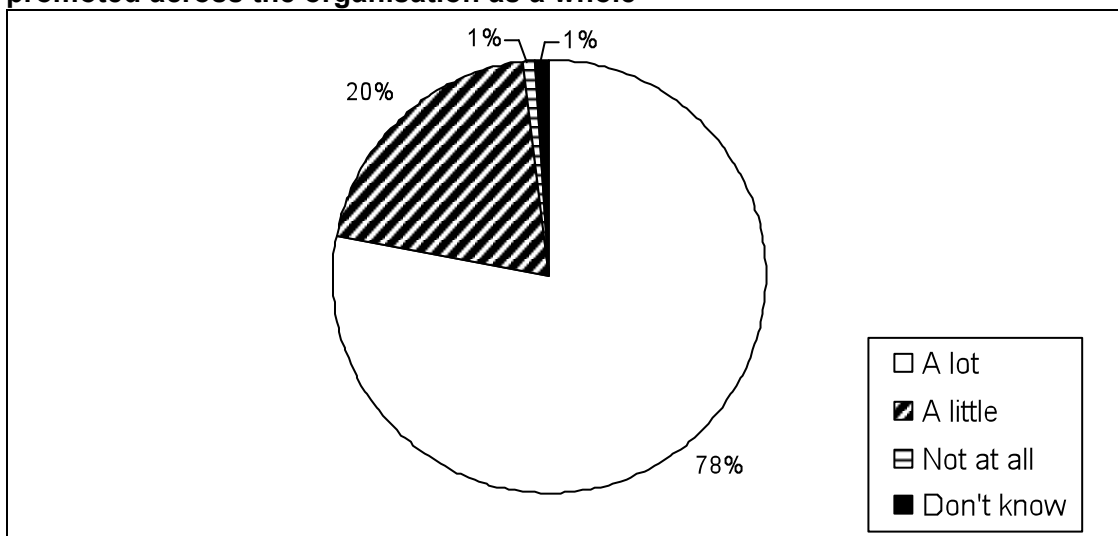
Source : Q5a/b, Base = All respondents (300)

#### ***Encouragement of evidence-informed practice***

These same questions were also asked of respondents in relation to evidence-informed practice. Again, the majority of respondents were positive, with 78% claiming that evidence-informed practice is encouraged or promoted a lot across the organisation as a whole (see Figures 10 and 11). Similarly, 83% stated that the organisation encourages use of evidence to inform the respondents work or practice.

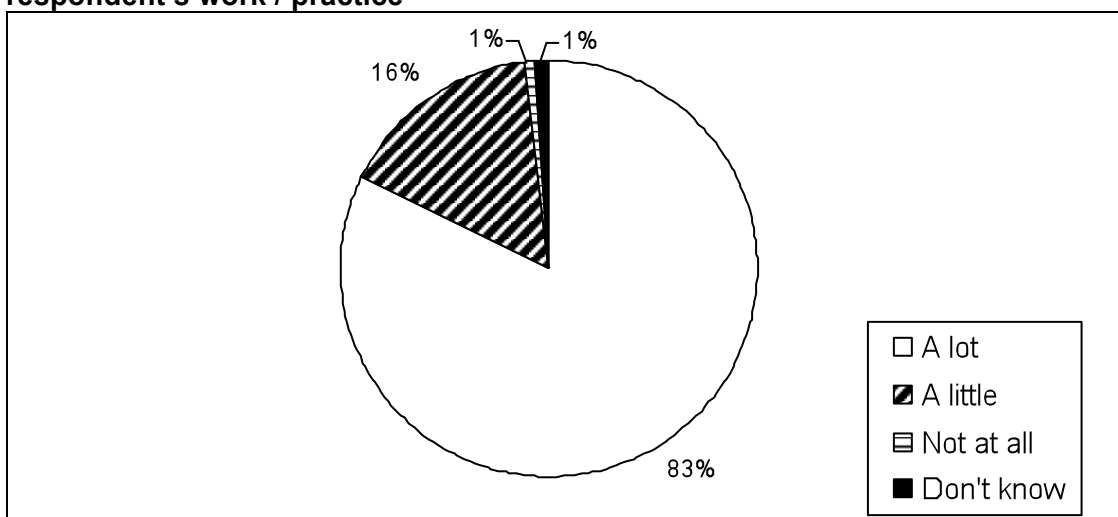


**Figure 10: Extent to which evidence-informed practice is encouraged or promoted across the organisation as a whole**



Source: Q6a, Base = All respondents (300)

**Figure 11: Extent to which organisation encourages use of evidence to inform respondent's work / practice**



Source: Q6b, Base = All respondents (300)

As shown in Figure 12, there are some statistically significant differences by sub-group. Individuals within the Independent (Private and Voluntary) sectors are more positive than those in the Statutory sector. Operational Managers are more positive than practitioners.

**Figure 12: Extent to which evidence-informed practice is encouraged or promoted across the organisation as a whole by different sub-groups**

	Job Type			Sector			Total
	Strategic Manager (24) %	Operational Manager (150) %	Practitioner (126) %	Statutory sector (145) %	Indep Volun (77) %	Indep Private (78) %	
A lot	71	87	70	68	87	88	78
A little	25	13	28	30	10	12	20
Not at all	-	1	2	1	1	-	1
Don't know	4	-	1	1	1	-	1

Source: Q6a, Base = All respondents (300)

Figure 13 demonstrates differences between different job roles and sectors, although most are not statistically significant.

**Figure 13: Extent to which organisation encourages use of evidence to inform respondent's work / practice by different sub-groups**

	Job Type			Sector			Total
	Strategic Manager (24) %	Operational Manager (150) %	Practitioner (126) %	Statutory sector (145) %	Indep Volun (77) %	Indep Private (78) %	
A lot	92	86	78	73	91	94	83
A little	8	13	20	<b>26</b>	<b>6</b>	<b>6</b>	16
Not at all	-	1	1	1	1	-	1
Don't know	-	-	2	1	1	-	1

Source: Q6b, Base = All respondents (300)

All respondents were asked to say spontaneously what types of evidence are used to inform practice and then were prompted with a list of other possible types of evidence that are used to inform their practice.

As can be seen in Figure 14, two key types of evidence used to inform practice are experience of service users / carers (mentioned by 48%) and practice wisdom, either their own or colleagues' (cited by 47%). Further examination of the data shows a good level of spontaneous awareness of ways in which evidence is used to inform practice. At this question, 61 respondents spontaneously cited one approach, 68 respondents cited 2 approaches, 63 respondents cited 3 approaches and 102 respondents cited more than 3 approaches.

Once prompted, there were higher levels of mention for all of these types of evidence. Highest proportions of respondents (90% or more) cited:

- Attendance at seminars / courses / CPD (96%)
- Experiences of service users / carers (94%).

Books are clearly not top of mind (ie they receive a relatively low level of spontaneous mention and a comparatively high mention at prompting).

**Figure 14: Types of evidence used to inform practice**

	Spontaneous (300) %	Prompted (300) %	Total (300) %
Attendance at training courses / seminars / CPD	32	64	96
Experiences of service users / carers	48	46	94
Practice wisdom (own / colleagues)	47	42	89
Journal articles	23	61	84
Books	14	69	83
Research summaries	29	48	77
Web-based toolkits	19	57	76
Collaboration with other organisations	10	N/A	10
Records / recording systems / case notes / paperwork	8	N/A	8
Surveys / questionnaires	6	N/A	6
Meetings / minutes of meetings	5	N/A	5
Staff evaluations / supervision of staff	5	N/A	5

Source: Q7a/7b, Base = All respondents (300)

While respondents participating in the qualitative research were generally positive about the need for innovation and improvement and the importance of evidence-informed practice in their work, some also noted that different organisations may well place different emphases on these. Most also noted that current financial restraints place limitations on these and this will be covered in more detail in a later section.

Qualitative respondents also referred to a wide range of different ways in which their organisation encourages innovation or improvement in the workplace and a wide range of types of evidence used to inform practice. Many noted an increase in the use of online resources and an allied decrease in the use of external training courses. This issue will be covered more in a later section.

Qualitative respondents referred to a number of ways in which the experiences of service users / carers are taken into account and these included formal channels such as questionnaires or surveys, client feedback or gathering information for regulatory purposes; and informal channels such as chatting to users / carers. One Strategic Manager noted,

*“Feedback we take from various sources including service users themselves, review meetings and things like that. We have family forum and carer meetings where we invite family and carers along and they can give us feedback. We have questionnaires which we issue to all the different service users who come to the centre to ask them, they are actually designed along the themes of the Care Commission section, so that we can get feedback.”*

In summary:

- A majority of respondents claim that their organisation encourages innovation and improvement both across their organisation and within their job and a number of different examples were provided as to ways in which innovation and improvement is encouraged. These include collaboration with other departments or organisations, engaging and developing services with users, support to develop ideas and support from managers.
- A majority of respondents also consider that evidence-informed practice is encouraged and promoted across the organisation as a whole and within their work practice. Once again, a wide range of approaches was noted, the most common of which were attendance at seminars / courses and experiences of service users / carers.
- Many qualitative respondents noted an increase in the use of online resources and an allied decrease in the use of non online resources in recent years. This was primarily attributed to current financial constraints and the economic climate.

## C Knowledge

### **Approaches to knowledge**

When asked about awareness of specific approaches to innovation and improvement that exist in other organisations, 53% of the telephone survey respondents did not offer any suggestions. A number of other approaches were mentioned but each by only 3% or less of the sample. The two most mentioned approaches, albeit by only 3% of respondents, were links with local authorities or references to staff training or development. The complete range of responses provided can be accessed in the full data set.

Respondents participating in the qualitative work noted a range of different approaches they were either aware of or had been involved in. Many of these were directly relevant to their sector, so for example, two respondents working within adult services referred to changes in practice as a result of work within the field of dementia; respondents working within children's services referred to work done under the GIRFEC umbrella.

Most respondents noted that their organisations focus in the first instance on requirements from professional bodies such as the Care Commission or SSSC, although there was a degree of debate as to whether or not this is regarded as innovation or improvement, rather than just a statutory requirement to change a way of working or to take note of information that has to be complied with.

For example, some requirements may relate to changes in health and safety and this would not be considered to be innovation, although it might be seen as improvement. One respondent noted *"information we get from the Care Commission tends to be factual rather than about evidence-informed practice."* Another respondent noted *"our first priority is to meet the standards required by the Care Commission and this will often involve some innovation and improvement."*

### **Organisations providing information on innovation and improvement**

A wide range of organisations operate within the social service sector and it is important to gauge which are perceived to provide information and which are preferred organisations for the provision of information.

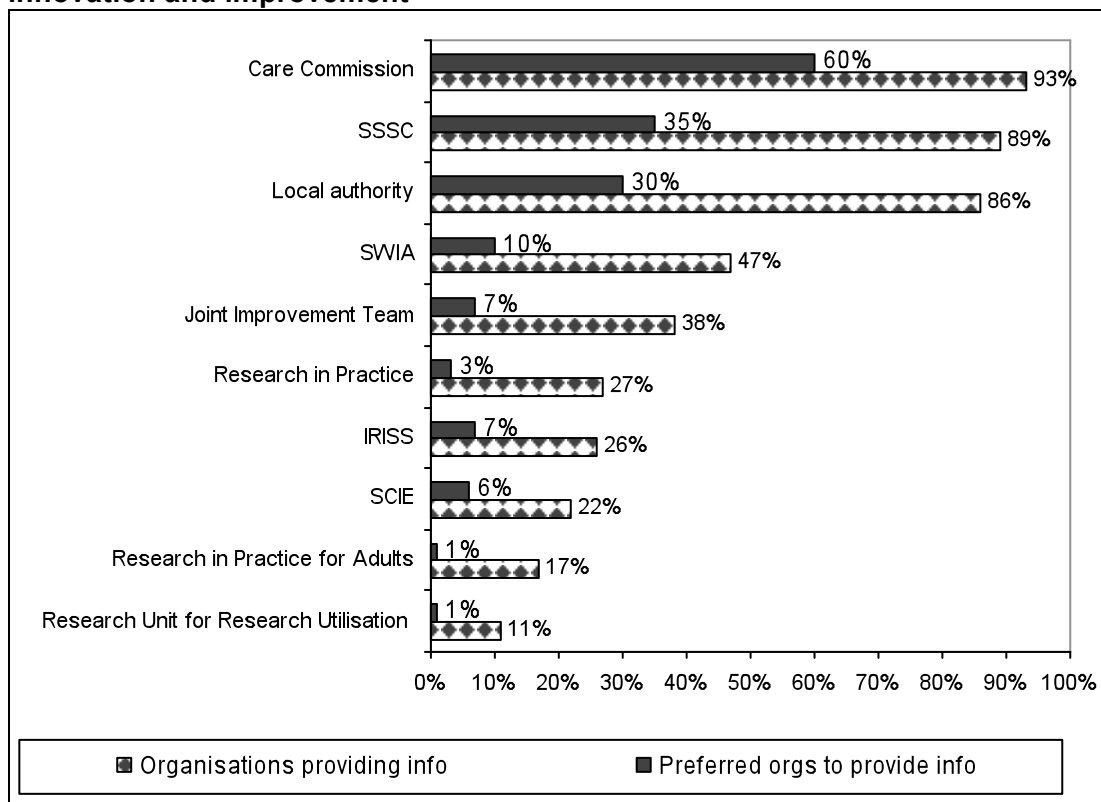
During the course of the telephone survey, all respondents were asked to say (from a list read out to them) which organisations provide them with information, and which organisations were their preferred sources of information on innovation or improvement.

As Figure 15 shows, the Care Commission, SSSC and the local authority all feature heavily as providers of information on innovation and improvement (cited by 93%, 89% and 86% respectively). SWIA was mentioned by almost half of the respondents (47%) and Joint Improvement Team (JIT) by 38%. Research in Practice, IRISS and SCIE were mentioned by around a quarter of respondents.

A wide range of other organisations were also mentioned but only by small numbers of respondents.

Figure 15 also shows that preferences for information provision on innovation and improvement follow the same pattern, with highest mentions being for the Care Commission (60%), SSSC (35%) and the local authority (30%).

**Figure 15: Organisations and preferred organisations providing information on innovation and improvement**



Source: Q9a/9b, Base = All respondents (300)

In terms of **current providers of information** on innovation and improvement, there are some differences by respondent type:

- Greater proportions of Strategic Managers receive information from IRISS (this is statistically significant), Joint Improvement Team (JIT), SWIA, SCIE and Research in Practice
- Smaller proportions of Strategic Managers receive information from the local authority, SSSC and the Care Commission (these differences are statistically significant).

In terms of **preferred organisations**, there are some again differences by respondent type:

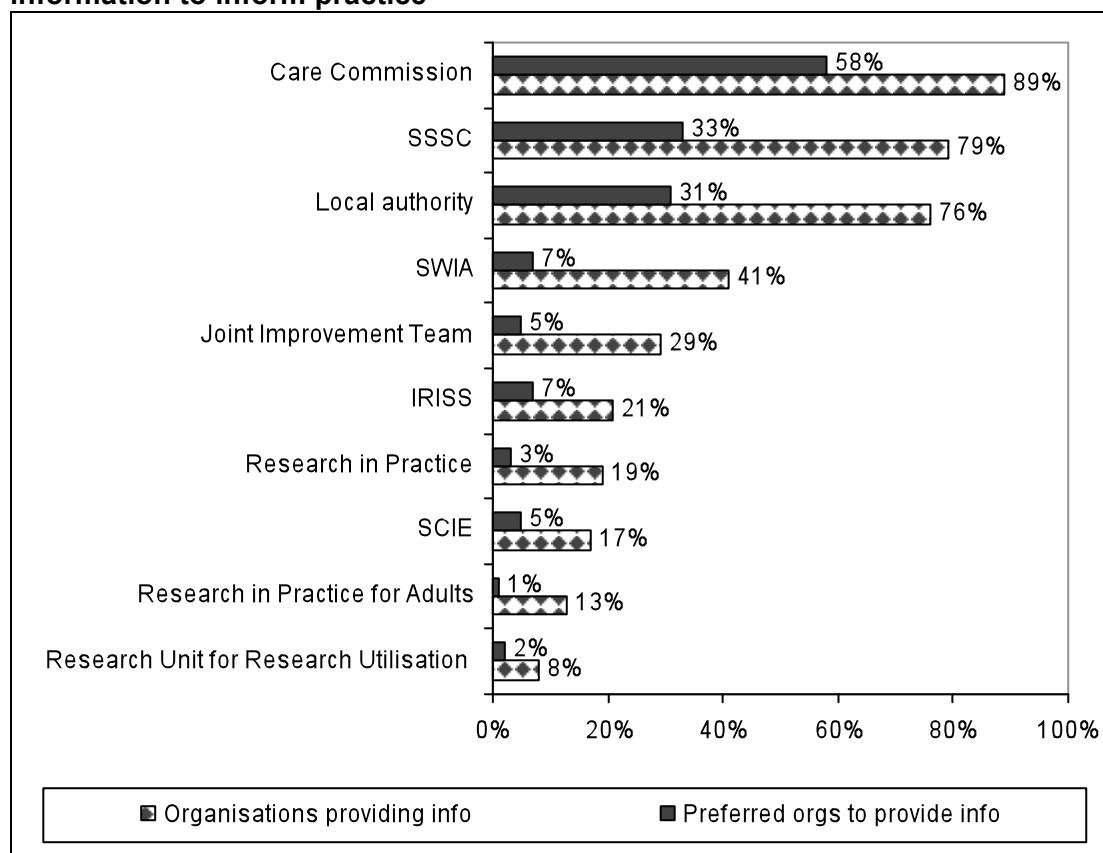
- Greater proportions of Strategic Managers prefer information from IRISS, JIT and SCIE
- Smaller proportions of Strategic Managers prefer information from the local authority, SSSC and the Care Commission (this latter figure is statistically significant)
- Higher proportions of those in the private sector prefer the Care Commission as a source of information
- Higher proportions of those in adult services, in comparison to those in children's services, prefer the Care Commission as a source of information.

***Organisations providing information on evidence-informed practice***

When asked to say which organisations currently provide information on using evidence to inform practice and which would be the preferred organisations, the data is similar to that for innovation and improvement (see Figure 16). This shows that the Care Commission, SSSC and local authority are the organisations currently providing

information to highest numbers of respondents. These are also the three most preferred organisations for the future provision of information on evidence-informed practice.

**Figure 16: Organisations, and preferred organisations, providing evidence or information to inform practice**



Source: Q9c/9d, Base = All respondents (300)

When we examine sub-group data in terms of organisations currently providing information on evidence-informed practice, IRISS is mentioned by higher proportions of Strategic Managers than Operational Managers and Practitioners; higher proportions of Practitioners and Operational Managers refer to the Care Commission and the local authority.

In terms of preferred organisations, there are also some differences by respondent type:

- Greater proportions of Strategic Managers prefer information from IRISS
- Smaller proportions of Strategic Managers prefer information from the local authority, SSSC and the Care Commission
- Higher proportions of those in the private sector prefer the Care Commission as a source of information and this difference is statistically significant
- Higher proportions of those in adult services – in comparison to those in children’s services prefer the Care Commission as a source of information and this difference is statistically significant.

The qualitative data shows that preferences for information from the Care Commission and SSSC may be based largely on the need to comply with standards laid down by these organisations, although respondents also noted that the Care Commission and SSSC are perceived to be credible organisations providing accurate

information. Those receiving information from IRISS considered this to be of a good quality, independent and objective. Also, while the Care Commission and SSSC are seen to provide good quality information, what is provided is seen to fit primarily with statutory requirements. In comparison, IRISS is perceived to provide information on using evidence to inform practice or providing information on innovation and improvement.

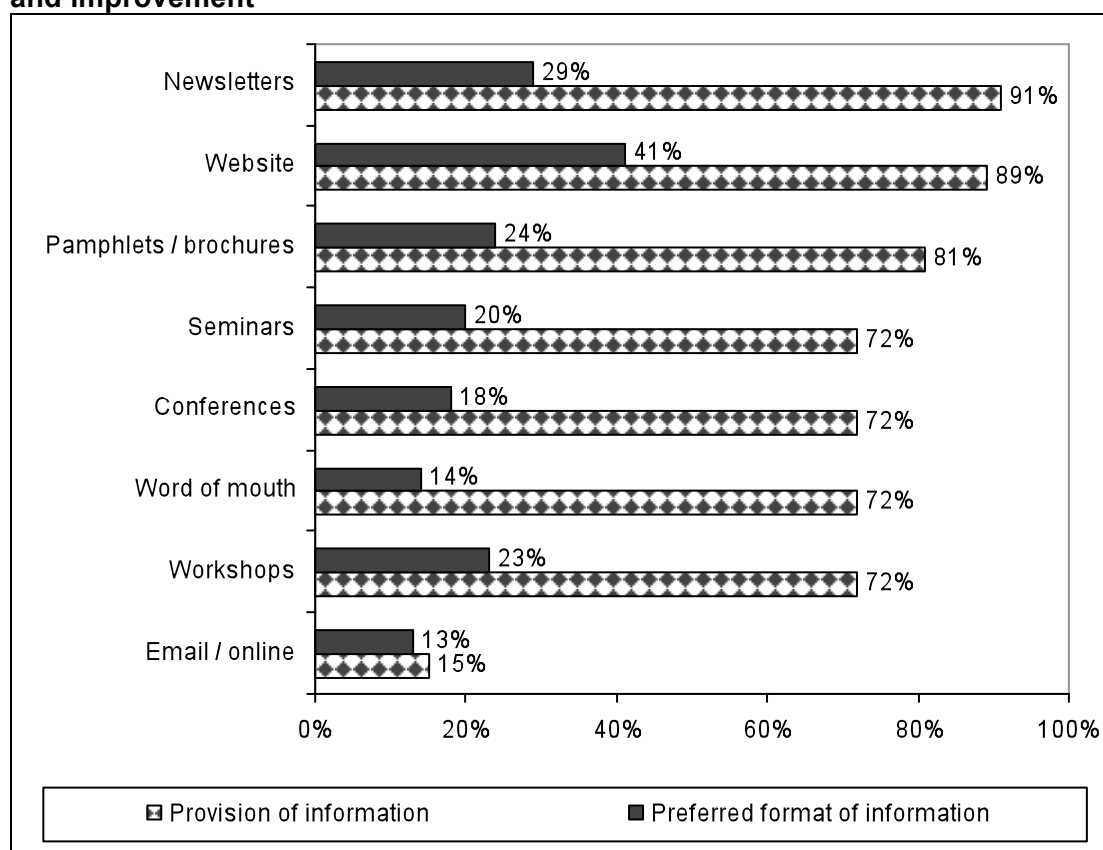
### **Types of information**

Having gathered data on the organisations providing information, it is also important to understand current provision and preferences for types of information. All respondents were asked to say what their current and preferred means were of information provision by these organisations on innovation and improvement.

As shown in Figure 17, a wide range of different types of information is provided to respondents, with newsletters, websites and pamphlets / brochures being mentioned by highest proportions (91%, 89% and 81% respectively) as current types of information provided.

When asked about their preferences, website(s) are the most frequently mentioned (by 41% of respondents), followed by newsletters (29%), pamphlets / brochures (24%), workshops (23%) and seminars (20%).

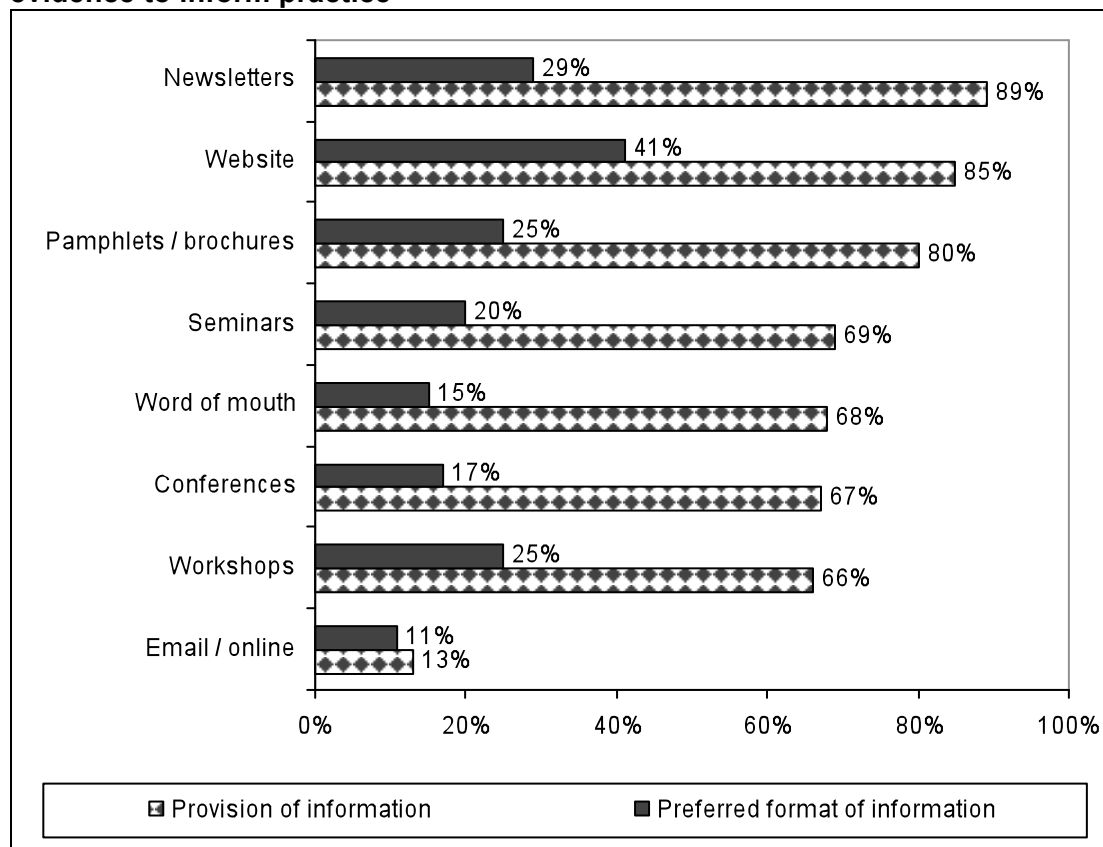
**Figure 17: Current and preferred means of information provision on innovation and improvement**



Source: Q10a/10b, Base = All respondents (300)

Figure 18, in relation to evidence-informed practice, shows a similar pattern, with highest proportions of respondents currently receiving information via newsletters (89%), website (85%) and pamphlets / brochures (80%). Preferences for information type are also similar.

**Figure 18: Current and preferred means of information provision on using evidence to inform practice**



Source: Q10c/10d, Base = All respondents (300)

Respondents participating in the qualitative work noted that there is greater use of online materials and resources these days and that in part this is due to the current economic climate. Online resources are perceived to be suitable for the provision of factual information or case studies. However, the advantage of conferences, seminars and workshops are that they offer an interactive environment for participants where they can discuss different approaches to the use of innovation or improvement or ways in which others are conducting their own research etc. For some, while there is an acknowledgement that conferences and seminars are relatively costly, there is a perception that these offer greater opportunities to learn than online resources.

Most respondent organisations utilised a number of ways of obtaining evidence to feed into practice and many noted the important role played by users or carers in providing feedback. As noted by one respondent, their organisation obtains information from a number of sources.

*“Probably mainly via email but you also get that [information] through team meetings and managers can read out the latest bulletins or latest procedures. There’s also training courses on the latest things and training...don’t know if you’ve heard of GIRFEC? There was a training course for that and all staff went on that. So you’ve got email, you’ve got all the brochure and all these training courses .... We also have regular team meetings.”*

*(Practitioner)*



A Strategic Manager noted the importance of taking on board the views of staff.

*“I think innovation is encouraged, but the reality is that in a small organisation of only 50 staff, it is very difficult to release time for people to pursue those kind of ideas but we certainly, when people have thoughts about innovation we would certainly consider them.”*

For some respondents, there is also a preference for practical information and examples of case studies or user practice rather than information on theoretical or academic work.

In summary:

- A wide range of approaches to innovation, improvement and evidence-informed practice exist, although some organisations will prioritise changes required by the Care Commission and SSSC.
- While a number of different organisations provide information on innovation, improvement and evidence-informed practice, key organisations emerging are the Care Commission, SSSC and local authorities. To a lesser extent, SWIA, JIT and IRISS were also mentioned. Preferred organisations for the provision of information are also the Care Commission, SSSC and local authorities.
- Greater proportions of Strategic Managers currently receive information from IRISS and have a preference for information from IRISS than Operational Managers or Practitioners.
- The types of information provided by the Care Commission and SSSC is seen primarily to fit with statutory requirements; in comparison, information provided by IRISS is perceived to be more directly relevant to respondent organisations.
- A wide range of types of information provision were cited by respondents, with preferences being for newsletters, websites, pamphlets / brochures and workshops or seminars.
- The qualitative data shows the need for a range of information channels to be utilised. While online resources, newsletters and brochures provide information, they do not offer the opportunities for interactive discussion offered by face-to-face meetings. For some, while there is an acknowledgement that conferences and seminars are relatively costly, there is a perception that these offer greater opportunities to learn than online resources.
- For some respondents, there is a preference for practical information and examples of case studies or user practice rather than information on theoretical and academic work.

## D Capacity and Barriers

### Capacity

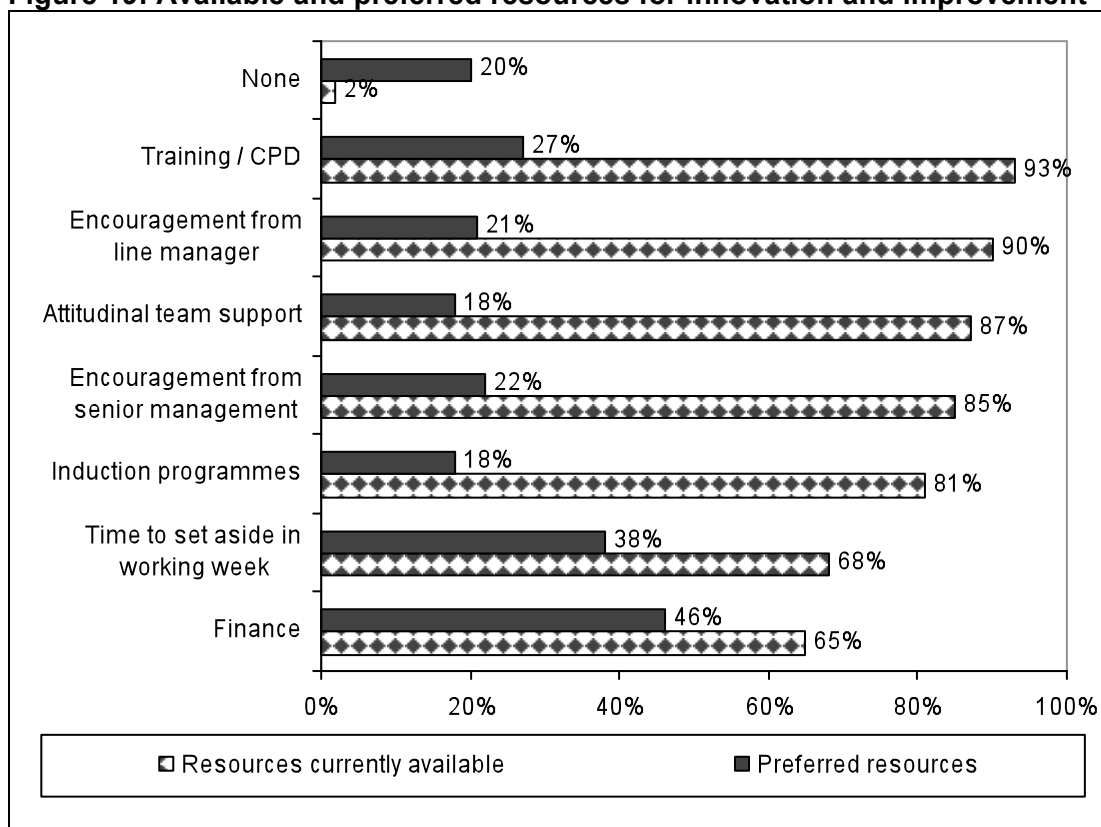
All respondents participating in the telephone survey were asked to say what resources were available to them to carry out innovation or improvement in their work and what resources or support they would like to be provided with.

As shown in Figure 19, in terms of current resources, almost all respondents (93%) referred to training / CPD and 90% referred to encouragement from their line manager. Over 80% also referred to attitudinal team support (87%), encouragement from senior management (85%) and induction programmes (81%). Smaller proportions referred to time to set aside in the working week (68%) or finance (65%).

When we examine the data further, this shows that most respondents (283) cited 3 or more different resources that are currently to them available for innovation and improvement.

In terms of preferred resources to help staff carry out innovation and improvement, there is clearly a need for organisations to provide this in a range of different ways. The highest single mention was for finance (cited by 46%), followed by time to set aside in the working week (38%), training / CPD (27%), encouragement from senior management (22%) and encouragement from line managers (21%).

**Figure 19: Available and preferred resources for innovation and improvement**



Source: Q11a/11b, Base = All respondents (300)

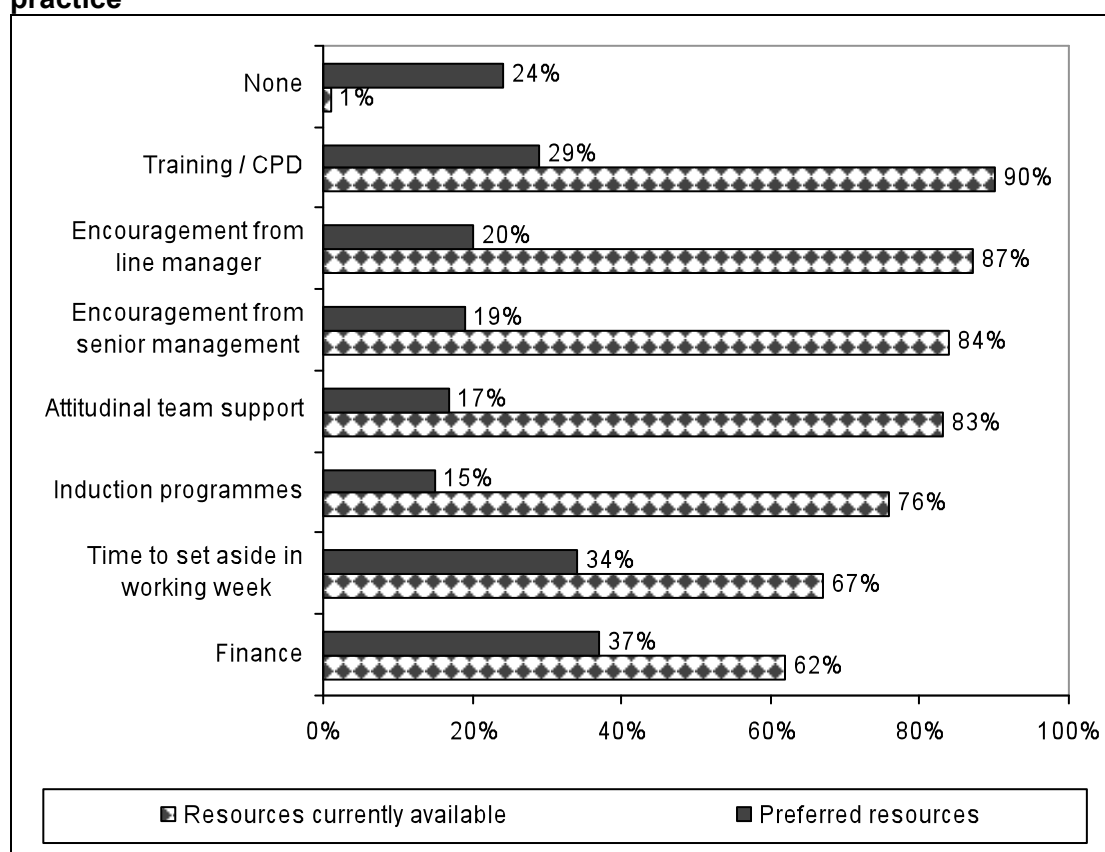
The same questions about capacity were asked in relation to evidence in practice and a similar pattern of responses emerged. Key forms of current organisational support are training / CPD (90%), encouragement from line manager (87%), encouragement from senior management (84%) and attitudinal team support (83%).

At a lower level, respondents referred to finance (62%) and time to set aside in the working week (34%) (see Figure 20).

The 3 key preferred means of organisational support in relation to using evidence in practice were finance (37%), time in the working week (34%) and training / CPD (29%). However, just under one in four (24%) did not mention a preference for any type of organisational support.

Once again, the data shows that a large majority of respondents have a number of ways of obtaining support in relation to evidence in practice, with 256 respondents mentioning 3 or more types of organisational support.

**Figure 20: Available and preferred organisational support for evidence in practice**



Source: Q11c/11d, Base = All respondents (300)

**Barriers at an organisational level**

Respondents participating in the telephone survey were also asked about barriers to innovative or improved working *at an organisational level* and organisational barriers faced in engaging in evidence-informed practice.

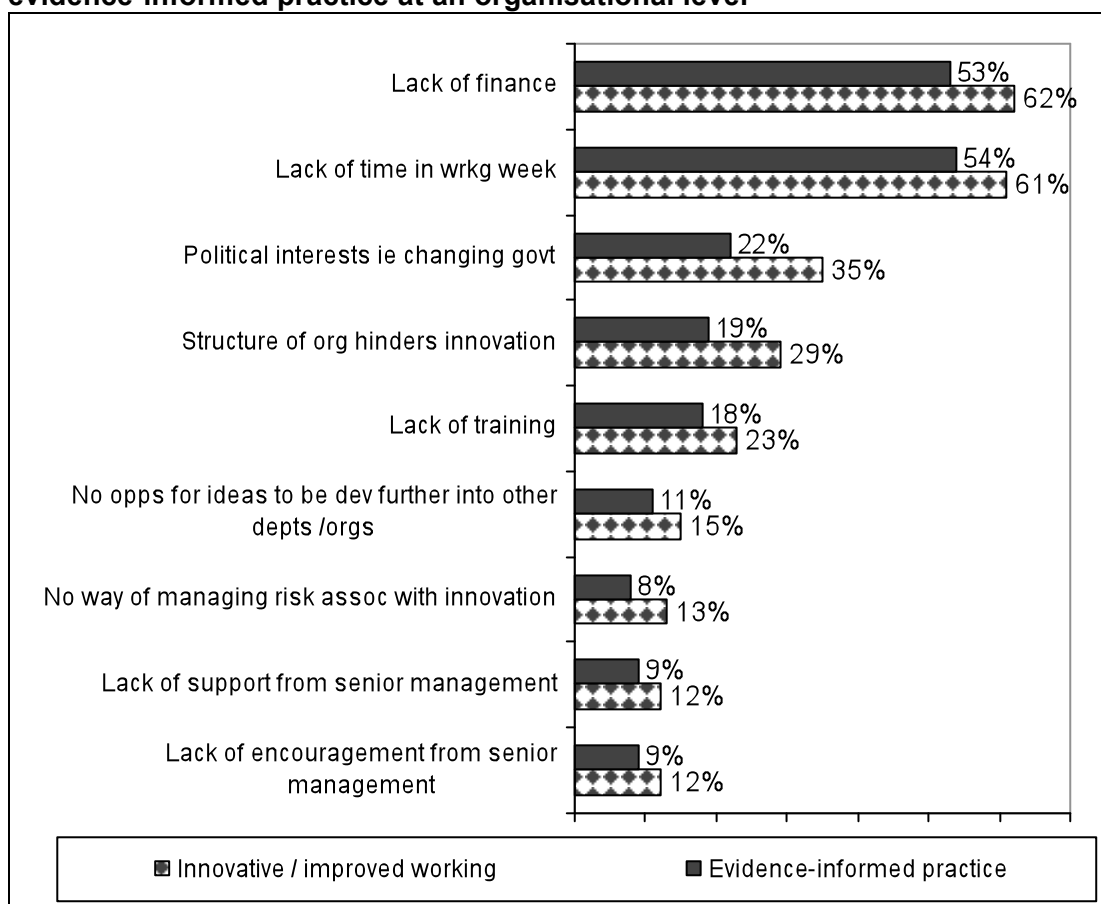
We have already noted that two key preferred resources are finance and time in the working week and figure 21 shows that these are the two key barriers cited by respondents. While other issues such as political interests (changing government) or a lack of training play a role, these are at a less significant level.

It is worth noting that internal support offered by managers does not appear to be a key barrier. Relatively small proportions of respondents perceive lack of support from senior management or lack of encouragement from senior management to be barriers to innovative or improved working or engaging in evidence-informed practice at an organisational level.

This data was examined by role (ie Strategic Managers, Operational Managers and Practitioners) and there were no significant differences between these groups. There are some significant differences by sector with greater numbers of those in the Statutory and Voluntary sectors citing lack of finance (68% in the Statutory and Voluntary sectors in comparison to 46% in the Private sector). Greater numbers in the Statutory and Voluntary sectors also referred to lack of encouragement from senior management or political interests. More in the Statutory sector (38%) cited the structure of the organisation hindering innovation than those in the Private sector (17%).

While lack of finance and lack of time are the key barriers, the data shows that many respondents noted more than those two, with 149 respondents noting 3 or more barriers, 62 noted 2 barriers and 62 cited only one barrier.

**Figure 21: Barriers to innovative or improved working and engaging in evidence-informed practice at an organisational level**



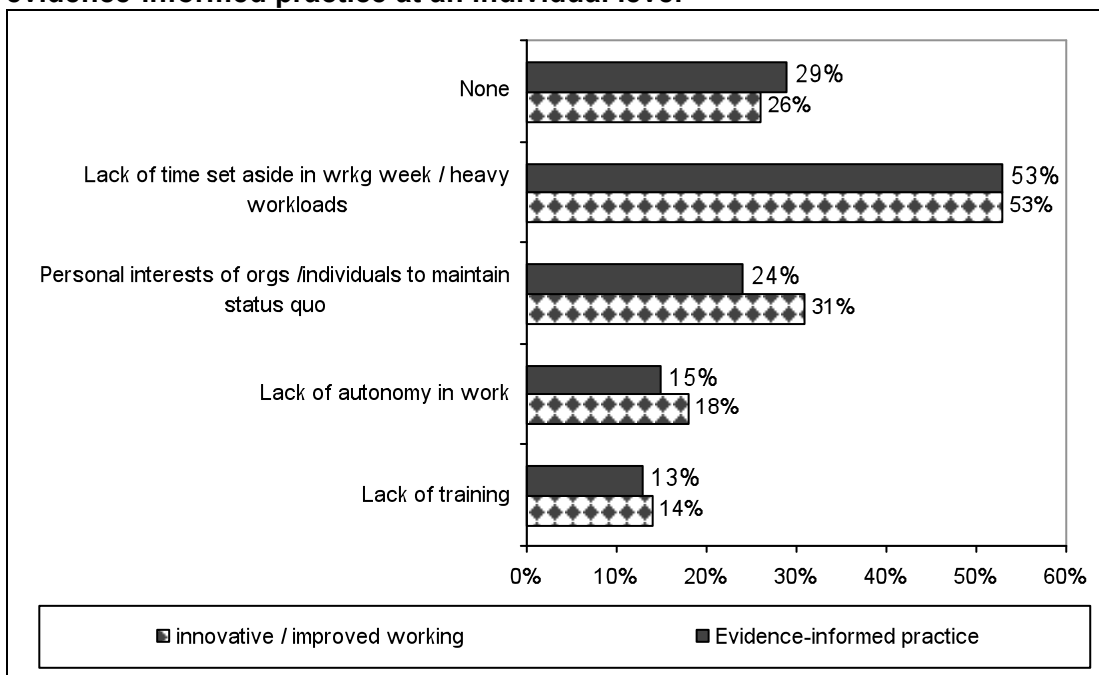
Source: Q12a/Q12b, Base = All respondents (300)

**Barriers at an individual level**

When asked to consider barriers to innovative or improved working and engaging in evidence-informed practice at an individual level, a similar pattern of responses appears.

The two key barriers are a lack of time set aside in the working week / heavy workloads and the personal interests of organisations / individuals to maintain the status quo. Smaller proportions referred to a lack of autonomy in work and a lack of training (see Figure 22). On further examination of the data, 108 respondents noted only one barrier, 57 cited two barriers and 55 noted 3 or more barriers.

**Figure 22: Barriers to innovative or improved working and engaging in evidence-informed practice at an individual level**



Source: Q12c/Q12d, Base = All respondents (300)

The qualitative data shows that most of the individuals to whom we spoke were relatively positive about introducing change to their role and within their organisation. Most demonstrated a desire to learn about new initiatives and new approaches, although there were also comments that this attitude needs to be led by senior management and cascaded down through the organisation.

Most respondents had some form of regular internal meetings with colleagues or line managers where new approaches to innovation and improvement or using evidence-informed research are discussed. Importantly, they were also supportive of the concept of involving users and carers.

The qualitative data also emphasises a number of barriers that are being faced by those working within the social services sector and these are:

**Lack of budgets / current financial constraints** – all respondents participating in the qualitative research referred to budget cuts and the impact they have had on training, conference attendance, time to spend researching and so on. Indeed, one or two were also expecting job losses or even closure of their service within the next few years.

*“I think that [finance] is the key one [barrier], because at the end of the day that affects staff levels and resources that we can have, which in turn affects time that we can set aside from actually doing the job that we are employed to do, to look at more research kind of things and training and development. So it is definitely a key, there is no getting away from it really.”*

*(Operational Manager)*

**Access to training** - some respondents noted they do not have access to as much training as they would like. Some are now limited primarily to internal training because of a lack of budgets to buy in training from external providers or to attend conferences and seminars. While there is a view that internal training can be

valuable to staff, this does not allow respondents to see what is being done elsewhere or to talk directly to individuals involved in initiatives outwith their organisation.

*“You’ve probably some awareness – there’s a big campaign over the last year about the quality of care with people with dementia in care homes. Sadly I just feel that we largely miss out on that, just because we can’t access some of the most up-to-date training.”*

*(Operational Manager)*

**Attitudes / Culture** – one or two respondents noted that some staff can be resistant to changes to working practices within their organisation. One noted the need for two way communication throughout an organisation in order to take staff forward with changes to working practices; another noted that some staff assume implied criticism of their current work if changes are introduced and that change needs to be handled very carefully. In the words of one Operational Manager,

*“Sometimes people are resistant to change, you know, they’ve been doing something maybe for a few years and they’re quite happy with it... they don’t want to rock the boat if things are working. Other people are quite comfy with what’s going on and don’t see the need to try something else, so sometimes that can take a bit of work... It’s human nature really isn’t it? There are ways round about it but you need to have the time to work with people, you know to start doing this, change isn’t going to happen overnight, you need to make sure there’s enough time to work with people to work their way through the change”.*

*(Operational Manager)*

A Strategic Manager noted that some staff respond more readily to changes that are based on practical application rather than academic theories and one Practitioner noted that it can be easier to envisage how to apply new approaches when examples are provided.

*“If you’ve shown people, well, this is a particular model of evaluating or research of whatever; if it’s practical, if they can see that it would work within their practice, then, you know they’ll embrace it quicker than if it’s seen as an academic exercise.”*

**Time** – many respondents noted time pressure and the conflict between finding time to carry out their job and to research new ways of working.

**Applicable and relevant examples of innovation, improvement and evidence-informed practice** – it is important for organisations to consider the types of information available. For example, one Strategic Manager noted the need for evidence-informed practice to focus on outcomes rather than processes. As they noted,

*“So all the kinds of re-evaluations – lots and lots of the reports that you read seem to be consistently focused on process issues. I mean even the re-evaluation of Getting it Right for Every Child to me is more around agencies working together as an outcome. You know, things like that. Which are process outcomes. They are not outcomes in terms of what does that actually mean to a child, to a family, to an area.”*

This respondent also noted the need for more evidence of positive outcomes.

In summary:

- A wide range of resources is available to respondents to enable them to carry out innovation, improvement and evidence in practice. Key resources desired by respondents are money and time.
- Key barriers identified in the telephone survey at both organisational and individual levels are a lack of finance and lack of time in the working week. The quantitative data shows that views on the support provided by managers are generally positive.
- All respondents participating in the qualitative work identified lack of budgets in the current economic climate as being a key barrier and this is likely to continue to impact in the short to medium term. Other key barriers were access to training (usually allied to lack of budgets), staff attitudes and organisational culture, time and applicable or relevant examples of innovation, improvement and evidence-informed practice.

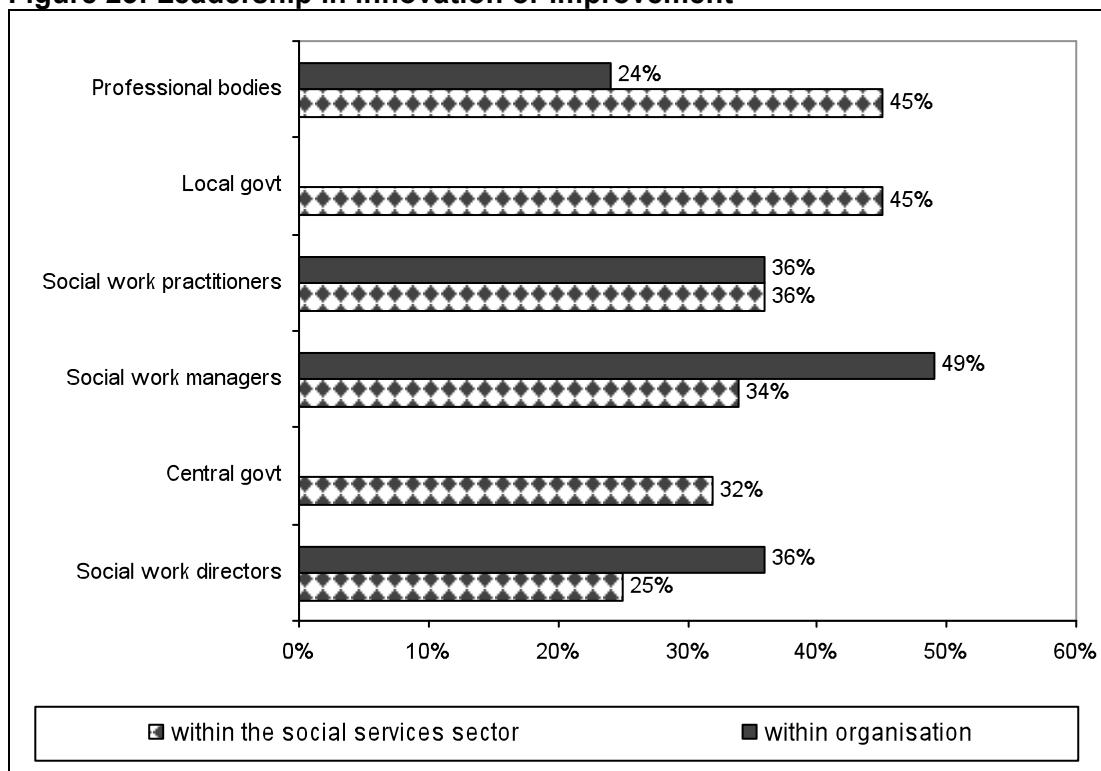
## E Responsibility

In order for the successful implementation of any changes within the sector, it is important to understand where the leadership for this lies. All respondents participating in the telephone survey were asked to say who they perceived to be leading innovation or improvement within the social services sector and within their organisation.

As shown in Figure 23, *within the social services sector*, professional bodies and local government receive the most frequent mentions (each cited by 45% of respondents). Mentioned by around a third of respondents were social work practitioners, social work managers and central government (cited by 36%, 34% and 32% respectively). The lowest level of mention was for social work directors at a level of 25%.

*Within respondent organisations* these figures change slightly, with social work managers being most frequently mentioned (49%), followed by social work practitioners and social work directors (both mentioned by 36%). Professional bodies were cited by 24% of respondents.

**Figure 23: Leadership in innovation or improvement**



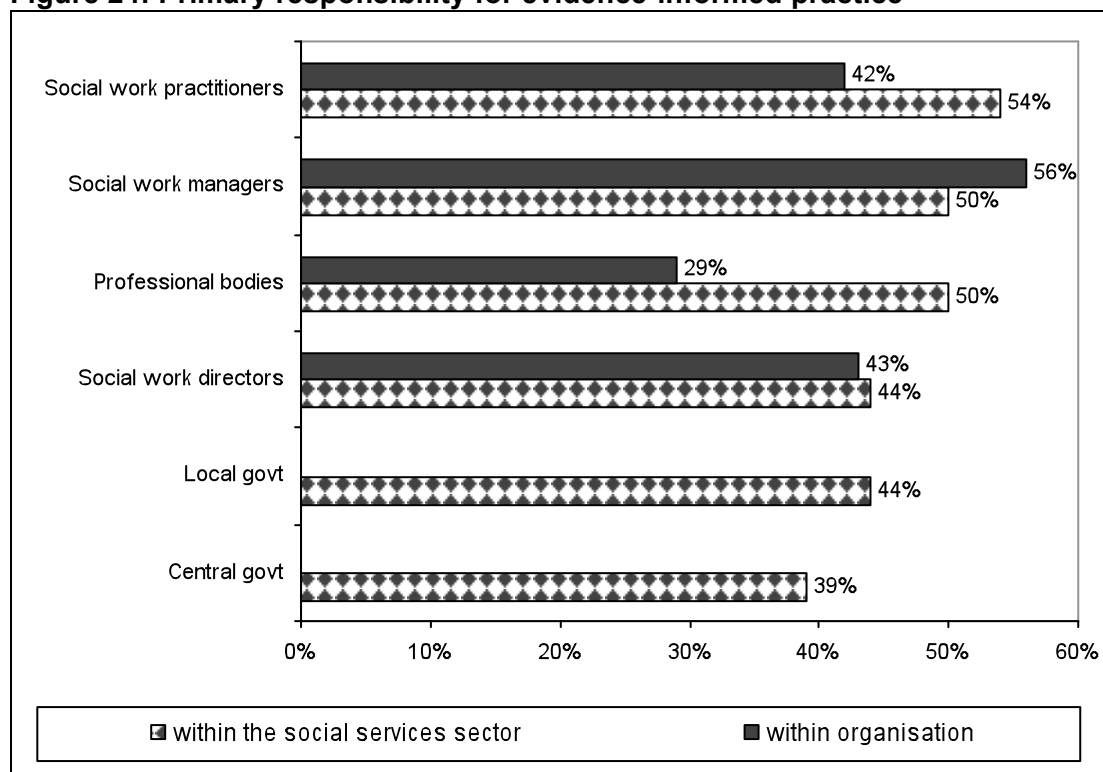
Source: Q13a/Q13b, Base = All respondents (300)

The same questions were then asked about evidence-informed practice. As Figure 24 shows, *within the social services sector*, primary responsibility for evidence-informed practice is seen to lie with a range of different individuals. Most frequently cited were social work practitioners, social work managers and professional bodies (cited by 54%, 50% and 50% respectively). However, social work directors and local government were both cited by 44% of respondents, and central government referred to by 39% of respondents.



Within respondent organisations specifically, social work managers received the most frequent mentions (56%), followed by social work directors (43%) and practitioners (42%). Least mentioned were professional bodies, at a level of 29%.

**Figure 24: Primary responsibility for evidence-informed practice**



Source: Q13c/Q13d, Base = All respondents (300)

The qualitative research findings support this and most respondents noted the need for practitioners to be self motivating at least to an extent, although there was also a need to have support and encouragement from line managers and senior management as well as information from professional organisations.

In summary:

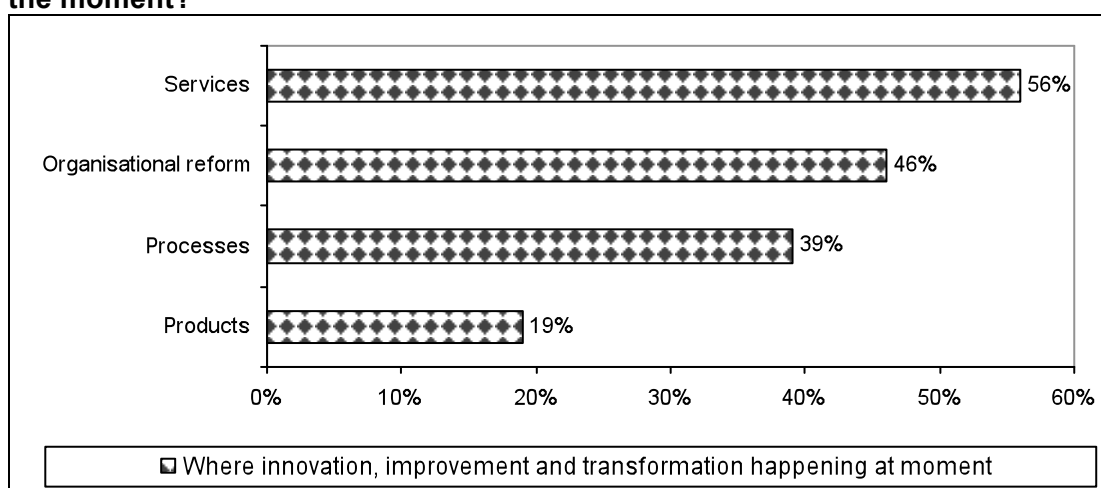
- Within the social services sector, professional bodies and local government are perceived to play a key role in leading innovation and improvement, although within respondent organisations, a key role is perceived to be played by social work managers and social work practitioners.
- In terms of leading evidence-informed practice within the social services sector, key roles are perceived to be played by social work practitioners, social work managers and professional bodies; within respondent organisations, social work managers, practitioners and strategic managers all play a key role.

## F Service Development

There are a number of ways in which innovation, improvement and transformation can impact within the social services sector. All respondents participating in the telephone survey were asked where they perceived innovation, improvement and transformation were happening at the moment.

As shown in Figure 25, over half of the respondents (56%) referred to services and just under half (46%) referred to organisational reform; 39% referred to processes and 19% to products. Higher proportions of those in the private sector cited services than those in the statutory sector and this difference is statistically significant.

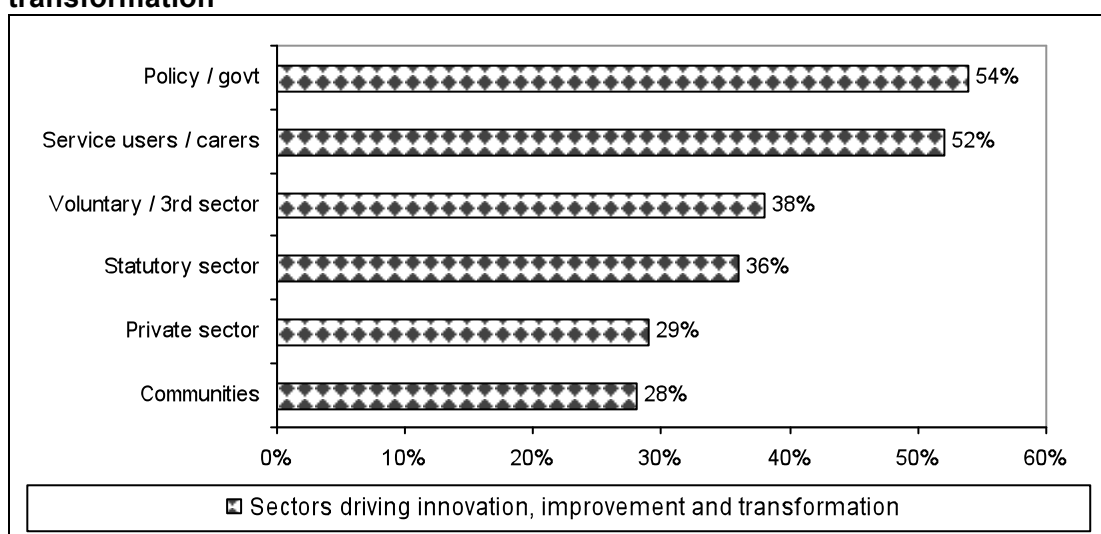
**Figure 25: Where is innovation, improvement and transformation happening at the moment?**



Source: Q14, Base = All respondents (300)

Respondents were then asked which sectors they felt were driving innovation, improvement and transformation. As Figure 26 shows, policy / government and service users / carers were mentioned by highest proportions of respondents (54% and 52% respectively). The voluntary / 3<sup>rd</sup> sector and statutory sector were each mentioned by just over a third and the private sector and communities received least mention.

**Figure 26: Sectors that are driving innovation, improvement and transformation**



Source: Q15, Base = All respondents (300)

When we examine this data further by job type or sector, some differences emerge. As Figure 27 shows, there was little by way of significant differences by job type (significant differences are emboldened). However, there were some significant differences between sector type and to an extent these reflect the sectors in which respondents were based:

- Highest proportions claiming that the private sector is driving innovation, improvement and transformation were within the private sector
- Highest proportions claiming that the voluntary / 3<sup>rd</sup> sector is driving innovation, improvement and transformation were within the voluntary sector
- Highest proportions claiming that the statutory sector is driving innovation, improvement and transformation were within the private sector
- Highest proportions claiming that service users or carers are driving innovation, improvement and transformation were within the independent private sector.

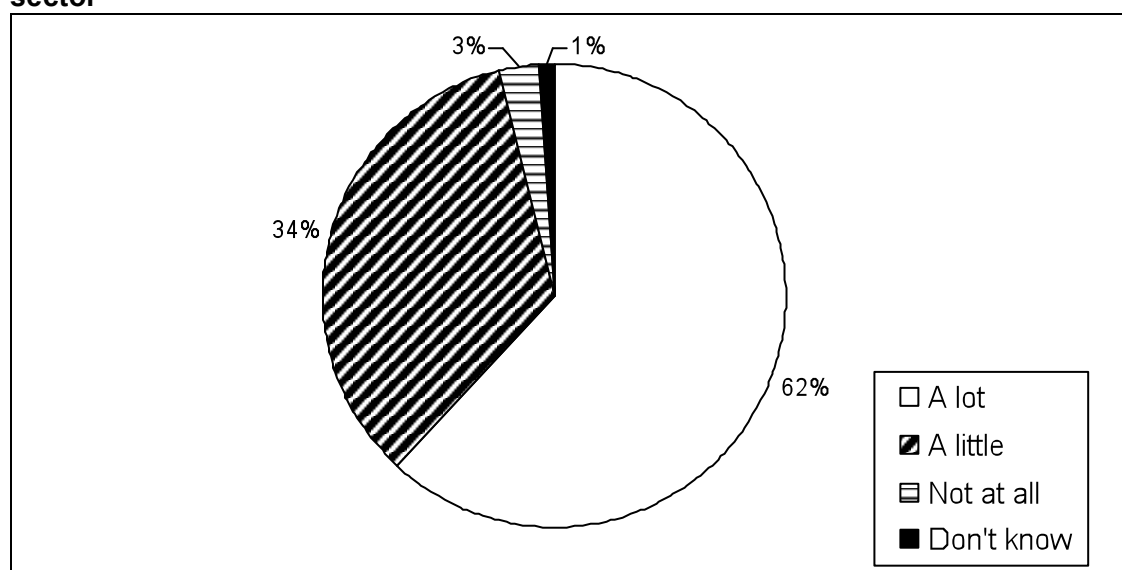
**Figure 27: Sectors that are driving innovation, improvement and transformation by different sub-groups**

	Job Type			Sector			Total
	Strategic Manager (24) %	Operational Manager (150) %	Practitioner (126) %	Statutory sector (145) %	Indep Volun (77) %	Indep Private (78) %	
Policy / govt	50	55	52	57	49	53	54
Statutory sector	21	38	37	37	<b>23</b>	<b>47</b>	36
Private sector	13	31	29	<b>20</b>	<b>19</b>	<b>55</b>	29
Voluntary / 3 <sup>rd</sup> sector	58	30	44	<b>29</b>	<b>65</b>	<b>28</b>	38
Communities	13	27	33	26	25	36	28
Service users / carers	42	<b>63</b>	<b>41</b>	<b>48</b>	<b>42</b>	<b>69</b>	52

Source: Q6b, Base = All respondents (300)

Despite the barriers to engaging in evidence-informed practice that have already been noted, using evidence to inform practice is clearly important, with almost all respondents noting that evidence is informing practice a lot (62%) or a little (34%) in the sector (see Figure 28 below).

**Figure 28: Extent to which evidence is currently informing practice in the sector**



Q16a; Base = all respondents (300)

Respondents cited a number of ways in which evidence is currently impacting on service development. Most frequently cited was via service delivery (at a level of 68%). As Figure 29 shows, there are some differences by respondent type; while similar proportions of respondents in each group refer to service delivery, higher proportions of Strategic Managers refer to outcomes, service design and the commissioning of services. Where figures are emboldened in Figure 29, this is because they are statistically significant.

**Figure 29: Ways in which evidence is currently impacting on service development**

	Total sample	Job Type		
		Strategic Manager	Operational Manager	Practitioner
Base: all respondents agreeing that evidence is currently informing practice in the sector	(286) %	(24) %	(142) %	(120) %
In service delivery	68	71	70	65
In outcomes	43	<b>71</b>	44	36
In service design	37	63	37	33
In commissioning of services	34	<b>63</b>	32	30

Source: Q16b

In summary:

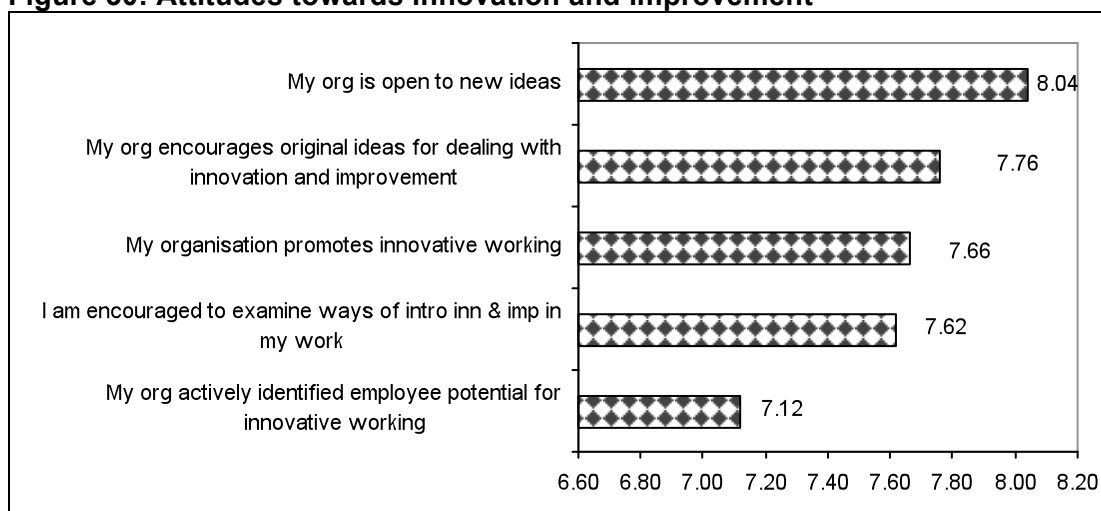
- Innovation, improvement and transformation is currently happening primarily within services and organisational reform; the key sectors perceived to be driving this are policy / government and service users / carers.
- Engaging in evidence-informed practice is clearly important, with almost all respondents noting that evidence is informing practice either a lot (62%) or a little (34%) in the social services sector. The key area where evidence is informing practice is in service delivery.

## G Attitudes towards innovation and improvement and evidence-informed practice

At the end of the telephone survey, all respondents were read a series of statements and asked to say the extent to which they agreed or disagreed with each, using a scale of between 1 and 10 where 1 indicated they disagreed strongly and 10 that they agreed strongly.

In relation to innovation and improvement, Figure 30 shows that the statement “*my organisation is open to new ideas*” received the highest average score (8.04), although all four statements relating to innovation and improvement were awarded a score of over 7.0. For each of these statements, respondents within the private and voluntary sectors were more positive in their views and these differences are statistically significant.

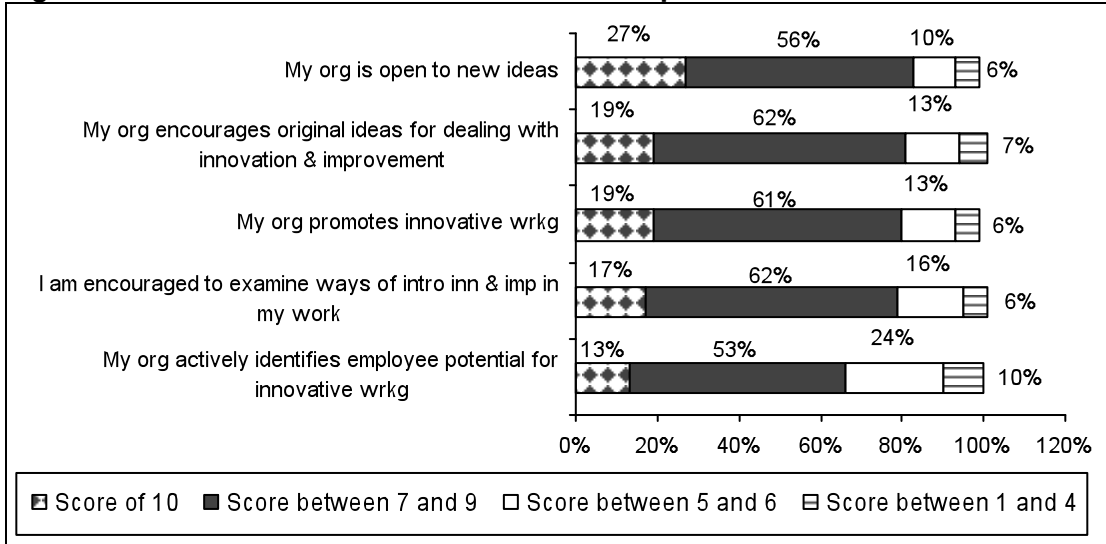
**Figure 30: Attitudes towards innovation and improvement**



Q17; Base = all respondents (300)

Figure 31 shows the distribution of responses to each of these statements. What this shows is that attitudes are largely positive, with a majority awarding a score of between 7 and 10 for each statement. The statement receiving the least positive score was “*my organisation actively identifies employee potential for innovative working*”. For three out of four of these statements, respondents within the private and voluntary sectors are more positive in their views and these differences are statistically significant. Differences between the private and statutory sector are also statistically significant, with those in the private sector being more positive.

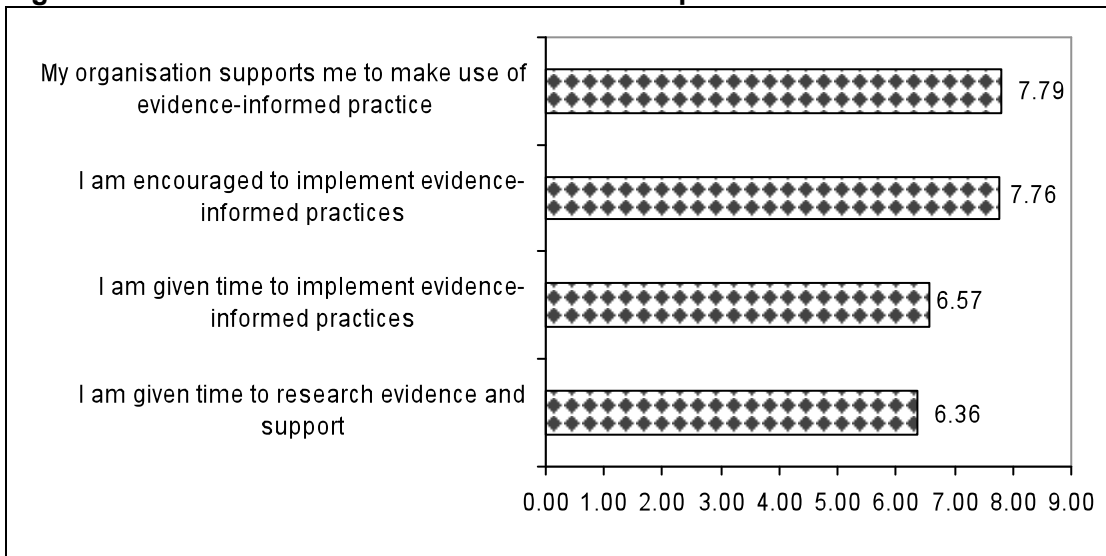
**Figure 31: Attitudes towards innovation and improvement**



Q17; Base = all respondents (300)

Four of the statements related to evidence-informed practice (see Figure 32). Those receiving most positive responses were “my organisation supports me to make use of evidence-informed practice” and “I am encouraged to implement evidence-informed practices” and both of these received average scores of over 7.7. The two statements receiving least positive responses related to available time, both to implement evidence-informed practices (6.57) and to research evidence and support (6.36).

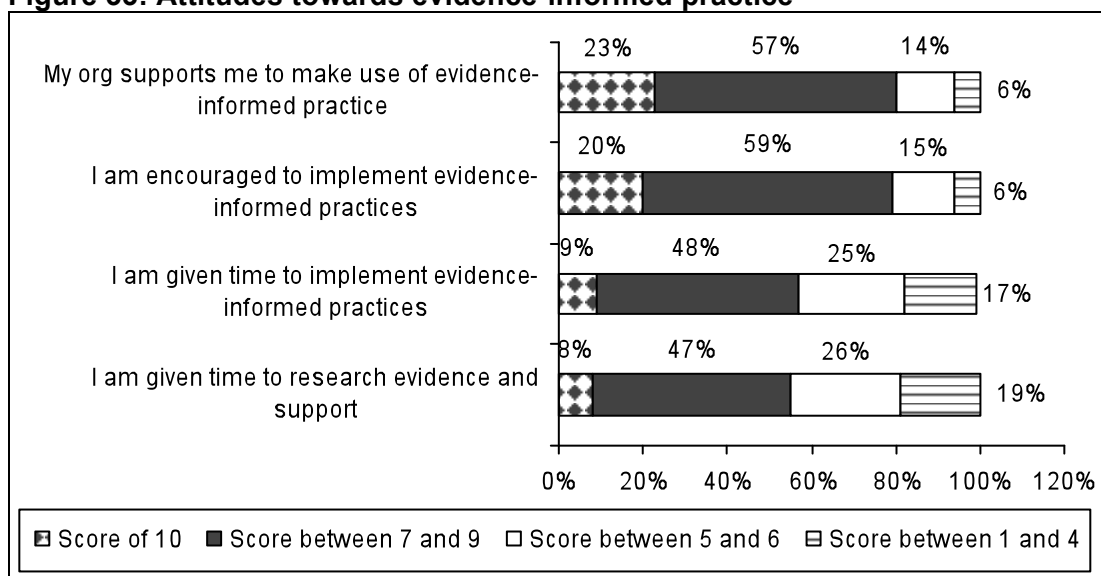
**Figure 32: Attitudes towards evidence-informed practice**



Q17; Base = all respondents (300)

As can be seen in Figure 33, while a majority of respondents gave a score of 7 or more to each statement, significant minorities provided a score of 6 or less to both the statements about time for research and implementation of evidence-informed practice.

**Figure 33: Attitudes towards evidence-informed practice**



Q17; Base = all respondents (300)

To a degree, this quantitative data seems to contradict earlier findings. Key barriers already noted to innovative or improved working and engaging in evidence-informed practice were a lack of time during the working week and a lack of finance. All respondents participating in the qualitative research noted that this has become more of an issue in the current economic climate, with concerns from some of further limitations on finance and resources.

However, Figure 32 suggests that respondents are relatively positive in respect of time, both to implement evidence-informed practices (6.57) and to research evidence and support (6.36). The qualitative data helps us to understand why these apparently contradictory views can exist. In the current economic climate most respondent organisations are suffering from budgetary cuts and this is impacting upon access to, and use of, resources, so respondents do focus on a lack of time and financial resources. However, there is also an acknowledgement that time is allowed where possible for respondents to research and implement evidence-informed practices and that there is a need for respondents to research and implement evidence-informed practices. In some instances this has led to less use of more expensive resources and increased usage of online resources which are relatively cheap and can be accessed directly from work. This had sometimes led to staff not being replaced and this in turn places more pressure upon colleagues who have to take over their responsibilities.

In summary:

- Both the qualitative and quantitative data show that attitudes towards innovation, improvement and evidence-informed practice are largely positive, although the quantitative data show that time to implement evidence-informed practice and for researching evidence and support is an issue.

## H Views on IRISS

While this survey was not designed to elicit views on IRISS specifically, respondents participating in the qualitative discussions made a number of comments about the organisation, which impact on delivery of information and the ways in which IRISS markets itself to the social services sector. This section of the report focuses on these points.

Data from the telephone survey shows that just over a quarter (26%) of respondents received information on innovation and improvement from IRISS and a slightly smaller proportion (21%) were provided with evidence or information to inform practice by IRISS. Highest proportions of these respondents were Strategic Managers and these figures are statistically significant. During the course of the qualitative research, it became apparent that respondents with a senior and strategic role have highest awareness and understanding of IRISS' role and responsibilities. Some respondents, primarily Practitioners and Operational Managers, were either not aware of IRISS or were aware of the organisation but could not provide much detail on its role or responsibilities within the social services sector.

For example, one of our respondents had recently been made aware of IRISS by a colleague who recommended the training materials on their website. Another respondent noted that he uses information provided by IRISS and cascades this down through the organisation, although his staff would not be aware that IRISS were the source of this information. As this respondent noted,

*“What I do is I then take stuff which is the evidence sources. I won't necessarily go to my staff meeting and talk about IRISS and the Evidence-informed Portal. But I'll maybe take bits out of it that I can use.”*

*(Strategic Manager)*

Where information has been provided by IRISS this has been welcomed and is considered to be of good quality, relevant and independent. One Strategic Manager noted,

*“Feedback from their latest research etc. that is relevant to the field, I think they [IRISS] kind of come out on top. What we often get from other people is things that are maybe a bit too general to read behind, it is interesting but never quite specific, but with IRISS, obviously going through the website which is good, the kind of stuff that even if I haven't personally received, that my line managers have received from them, it often gets distributed right through the team. I think it is really to do with the quality of what is produced.”*

*(Strategic Manager)*

Another respondent specifically commented on the independence of IRISS and perceived this as a key advantage to the organisation.

*“I think possibly, and this may be a perception rather than the reality, but I see them as being independent without having any other agenda in what they are doing. That is not a criticism of the other bodies, they are set up to achieve specific targets and meet specific criteria. I may be wrong, but I think IRISS has a little bit more flexibility in the direction that they can take things.”*

*(Strategic Manager)*



There was also awareness from some that IRISS is involved in setting up and presenting at conferences and training events, although there was a desire from some respondents for IRISS to take a higher profile within the sector and to work more closely in partnership with other bodies. One Strategic Manager commented on the need for IRISS to help add value to what their organisation does; another on the need for IRISS to focus on pragmatic ways of working in the sector; another on the need for IRISS to be seen as a representative voice and to provide comment on key issues impacting on the sector.

*“So I think the challenge really is about how do you – how does an organisation like IRISS really become part of a practice environment?”*  
(Strategic Manager)

*“I think IRISS would have to be very pragmatic about looking at... rather than having ethereal, esoteric research studies, it’s about how can we make life easier, you know, for practitioners? But very much informed by how can we ensure that it’s not just making life easier, it’s actually facilitating outcomes for children and families, or whatever the target group is.”*

(Strategic Manager)

One respondent commented specifically on the future of the social services sector and noted that IRISS needs to ensure they are involved in any changes that may come about.

In summary:

- Respondents who are aware of IRISS note a need for the organisation to increase its level of communication and marketing of its role within the social services sector, particularly in the light of current and future changes. For example, to increase its level of partnership working with other organisations, or to become involved in more conferences, seminars and workshops within the sector.
- Information provided by IRISS is seen to complement that provided by other organisations and for some, is perceived to be more relevant to them and their organisation.

## **APPENDIX 1**

**IRISS – ATTITUDES AND APPROACHES TO EVIDENCE, INNOVATION  
AND IMPROVEMENT IN SOCIAL SERVICES IN SCOTLAND**

**Final Telephone Questionnaire**

**STRICTLY PRIVATE AND CONFIDENTIAL**

This questionnaire is the property of George Street Research Limited, 24 Broughton Street, Edinburgh, EH1 3RH. Telephone 0131 478 7543.

Respondent's Name .....

Job Title .....

Organisation .....

Address .....

Postcode ..... Telephone Number .....

Interviewer Name ..... Interviewer Number .....

Date of Interview ..... Respondent ID Number .....

<b>CLASSIFICATION</b>			
<b>Job Type</b>		<b>Local authority area</b>	
Strategic director	1	Aberdeen	1
Operational manager	2	Aberdeenshire	2
Social service practitioner	3	Angus	3
Other (write in) .....	4	Argyll and Bute	4
		Clackmannanshire	5
<b>Service Type</b>		Dumfries and Galloway	6
Adult services	1	Dundee City	7
Children's services	2	East Ayrshire	8
		East Dunbartonshire	9
<b>Sector</b>		East Lothian	10
Statutory	1	East Renfrewshire	11
Independent, voluntary	2	City of Edinburgh	12
Independent, private	3	Falkirk	13
		Fife	14
		Glasgow	15
<b>LA cont ....</b>		Highland	16
Scottish Borders	25	Inverclyde	17
Shetland Islands	26	Midlothian	18
South Ayrshire	27	Moray	19
South Lanarkshire	28	North Ayrshire	20
Stirling	29	North Lanarkshire	21
West Dunbartonshire	30	Orkney	22
West Lothian	31	Perth & Kinross	23
Western Isles	32	Renfrewshire	24

Length of Interview: ..... mins  
Job Number: 6387



## SECTION 1 - UNDERSTANDING

- 2 Please could you tell me what you understand by innovation and improvement in the workplace? WRITE IN
- 3 And could you tell me what you understand by evidence-informed practice in the workplace? WRITE IN

For the purposes of this survey I would like to read out definitions of innovation and improvement and evidence-informed practice and I would like you to bear them in mind when answering the following questions.

*“Improvement is about doing the same thing, but improving the way it is done. For example, reducing waiting times in a doctor’s surgery from 10 minutes to 5 minutes is an improvement. Innovation is a new way of doing something and often challenges the status quo, for example, changing the way a doctor’s surgery is accessed so people can choose to have a 5 minute call with a nurse or doctor instead of attending the surgery would be an innovation. Innovations can happen in different areas of an organisation and what it offers, including: products, services, and organisational processes.*

Evidence-informed Practice or EiP has different meanings, and the terms evidence-based or research-informed are often used. However, for this research, “evidence-informed practice” is defined as *“practice informed by practice wisdom, service user experience and research evidence”*.

NB: IF RESPONDENT QUERIES “PRACTICE WISDOM”, THIS IS PRACTITIONER EXPERIENCE/ KNOWLEDGE

**SECTION 2 - ATTITUDE**

4a Please could you tell me to what extent your organisation encourages **innovation or improvement across your organisation as a whole**? Would you say a lot, a little or not at all?

4b And could you tell me to what extent your organisation encourages you to use innovative ideas or improvements **in your job**? Would you say a lot, a little or not at all?

	4a	4b
A lot	1	1
A little	2	2
Not at all	3	3
Don't know	4	4

5a And in what ways does your organisation encourage innovation or improvement in the workplace? **DO NOT PROMPT. CODE BELOW**

5b And in which of these other ways that I am going to read out, does your organisation encourage innovation or improvement in the workplace? **READ OUT ANY NOT CODED AT Q5a**

	5a	5b
Support to develop ideas	1	1
Reward programmes for innovation and improvement	2	2
Work time for developing and promoting ideas	3	3
An appraisal system that encourages innovation and improvement	4	4
Support from managers for new ideas and their application	5	5
Resources for innovation and improvement	6	6
Encouragement from senior management for staff to develop innovation and improvement in their work	7	7
Engaging and developing services with users	8	8
Collaboration with other departments or organisations	9	9
Secondments	10	10
Innovation and Improvement strategy	11	11
Tolerance of failure of ideas	12	12
None	13	13
Other (write in)	14	n/a
.....		
.....		
.....		

- 6a Please could you tell me to what extent evidence-informed practice is encouraged or promoted **across your organisation as a whole**? Would you say a lot, a little or not at all?
- 6b And could you tell me to what extent your organisation encourages you to use evidence to inform **your work/practice**? Would you say a lot, a little or not at all?

	6a	6b
A lot	1	1
A little	2	2
Not at all	3	3
Don't know	4	4

7a And what types of evidence do you use to inform your practice? DO NOT PROMPT. CODE BELOW

7b And which of these other types of evidence do you use to inform your practice? READ OUT ANY NOT CODED AT Q7a

	7a	7b
Practice wisdom (own or of colleagues)	1	1
Experiences of service users / carers	2	2
Journal articles	3	3
Attendance at training courses / seminars	4	4
Web-based toolkits	5	5
Research summaries	6	6
Books	7	7
None	8	8
Other (write in) .....	9	N/A
.....		

**SECTION 3 - KNOWLEDGE**

8 What specific approaches to innovation and improvement are you aware of that exist in other organisations, other sectors or from the government? WRITE IN BELOW

9a What organisations provide you with information on innovation or improvement? READ OUT

9b Which are your preferred organisations to provide information on innovation or improvement? READ OUT

	9a	9b
Care Commission	1	1
SSSC	2	2
IRISS	3	3
Local authority	4	4
SWIA	5	5
Research in Practice (RiP)	6	6
Research in Practice for Adults (RiPfa)	7	7
Joint Improvement Team (JIT)	8	8
Research Unit for Research Utilisation	9	9
SCIE	10	10
Other (write in) .....	11	11
.....		

9c What organisations provide you with evidence or information on using evidence to inform practice? READ OUT

9d And which are your preferred organisations for obtaining information on using evidence to inform practice? READ OUT

	9c	9d
Care Commission	1	1
SSSC	2	2
IRISS	3	3
Local authority	4	4
SWIA	5	5
Research in Practice (RiP)	6	6
Research in Practice for Adults (RiPfa)	7	7
Joint Improvement Team (JIT)	8	8
Research Unit for Research Utilisation	9	9
SCIE	10	10
Other (write in) .....	11	11
.....		



- 10a In what ways is information provided on innovation or improvement by any of these organisations? READ OUT AND CODE BELOW
- 10b And what is your preferred means of obtaining information on innovation or improvement? READ OUT AND CODE BELOW

	10a	10b
Newsletters	1	1
Pamphlets / brochures	2	2
Website	3	3
Seminars	4	4
Conferences	5	5
Word of mouth	6	6
Workshops	7	7
Other (write in)	8	8
.....		
.....		
.....		

- 10c In what ways is evidence or information on using evidence to inform practice provided by any of these organisations? READ OUT AND CODE BELOW
- 10d And what is your preferred means of obtaining evidence or information on using evidence to inform practice? READ OUT AND CODE BELOW

	10c	10d
Newsletters	1	1
Pamphlets / brochures	2	2
Website	3	3
Seminars	4	4
Conferences	5	5
Word of mouth	6	6
Workshops	7	7
Other (write in)	8	8
.....		
.....		
.....		

**SECTION 4 – CAPACITY AND BARRIERS**

11a What resources are available to you to carry out innovation or improvement in your work? READ OUT AND CODE BELOW

11b And what resources or support would you like to be provided with on innovation or improvement? READ OUT AND CODE BELOW

	11a	11b
Training	1	1
Time to set aside in the working work	2	2
Finance	3	3
Attitudinal team support	4	4
Induction programmes	5	5
Encouragement from line manager	6	6
Encouragement from senior management	7	7
None	8	8
Other (write in)	9	9
.....		
.....		

11c What type of organisational support do you receive to encourage you to use evidence in practice? READ OUT AND CODE BELOW

11d And what type of organisational support would you like to receive to encourage or promote you to use informed practice in your work? READ OUT AND CODE BELOW

	11c	11d
Training	1	1
Time to set aside in the working work	2	2
Finance	3	3
Attitudinal team support	4	4
Induction programmes	5	5
Encouragement from line manager	6	6
Encouragement from senior management	7	7
None	8	8
Other (write in) .....	9	9
.....		

12a What barriers exist to **innovative or improved working** at an **organisational** level? READ OUT AND CODE BELOW

12b What barriers do you face in engaging in **evidence-informed practice** at an **organisational** level? READ OUT AND CODE BELOW

	12a	12b
Lack of training	1	1
Lack of time to set aside in the working work	2	2
Lack of finance	3	3
No way of managing the risk associated with innovation	4	4
Lack of induction programmes	5	5
Lack of encouragement from line manager	6	6
Lack of encouragement from senior management	7	7
Political interests ie changing government	8	8
Structure of organisation hinders innovation	9	9
No opportunities for ideas to be developed further into other departments/ organisations/authorities	10	10
Lack of support from senior management	11	11
None	12	12
Other (write in)	13	13
.....		
.....		
.....		

12c What barriers exist to **innovative or improved** working at an **individual** level? READ OUT AND CODE BELOW

12d What barriers do you face in engaging in **evidence informed practice** at an **individual** level? READ OUT AND CODE BELOW

	12c	12d
Personal interests of organisations/individuals to maintain current status quo	1	1
Lack of autonomy in work	2	2
Lack of training	3	3
Lack of time set aside in working	4	4
Lack of induction programmes	5	5
Lack of encouragement from line manager	6	6
None	7	7
Other (write in)	8	8
.....		
.....		

**SECTION 5 - RESPONSIBILITY**

13a Who do you perceive to be leading innovation or improvement within the **social services sector**? READ OUT AND CODE BELOW

13b Who do you perceive to be leading innovation or improvement within your **organisation**?

	13a	13b
Social work practitioners	1	1
Social work managers	2	2
Social work directors	3	3
Professional bodies	4	4
Local government	5	N/A
Central government	6	N/A
Other (write in) .....	7	7

13c Where do you see primary responsibility for evidence-informed practice lying within the **social services sector**?

13d And who do you perceive to be leading the use of evidence-informed practice within your **organisation**?

	13c	13d
Social work practitioners	1	1
Social work managers	2	2
Social work directors	3	3
Professional bodies	4	4
Local government	5	N/A
Central government	6	N/A
Other (write in) .....	7	7

## SECTION 6 – SERVICE DEVELOPMENT

- 14 In which of the following areas do you perceive innovation, improvement and transformation happening at the moment? Would you say in .... READ OUT AND CODE BELOW. MULTI CODING ALLOWED

Products	1
Processes	2
Organisational reform	3
Services	4
Other (write in) .....	5
.....	

- 15 And which sectors do you think are driving innovation, improvement and transformation? READ OUT AND CODE BELOW

Policy / Government	1
Statutory sector	2
Private sector	3
Voluntary / 3 <sup>rd</sup> sector	4
Communities	5
Service users / carers	6
Other (write in) .....	7
.....	

- 16a To what extent would you say evidence is currently informing practice (in the sector)? Would you say a lot, a little or not at all?

A lot	1 – GO TO Q16b
A little	2 – GO TO Q16b
Not at all	3 – GO TO Q17
Don't know	4 – GO TO Q17

IF Q16a IS CODED 1, 2 ASK

- 16b Thinking about your personal experience or your general perceptions, in what ways is evidence currently impacting on service development? READ OUT AND CODE BELOW

In service design	1
In service delivery	2
In commissioning of services	3
In outcomes	4
Other (write in)	5

ASK ALL RESPONDENTS

- 17 I am going to read out a number of phrases about innovation and improvement and evidence-informed practice and I'd like you to tell me the extent to which you agree or disagree with each one, using a scale from 1 to 10, where 1 indicates that you disagree strongly and 10 indicates that you agree strongly.

	Write in score
My organisation promotes innovative working	
My organisation is open to new ideas	
My organisation encourages original ideas for dealing with innovation and improvement	
My organisation actively identifies employee potential for innovative working	
I am given time to research evidence and support	
I am encouraged to implement evidence-informed practices	
I am given time to implement evidence-informed practices	
I am encouraged to examine ways of introducing innovation and improvement in my work	
My organisation supports me to make use of evidence-informed practice	

- 18 Finally, it is likely that we or IRISS may be conducting further research in the future. Would you be willing to be recontacted by George Street Research, have your contact details passed onto IRISS or both?

- |                 |                            |
|-----------------|----------------------------|
| Yes, both       | 1 – WRITE IN DETAILS BELOW |
| Yes, GSR only   | 2 – WRITE IN DETAILS BELOW |
| Yes, IRISS only | 3 – WRITE IN DETAILS BELOW |
| No              | 4                          |

Name .....

Organisation .....

Telephone number .....

Email address .....

**READ OUT:** If you have any queries about this survey please contact Joseph Kerr on 0131 478 7543 and quote Job Number 6387. Alternatively, for confirmation that we are a legitimate market research agency, please call the MRS Free-phone 0500 396999.

CHECK CLASSIFICATION  
THANK AND CLOSE

<p><b><u>Declaration</u></b> I declare that this interview was conducted by me with the above named respondent in accordance with survey instructions and MRS code of conduct. Signed .....</p> <p>Date .....</p>
---

## **APPENDIX 2**

# ATTITUDES AND APPROACHES TO EVIDENCE, INNOVATION AND IMPROVEMENT IN SOCIAL SERVICES IN SCOTLAND

## Final Topic Guide

*The following question areas have been developed to provide a framework for discussion. All relevant topic areas should be discussed and covered at some stage during the deliberative session, but should be addressed in such a way that facilitates a relaxed and natural flow of conversation.*

### **Introduction to the research**

Thank respondents for participating in telephone interview. Reassure respondents that all views will be confidential and anonymous. Findings will be reported in aggregate form only and any quotes used will be anonymised, unless they request otherwise.

REFER TO ANSWERS PROVIDED DURING TELEPHONE INTERVIEWS AND FOLLOW UP ON THESE

### **Background**

- Recap on classification details from telephone questionnaire (job type, service type etc); length of time working within social services sector and current job
- What are the key issues impacting on the social services sector at this point in time and what is their impact
- What will be key issues in the future and how will they impact on the sector

### **Innovation and Improvement**

ASK RESPONDENT TO DIFFERENTIATE BETWEEN INNOVATION AND IMPROVEMENT THROUGHOUT DISCUSSION

- How would respondent differentiate between innovation and improvement?
- To what extent are either / both encouraged within their organisation / the profession as a whole
- Have there been any changes to use of innovation / improvement recently; will there be any changes in the short / medium / long term and if, so, what are these changes and how will they impact on the respondent and their organisation
- What examples can the respondent provide of the use of innovation and / or improvement within their organisation and their role specifically
- What are the key factors impacting on the introduction / use of innovation and improvement within the sector (support, finance, time, resources, encouragement etc)

### **Information / communication**

- Recap on sources of information given in telephone interviews
- Reasons for these preferences given (eg. more credible organisation, provide better quality of information etc)
- What are informational requirements in terms of provision (eg practical and easily applied information, inclusion of case histories, inclusion of good practice examples, clearly presented information, brevity etc)
- Reasons for preferences for ways in which information is provided and benefits of each (eg. can read in own time, offers capacity to network with other professionals, offers capacity to participate in discussions etc)

### **Capacity and Barriers**

- Recap on questions relating to resources and barriers



- Which resources are crucial / desirable / less important and why; how should these be prioritised in the short and medium term
- Which barriers are most / least easily overcome and what suggestions does the respondent have to deal with these barriers

### **Evidence-informed practice**

- To what extent is evidence-informed practice encouraged within organisation / the profession as a whole; have there been any changes in evidence-informed practice recently; will there be any changes in the short / medium / long term and if, so, what are these changes and how will they impact on the respondent and their organisation
- What examples can the respondent provide of evidence-informed practice being used within their organisation / by themselves
- What are the key factors impacting upon evidence-informed practice within the sector (support, finance, time, resources, encouragement etc)

### **Information / communication**

- Recap on sources of information given in telephone interviews
- Reasons for these preferences given (eg. more credible organisation, provide better quality of information etc)
- What are informational requirements in terms of provision (eg practical and easily applied information, inclusion of case histories, inclusion of good practice examples, clearly presented information, brevity etc)
- Reasons for preferences for ways in which information is provided and benefits of each (eg. can read in own time, offers capacity to network with other professionals, offers capacity to participate in discussions etc)

### **Capacity and Barriers**

- Recap on questions relating to resources and barriers
- Which resources are crucial / desirable / less important and why; how should these be prioritised in the short and medium term
- Which barriers are most / least easily overcome and what suggestions does the respondent have to deal with these barriers

### **Views on IRISS**

- Awareness and understanding of IRISS and what the organisation does
- Awareness and attendance of research informed practice programme (now = evidence-informed practice programme) (see attached)
- Awareness of innovation and improvement programme (see attached)
- How does IRISS differ with other organisations in the sector
- Has respondent / their organisation used IRISS as source of information / training in the past; are they likely to use IRISS as source of information / training in the future and why / why not

### **The Future**

- Which organisations are key in providing
  - Up to date evidence on how to achieve effective outcomes
  - Support in developing new ways of working
  - Advice and support in carrying out research and evaluation
  - Strategies for leading and embedding evidence-informed practice
  - Opportunities to work in partnership on research and innovation projects

- What are respondent priorities in terms of innovation, improvement and evidence-informed practice in the short / medium / long term
- Who are the key players to deliver these priorities and why
- How does IRISS compare to other organisation in terms of delivery of training (better / worse etc) and why

## **Evidence or Research informed practice programme**

“Confidence through Evidence toolkit” – this is a web based toolkit to guide practitioners through a number of key steps in relation to evidence-informed practice. It highlights the variety of factors and decisions that influence evidence use at the stages of adoption, adaptation and implementation and links people to appropriate resources and tools.

“What Works: Putting research into practice” seminar series: a series of workshops providing practitioners with ready access to research findings and their practice implications.

Leading for Outcomes: developed in partnership with local authorities, this training pack offers guidance on how to lead teams in the development of an outcomes-focused approach. It links knowledge on effective team leadership to the evidence relating to the achievement of user and carer outcomes.

## **Innovation and improvement programme**

A new tool for self evaluation developed on behalf of SWIA.

A series of Masterclasses aimed at social work directors.

Work on how to visualise data: how to understand and interpret data (NB MANY MIGHT NOT KNOW ABOUT THIS)

Connected Practice Symposium – one day event bringing people together

One day workshop on Next Practice delivered with the Innovation Unit