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a Gofal Cymru  
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# Developing Evidence-Enriched Practice (DEEP): A co-production approach to learning and development

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## Background - The Developing Evidence-Enriched Practice (DEEP) project

- An appreciative action research project;
- in health and social care services for older people;
- across six sites – five in Wales and one in Scotland;
- exploring research and other contextual evidence and using it in service and workforce development;
- To promote **well-being** and address the Seven Challenges of the JRF programme A Better Life.



## What is at heart of the DEEP approach?

- The heart of the DEEP approach is to support why most people came into or social care or health in the first place, i.e. to make the world a better place.
- Paulo Freire suggests that the key purpose of learning is to create '***a world in which it will be easier to love***' (Freire 1972, p6).

## The DEEP approach starts with the people

- 'We cannot do anything, if we don't respect the people. We cannot educate if we don't start – and I said *start* and not *stay* – from the levels in which the people perceive themselves, their relationships with others and with reality, because this is precisely what makes their knowledge... one of the tasks of the educator is to provoke the discovering of need for knowing and never to impose the knowledge, whose need was not yet perceived' (Horton and Freire, 1990 p66)



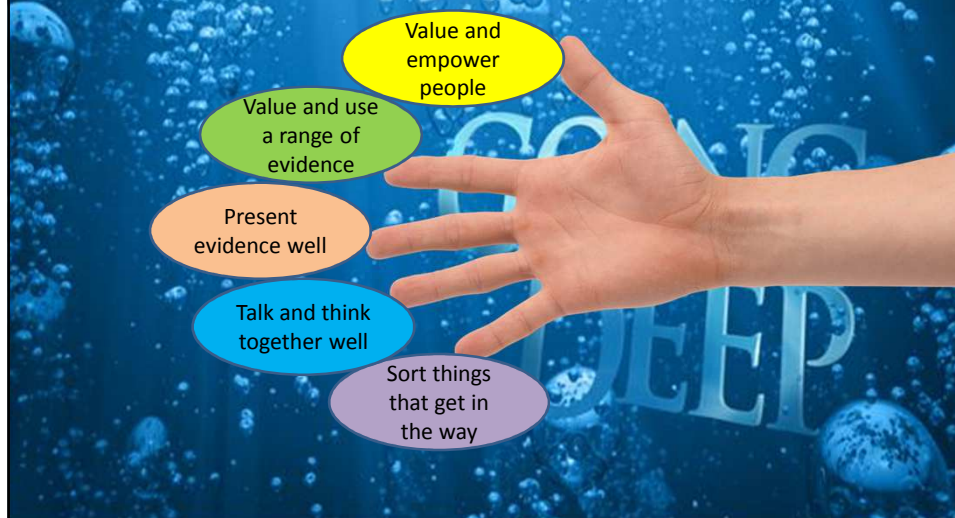
## Starting with the Seven Challenges of 'A Better Life' (Blood 2013)

- Promote a more positive image of old age
- See the person behind the label or diagnosis
- Recognise that all support is founded in meaningful and rewarding relationships
- Enable the opportunity for older people to give as well as receive
- Share responsibility with older people (e.g. in decision making and working together to promote collective well-being)
- Strengthen the individual and collective voice of older people
- Recognise that big innovative changes can be good but also that 'little things' can make big difference

## Areas chosen by participants for development

- *Relationship*-centred practice
- Positive and rights based approaches to risk management with people with dementia
- Meaningful activities in care homes and day services
- Supporting caring relationships through the development of meaningful short breaks
- Addressing loneliness and making an integrated resource centre *a part* of the community not *apart* from the community
- Personal outcome focused assessment support planning and review

## The five elements of the Developing Evidence-Enriched Practice (DEEP) approach



### 1: Value and empower people – creating an *enriched environment* for care and learning (Nolan et al 2006)



What's the movie of your health or social care service... Gulliver's Travels or Born Free?



## A thought from Wallace & Gromit

- *'Daddy created him for good, but he's turned out evil'* Gwendoline, A Close Shave (1995)



## Procedures before relationships

- *'Like the police service, adult social care is designed as a bureaucracy to feed the regime, not a service to meet older people's needs. The regime constrains method. It is a bureaucracy of call centres, functional specialisation, activity targets, budget management, form filling and counting, designed according to the requirements of the regime. And the bureaucracy is cemented with information technology, all of which has been designed from the point of view of electronic data management and reporting, not solving people's problems'* (Seddon, 2007)

## Outcomes of a compliance culture

- *'For far too many people in politics compliance has replaced conscience as the arbiter of what is right and what is wrong'* Jonathan Aitken, Speech on truth and politics, 26<sup>th</sup> May 2009



## Supporting creativity and taking risks





## Supporting 'practical wisdom' rather than compliance

*'Don't get me wrong. We need rules! Jazz musicians need some notes... but too many rules prevent accomplished jazz musicians from improvising, and as a result, they lose their gifts, or worse, they stop playing altogether'.*

Barry Schwartz:

[https://www.ted.com/talks/barry\\_schwartz\\_on\\_our\\_loss\\_of\\_wisdom?language=en](https://www.ted.com/talks/barry_schwartz_on_our_loss_of_wisdom?language=en)



## Recognising we are *social* beings

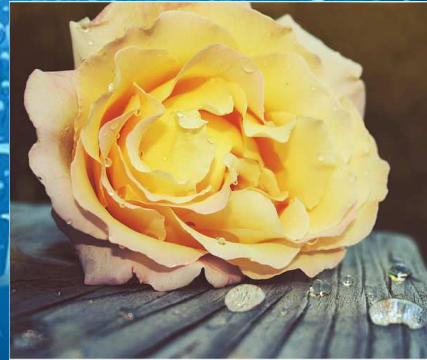


*'A person is a person because of people'* Zulu proverb

- Kip Williams film clip on social ostracism:  
<https://www.youtube.com/watch?v=A3UTXsJzAj4>

## Building on people's strengths

- It's not very useful
- It's not heated
- It can't fly
- It's not very robust, but
- You can cut yourself on it
- It doesn't taste nice
- It smells
- You can't hear it
- It can't talk
- It's got a short life
- It's associated with England
- You can't get a blue one



## Learning from Groundhog Day

- 'I peg you as a glass is **half** empty kind of guy' quote from Groundhog Day
- '**Appreciative Inquiry** is the co-operative search for the best in people, their organisations, and the world around them. It involves systematic discovery of what gives a system "life" when it is most effective and capable' (Cooperrider et al. 2003)



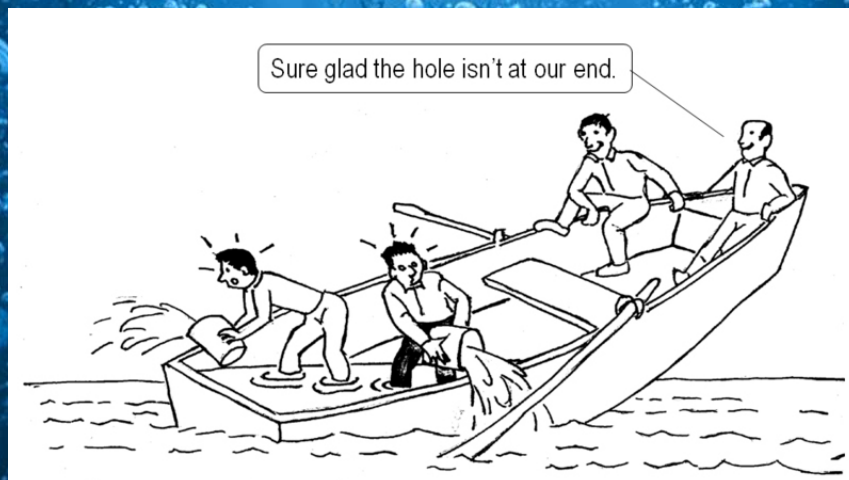


## Recognising that little things can make a **big** difference

- 'Often it is the simple things that bring the most pleasure (and the lack of them can bring a sense of sadness and loss) and services do not always seem to be very good at delivering "the ordinary"'. (Blood, I. 2013 p13)



## 'Enriched environments' in a nutshell



## 2. Value and use a range of evidence

A democratic and inclusive approach to evidence:

- Research findings,
- Practitioner knowledge
- The voice of service users and carers
- Organisational knowledge, including policy



## A research study with Advanced Practice Nurses (Gerrish et al 2011)

Table 2 Sources of evidence

Rank	The evidence that I use in my practice is based on	Frequently/always	
		n	%
1	Information I get from national policy initiatives/guidelines	705	82.9
2	Information I learned by undertaking post-registration education programmes	658	77.2
3	Information I get from local policies and protocols	620	72.9
4	My personal experience of caring for patients/clients over time	609	71.7
5	Information I get from attending conferences/study days	604	70.9
6	Information from other nurses in advanced practice roles e.g. clinical nurse specialists, nurse practitioners in my organization	572	67.3
7	Information from the multi-disciplinary team with whom I have contact	565	66.7
8	Information obtained from FLNs with whom I have contact	510	60.4
9	Articles published in nursing journals	490	57.6
10	Networking with other nurses in advanced practice roles outside my organization.	478	56.0
11	Articles published in other health related journals	471	55.3
12	Information that I gain from patients/clients and carers	431	50.8
13	Information I get from the Internet/World Wide Web	358	42.2
14	Information I get from my Trust/PCT Intranet	281	33.4
15	New treatments/medications that I learn about when doctors prescribe them for patients	274	32.5
16	Information on equipment/medication obtained from product literature and/or manufacture representatives	265	31.3
17	My intuitions about what seems to be 'right' for the patient/client	263	31.1

**PLEASE** note what comes in at numbers 12 and 17

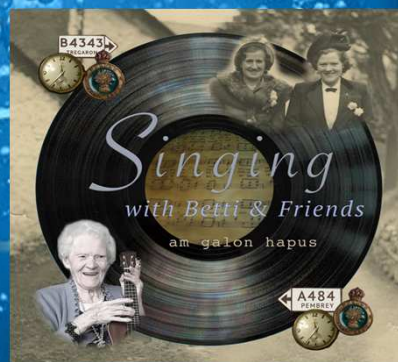


## The value of evidence compared



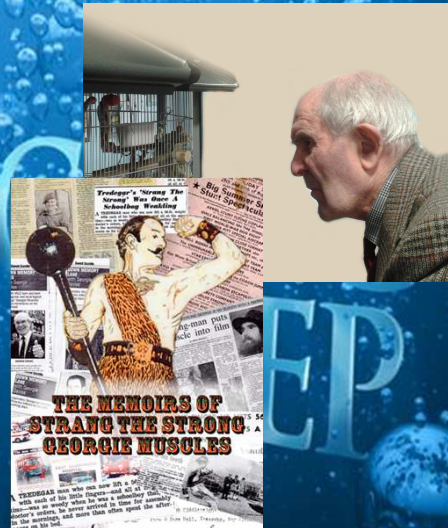
### 3. Present evidence well

- Very short research summaries
- Stories and quotes
- Poems and songs
- Normative frameworks, e.g. Senses Framework (Nolan et al 2006)
- Provocative statements



## Research and service user evidence coming together – powerful stuff!

- *'I don't know why you are involving me in this, because of my age, because of my memory loss, because of my uselessness'* Comments by project participant with dementia in first learning group (Andrews et al 2015)

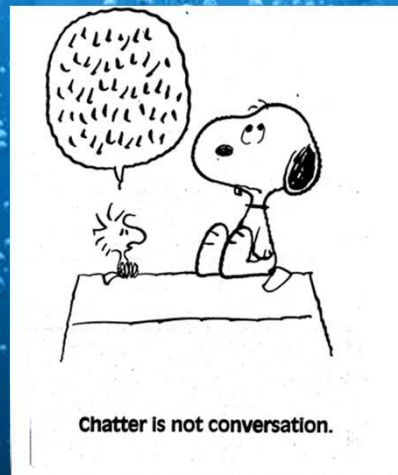


## Using magic moments and tragic moments





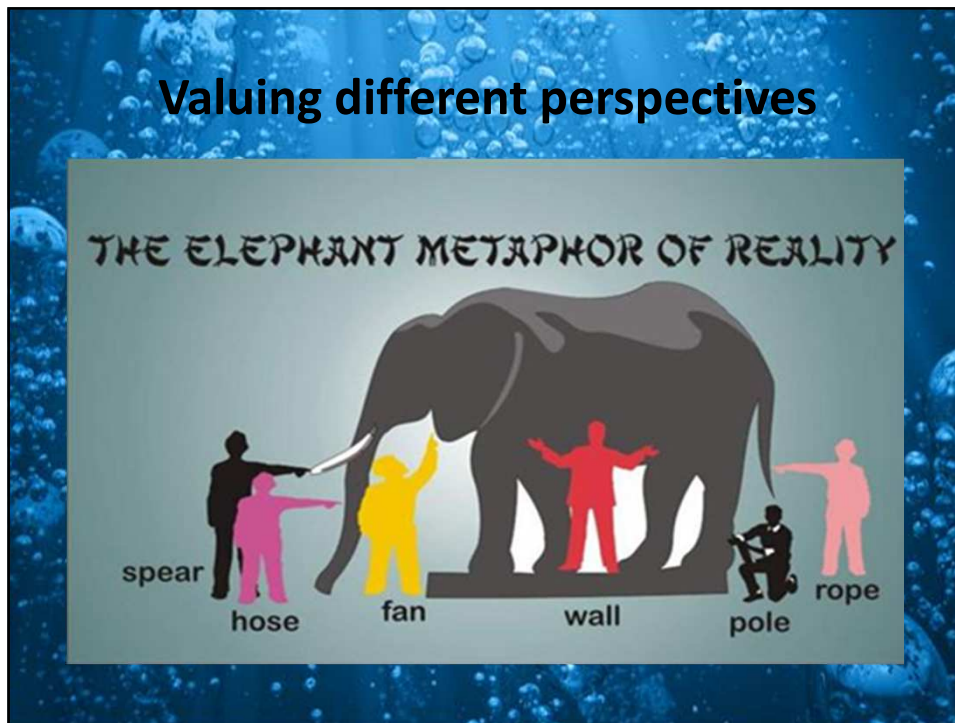
## 4. Talk and think well together



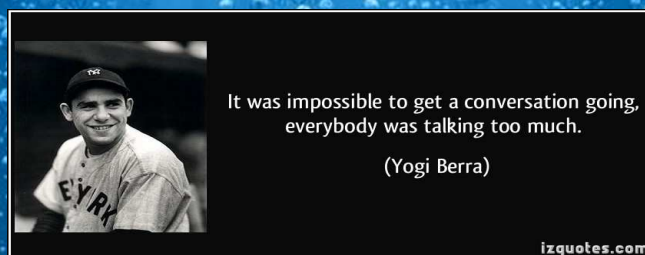
## Experience of talking in health & social care (Andrews et al 2015)

- *'We are either told off, or told what to do'*
- *'We used to talk with our managers, now we have policy briefings'*
- *'We have lots of meetings, but we don't meet in the real sense of the word'*
- *'In the MDT I said "I've spoken with the OT and we think..." The nurse responded by saying "Well, I've spoken with the Consultant, and he thinks..."'*

## Valuing different perspectives



## Understanding the nature of talk, not taking it for granted



Three types of talk (Mercer & Littleton, 2007):

- Disputational talk
- Cumulative talk
- Exploratory talk



## The Community of Enquiry



## 5. Sort things that get in the way



- Risk aversion and associated rules
- Hegemony (around 'independence')
- Excessive paperwork
- Simplistic approaches to project management

## Further information

Full report and 4-page summary:

<http://www.jrf.org.uk/publications/developing-evidence-enriched-practice-health-and-social-care-older-people>

DEEP project on-line resource:

<http://deep-resources.chrismog.co.uk>

GOING  
DEEP