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Using evidence for change

Exploring the three-pronged evidence to action scoping methodology:

Summary of findings and potential for the future

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THE NATIONAL EVIDENCE SEARCH & SUMMARY SERVICE

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Purpose of this paper

This paper provides details of the evidence into action scoping methodology developed through pilots with social work and social care teams in three health and social care partnerships. It summarises the learning from the pilots and highlights key considerations for applying and further developing this three-pronged methodology in future.

The report aims to provide the leads for the Improving Use of Evidence strand of the Shared Vision and Strategy for Social Services with a basis for deciding if and how to apply this methodology in future.

Overview of project

This project was conducted to support implementation of the Improving Use of Evidence action area within the national Shared Vision and Strategy for Social Services in Scotland. It aimed to recognise the value that social services place on evidence from experience and context as well as from research. The intention was to define a methodology that would bring together these three different types of evidence and support social work and social care staff to convert that evidence into decisions and actions.

To develop and test this methodology, pilots were identified in three health and social care partnerships, each focused on a different priority for transformational change:

1. Developing the role of homecare workers in palliative and end of life care (Edinburgh City Council)
2. Improving multi-agency communication in working with domestic abuse in families with children (Dumfries and Galloway)
3. Developing the role of the social worker in first-tier prevention of mental health issues in children and young people (East Dunbartonshire).

The project was managed by the Evidence Search and Summary Service, originally located within NES. This service identified project owners and topic areas of interest within the three local authority areas. It produced two of the three research evidence summaries for these enquiries and one of the improvement evidence summaries. After NES' decision in January 2017 not to continue to support this service, the projects continued to be managed by the senior lead originally in charge of that service, now located in the Scottish Government Digital Health and Care team. An external research consultancy (SMCI Associates) was engaged to conduct the interviews and focus groups to gather practice-based evidence, and to produce the outstanding summaries of evidence from published research and improvement.

Central to the methodology of the work, was that the outputs from each of the pilots were comprised of three component parts:

1. Evidence from published research
2. Evidence from improvement knowledge
3. Evidence from practitioner knowledge

These three evidence bases were used to compile a combined summary of evidence and an action plan was developed on the back of these for each of the pilot areas.

This report provides:

1. A summary of the key findings from the project, including considerations for planning future development and use of the methodology.
2. An outline of the evidence into action scoping methodology.
3. Details of each stage and learning points from the development process.
4. An overview of the capabilities and activities which would be required of a future evidence search and summary service to deploy this methodology more widely.

Summary of key findings and considerations for future use

1. Success in bringing together three types of evidence.

The evidence into action scoping methodology developed in this project successfully brought together evidence from research, practice and improvement work to inform and stimulate action planning by three different social work and social care teams and their partners in other agencies.

2. Supporting the case for change and improvement

The customers for all three projects valued the work and commended the service for wider use in future. They particularly valued the fact that it gave them a clear and strong evidence base to support their business case for change.

3. A robust and flexible methodology

The methodology was used equally effectively for questions focused on diverse staff groups (homecare workers / multi-agency teams / qualified social workers), client groups (older people / women and children / children and young people) and social care issues (palliative care at home / domestic violence /prevention of mental health issues). The methodology was also used equally effectively to support requests for support from relatively junior team managers with a strong operational and coordinating focus – in the palliative care and mental health projects – and from senior managers with a strategic planning role in the domestic violence project.

4. Limitations of published research evidence

The published research evidence available for all three projects was limited and relatively weak. On its own it would not give a clear steer as to areas for action. This limitation was particularly apparent for the enquiries about the homecare worker role in palliative care, and the social worker role in preventing mental health risks. These gaps in the evidence are likely to

reflect in part the fact that these developments in workforce roles are so new and still at a formative stage.

5. High impact of evidence from practice

The evidence from the lived experience of practitioners and managers was particularly important in complementing and augmenting the research evidence. This practice-based evidence reinforced key themes and findings from the research. It therefore added strength and local relevance to what would otherwise have been only tentative academic findings. The authentic voice of the experience of colleagues, as articulated in interviews and focus groups, also tended to have a stronger impact on decision-makers than the academic research and helped to drive recognition of the need to change.

6. Value of evidence from improvement

The evidence from improvement projects was useful in giving insight into how others had approached delivering change. In the domestic violence project in particular, this practical improvement work was an important source for identifying potential areas for action.

7. Consistency across different types of evidence

In general, across all three projects, there was good consistency in the evidence retrieved from research, practice and improvement. This mutual reinforcement helped to counteract weaknesses in any one methodology and made it relatively straightforward to identify common themes and potential areas for action across all three types of evidence.

8. Action-focused combined evidence summaries

To support the production of evidence-informed action plans, the final summaries produced in this initiative brought together the evidence from research, practice and improvement. They highlighted challenges and potential areas for action to address these challenges, drawn from all three types of evidence.

9. Common categories for themes and potential action areas.

In all three projects, the key themes and potential areas for action could be readily grouped under three broad headings:

1) Information and knowledge support;
2) Learning and development;
3) Service improvement opportunities.

This seems to be a generic approach that can accommodate most types of findings which could be used in future as a starting point for producing reports.

10. Common issues emerging across projects

Multi-agency communication and collaboration was a common theme that emerged across all three projects, though only highlighted explicitly within the enquiry in the Domestic Violence pilot. Given that the pilots were all bound up with the context of integration, this focus is perhaps not surprising.

11. Limitations of existing evidence; need to build the evidence base.

Overall, in all the projects, the available evidence – from research, practice and improvement - is limited. It is particularly limited in the mental health and palliative care projects. It is important that the evidence summaries are presented as a starting point and stimulus for planning, rather than as a definitive statement of the evidence base .

There is a good case for building the evidence base through continuous evaluation of the improvements introduced through the subsequent three action plans. Follow-up support, monitoring and measurement of impact of the actions within the plans would be needed to achieve this.

12. Supporting implementation of the action plans

This scoping methodology goes only as far as production of an action plan. The evidence search and summary team made it clear that responsibility for implementation lies with the organisation requesting the support.

To maintain the momentum achieved through the project, the action planning sessions included a focus on identifying quick wins that would deliver impact within existing resource and within the levels of authority of the local authority project owners. However, it is apparent that implementation of several of the critical actions in all three plans depends on gaining wider senior-level buy-in and positioning within existing strategic agendas and governance structures.

The more junior team leaders are especially likely to need help with this and there may be a case for incorporating training and support in dissemination, engagement and influencing skills as part of these evidence into action scoping projects.

13. Supporting scale-up and spread of improvement

Each project focused on one local authority/ health and social care partnership. However, the improvement need identified in each project is equally relevant across all areas, and all projects reflect national health and social care priorities. The methodology should therefore be further developed in future to incorporate methods for dissemination, transfer and scale-up of improvement beyond the sponsoring organisation.

Evidence into Action Scoping Methodology

The stages below outline the engagement strategy and steps used to go from defining an area and question for enquiry, through collating the three types of evidence, to leaving each of the pilot areas with an action plan for taking forward.

Stage 1: Engage project owners and define enquiry

The project owners requesting the evidence into action support for this service in the three projects were:

A. The Home Care and Reablement Acting Deputy Sector Manager and Homecare Coordinator within the Reablement Team in City of Edinburgh Council. (Developing the role of homecare workers in palliative and end of life care).
B. Team Manager, subsequently Child Protection Coordinator, East Dunbartonshire Council (Developing the role of social workers in first tier prevention of mental health issues in children and young people.)
C. Service Manager – Criminal Justice Social Services and Manager – Public Protection, Dumfries and Galloway Council (Improving multi-agency communication in working with domestic abuse in families with children.)

In all cases, the priority topics were initially identified by Social Work Scotland and policy leads in Scottish Government. The Edinburgh City Council contacts were identified by research leads supporting implementation of the Palliative Care Strategy. The East Dunbartonshire contact was identified by circulating the research evidence summary through the IJB Chief Executives Group and asking for expressions of interest in engaging in the Evidence into Action project. The Dumfries and Galloway contacts were identified through discussion with the Social Work Scotland Criminal Justice Standing Committee. This discussion crystallised the key questions of interest to the Committee. A summary of the research evidence for these questions was then circulated to Committee members with an invitation to express interest in participating in the Evidence into Action project.

Learning points from Stage 1

1. In all three pilots, the priority topics were initially identified at national level, through Social Work Scotland and policy leads in Scottish

Government. Specific enquiries were then defined in consultation with local managers. Rather than opening up an invitation for enquiries to come directly from local level, this hybrid of national prioritisation and local definition of specific enquiries enabled the Evidence Search and Summary Service to take on a manageable number of high priority national topics and still to engage around the specifics directly with managers and practitioners on the ground.

2. In the Mental Health and Domestic Violence projects, the research evidence summary was circulated in advance of identifying the pilot team. This did seem to generate more awareness and interest in the published research than in the Palliative Care project, where the research summary was shared only at the end of the project, at the same time as the results of the interviews to gather practitioner and manager insights.
3. There is a risk that the intense involvement of the Evidence Search and Summary Service in collating and analysing the evidence, producing the summaries and highlighting potential action areas, then facilitating the workshop, could limit the sense of ownership and responsibility by the project owners in the local authorities. In these pilots, this risk was mitigated by close engagement with the project owners in defining the enquiries, involving them directly in the interviews and focus groups, and working through them to identify key stakeholders for interviews, disseminating results, and participating in the workshops.
4. The action planning workshops were strongly messaged as a point of handover from the Evidence Search and Summary Service to the local authority project owners. These project owners took the leading role in opening and closing the workshops, underlining the critical need for change in the priority area selected for each project, and confirming the commitment to progressing implementation of the action plan.
5. Some difficulties were encountered in maintaining communication with the project owners, particularly where they were less senior staff with pressing frontline delivery challenges to address. In future, it might be helpful to document and agree the commitments from the

evidence search and summary services in terms of timescales and deliverables, and the input required from the project owner, in advance of initiating work with a local project owner.

Stages 2a and 3a: Source and summarise published research evidence

All enquiries required a comprehensive search of both the formal bibliographic databases and the grey literature. This was necessary because of the very low volume of published research available about the chosen topics. Much of the research available was relatively weak observational evidence, and there were major gaps both in type of study and in the specific issues covered.

Some of the formally published research and the grey literature retrieved through these searches fell into the category of improvement evidence as defined below (Stages 2c, 3c). The conclusion from this project is that the same search process can generally be used to retrieve both research and improvement evidence.

Efforts were made to present the research evidence summaries in a format as concise and easy to understand as possible. The Evidence Search and Summary Team aimed for a 2-3 page summary in each case, grouping key points under common headings.

Learning points from stages 2a and 3a

1. The limited available research evidence in all pilot enquiries made it essential in this project to draw upon evidence from other sources - lived experience and local improvement initiatives. This bears out the original premise of the scoping study – that multiple types of evidence need to be combined to provide a basis for translation of evidence into practice in social care.
2. In future, it would be helpful to gain more insight into how best to present these research summaries to be as usable as possible by the

enquirers. Two particular areas that would benefit from further exploration are:

- How to present the abstracts of the original research papers in a way that is most usable and useful to the enquirer. Since the overarching summary is so high-level, it is important to signpost the enquirer to fuller information that will enable them to make a judgement on the relevance and applicability of an individual piece of research. Current practice is to include these abstracts as an appendix at the end of the summary. However it is unlikely that many, if any, of the busy managers and practitioners requesting this support will have time to read through these abstracts.
- How to highlight to the enquirer the limitations of the research evidence, and the implications of these limitations. Efforts were made, particularly with the palliative care research, to highlight study methodology, sample size and characteristics, and significance of findings. However, this is unlikely to be sufficient in itself to prompt enquirers to think about how these limitations may affect their decisions and action plans.

Stages 2b and 3b: Sourcing and summarising evidence from practice

Evidence from practice was gathered in the following ways in the three pilots:

1. Developing the role of the homecare worker in palliative care - analysis of 17 semi-structured interviews with homecare workers and homecare coordinators.
2. Improving multi-agency communication in working with domestic abuse in families with children – analysis of one focus group with 13 managers from multiple agencies; one focus group with 6 practitioners from multiple agencies; 9 individual interviews with practitioners and managers.

3. Developing the role of the social worker in first-tier prevention of mental health issues in children and young people – one focus group with five managers and practitioners from across agencies; three individual interviews with practitioners from different agencies.

The extent of engagement possible at this stage was determined by the project owner's access to networks, their capacity to raise awareness of the project with relevant stakeholders, and their authority to elicit participation by colleagues. As a result of these influencing factors, the most extensive consultation was in the domestic violence pilot, in Dumfries and Galloway, where the project owners were senior managers at strategic level who already have a core remit for coordinating activity across sectors, and for delivering improvement in this area. However, even in the mental health project, which had the smallest number of interview and focus group participants, valuable insights were gathered through this route.

The summaries produced from the analyses of interviews and focus groups made extensive use of quotations. This direct voice of experience brought home the reality of the challenges and concerns experienced by staff. It had high impact in communicating key messages to decision-makers and planners. The summary for the mental health pilot used an alternative approach to bring the situation to life – basing part of the analysis on two real-life scenarios described during the focus group.

A short bulleted 'Key Messages' section fronted up the summaries, providing a quick way for decision-makers to see the key points resulting from the analysis.

Learning points from Stages 2b and 3b.

1. The practice evidence had a high impact on planners in all pilots, particularly the palliative care pilot, due to its direct personal impact, and its richness in human insights through quotations and scenarios.
2. In the light of the weight attached by enquirers to this form of evidence, it may be useful in future to consider ways to help

decision-makers to take a discerning and evaluative approach to it. Notwithstanding the validity of reported experience within its own frame of reference, overall the small number of participants in interviews and focus groups, and the absence of measurable evidence for the solutions recommended needs to be borne in mind in planning future development. If more time and capacity were available, a questionnaire survey building on the key themes identified through the interviews and focus groups could help to add quantitative strength to the qualitative insights gained through person to person consultation.

Stages 2c and 3c: Sourcing and summarising evidence from improvement

For the purpose of this project, improvement evidence was defined as "real-life examples of improvement, recommendations for service improvement, evaluation reports, practice development and piloting / scoping initiatives." This evidence was identified through:

- Systematic searching of the grey literature in line with the protocol defined by the Evidence Search and Summary Service.
- Identifying improvement reports from the searches of the standard bibliographic databases used to source research evidence.
- Following up on examples of improvement highlighted through stakeholder interviews.
- Contacting leads for research and improvement studies in each topic area. These contacts were identified through publications, suggestions from interviewees and the project owners, and the professional knowledge of the research team.

The reports retrieved through these routes were very diverse in nature, ranging from substantial change management projects to accounts of training sessions, to commentaries and opinion pieces. For each pilot, the project owners confirmed that at least one substantial improvement project was of particular, direct relevance to the enquiry.

Learning points from stages 2c and 3c

1. This proved to be the most difficult type of evidence to source and collate. This is due to:
    - the challenge of defining what is meant by improvement evidence;
    - the absence of established sources for identifying such evidence;
    - the dependency on following up personal contacts – time-consuming and can involve considerable detective work to track them down.
2. The experience of this project indicates that it is valuable to highlight this type of evidence separately from the formal research. In interviews and workshops, managers and practitioners were often able to relate more directly to others' accounts of managing change in real-life settings, rather than research studies. This helped them to uncover useful insights about developing their local approach. A judgement needs to be made on how much time to invest in gathering this type of evidence, balancing this benefit against the fact that some of this category of evidence is fairly transitory in nature.

Stage 2d: Collating information and learning resources

In the palliative care pilot, an unplanned by-product of the extensive searching for improvement evidence was the retrieval of a substantial number of online information and learning resources of potential use to homecare workers and managers delivering palliative and end of life care. Stakeholders in this project indicated that this would be a useful reference point for compiling a portfolio of learning resources for sharing across teams.

In the other pilots, more input from stakeholders would be needed to identify resources definitely suitable for the complex and new needs of the target audiences.

Learning points from Stage 2d

It is noteworthy that in all three pilots one of the agreed actions was to collate existing collections of information and learning resources to create a shared resource for use across teams and agencies. This suggests that there would be value in future in clarifying with the enquirer whether sourcing information and learning resources, or collating existing sources, would be a useful contribution by the Evidence Search and Summary Service.

Stage 4: Identify common themes and potential actions across all types of evidence; produce combined summary.

The combined evidence summary was designed to be action-focused. It therefore aimed to be concise, using bullet points as far as possible, and highlighting actions that could provide solutions to challenges.

In general, there was a good degree of overlap and consistency across all three types of evidence. Identifying common themes and potential areas for action across the three types of evidence therefore provided a form of triangulation which helped to compensate for the limitations inherent in the methodology for sourcing each individual type of evidence.

The theming, and categorisation of areas for action, was facilitated by adopting a common structure with three headings:

- Information and Knowledge Support
- Learning and Development
- Service improvement opportunities.

In the palliative care pilot, following discussion with the project owners, the final evidence summary was restructured to express all key themes and actions through quotations from practitioner and manager interviews. The summary was also reviewed by IRISS to create a more engaging visual format.

Learning points from stage 4

Developing this approach to bringing together different types of evidence uncovered both strengths and limitations. Strengths of this approach to bringing together different sources of evidence included:

- Reinforcing the findings and recommendations from each individual approach, compensating to some extent for the limitations of any one type of evidence.
- Evidence from lived experience and direct quotations from staff greatly strengthened the perceived relevance and impact of the overall package of evidence, even through the actual findings and recommendations from the research and improvement evidence were similar to those arising from the interviews.
- The three types of evidence complemented each other. The research evidence provided a degree of rigour to the findings and recommendations; the practice-based evidence provided the resonance with lived experience and the local context; the improvement evidence offered insight into how to implement changes and access to experts to discuss and refine new approaches.

Limitations included:

- In objective terms, the evidence base for the challenges and potential action areas identified in this all three pilots rests on a small volume of research of mixed quality, interviews with a small number of practitioners and managers, and early stage improvement work that has not demonstrated sustainable or scalable impact on practice. It is therefore important that the summary is offered to the project owners as a starting point and stimulus for action planning, to be further developed through discussion and ongoing evaluation, rather than a definitive statement of an evidence-based approach.

- In future work it would be helpful to build on the approach used for the palliative care pilot at the point of producing the evidence summary. This involves interacting with the project owners to make sure the final product is as high impact as possible and targets the interests of key stakeholders; and using this opportunity to ensure that the purpose and limitations of the evidence summary are appreciated.

Stage 5: Disseminate evidence summary; facilitate action planning workshop; produce draft action plan.

The project owners took responsibility for disseminating the evidence summary to key stakeholders and for inviting them to the action planning workshop. The Evidence Search and Summary team encouraged them to engage both senior managers with high levels of influence and frontline practitioners who could give a clear picture of the reality of the challenges in day to day delivery of care.

The action planning workshop followed the same approach in all three pilots. All participants received a copy of the action-focused evidence summary in advance of the workshop. The workshop itself was led by the project owners, who opened the workshop, explained why the priority topic had been chosen for their local authority/health and social care partnership, and closed the workshop by reaffirming their commitment to progressing implementation of the action plan. The Evidence Search and Summary team presented the results of the evidence scoping work to date, and facilitated the group discussions.

Discussions used the evidence summary as the basis for joint planning to discuss how to deliver improvement in the priority area which had been chosen as the focus for the pilot. In all three workshops, participants were invited to select their top six priority actions, building on the insights from the evidence summary. They were then asked to plot these actions on an 'Impact vs Feasbility' matrix. This helped to identify which actions could be

taken in the short –term within existing resource and remits ('quick wins'). Other actions were categorised as medium- or long-term depending on the extent of additional support or resource required.

Workshop participants and project owners were encouraged to identify governance structures and processes within which the action plan could be positioned, and to identify potential senior champions to facilitate progress in delivering the action plan.

All workshops were successful in producing an plan with actions deemed to be feasible and realistic within the short term (by September / October 2017) as well as in the medium term (18 months) and long term (beyond 18 months). All workshops also identified potential channels for governance and strategic influencing.

Learning points from stage 5

In future developments, it would be helpful to strengthen the focus of the workshops and associated discussions beyond what actions are to be taken, to clarify how those actions will be taken forward. This would involve considering champions and enablers, routes of engagement and influence, fit with governance arrangements, and beyond.

Stage 6: Project owners take responsibility for implementing action plan.

The action planning workshop was the point of handover from the Evidence Search and Summary Team to the project owners, to take responsibility for implementation and delivery of the action plan. Reflection on the discussions about implementation suggests potential opportunities for the future Evidence Search and Summary Service to continue a supportive involvement to help maintain the momentum established through the scoping work. For example, this could be through:

- Light-touch reconnecting with the project owners after 3 or 4 months, to check on progress and enquire about further support needs.

- Creating a resource toolkit incorporating a selection of the information and learning resources identified by the Evidence Search and Summary Service.
- Facilitating introductions to leads for related improvement initiatives and facilitating further sharing of experience.
- Providing support in improvement and evaluation methods.

Supporting and Evidence Search and Summary Service

Capabilities

The range of capabilities required to support this evidence scoping methodology is outlined below. This may help in recruitment of new staff to the Evidence Search and Summary Service, and in deciding which aspects of work can be carried out in-house, and which are better commissioned from external experts.

Method	Capabilities
Evidence summary	Skills in in-depth, systematic searching and in summarising evidence.
Web-based scanning to identify resources and tools	
Interviews with practitioners and managers	***Essential*** Experience in conducting and analysing in-depth interviews with a wide range of staff, sometimes in relation to sensitive subjects. Knowledge and understanding of approaches to getting knowledge into practice ***Desirable*** Knowledge and understanding of the practice area

Working with strategic contacts to identify examples of good practice, improvement initiatives etc.; and to get strategic buy-in and build alliances for action. This will also support wider dissemination of outcomes.	***Essential*** Experience of working with strategic stakeholders to secure buy-in and alliances for action. Knowledge and understanding of approaches to getting knowledge into practice Knowledge and understanding of the current landscape of quality improvement and transformation.
Workshop with managers and practitioners in defined practice area	***Essential*** Facilitation, in particular to: ● Develop shared understandings ● Develop implementation action plans, including monitoring, evaluation and dissemination. Knowledge and understanding of approaches to getting knowledge into practice ***Desirable*** Knowledge and understanding of the practice area.

Time required

Elapsed time: Each pilot took 5-6 months from initial engagement to delivery of the action plan.

Person-hours: An estimate of the person-hours required to deliver the Palliative Care pilot is outlined below. This suggests that between 3 and 4 person-weeks are likely to be needed for each evidence into action scoping project.

Activity	Hours
Initial engagement with project owners and defining enquiry – emails and 2 face to face meetings.	4
Sourcing and summarising published research evidence 3 days 3 x 8 h = 24	24
Preparing for and conducting the interviews ● Work with a relevant person to identify dates, interviewees etc: 3 hours ● Undertake the interviews – allow 1 hour per interview = 17 hours	20
Searching for and compiling the spreadsheet of information and learning resources.	6
Analysing and writing up the interviews. ● Write-up the interviews – allow 1 hour per interview = 20 hours. Interviews were not transcribed – if they were, the general rule is that 1 hour of audio = 6 hours transcribing. ● Interview analysis: 8 hours ● Report drafting: 6 hours	34
Tracking down contacts for the quality improvement projects and phoning them. ● This also involved much web-searching after conversations with contacts to try to find reports they mentioned and further follow-up. ● Estimated a couple of days: 2 x 8 hours = 16	16
Production of combined evidence summary – first draft and revision following discussion with project owners	8
Consultation with project owners to discuss output format for combined evidence summary and plan workshop	3
Action planning workshop – preparation and delivery	8
Write up of action pan	2
Total person-hours	**125**