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## A Framework for Teaching Practice-Based Research With a Focus on Service Users

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### ABSTRACT

The integration of research and practice in social work education and agency practice is both complex and challenging. The analysis presented here builds upon the classic social work generalist framework (engagement, assessment, service planning and implementation, service evaluation, and termination) by developing a three-part framework to capture practice, research, and service user involvement. The article also includes a case vignette to illustrate the application of the framework. The evolution of practice-based research provides a venue for these integration issues, with special attention to the role played by service users. The analysis concludes with a series of questions to guide evolving practice and future research.

### KEYWORDS

Child welfare case vignette; human service organizations; practice-based research; service users and providers

Practice research involves curiosity about practice. It is about identifying good and promising ways in which to help people and about challenging troubling practice through a critical examination of practice and the development of new ideas in the light of experience. Practice research recognizes that this is best done by practitioners in partnership with researchers, where the latter have as much, if not more, to learn from practitioners as practitioners have to learn from researchers. Such is an inclusive approach to professional knowledge development that is concerned with understanding the complexity of practice alongside the commitment to empower, and thereby to realize social justice, through practice. Practice research involves the generation of knowledge of direct relevance to professional practice and therefore normally will involve knowledge generated directly from practice itself in a grounded way (Salisbury Forum Group, 2011, p. 5).

There is a growing international interest in defining and utilizing practice research. The issues range from a focus on specifying models of practice research (practitioner oriented, method oriented, democratic and the generative), (Julkunen, 2011; Marthinsen & Julkunen, 2012), to exploring the process of negotiating relationships between research and practice (Uggerhøj, 2011a,

2011b), to using data-mining methods with the administrative and case records of human service organizations (Epstein, 2010, 2011), to the changing relationship between university and practice-based research, to the need to raise standards in practice research (Shaw & Lunt, 2011, 2012). In addition to the attention given to processes and methodologies, there is also a call for more thinking about the role of human service organizations in building knowledge-sharing systems to support evidence-informed practice and in promoting practice-based research (Austin, Dal Santo, & Lee, 2012).

As the art and science of practice research evolves, equal attention now needs to be paid to educating the next generation of social work practitioners about different ways to incorporate practice research into their daily work. Not only are current students expected to integrate their understanding of practice methods with their appreciation of research methods, they are also increasingly expected to integrate the service user involvement perspective. This analysis focuses on the parallel processes between the three domains of practice, research, and service user involvement. Little attention has been given to the interrelationships between these three domains. The analysis begins with an exploration of the implications of practice research focused on service delivery with special attention to service users as a foundation for building a framework to guide the teaching of practice research. In addition to providing a teaching case that demonstrates an application of the framework, implications for practice and future research are identified.

### **Emerging definition of practice research**

It has become increasingly clear that practice research involves “the science of the concrete,” as defined in the following way by Flyvbjerg (2001), in which research (a) needs to be carried out close to the phenomenon being studied, (b) seeks to surface the minor details in the context of major events or processes, (c) focuses on practical activities that can generate knowledge about everyday practices, (d) involves building upon case examples and their contexts, (e) represents a linkage between people and/or processes and their organizational contexts, and (f) generates and interprets findings through a fundamentally dialogical process whereby multiple voices and perspectives are honored without giving special privilege to one voice. In essence, the science of the concrete refers to the study of practice.

Although the debates about the rigor of qualitative research have been extensive, practice-based research also involves qualitative research methods and thereby faces a similar challenge with regard to its level of robustness. Nowotny (2003) helped us understand the challenge by focusing on the social context of knowledge production where validity is tested within the nature of the practice itself as well as in the broader networks of the community. Her focus on knowledge production features both the research process and the

proposed changes emerging from knowledge production, paralleling the considerable literature on the social and political dimensions of knowledge dissemination and utilization. Given the bottom-up characteristics of practice research, dissemination and utilization are directly linked to the involvement of those practitioners and service users who can make the most use of the research. It is this perspective on rigor that gives practice-based research its socially robust dimensions.

Practice research can be seen as a shared enterprise that values the science of the concrete in pursuit of socially significant knowledge by taking into account the organizational and policy contexts of producing and using research. For example, a considerable amount of service-related data is buried in an organization's information system in the form of administrative and case record data, as well as in the tacit knowledge and practice wisdom of both service providers and service users.

Julkunen (2015) reminded us that practice research in social work is primarily relational (both conversational and perspective sharing), wherein different actors are invited to participate and share ways that promote diverse processes and outcomes. She noted that by focusing on the nature of practice, it is possible to see how change processes are influenced by practices that direct our thinking and action. Julkunen called for building upon study and analysis to implement improvements that can affect all the actors. For example, service user participation "is not a phenomenon with a given content (but rather) ... a relational phenomenon that takes place in interactions between people that must be subject to interpretation" (p. 14).

### **Service implications of practice research**

The evolution of practice research methods (within the context of providing social services) has been receiving increased attention over the past decade. In some cases, the focus has been on the power dynamics embedded in the worker–client relationship (Carnochan & Austin, 2015). In other cases, the focus has been on redefining the core concepts underlying practice methods (Ruch, 2010). And in still other cases, the attention has been on expanding the research methods processes (Epstein, 2010).

One of the critical issues emerging from the implementation and future development of practice research is the changing nature of practice itself. For example, there has been a slow but steady process of relabeling the populations being served by social service organizations, namely, "client" to "customer" to "consumer" to "service user." The most recent use of the term "service user" helps us reframe the worker–client relationship as a way to restructure the more traditional power-dependence relationship between practitioners and those they seek to serve. Another example of the changing nature of practice can be seen in the Nordic countries, where the term "client

problems” is less useful than a concept of “shared worries” between the service provider and the service user (Seikkula, Arnkil, & Eriksson, 2003). Because all people have worries, and the terminology is both normative and generally nonstigmatizing, there is a potential to reduce the power differential between service providers and users by sharing their respective “worries” in order to engage in shared problem-solving. This shift in terminology also represents a different understanding of the service user based on the growing realization by service providers that service users are “experts” within the context of their own experiences, and this fact needs to be combined with the “expertise” of the service provider.

This shift in language accompanies a parallel modification in service provision, from the traditional authorized service (in the form of governmental or nonprofit service delivery) to a shared process of “co-constructed and co-implemented” services. For example, if a traditional service provider is unable to provide a specific service, the generally accepted response to the need of a service user is to make a referral to another organization, assuming the needed service actually is provided somewhere in the community. As an alternative, the “co-construction” approach to service delivery actively engages service users in making use of their own considerable “expertise from experience” by building upon the personal resources and strengths of the service user as well as resources in the service user’s community. Resource mobilization provides an example of co-construction; namely, individual human behaviors of both the service provider and service user can impact the social environment related to developing (or modifying) services, thereby enhancing service outcomes. Service providers rely heavily on the network of local services as well as the resources and strengths of the service user. This high level of interdependence provides further support for the co-construction and co-implementation of services.

Such a shift in service orientation also has implications for how social service organizations collect data to evaluate services. If service users function as co-constructors and co-implementers of services, then it also seems important to engage service users in a more active role in service monitoring and evaluation. This process would involve rebalancing the evaluation criteria from primarily policy implementation and financial accountability now to include co-constructed data collection processes that feature the perspectives and interests of both service users and providers. Although service user satisfaction surveys represent a traditional method used by service providers, more service user involvement would be needed to promote co-construction of tools to assess service outcomes. Similarly, traditional service user advisory committees, which often are attached to social service organizations, would also need restructuring with respect to shared agenda development, shared facilitation, shared debriefing, and shared reporting (both inside and outside the organization). For example, a somewhat similar process exists in most

universities where the service users (students) are asked to evaluate a course and the service providers (faculty) thereby are evaluated several times a year, with the results publicly reported for the student community to freely access. However, to date, students have rarely been involved in the co-construction of the course evaluation surveys or have been involved in a shared process of assessing the results.

In the light of these shifts in practice related to service user involvement, it seems timely to explore the reconceptualization of practice methods. It often is difficult for service providers to fully comprehend how they are perceived by service users and to understand the depth and breadth of the perceived power they hold over the latter. As Lipsky (2010) noted in his classic study of street-level bureaucrats, human service providers possess considerable power in the form of discretion when it comes to helping others. They can bend or interpret rules in favor of the service users, and they can significantly misinterpret service user behaviors if they lack humility or sufficient grounding in cultural competency.

Service providers clearly are in a position to exercise different forms of power in their relationships with service users. As defined by French and Raven (1959) and Raven (1990), these multiple forms of power include (a) coercive power (used by service providers to gain service user compliance with policy-based rules and regulations), (b) reward power (used by service providers to incentivize service user behaviors by providing pathways for change, or removing barriers to change, through various forms of acceptance), (c) positional power (used by service providers to promote their authority over others inside and outside the organization), (d) referent power (demonstrated by service providers when seeking personal acceptance or approval from the service user, as in the role of counselor or coach), (e) expert power (used by service providers to demonstrate the knowledge or skills needed to engage service users in a relationship-building process, where the service user frequently defers to the service provider), and (f) informational power (demonstrated by both service providers and service users when using information, often based on experience, to persuade, convince, or manipulate).

Building effective helping relationships with service users requires a wide-ranging understanding of the power of the service provider, a topic that tends to receive little attention in preservice social work education or in-service training. Service user involvement calls for a more shared form of engagement with service providers that includes (a) the shared search for resources within the community of the service user and service provider; (b) the involvement of service users in all aspects of decision making that affect their lives by drawing upon their “expertise of experience”; and (c) the search for ways to engage the service users, deploying multiple and different points of view to support empowerment and self-sufficiency. Particular attention is

required in the education of service providers to the role of power in relationship building, the cultural diversity of service user populations, the importance of using the strengths-based perspective to capture the service user's "expertise of experience," and the capacities of service providers to effectively manage the tension and stress created by the policies of the service organization, and the unique needs of service providers.

Practice also can be viewed as a cross-cultural experience, namely, the culture of the service user and the culture of the service provider. This distinction becomes important when seeking to identify the theory of change (e.g., "If we do this, then the following should occur") that underlies any of the interventions used to address the needs of service users. The process of exploring the theory of change that underlies various service interventions calls for sharing the practice processes of engagement and assessment between the service user and service provider. By articulating a theory of change, practice expertise can be conceived as the capacity to articulate various mental models that capture current research and service user experience related to social problems (poverty, substance abuse, homelessness, mental/physical disabilities, crime/delinquency, violence, etc.) and helping service users recognize and utilize their expertise of experience within the context of family, friends, neighbors, and community. In addition, practice expertise includes the capacity to create the space and time for critical reflection about the experiences of service users, the co-construction and implementation of interventions, a dialogue between service provider and service user, and the determination of what it means for service providers to make effective use of self by using their discretion to promote service effectiveness/outcomes as co-defined with service users.

Another dimension of practice relates to the parallel process between the mental map of a service provider and the mental map of a service evaluator. Although skilled service providers are able to engage in active listening in order to understand the perspectives and needs of service users, more attention may be needed in the area of process tracking and documentation where researcher-minded service providers engage in data gathering, data clarifying, and data documenting when listening to an "expert in experience" and sharing the data analysis process with the service user. A parallel process between the way practitioners think and the way researchers think can be integrated into daily practice so that the service user will be viewed as a viable and important partner in data collecting and analysis.

Given the continuing interest in preparing future practitioners to integrate practice and research in order to become more research minded, and for researchers to become more practice minded (Austin, Dal Santo, & Lee, 2012, Epstein, 2011, 2009; Fisher, 2013; Shaw, 2005; Vonk, Tripodi, & Epstein, 2007), service providers will be functioning as applied researchers (Sheppard, 1995) when identifying "shared worries" as part of engagement and

assessment. Practice methods and research methods (when seen as part of a whole) clearly overlap, but their integration in the minds of practitioners frequently can be difficult to articulate.

### An evolving framework for integrating practice, research, and service user involvement

As Landsman (2013) noted, “the days in which research and practice were taught as mutually exclusive activities are long past; evidence-based practice demands that researchers understand practice and that the service providers understand research” (p. 72). By adding the active involvement of service users to the challenge of integrating research and practice, the complexity increases considerably. Table 1 illustrates part of a larger framework by identifying the elements of this paradigm when specifying how the traditional phases of practice intervention and research methods reflect a parallel process impacted by the power-sharing role of the service user.

It is important to identify how the knowledge and expertise of service users can inform the process of integrating practice and research. The users are in a unique position to inform the service providers about the usefulness of the services, thereby informing both the practice and research processes by sharing their expertise of experience. As noted in Table 1, there are potentially three parallel processes that need to be integrated when capturing the five phases operating between practice, research, and service user involvement: (a) engagement, recognition, and problem formulation; (b) assessment and service planning, participation, and study plan; (c) service implementation, collaboration, and shared data collection; (d) service outcome assessment and shared data analysing; and (e) service transition/termination, self-advocacy, and reporting. First, the traditional *practice processes* used to engage service users include engagement, assessment and service planning, service implementation, outcome assessment and transition/termination. Second, these phases can operate in parallel fashion with the traditional

**Table 1.** Phase 1 Related to Engagement, Recognition, and Problem Formulation

Practice processes used to engage service users	Service user involvement	Research processes used to inform practice
1. Engagement	1. Recognition	1. Problem formulation
<ul style="list-style-type: none"> <li>● Relationship formation through shared worries</li> <li>● Info and referral searching</li> <li>● Identifying how theory might inform practice</li> </ul>	<ul style="list-style-type: none"> <li>● Hearing and seeing the service user as a person with resources</li> <li>● Hearing and promoting service users' voices</li> <li>● Moving from “hard to serve” to “hard to hear”</li> <li>● Sharing worries</li> </ul>	<ul style="list-style-type: none"> <li>● Curiosity and question-formulation using key-informant exploratory dialogue and probes</li> <li>● Identifying key literature and concepts</li> </ul>



*research methods* phases of research problem formulation, hypothesis development, data collection and processing, data analysis and interpretation, and reporting. Third, inserted into this parallel process are the *phases of service user involvement* in the form of recognition, joint participation, collaboration, shared analysis, and self-advocacy. An example of the contribution of the three elements is noted in [Table 1](#), which illustrates engagement, recognition, and problem formulation in order to feature only Phase 1 of a more complete framework noted later.

In Phase 1, research-minded service providers, in collaboration with experience-minded service users, create a platform for relationship building. As Carnochan and Austin (2015) noted, hearing and seeing the service user here as a human being is a significant aspect of the relationship between the service user and the service provider. The engagement process calls for the service providers and service users to draw upon different expertise, acquired in different cultures. To engage in the first phase of the intervention process, the service providers and users need to identify and share their worries within the context of assessing of the situation (Seikkula et al., 2003).

As noted in [Table 2](#), the second phase of practice intervention calls for continued dialogue in order to formulate a shared understanding of the situation and to define the service objectives and outcomes. The dialogical approach to engaging the service users with the service providers involves balancing the traditional expertise of the service provider with the expertise of experience possessed by the service user. In this second phase, the service providers and users work together to specify the needs of the service users in order to formulate a service plan, as well as to identify questions needed to evaluate the implementation and assessment of this plan.

The third phase focuses on collaboration and the identification of multiple sources of data in order to capture different perspectives. To achieve mutual goals, both the service users and providers contribute to the service planning, implementation, and evidence gathering. The providers share responsibility for the delivery of services to the users but also share the monitoring of the service implementation in order to gather the requisite data.

The fourth phase involves a shared process of assessing service outcomes to identify progress toward meeting service goals. In this phase, the providers and the users might ask the following questions: Did we focus on the right issues? Did we identify the appropriate criteria for assessing service outcomes? How does the assessing of progress inform next steps? What additional data should be collected?

The final phase includes the shared process of defining the next steps to promote service user self-sufficiency and service provider accountability. Within the context of service transition/termination, the shared findings

**Table 2.** Parallel and Integrated Processes Between Practice, Research, and Service User Involvement

Practice processes used to engage service users	Service user involvement	Research processes used to inform practice
<p>1. Engagement</p> <ul style="list-style-type: none"> <li>Relationship formation through shared worries</li> <li>Info and referral searching</li> <li>Identifying how theory might inform practice</li> </ul>	<p>1. Recognition</p> <ul style="list-style-type: none"> <li>Hearing and seeing the service user as a person with resources</li> <li>Hearing and promoting service users' voices</li> <li>Moving from "hard to serve" to "hard to hear"</li> <li>Sharing worries</li> </ul>	<p>1. Problem formulation</p> <ul style="list-style-type: none"> <li>Curiosity and question-formulation using key-informant exploratory dialogue and probes</li> <li>Identifying key literature and concepts</li> </ul>
<p>2. Assessment and service planning</p> <ul style="list-style-type: none"> <li>Specifying service-user goals and objectives</li> <li>Designing and specifying interventions</li> <li>Engaging service user in shared dialogue about issues emerging from exploring shared worries</li> </ul>	<p>2. Participation</p> <ul style="list-style-type: none"> <li>Service users as co-participants in assessment process</li> <li>Co-learning</li> </ul>	<p>2. Developing hypotheses and research plan</p> <ul style="list-style-type: none"> <li>Evidence collection methods</li> <li>Specifying research questions</li> <li>Sampling</li> <li>Using critical thinking skills related to existing social problem and intervention data</li> </ul>
<p>3. Service implementation</p> <ul style="list-style-type: none"> <li>Delivering services</li> <li>Using existing agency data gathering tools</li> <li>Monitoring the process</li> <li>Consulting and collaborating with others</li> </ul>	<p>3. Collaboration</p> <ul style="list-style-type: none"> <li>Service users as active resource contributors</li> <li>Drawing upon service user expertise or experience</li> </ul>	<p>3. Shared data collection and processing</p> <ul style="list-style-type: none"> <li>Data gathering</li> <li>Using multiple sources</li> <li>Measurement</li> </ul>
<p>4. Service outcome assessment</p> <ul style="list-style-type: none"> <li>Using service-user goals and objectives</li> <li>Using existing agency evaluation or outcome measurement tools</li> </ul>	<p>4. Shared analysis</p> <ul style="list-style-type: none"> <li>Service users as independent and competent persons in assessing findings and recommending practices, policies, and more research</li> </ul>	<p>4. Shared data analysis and interpretation</p> <ul style="list-style-type: none"> <li>Shared activity between the service provider and the service user</li> <li>Use of critical reflection</li> <li>Utilizing knowledge base</li> <li>Reassessment of shared worries/research questions</li> </ul>
<p>5. Service transition/termination</p> <ul style="list-style-type: none"> <li>Consulting and referring</li> <li>Designing follow-up strategies</li> </ul>	<p>5. Self-advocacy</p> <ul style="list-style-type: none"> <li>Managing, defining and framing services, research, and education</li> <li>Organizing</li> <li>Modeling success</li> </ul>	<p>5. Reporting</p> <ul style="list-style-type: none"> <li>Drawing conclusions</li> <li>Disseminating and promoting utilization of the findings</li> </ul>

are designed to equip service users with capacities to advocate for themselves. At the same time, service providers engage in follow-up strategies (relevant to the service user) as well as reporting on case termination and referral options. In essence, both the service provider and the service user contribute to the

dissemination process and the design of next steps. Each of the phases is illustrated in the teaching vignette next.

### **Teaching case on integrating research into practice using a child welfare vignette**

This teaching case illustrates the interconnection between practice and research within the context of service user involvement, as illustrated in [Table 2](#). It connects the phases of an intervention with those of research by focusing on the interactions between a child welfare worker and a service user (both parent and child). Each section of the case reflects the five phases in the research and practice processes along with relevant references (located in Note 1). The bold parentheses refer to (research) and the italicized parentheses refer to (*practice*), whereas brackets are used to capture [practitioner self-reflections].

#### ***Engagement and problem formulation***

Anna is 5 years old and lives with her 27-year-old mother, Maria, in a rental apartment in a large urban American city. Anna is an active and playful girl and attends a local kindergarten. Occasionally, Anna suffers from anxiety and has displayed some behavior problems at home and in kindergarten. Maria has been unemployed for 4 months and therefore is currently experiencing an economically challenging situation. After receiving her high school diploma, Maria did not continue her education and held several temporary jobs. Maria has an alcohol abuse problem, but currently she does not receive substance abuse treatment. To prevent eviction from her apartment, Maria receives emergency rental assistance from a local nonprofit organization (*baseline intake information*). Anna was referred to Tina, an experienced child welfare social worker at the local Child Welfare Services, by Maria's brother, who called the Child Abuse Hotline and expressed his concern about Anna's well-being because he had seen Maria drunk at home several times.

Tina begins an in-person investigation to assess potential child abuse or neglect. During this investigation, Tina finds evidence of child neglect and begins to consider out-of-home placement. Maria opposes Anna's possible placement and seems highly motivated to keep Anna at home. During the investigation process, Maria has not used any alcohol and is determined to begin a substance abuse treatment program. In addition, she has been participating consistently in a job training program (*baseline information from intake*). Although Tina concludes that Maria appears to be able to provide a safe and secure environment for Anna, she is still worried about Anna's safety and initiates 30-day emergency response services to monitor the situation in order to avoid child removal (problem formulation; *assessment; service transition*). In addition to reflecting on similar prior cases, Tina

draws upon the existing literature on substance abuse problems in families, theories of mother–child relationships, multiproblem casework practice, and the role of child participation in social work practice by referring to the course materials from her social work education program and checking online sources (review literature; *critical self-reflection*; *practice wisdom*).

From the beginning of the case, Tina worked actively to gain Maria's trust in order to form a relationship based on *shared worries* related to the mutual goal of ensuring a safe and nurturing home environment for Anna, drawing upon both Maria's and Tina's expertise. Tina utilizes her social work skills, whereas Maria's expertise and capabilities are based on her own life experiences, parenting, and personal strengths (involving others in problem formulation; inclusive knowledge sharing; *service user involvement*; *collaboration*; *balancing power in the service user-service provider relationship*; *practice wisdom*; *tacit knowledge*). They both recognize the shared responsibility of protecting and safeguarding the well-being of the child (*duty to protect*). Tina believes in learning from service users, and vice versa (*co-learning*). Tina continuously seeks to increase the participation of family members in order to gain their commitment to achieving outcome objectives that can lead to service effectiveness (*service user involvement*). In essence, she aims to sustain their relationship, not only as a vehicle to offer support, and a necessary element of social control, but also in the hope that the experience of her continuing and persistent personal and professional commitment can empower Maria to take firmer control of her life.

### **Assessment and hypothesis formulation**

Tina's next step is to develop a preliminary assessment (working hypothesis about the underlying causes of child neglect). If Maria can stay alcohol-free and effectively parent Anna, then Anna will be able to remain in her familiar home environment with her biological and custodial mother, to whom she is naturally attached. On the other hand, if Maria cannot stay alcohol-free, Anna's safety could be threatened and thereby undermine her growth and development. In this scenario, out-of-home placement could be a viable and perhaps a necessary option.

Tina focuses primarily on identifying the best interests of the child by assessing risks with respect to Anna's safety and finding ways to expand Maria's parenting skills (problem identification as a form of risk assessment; formulating questions and probes as a form of key-informant dialogue; *co-constructing service objectives*). In particular, she assesses Maria's strengths and commitment to Anna's safety as a form of problem identification in order to design service objectives. [Tina begins to identify the following research questions: What actions serve the best interests of Anna? What risks does Anna face, and how can they be reduced? What services are

relevant for supporting Maria's parenting efforts?] Tina continuously reflects upon the support and control aspects of her work. She recognizes prevailing power relations between her and Maria and how they impact their work together (*use of critical reflection*). To maintain transparency in client-centered decision making, Tina shares her worries with Maria and seeks her perceptions about Anna's situation (inclusive knowledge sharing; informed consent; *engaging service-user in shared exploration of worries; a shared assessment process to promote service-user self-determination; shared specifying of service user goals and objectives*).

Through her observations and discussions with Maria, Tina develops a hypothesis about the risk factors associated with this case through the use of a single-subject case design formulation. Tina suspects that Maria's alcohol abuse underlies her parenting problems and Anna's anxiety, and affects her ability to consistently meet Anna's needs. Based on her work experience, and a review of the literature, Tina acknowledges that substance-abusing parents are at increased risk for abusing or neglecting their children (searching/utilizing knowledge base; validity; *tacit knowledge; identifying risks*). She notes that children of parents who have a substance abuse problem are more likely to suffer from psychiatric, behavior, mood, and eating disorder problems, as well as anxiety, aggression, and attention deficit/hyperactivity. In addition, Tina notes that children of substance-abusing parents tend to have poorer educational achievement than their peers (problem identification; searching/utilizing knowledge base; *tacit knowledge; identifying risks*). Because Maria's alcohol abuse creates risks to Anna's safety, Tina determines that the situation calls for continuing observation and assessment (problem statement).

In addition to identifying risk factors, Tina searches for information about protective factors for children exposed to substance abuse (using critical-thinking skills related to existing social problem and intervention evidence; *designing interventions*). She notes that key supportive factors include parental participation in substance abuse treatment; multiprofessional support for children and parents; regular preschool attendance, which provides safe daily routines and supportive peer relationships; adequate income support; and the maintenance of a clean and safe home (searching/utilizing knowledge base). Tina and Maria develop a shared understanding of the situation and together *design a service plan* (constructing a shared conceptualization of reality; specifying research objectives).

In accordance with the plan, Tina explores the need and availability of community services provided by nonprofits (exploring research methods; *designing interventions*). Tina refers Maria to a substance abuse treatment center and Anna and Maria to child/parent therapy program (defining research methods; *specifying interventions*). Tina's case documentation includes updates from Maria's substance abuse therapist and her

employment specialist as well as Anna's kindergarten teacher and from Maria's family, friends, neighbors, and the parents of Anna's school friends (sampling; *service monitoring*). If these services are not adequate, Tina will consider petitioning the court to place Anna in out-of-home care.

### ***Service implementation and data collecting***

In addition to maintaining regular contact with the substance abuse counselor, the employment service specialist, family therapist, and Anna's kindergarten teacher (data gathering; triangulation; sampling; *multiprofessional collaboration; monitoring*), Tina makes several home visits to assess whether the home environment is supportive of Anna's development (home survey; participant observation). In addition, Tina explores Anna's connection with members of her extended family (network survey; sampling) and learns that Maria has no contact with Anna's father as well as her own father and has lost contact with her mother and grandparents but is in frequent contact with her brother. Tina organizes a meeting (anticipation dialogue) with Maria's brother as a way of connecting with a consistent and caring family member who has been involved in Anna's life and represents a safe adult to Anna (specifying data collection; *specifying interventions*).

In addition to using a network of agency supports, Tina meets regularly with Anna and Maria (data gathering; *service user involvement*). Committed to a child-centric approach, Tina perceives Anna as an individual with opinions and viewpoints that need to be expressed and considered (inclusive knowledge sharing; *promoting children's participation*). To understand Anna's perspectives, Tina uses various methods (such as drawing with Anna, as well as playing with cards and pictures) to facilitate interaction (participant observation). Furthermore, Tina frequently talks with Maria about Anna's well-being, Maria's future plans, and her parenting responsibilities (interviewing). In their discussion, Tina continuously focuses on their mutual goal of enhancing Anna's safety and promoting her well-being. She also visits Anna and Maria to observe their interaction and level of attachment (interaction analysis; participant observation: attachment theory to inform practice).

### ***Assessing service outcomes by analyzing data***

To reflect upon the progress being made, Tina often steps back from this case by consulting with her supervisor and colleagues (analyzing data; triangulating different sources of data; guarding against false positives and negatives; searching/utilizing feedback; *managing confidentiality; maintaining relationships with supervisor and peers; member checking*). As Tina seeks to acquire a deeper understanding of her own practice, she decides to use a Client Mirror

case conferencing technique that includes the following components: (a) documenting the client's evaluation of her situation and the work to be done; (b) conducting a self-evaluation of one's own work in preparation for a peer evaluation meeting; (c) facilitating a peer evaluation discussion within the social service team, and the assessment of further work; (d) following up with formative or summative evaluation meetings; and (e) concluding with the team's identification and analysis of the specific themes that require monitoring or follow-up (*using existing agency evaluation and outcome measurement tool*).

With regard to assessing service outcomes in an organizational environment of stress and change, as well as the policy directives to promote family preservation, Tina acknowledges that the increased pressure for accountability and limited agency resources pushes her to take on more and more work in order to promote the "best interests" of service users, along with the need to engage in critical reflection in order to ensure her own well-being (*use of critical reflection*). To monitor the environmental aspects of her practice, Tina constantly searches for information on current trends in child welfare (searching/utilizing knowledge base; *use of critical reflection*).

The nature of her reflective practice involves being self-aware and continuously raising questions about her own practice. This process feeds her curiosity about the knowledge and skills needed to provide effective and supportive services (searching/utilizing knowledge base; comparing research findings to previous research). Tina recognizes the importance of informed self-reflection and open communication with service users and others, especially in terms of how her personal and professional experiences may influence her work and how the work in turn impacts on her. In her analysis of current cases, she draws upon her education, prior experience, and accumulated practice wisdom along with searching for promising practices emerging from related research (searching/utilizing knowledge base; comparing research findings to previous research).

By working together, Tina and Maria identify services that will support Maria in her parenting efforts (analyzing and interpreting data; comparing research findings to previous research; *service user involvement; mutuality in an assessment process; monitoring; evaluating outcome and efficiency*). [When analyzing the data, Tina seeks to identify multiple factors that could help her interpret the data needed to measure outcomes. She also uses previous research to interpret the findings.] To monitor Maria's service plan and assess the effectiveness of the services she receives (analyzing and interpreting data; *monitoring; evaluating outcome and efficiency*), Tina examines the data that she has collected from Anna, Maria, collaborative agencies, her supervisor, and colleagues, as well as observation data on Anna's and Maria's relationships with others (analyzing and interpreting data; triangulation; reliability; construct and concurrent validity; promoting a holistic

perspective). She takes into account the perceptions of all those involved in this case in order to identify and assess service outcomes (triangulation; developing a synthesis; *measuring service outcomes and interventions*).

### **Termination and reporting**

After reflecting on the data, as well as the tacit knowledge that reflects her practice wisdom, Tina concludes with Maria that Anna's best interests include remaining at home with Maria (synthesis; drawing conclusions). As part of the process of sharing her assessment with Maria, she ultimately closes the case (*service termination*). Based on her experience with this case, Tina continues participating in ongoing professional development by attending a regional social work conference where they explore the use of the Mirror technique in child welfare services (disseminating and promoting the utilization of the research findings; reporting).

### **Implications for research methods**

The unique configuration in the relationship between the service user and service provider here also calls for a reconceptualization of current research methods as tools for knowledge testing. As human service organizations struggle to make use of the administrative and case record data that they collect to account for their funding and service outcomes, there is a growing need to expand the different ways that stakeholders in a human service organization learn about how they engage one another, how they identify relevant sources of information that inform practice, and how such information may be used to inform decision making. In defining a learning organization, Garvin (2000) noted the following key functions: information gathering and problem solving, experimentation, learning from the past, learning from best practices, and transferring knowledge. In this context, human service organizations often find it difficult to demonstrate their capacities to become learning organizations as they seek both to build knowledge-sharing systems to support evidence-informed practice and seek to build their capacity to promote service-user informed practice. This type of organizational transformation calls for balancing the current "research on practice interventions" (as illustrated by the growing support for quantitatively oriented evidence-based practice) with qualitatively oriented evidence-informed practice research that supports a "participatory action research" design by engaging service users, service providers, and community practice participants.

In essence, practice research can be viewed as a form of "knowledge testing" designed to explicate both the implicit and explicit knowledge embedded in the perspectives of service users and service providers. If one of the primary goals of practice research is to maximize the potential



for the generalization of findings and to promote the dissemination and utilization of new practice knowledge, then it is critical to address the complexities of the interpersonal and contextual dimensions of knowledge development. These intricacies include the considerable time and effort needed to engage frequently overloaded service providers and sometimes reticent service users in the research process from the very beginning with respect to (a) defining the shared questions and worries by building on existing knowledge (found in both electronic databases and the “expertise of experience” located in the tacit knowledge of both service providers and users), (b) collaborating in data collection and interpretation, and (c) sharing information dissemination and utilization. In essence, there is a parallel process between engaging in practice and engaging in research, as previously highlighted in [Table 2](#).

### **Organizational supports for practice research**

One approach to illustrating the implementation of practice research can be seen in the research produced by the Helsinki, Finland Department of Social Services serving both Swedish and Finnish populations (see Appendix) (Martinsen & Julkunen, 2012). Based on significant senior management and funding support in the form of two institutes (Mathilda Wrede and Heikki Waris), research social workers either are given released time (50%–100% for 2 years) or are retained (frequently part-time while engaged in part-time doctoral studies) to conduct practice research while engaging in university graduate courses. The studies undertaken provide findings of direct relevance to practice and the processes of knowledge development. These examples illustrate the potential for practice-based research within a social service organization when service delivery issues receive considerable research attention via an informal research collaboration with local university researchers. For many of these research social workers, practice research provides an opportunity to study a practice issue based on a long-standing interest and the support of senior management, as well as providing an occasion to engage in part-time doctoral studies. This collaborative model has significant implications for social workers in other countries.

If innovation is to receive higher priority in the delivery of human services, then service settings gradually will need to be converted into “design labs,” where practice research and new practice approaches are identified and supported over time (Cohen, 2011). It is increasingly clear that the production of practice knowledge calls for boundary-spanning behaviors between the world of practice and the world of research if practitioners are going to produce and disseminate new knowledge. A similar process is needed to make sure that service user perspectives are incorporated into this process, especially when they are supported in the form of user-led “survivor

research” (Sweeney, Beresford, Faulkner, Nettle, & Rose, 2009). In essence, practice research calls for the involvement of all levels of staff in a human service organization along with service users, and gaining the trust and support of colleagues for new forms of practice research will involve power sharing with service users.

For service providers, becoming a research-minded practitioner involves the formation of a new identity that involves balancing the intense demands of service delivery with the time needed for critical self-reflection in order to engage in practice research. This process can be enabled and supported when the part-time research social worker role is supported by part-time doctoral education.

Finally, the ultimate test of practice research is its impact on improved service delivery outcomes for service users. The credibility of such outcomes will be based on (a) the rigorousness of the research methods used, (b) the clarity and transparency of the research questions under study, and (c) the explicitness of the research methods used. One of the tests of the robustness of practice research can be found in the application of the findings in other practice settings.

### **Concluding with lingering questions**

The expansion of efforts to engage in practice research will most likely need to address one or more of the following questions:

- (1) If practice research is to be informed by theory (explanatory theory related to the behaviors of service-user populations and/or interventive theory related to service delivery processes used to assist service users), then how will practice research inform future theory development?

This question emerges from some of the differences between educating social workers in European countries and in the United States. In Europe, there appears to be a stronger tradition of expecting social work students to acquire an understanding of major theories that can contribute to theory-informed practice and thereby guide the intervention process. In the United States, there seems to be a greater interest in empirical research and how findings derived from summative research can contribute to evidence-informed practice. In either case, we have externally derived theory or research driving practice with little attention to how practice can inform theory development and thereby frame research questions relevant to practice. We need to find ways to balance the “outside-in” influence of theory and research methods with the “inside-out” influence of practice experience. In Europe, the emergence of cultural historical activity theory (Engeström, 2009) holds considerable promise in promoting a midrange theory that can inform practice as well as research.

- (2) How will practice innovations, supported by practice research, be disseminated and then utilized by current and future practitioners?

Although the role of dissemination and utilization of new knowledge has been greatly enhanced by the use of Internet communications, there are still insufficient venues for disseminating peer-reviewed practice research, and even fewer opportunities (within our social service agencies) to either access publications (publisher's proprietary interests) or create the time and safe space for staff to convene seminar-style discussions on the latest research or the discovery of promising practices. Building organizational supports to promote evidence-informed practice continues to be a challenge hampered by limited resources and increased service demands (McBeath & Austin, 2014).

- (3) What form of learning networks will be needed to support practice research that has the promise to continue to engage practitioners in dialogue with each other and with service users?

Similar to the role of science writers and journalists in the field of medicine, a parallel development could be used to condense and thereby highlight research findings in online versions that provide easy access for both service providers and service users who may not have the time, access, or inclination to peruse traditional publications. The outcomes of practice-based research call for innovative approaches to networking information, as well as promoting in-person discussions, if they are in fact to impact the future delivery of services.

- (4) How do we keep social work practitioners up-to-date with practice research when they perceive so much disconnection between practice and research courses during their formal education programs?

When seeking to explore the relationship between education and research, the question of leadership emerges. For example: Does social work education build upon the innovations originating in the field when it comes to teaching about promising practices? Does social work research lead practice when it comes to increasing our understanding of client populations and/or the validity and reliability of interventive methods? These questions now need to be expanded to account for service user voices and the question of the role of service users in both education and research. It will also call for more "research-minded practice," more "practice-minded research," and more service user involvement, as implied in the phrase "nothing about us without us."

- (5) Once social work students graduate from a BSW or MSW social work education program, how can we identify practitioners who are pondering major questions on an ongoing basis (Am I having any effect on my clients?

Why is poverty such a dominant theme in my caseload? What role does the environment play in impacting my client's behavior?) and how are these questions translated into learner readiness for new academic challenges through continuing education and the pursuit of advanced degrees?

The process of transforming *service* organizations into *learning* organizations is a major task worthy of pursuit. It can begin with the active role of senior management in fostering the development and utilization of practice research in order to enhance and redesign service delivery systems and strengthen evidence-informed managerial decision making. Supporting service providers who bring researchable questions to staff meetings and similar venues may call for new protocols to create safe spaces to explore such ideas within a demanding and frequently overloaded work environment. Although not every staff member may be interested in practice research, there likely is a small group of potential champions who could be identified, supported, and rewarded over time. Opportunities to acquire both qualitative and quantitative research skills could enable social work staff to play a greater leadership role in public policy development, especially when the administrative and case record data are mined for their practice and policy implications.

Although the issues raised by these questions are complex, they may provide a beginning blueprint for future action when it comes to promoting practice research that is co-constructed and co-implemented by both users and providers.

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## Appendix

### Heikki Waris and Mathilda Wrede institutes

The Heikki Waris Institute (HWI) and Mathilda Wrede Institute (MWI) are located in Helsinki, Finland, in the Helsinki Department of Social Services and operate as research and development units that combine research, practice, and education. The primary focus of the institutes is social work knowledge development and knowledge production based on collaboration between the agency and local universities. Founded in 2001, the Finnish-speaking HWI is a part of Socca, the Centre of Expertise on Social Welfare in the Helsinki Metropolitan Area. Socca was recently moved to the auspices of the Hospital District of Helsinki and Uusimaa following a major national government reorganization that combined health and social services. The organizational reform has shaped the collaborative relationships and redirected research to the needs of local service practices. In contrast, the Swedish-speaking MWI was founded in 2002 and engaged in contracts with the local municipalities, the University of Helsinki, various Polytechnics, and FSKC, the regional Centre of Expertise within Welfare Services.

Previous practice research themes in both institutes focus on child welfare, elder care, mental health services and substance abuse services within the context of multicultural social work practice. In addition to a focus on service users, research also addresses practitioner issues (critical reflective practice) and organizational issues (accountability for service outcomes). Current practice research themes include the wellbeing of young adults, disability, multiprofessional collaboration, transgenerational social exclusion, child welfare, assessment of intervention methods, social reporting, and case record documentation. The vast majority of projects reflect collaboration between researchers, educators, social worker practitioners, and service users.

The ongoing current research projects reflect the challenges facing Finnish social work practice, especially the impact of the national social and health service reform on the increased need for multiprofessional collaboration and coordinated services. Further ongoing changes are expected with the passage of the Social Welfare Act in 2015 related to changes in social work practices and social work education.

### Illustrative examples of practice research (2011–2014)

#### *Heikki Waris Institute*

\*Even one adult is enough: Young people's social strengthening and empowerment in the Luotsi activities.

\*Welfare office 2.0: How do we turn the welfare office into an empowering place?

\*Collaborative inquiry: A guide to social work 2.0.

\*Developing an assessment model at the western Helsinki social services unit.

\*Students as researchers of social work practices: From the obscurity of practice research to brilliant insights.

\*Mirror as an approach for critical evaluation in social work.

\*Entitled to develop: Inspiring collaborative learning in child welfare.

## **Mathilda wrede institute**

- \*Adults with learning disabilities creating social citizenship: Tensions in participation.
- \*Mental illness is never an individual problem: Professionals discuss the role of family and friends in the treatment process.
- \*Multiprofessional practice and young people's involvement.
- \*New perspectives on family mediation: Perceptions, models and assessments from the FASPER Project.
- \*When adults meet boys in the school: Insight, influence, and social relations.
- \*Finnish Swedish citizens' perceptions about the social and health services of the home county.
- \*Collaborative learning in changing multiprofessional service user environments.

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