Towards a more reflexive research aware practice: The influence and potential of professional and team culture

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This article reflects on the debates about Evidence Based Practice and suggests a new approach to implementing a more reflexive and research aware social work practice in professional teams. We show that there has been a substantial focus on the responsibility of individual professionals for using best evidence to guide their practice and on the organisation to provide an environment and policies suited to EBP. We argue that there is a need to balance this by an increased focus on the professional and team culture in which social work takes place. We draw on the literature on organisational change and social work research to suggest a new direction for encouraging greater reflexivity and developing a more open participative approach to the use of evidence to shape new practices in social work at the local level.

Introduction

Evidence-based practice (EBP) is a fashionable idea in social work. Whether it develops into a more enduring aspect of social work will only become clear with the passage of time. Despite some of the reservations about the use of evidence in this and other contexts, it is important to highlight the benefits of building awareness of evidence into practice. Without this, it is unlikely that evidence-based practice will develop beyond the transience of fashion. This will involve considering some aspects of social work practice with fresh eyes, but will also utilise other more familiar processes of support, communication and development. This article reviews the current debates including those outlined in the recent special edition of this journal on the nature of evidence, as well as the possibilities for evidence-based practice in social work. We will consider how to encourage

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a more reflexive, research aware practice in social work. We conclude that the focus for attempted reforms needs to be widened from the current primary focus on individual professionals and their education to a broader perspective that can enable development of new practices in social work teams and organisations. Our focus is predominantly that of culture and knowledge in social work teams.

Evidence in Social Work

There are many different views on the causes of problems that result in social work intervention and therefore on appropriate ways of responding to them. To that extent, the issue of evidence-based practice in social work will always be problematic (see Newman and McNeish, 2002). A key challenge to the implementation of evidence-based practice is how to deal with the tacit and socio-politically based knowledge which informs social work practice (see Frost, 2002; Taylor and White, 2002; Smith, 2002). There is a continuing need to explore this knowledge base and the development of 'received wisdom' in social work. In many ways there is a clear parallel with the development of received wisdom in management, again in part a strongly, socially-orientated area of work with much tacit operational knowledge. Whilst some areas of management, e.g. production management, have powerful rationalist, explicit traditions, areas of management such as human resource management and organisational change are much less so and propose more emergent, more interpretive approaches. This similarity between the disciplines of management and social work, noted by Booth *et al.* (2003), is of particular relevance in an era of increasing managerialism in social work. They cite Stewart's definition of evidence-based practice, (itself a paraphrase of that by Sackett *et al.,* 1996), that it is the:

> explicit and judicious use of current best evidence in making decisions [Stewart 2002, p.6] (Booth *et al.,* 2003, p.192)

and argue that the source of this definition is managerial:

> The management origin of this pragmatic definition signals similarities between social care and management as disciplines where there is apparent under-utilization of research evidence (Booth *et al.,* 2003, p.192).

One interpretation of evidence-based practice in general, is that, in common with many management practices, it is an attempt to limit uncertainty in decision-making in individual cases and as such, is a characteristic of the growing rationalist focus within social work organisation and delivery of services (see Taylor and White, 2002). The rationalist approach to certain aspects of management is

well documented in management texts (e.g. Mullins 2003; Darwin *et al.,* 2002) and can be seen today within the health and social care contexts as discussed by Moullin (2002, p.100). Writers such as Bilson and Ross (1999), Webb (2001), Harlow (2003) and Harris (2003) point to the development of techno-rationalist, managerial models pervading social work, which is manifest in a 'performance-driven' culture (see also Frost, 2002). The emphasis on the use of evidence to inform practice reinforces this, with its particular ontological position and its assumptions of near universal (and as yet undiscovered) answers to particular problems. Social work practice does not sit happily with this. It is an 'invisible trade' (Pithouse, 1987) and as such its processes present particular challenges for research and evaluation. Its practice is reconstituted through re-telling in different contexts. It is also open to different interpretations by professional and user and its 'outcomes' are complicated and often long term, if they can be regarded as outcomes at all. Additionally, but not exclusively to social work, its interventions are crucially dependent for (intended) effect (or effectiveness) on the collaboration and commitment of the user. The techno-rationalist approach relies on a 'scientific' basis of evidence in social work practice, which Webb (2001) questions. He highlights a fundamental point about social work defining or realising its position within an 'aporia', which is unrecognised by policy makers and, through emphasis on certain aspects of policy, is disregarded by managers.

An alternative view is that the use of evidence is an acknowledgement of the inherent uncertainty in social work and a means of highlighting this. Despite the potential problems, Gibbs and Gambrill (2002) argue the benefits of evidence-based practice in social work. According to them it

> is a process (not a collection of truths) in which the uncertainty in making decisions is highlighted, efforts to decrease it are made, and clients are involved as informed participants. (p.473)

The process in practice involves several fundamental elements, according to Bilsker and Goldner (2000)

> questioning of unfounded beliefs, rigorous scrutiny of methodology, critical appraisal of proposed treatments. (p.665)

The move towards evidence-based practice constitutes a shift in both form and content of knowledge, according to Newman and Nutley (2003), away from the current tacit knowledge base to the more explicit. This in turn implies a major, longer-term change in professional knowledge and therefore in training.

Culture and evidence-based practice

The potential barriers to the adoption of evidence-based practice are several, as noted by Sheldon and Chilvers (2002). Issues such as professional identity and status; established values and practice; and professional training can all be seen as aspects of 'professional culture'. If certain aspects of professional culture themselves present a barrier to EBP, other objections to the introduction of EBP might be reinforced by it. McKenna *et al.* (2004) point to the conflicting nature of research conclusions as being a barrier to the introduction of evidence-based practice in primary care. Any potential conflict in results, it is argued, causes confusion amongst practitioners. Furthermore, the conflict is likely to be emphasised as a means of resisting any change in practice. Bilsker and Goldner (2000) stress the need to convince both practitioners and users of the value and feasibility of evidence-based practice as a precursor to any plans to develop it. However, these views imply that social workers consider research conclusions as a matter of course, an issue challenged by the research carried out by Sheldon and Chilvers (2002). Similarly Gibbs and Gambrill note that

> research suggests that few social workers draw on practice-related research findings. (p.452)

The reasons for this may vary, but include professional practice and the time practitioners might or might not have to access research information. Gira *et al.* (2004) make a similar point:

> The daily pressure to see more clients makes it extremely difficult for social workers to find time to read research literature even if they were inclined to do so. Social work as a profession has not found ways to help practitioners identify and use the latest research evidence in their practice. (p.69)

Professional culture may be challenged by the concept of EBP. Newman and Nutley (2003) argue that EBP, within the context of probation for their discussion, is perceived as a threat to professional practice, status and identity, as exemplified by a research participant:

> a shift in the definition of what constitutes professional knowledge was not easy to accomplish. The old status and identity of probation officers had been based on a tacit pool of knowledge…. This tacit, experiential knowledge was perceived to be being devalued in the search for more explicit, research- based knowledge. The autonomy of individual probation officers was also being curtailed …. (they) perceived themselves as 'ticking boxes' rather than using their judgement and discretion. (p.551)

Tacit knowledge forms an important part of such an operating culture and relies on experience and verbal transmission. Barratt notes that:

> [there] is an oral, rather than a knowledge-based, culture within social services which results in staff valuing direct practice experience over, and often to the exclusion of, other forms of learning [Sheldon & Chilvers, 1995] (2003, p.145).

Gira *et al.* (2004) point to the difficulty presented by a different culture of practice within social work as opposed to the medical culture, where the introduction of evidence-based practice has arguably been more successful. A further aspect of organisational culture is also highlighted by Barratt who notes the perception of social workers that they operate within a 'blame culture', with the attendant difficulties this presents for changing practice. The social work workforce is also seen as being relatively poorly qualified, unqualified to some extent, having little in its culture which promotes critical appraisal and little time to read and reflect. This is aptly summarised by Booth *et al.* (2003):

> A literature review reveals a workforce, poorly equipped by professional education, relying heavily on personal communication and 'gut instinct' to deliver packages of care. A workplace culture of action, not reflection, and the absence of information, resources and skills, make social care practitioners less likely to consult research to improve their practice. (p.191)

The current system of professional training needs revision if evidence-based practice is to be fundamental to the culture of professional practice in the future according to Howard *et al.* (2003). They argue that qualifying students, despite having access to a greater wealth of information than previous generations of students and practitioners, do not develop the skills through their training to be able to access and analyse critically the research which might inform practice.

The rationalist approach of reliance on disseminating published information alone is very unlikely to have any significant impact in the development of EBP. Combinations of approaches appear most likely to have an effect on changing practitioner behaviour (Gira *et al.,* 2004) and offer a greater likelihood of influencing professional culture. Gira *et al.* conclude that:

> The literature from health care suggests that disseminating information alone is insufficient. Many interventions have been designed to improve practitioners' adherence to EBP guidance and are differentially effective. To date no intervention has demonstrated powerful effects. (2004, p.77)

The majority of the approaches reviewed above, reflect a growing technocratic rationality. This presents a set of institutional reactions to the perceived need to change which are largely rationalist in their analysis and bureaucratic in their responses. Whilst this may be apt in the bio-medical context, in the socio-medical and social work contexts such responses have limitations. Such limitations are compounded when considering the intangibility of professional culture and the difficulties of trying to change it (Ormrod, 2003).

Developing an evidence informed social work culture

Whilst bearing these limitations in mind, we will argue the need to develop a way forward which, we believe, is more fitting to social work than the techno-rationalist approach evident in much of the implementation in medicine and which addresses the issue of professional culture. To reiterate: the aim of EBP is to develop practice so that the most convincing information is used fully to inform the delivery of social work interventions for the most positive outcomes, from the perspectives both of service deliverer and user.

The development of EBP constitutes a considerable change to the tradition of social work practice. It is important here to acknowledge the considerable and developing literature of organisational change, but it is not our intention to review that here. The change management literature in general has a concern with looking for universal solutions to the problems of 'change management' (Sturdy and Grey, 2003) and can be very prescriptive. Some of the more recent change literature, which offers most utility for developments in the social work context, is that which acknowledges the complications and unpredictabilities of professional service interventions and delivery and the role of discourse in studying change. The importance of culture in organisational change is a recurrent theme. It is important to note that the literature on organisational culture is itself characterised by debate. In simple terms this revolves around the issue of whether culture is something an organisation/profession *has* and which it can change relatively easily, or whether it is something the organisation/profession *is,* that is, a manifestation of the values, experiences and perspectives which inform its practice (Ormrod, 2003). The former perspective implies a managerialist, rationalist approach to change, whilst the latter highlights the role of personal and professional values and implies the need for a reflective, discursive approach to change. It is this second approach that we feel has value in the development of evidence and evidence-based practice in social work.

Culture and tacit knowledge

The need to recognise and alter the particular culture within both health (Pettigrew *et al.,* 1992) and within social work (MacDonald, 1999) is acknowledged in the literature. Any focus on changing individual practice without taking due note of the operational culture is unlikely to lead to sustained change. MacDonald recognises the particular need to change 'culture and practices of (social work) organisations' (p.31) if effective EBP is to be introduced. Mullen (2002) similarly notes the culture of social work as paying little attention to research findings and argues the reasons for this:

> the place of systematic reviews of effectiveness research has grown in importance, such as seen in the Cochrane and Campbell Collaborations. Systematic reviews provide an important means to accumulate and assess the cumulative results of research pertaining to outcomes of health, education and social interventions. However, systematic reviews do not provide a direct linkage to practice prescriptions. This is because practice decisions need to be made on the basis of knowledge derived from not only scientific investigations, but also experience, values, preferences, and other considerations deliberated by providers, users, and carers within the constraints of available resources. (p.10)

The point on the nature of practice decisions is key here. It demonstrates the need to acknowledge the role of tacit knowledge - built up through experience and incorporating professional knowledge - to be used in delivering a service in a manner which is sensitive to the specific needs of the vulnerable individual, that is, caring for human sensibilities.

The literature on knowledge conversion (from tacit to explicit to tacit) is useful in relation to this. Nonaka and Takeuchi (1995) outline a 'knowledge spiral' within the context, for their purposes, of organisational innovation. This approach recognises that tacit knowledge is developed through practice and through socialisation with colleagues and that it is informed by aspects of explicit knowledge, internalised by practitioners. Similarly, aspects of tacit, practitioner knowledge are made explicit, externalised to others, through more formal rather than verbal means, a process which de-contextualises the knowledge to some extent. Explicit knowledge from various sources is then combined and adapted by individual practitioners to meet specific circumstances, which in time becomes integral to the tacit knowledge that informs their practice and thus the spiral continues. Elements of this process, which are crucial for practitioners, are reflection, both with colleagues and users, on effective practice; ready access to external explicit information; and the support for individual reflection in order to combine and apply evidence appropriately.

Professional teams

The role of teams in developing professional culture, in socialising new members and in developing tacit knowledge is important (Pithouse, 1987; Hall, 1997; White, 1998; Bilson and Barker, 1998). The change literature is too often concerned with the individual 'change agent' to the neglect of the role of the team itself as an instigator and supporter of change. This may be an important factor implied rather than explicit in some models of change. For example, Rogers' (1995) approach to the diffusion of innovations highlights the key role of the 'critical mass' in the adoption and sustenance of innovation. His model follows a process of dissemination, adoption, implementation and maintenance. The role of dissemination in the traditional sense has its limitations in the social work context, as already discussed. However at the team level dissemination can take a different turn, involving the sharing of learning, - dissemination of experience from research and practice - to other team members, the stage of combination in Nonaka and Takeuchi's spiral, noted above. Such a process model of change provides a more complete systematic approach than many other models, highlighting as it does, the maintenance or institutionalisation of new practice. Our view is that the team can be very influential at each stage of Rogers' model. Shared experience, shared values and tacit knowledge characterise the professional team. These teams have an important support function and themselves provide a forum for discussions which share information (e.g. on both evidence and on local context; tacit and explicit), share experience (e.g. on effective practice), and which provide the opportunity to develop evidence to share with and beyond the team.

The research into teams in social care (e.g., Pithouse, 1987; Hall, 1997; White, 1998), medicine (e.g., Bloor, 1976) and nursing (e.g., Latimer, 2000) show how cultures are locally accomplished and reproduced and can sustain the tacit practices of occupations, organizations and teams and indeed may be used to resist the sort of approaches to policy and practice change usually associated with rational approaches to implementing evidence-based practice. A key problem in cases where practice is framed in a strong local culture that supports the resisting behaviour, is recognising that this presents a problem at all. This is because these cultures and the practice that is supported by them are based on tacitly held assumptions that are difficult to challenge as they are taken for granted as truths.

Armstrong (1982), in a similar vein, states:

The rational approach is rational only for the change agent. For the changee, change seems *irrational*. Should we change important beliefs each time someone thrusts disconfirming evidence on us? It is not surprising that 'people are

resistant to change.' The rational approach implies that the target of the change is irrational. (Armstrong, 1982, p.463)

An example of how an attempt to implement an evidence-based approach can falter because it is unable to challenge strong team cultures, can be seen in social work practice regarding contact between parents and their children in care (Bilson and Barker, 1994, 1995, 1998). This area of child care has a well developed research base that stresses the importance of regular contact for the well-being of children (Lawder *et al.*, 1986; Millham *et al.*, 1986; Bullock *et al.*, 1990). Following the 1989 Children Act in England, serious attempts were made to implement evidence-based practice in this area through extensive training programmes, regulations and rules, publishing research reviews and good practice guides. Research by one of the authors into how this evidenced informed practice was undertaken and demonstrated that levels of contact varied widely within and between local authorities. It was also found that large variations between teams within local authorities could not be explained by the factors usually linked to differing levels of contact. Evidence that team culture played a crucial part in these differences came from feedback from the teams. Some teams had a local culture of low levels of parental contact, acting on premises related to rescuing children from their parents whilst other teams had high levels of contact (dealing with similar problems in the same authority) from a culture of cooperation with parents. Following research seminars using the principles outlined below four from five authorities achieved high levels of contact in a follow up study.

Our point here is that human agents easily develop routinized patterns of thought, action and interaction in relation to their activities. These aspects are supported by, and become the local cultures of teams and organisations. They tend to be relatively invisible to those within the culture and thus are also extremely durable. They are vitally important in understanding reasoning and action, as Varela notes:

> ... my main point is that most of our mental and active life is of the immediate coping variety, which is transparent, stable, and grounded in our personal histories. Because it is so immediate, not only do we not see it, we do not see that we do not see it, and this is why so few people have paid any intention to it ... (Varela, 1992, p.19)

Varela goes on to question how we can apply this distinction between 'coping behaviours and abstract judgement' to making judgements which are moral and ethical. This point is central to the judgements of social workers. The evidence cited so far leads to the conclusion that many social work judgements are of the immediate coping variety. We will suggest that to

develop a response to decision making in this context, it is important both to have an analytic approach to ordinary activity - a way of reflecting on what is taken for granted - and an emotional and ethical engagement with the moral nature of social work decision making.

This tacit dimension of practice often seems very difficult to extract and articulate. However, its nature is essentially social, and it cannot therefore be located entirely in the social worker's internal thinking. It must from time to time be visible, accessible and reportable – this will be particularly evident in the way that novices are inducted into team practices or 'deviant' behaviour is punished. We therefore argue that, if we are to develop the capacity of social workers to evaluate whether they want to make changes to tacit foundations of their practice and base decisions on available evidence, we need techniques to help them reflect on their tacit assumptions (Taylor and White, 2000; White and Stancombe, 2003).

The support function of the team can be crucial here. The team provides an important opportunity to reflect on and to discuss practice generally. Thus a forum is presented which permits members to discuss the emotional aspects of their work; a dimension recognised as important within social work, but one which receives less attention in the 'evidence' and change literatures. Bilson and White (2004), Gira *et al.* (2004) and Webb (2001) all note the potential impact on professional workers of emotional engagement in evidence, for example using case studies to exemplify practice rather than relying on the less engaging material from more traditional research summaries. The potential of team discussions that engage individuals using direct case information may be an important part of the development and dissemination of practice evidence. Allowing an emotional aspect in the development of evidence-based practice is important as is recognition that the relationship between new knowledge and change in professional practice is not a direct causal link. Changing professional practice might involve questioning basic practice assumptions and this can cause considerable concern, threat or discomfort for the individual. Certain models of change acknowledge this, such as the 'transition model' described, for example, in both Hayes (2002) and Hopson *et al.* (1992).

Two further aspects of social work culture are important for consideration here. The first is the historical collective culture of social work practice; generic social work is particularly team based and relies on team discussion and support. Whilst there may be significant individualization in many aspects of society, this collective aspect of social culture appears to continue and provides an opportunity as a facilitator to EBP. The second aspect of social work culture and practice is the holistic nature of the social work perspective. Mirroring the evidence-based approach in medicine would present social work practice as a fragmented set of activities, with each aspect subject to

investigation of its own evidence base, but the need is to see it as a systemic whole. The change literature generally notes the need to acknowledge the factors which might promote or hinder particular change initiatives and to utilise the former in promoting change. Change such as implementing EBP involves challenging long held assumptions and altering established patterns of behaviour. As we have said, the professional team provides the forum for both these as it presents an opportunity to develop reflexive discussion and to support, encourage and reinforce changing practice, which might be more difficult as an unsupported individual initiative. Mullen (2002) notes this opportunity:

> supervisors, consultants, and *teams* [our emphasis] seem to be the most promising conduit for knowledge dissemination in organizations, … regarding practice guides and other forms of evidence-based practice for social workers. (p.9).

The evidence of using groups as a means of implementing evidence-based practice is particularly light and we believe an under-regarded aspect of EBP, both in its possibilities to assist and to resist EBP. However, it is not totally disregarded. Gabbay *et al.* (2003) consider the potential of 'communities of practice' in implementing evidence-based policy. Whilst their study considered multi-disciplinary teams, the points they make in relation to groups of professionals using and considering evidence are important. They note the value of collective sense-making and the ways in which evidence can be explored and interrogated in the collective context. Whilst their study reveals the ways in which evidence might be mediated, and its translation to practice might be deferred as well as encouraged, they present important findings which highlight how such communities of practice can be supported to examine evidence and its implications in a useful manner.

> The rationalist, linear model of evidence-based practice is not reflected by the experience of these communities of practice. Nevertheless, with a clearer understanding of the processes of collective sense making, it may still be possible to encourage the more systematic use of relevant knowledge in collective decision making (Gabbay *et al.,* 2003, 328).

In the rationalist, linear model 'evidence' is used to prescribe practice in a top-down manner. We would suggest the need for a different approach starting from the idea that actions to create a more reflexive practice should come from practitioners and managers in local teams and similar groups and should be realised through using research to reflect on their own understandings of what is good practice.

Implications for research and use of evidence

Our approach then, stresses the need to engage participants in reflecting on their assumptions. So what are the implications of this approach?

Research into the tacit

First, there is a need for data that falls outside the usual research approaches valued in traditional approaches to EBP. This requires us to find ways to collect data on the way that social workers create and maintain their culture and tacit knowledge and on its content. We have already outlined the way that data on patterns of practice, such as that found in parental contact, can give indicators of how culture affects practice. We would also suggest that there is a need to research local cultures themselves. This can be achieved, for example though studying inter-professional talk and interaction in everyday settings (Taylor and White, 2000; White and Stancombe, 2003). This is because cultures must necessarily reinforce themselves and this making and remaking of occupational or team cultures takes place most visibly in interaction and talk between professionals. Research into local culture may also differ in terms of data collection and analysis of artefacts such as written records, statistical data, transcripts of talk. These need to be read, not in order to evaluate or prescribe practice, but for what they can tell us about the tacit presuppositions which order professional activity. For example, it is recognised that files represent 'a potential resource for vindicating practice' (Pithouse, 1987, p. 34). However it is the very way in which professionals attempt to vindicate their practice, which gives important information about their view of the official definitions within which they operate. Thus the aim is not to find more about the 'reality' of the lives of users, or to evaluate the adequacy of recording against some normative template, but to consider what presuppositions or world-views inform the social work decisions being made.

The following case closure summary from an audit of older people's services (Bilson and Thorpe, 2004) illustrates the use of files in this way. The case concerned a bedfast woman whose husband was worried about his continuing ability to care for his spouse, exacerbated by living in a third floor apartment with restricted access:

> *Mrs. Y is a very poorly lady all of her needs are met by her husband (he will not accept help). … issues raised were around housing issues. Mr. and Mrs. Y have been waiting for ground floor accommodation for a long time. I have liaised with housing re my concerns.*

The extract shows what the researchers saw as the tacit assumption of the worker and the manager who closed the case: that their role was to provide packages of physical care and that social aspects of the problem, such as inappropriate housing, were not part of the team's responsibility. Note the bold statement that 'he will not accept help' and that 'the issues raised were around housing'. Once data of this kind has been generated, the assumptions underpinning such statements and the process of professional 'sense-making' can be examined through professional reflection.

Reflexive conversations

A second issue relates to the use made of findings. In the scientific-bureaucratic model 'evidence' is used to prescribe practice in a top-down manner. Our approach is similar to a 'knowledge spiral' (Nonaka and Takeuchi, 1995) described above. It starts from the idea that any actions that need to follow data collection should come from social workers and managers themselves and should be realised through reflection on their own understandings of what is good practice. To achieve this is not simple and we suggest the need to develop what have been termed 'reflexive conversations' (Bilson, 1997; Bilson and White 2004). These seek to focus attention on the tacit assumptions that shape practice.

Atkinson and Heath's suggestion that a reflexive approach to research needs to encourage the consumers of research '*to be more open to the research process*' (Atkinson and Heath, 1987, p.15) stresses the need not only to give direct access to the research 'data', but also to demonstrate how the researcher constructed the results from them and the researcher's own premises. 'Consumers of research' in our context refers to practitioners. Thus this approach does not make truth claims about the findings or value the research 'evidence' above the wisdom of practitioners. Rather it accepts its own groundlessness and seeks to demonstrate how the distinctions made by the researchers lead to a particular moral view of the data. Rather than hiding the processing of the data into the 'findings' this process is exposed to share the possibility of constructing a view and the distinctions used to create it. The researcher thus demonstrates reflexivity and then encourages practitioners to reflect on their own assumptions.

Thus, for example, one of the authors had studied reports for the children's hearing system (the Scottish equivalent of a juvenile court) and found them to be full of negative comments about the children and their parents, and yet the social workers and their team leaders believed that they acted only in the best interests of children. Rather than simply present the results to them in the hope that they would accept the researcher's 'more objective'

position, a seminar was held for team leaders in the organisation. This involved: presentations of the theoretical model which informed seminar leaders' practice with young offenders; exploring participants' views about the causes of offending and the premises upon which reports were written; encouraging dialogue and critical and emotional review of these premises by practitioners through a reappraisal of actual cases and their outcomes. It quickly became clear that the staff used many different tacit models of the causes of crime, from the social through to the psychological. From further work and discussions amongst practitioners, the lack of information about the strengths of the children and the overwhelmingly negative focus of the descriptions of their lives (which stemmed from their premises about the causes of delinquency), became clear to those involved.

This reflexive conversation helped to make participants aware of the consequences of their views of delinquency for the lives of those they were supposed to help. Proposals for change were developed to include: a new structure for reports; a plan for repeating the seminar for the range of staff in the department who were responsible for children; and a proposal for quality assurance of reports. This approach led to significant drops in the numbers of children entering care and an increase in the provision of services in the community (for a more detailed account of this work and its theoretical background see Bilson and Ross, 1999).

Conclusion

In this article we started by reviewing the developments in evidence-based practice and stated our preference for a reflexive approach to the use of research. Above all we are concerned that if social work uncritically embraces the rhetoric of evidence-based practice there is a danger that, in the current political climate of increasing central control and managerialism, it may increasingly lead to a prescriptive, one-size fits all approach to interventions with a consequence for individual users of services. At the same time we are concerned that social workers need to reflect on the tacit assumptions on which they make decisions about their everyday practice. We argued that these tacit assumptions are principally created and maintained in the day-to-day interactions in the teams, practice groups and organizations within which social work practice is organized. Research can play an important part in creating 'News of Difference' to enable teams to create a more reflexive stance in which the hidden assumptions become more open to critical reflection by practitioners and their managers. This will require research to be presented in new ways and social workers and their teams to be given time and space to consider the outcomes of their practice.

In taking this approach we are aware that we are asking for major changes in the way research is usually seen and used. We are asking managers, social workers and researchers alike to develop ways to have reflexive conversations. We are proposing an alternative and complementary approach to the research process and its products, designed to encourage reflection. Cultures in teams and organisations have the capacity to sustain forms of reasoning which function as taken for granted truisms about what works. This reasoning has the tendency to close down debate. Our intention has been to outline ways in which social workers can participate in dissolving these forms of folk wisdom if they so choose. We are suggesting that research and other evidence can play a part to provide social workers themselves with a means to examine and reappraise what they have previously taken as 'common sense' truths and make any changes that they wish.

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