

What Counts as Valid Research in Social Work?

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Abstract

The notion of social work research impacting directly on practice is nothing new. This article explores the challenges within the recent trend which privileges randomized controlled trials (RCTs) – the ‘gold standard’ of research within medical science – and a relatively new approach to evaluating the effectiveness of interventions with children and families. The *What Works Centre for Children’s Social Care* is also discussed in terms of what policymakers count as ‘valid evidence’ when allocating financial resources within Children’s Services. The appeal of the RCT is clear to those in charge of budgets, offering a binary, conclusive approach to finding out whether or not something works. Yet an RCT methodology will not capture the nuances of relationships, trust, and social meanings – all of which are integral to delivering effective interventions in social work with children and families. The simple picture painted by government and what they circumscribe as valid research is not the reality of where social work interventions take place. The *What Works Centre for Social Care* does, however, offer some reasons for hope in working towards a richer research landscape, where the knowledge base is more diverse, valuing and yielding both qualitative and quantitative insights.

What is the role of research in areas where there is clear and pressing social need? The number of children in care in England has steadily risen since 2008. In January this year, it was found that 88% of Children’s Social Care departments in England had overspent their budget. What evidence should inform government spending on Children’s Social Care? Here we will consider how the UK government, in its attempt to answer this question, is currently enlisting research evidence, albeit with an arguably circumscribed focus on what it considers to be ‘valid’ research, a position which is largely contested within social work scholarship.

In 2013, the government set up the *What Works* initiative, seeking to ‘ensure that spending and practice in public services is informed by the best possible evidence’, proudly claiming this to be the first time that any government has taken a national approach to prioritizing the use of evidence in decision-making (Cabinet Office, 2019). There are seven existing research centres, looking at areas such as health and social care, education, and policing. They use a combination of systematic reviews of existing evidence and the commissioning of their own research to provide an easy ‘toolbox’ of information for practitioners to apply. A review of the first five years points to the successes they have had in identifying effective practice in classrooms and police forces across the country, while also highlighting some of the challenges encountered in ensuring the adoption of best practice (Cabinet Office, 2018).

The *What Works Centre for Children’s Social Care (WWC)*, currently in development with funding from the government’s Department for Education, is due to launch in 2020. It is already creating waves in the sector with their review on Signs of Safety – a widely used, government-supported approach to safeguarding children and working with families (Turner, 2018). The review identified that there is little clear evidence that this intervention has any impact on reducing the number of children in care. By evidence, the *WWC* considers the contextual factors in research, but places a high value on quantitative studies, ideally Randomized Controlled Trials (RCT). RCTs are an experimental design, considered the ‘gold standard’ of validity in medical science research and amongst other ‘hard’ sciences, but they constitute a relatively new approach to evaluating interventions in social care. The objective of an RCT research methodology is to conclusively examine the effects of an intervention – for example, a new drug treatment – and to this end, it will randomly allocate participants between two groups. One group will receive the intervention under investigation, while the other group – the control group – will continue to receive ‘treatment as usual’, that is, they will not receive said intervention. RCTs aim to enable valid claims as to whether the intervention under investigation makes a difference by excluding all other potential explanations, enabling conclusive comparisons between groups as to the effectiveness of the intervention.

The appeal of the RCT is clear to those in charge of budgets, since they offer a binary, conclusive decision on whether or not something works. *WWC* acknowledges that currently almost no studies in Children's Social Care met their standards to gain a meaningful evaluation, and that building this evidence base in social care will be particularly challenging (DfE, 2019). A review of all research articles published in three UK social work journals over a decade, covering all areas of social work (i.e. also work with adults), identified only six RCTs. The author of the review, Sheppard (2016), suggests that concepts of validity play a part in these low numbers and that social work might lean towards an interpretivist understanding of the world – where numbers are not seen as providing a meaningful understanding of how people experience their lives. Perhaps this reflects the motivations of a profession trained to see the individual or family unit's unique needs and circumstances, rather than to think in terms of population. But this notion is being challenged by some within the *WWC* network.

On 29 May, the Chair of the *WWC*, Alan Wood (@woodsgolem), tweeted:

“Too much research in educ and children’s social care is inconclusive, leaving the front line staff frustrated and curious as to why. We should fundamentally rethink the models and methodologies we have favoured and look more closely at promising practice in need of evidence.”

There have been multiple voices on Twitter raising objections to this statement, generating a debate on a number of fronts. Professor of Social Work at the University of Sheffield, Sue White (@ProfSueWhite) firmly asserted that Alan's sentiments seem to fundamentally misunderstand research, suggesting that it ignores years of already existing research, a rich knowledge base of 'inconclusive' findings which offer 'useful cumulative insights, tiny and often serendipitous'. Other responses drew attention to the significance of structural issues outside specific interventions, such as high staff turnover and austerity which, unlike inconclusive research, do actually frustrate front-line staff. Alan suggests in his initial tweet that the value of research lies in whether the findings can provide a clear basis for practice. The importance of research being relevant to practice can hardly be overstated within the field of social work, but is it ever possible to offer certainty?

Looking more closely at the use of RCTs within Children's Social Care, some of the challenges in applying this methodology and developing 'conclusive' research for practice become starker. There is always a question of the validity of applying an RCT design to evaluating the effectiveness of social work interventions with children and families: for instance, do the findings truly reflect the phenomenon they are claiming to represent? Firstly, RCTs are only concerned with what works, but the question of why can be equally vital – particularly when thinking about how to improve practice in children and family social work. Can social work interventions ever, realistically, be free from extraneous psychosocial factors impacting the child or family under investigation? Secondly, another key concern in social work research has been to explore what it feels like to be subject to these interventions, not merely trying to discover whether or not they 'work'. Any time the state makes an intervention in a family's life, there is the potential for oppression, and research into service-user perspectives allows this to be explored. An RCT methodology, as Featherstone, White and Morris (2014) argue, will not capture the nuances of relationships, trust, and social meanings. Questions have been raised about the appropriateness of using RCTs in some situations. An evaluation is planned of Family Group Conferencing, a structured meeting which allows families time to develop their own plan for children who may be at risk. These meetings were developed from a rights-based perspective, to give power back to families within the child protection process. Some academics have raised concerns in this regard, claiming that this opportunity should not be randomly assigned to some families whilst denying it to others (Turner, 2019).

Undertaking RCTs in a field that is arguably unfamiliar with this methodology can be complex. One RCT looked at a model of foster care for adolescents. A particular challenge in the study was that social workers and managers were reluctant to make referrals since they had no control over whether the intervention requested would be allocated to their young person (Dixon et al., 2014). This reflects similar findings from an RCT that looked at a parenting programme, where practitioner 'buy-in' was given as one possible reason for variation in recruitment rates (Rushton and Monck, 2010). Social work practice takes place within the often chaotic and unpredictable context of relationships, both with families, social work teams, and within diverse local areas and communities; all of which makes this methodology rather more challenging to apply outside of the controllable laboratory setting. An RCT cannot reveal if the intervention under examination will work in different contexts, with different groups, or when it is confronted with complex and non-standardized situations.

Perhaps practitioners are likely to need time to be convinced of the value of knowledge generated via RCTs. The *WWC* seeks to aid workers by undertaking this initial evaluation of research for them. A new research approach, dubbed the ‘pragmatic stepped wedge’, has just been announced and will be pioneered by the *WWC* (Sanders, 2019). Their partner Local Authorities will all be trained in delivering a new intervention, but crucially the order in which they start this intervention will be random, allowing them to act as each other’s control group in the research. We will have to wait to see if this will be an effective response to the issues raised by the application of RCTs in other social work areas, and indeed whether it will meet their standards of valid research. A key factor in this process will be ensuring that social workers are aware of this new resource. In a highly scientific sample (texting two friends who are still in front-line work) neither had heard of the *WWC*.

It is understandable that a government would wish to secure its legacy by claiming to have found the key to ‘fixing’ welfare issues. Social work is a highly politicized and moralized area. Research is, of course decidedly socially arbitrated and, as such, it has the potential to be oppressive. The simple picture painted by government, and arguably underpinned by the government parameters for what constitutes valid research, is not the reality of where and how social work interventions occur. The *What Works Centre for Social Care* does, however, offer some hope in working towards the creation of a rich research landscape, where the knowledge base is more diverse, hopefully offering, utilizing, and valuing both qualitative and quantitative insights.

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