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Using Evidence in the Human Services

Human services practitioners, managers, leaders, and service users are increasingly asked to demonstrate how evidence informs practice in their organization. Organizational credibility, funding, and service utilization can be influenced by their response. Although there are many empirically supported intervention programs that are marketed as evidence based, evidence-informed practice (EIP) involves much more than purchasing or selecting such programs and delivering them. EIP entails gathering credible and relevant information about the impact of interventions, applying this information to the specifics of the practice context, and using new knowledge to guide the delivery of human services practice so that positive outcomes are maximized for service users. From an organizational perspective, EIP requires processes, structures, and resources that support the critical use of research evidence to inform decisions about practice, program development, and strategic planning.

This book is designed for use in human services organizations that strive to strengthen their approaches to finding and appraising research evidence and using this evidence to inform practice. It is a resource for human services practitioners and managers seeking to understand and respond to pressures to demonstrate evidence-based practice (EBP). In particular, this book is for those in leadership roles who are looking for guidance and strategies to enhance an evidence-informed approach in their organization. These leadership roles can be filled by chief executives, directors, middle management staff, and team leaders, but also by team members who take on a level of responsibility in promoting the use of research evidence by the practice team. The material presented in this book is also relevant to organizations tasked with gathering and disseminating evidence to human services organizations.

Discourse on evidence is a prominent feature in the current human services land-scape. Human services providers are required to engage with evidence at some level. EIP is not, however, just about organizational survival in the current political context. Successful EIP involves a critically reflective approach to the use of research evidence in a way that guides practice toward better outcomes for service users. It is part of a professional approach to practice that also attends to relationship building and respectful collaboration with service users and colleagues. The approach taken to EIP in this book will appeal to those seeking to engage in critical reflection on research–practice links while also maintaining a focus on relationship building with service users as a vital part of respectful, responsive practice in the human services.

The route that led me to write this book includes over three decades of practice as a social worker, educator, researcher, and consultant to human services organizations. During this time, EBP discourse has gradually established a firm presence in social work and the human services. My social work background has influenced the approach taken in this book. The ideas and resources presented here are, however, broadly applicable beyond social work practice to the wider human services field.

Although diverse in its approaches and practice settings, the discipline of social work has been strongly influenced by the medical model of service delivery. It is therefore unsurprising that the evidence-based medicine movement has influenced social work thinking and literature on EBP. In particular, the five-step approach to evidence-based clinical decision making is referred to widely as the template for EBP in social work (Gambrill, 2010; Gibbs & Gambrill, 2002; Thyer & Myers, 2010).

FIVE STEPS IN EVIDENCE-BASED CLINICAL DECISION MAKING

Physician David Sackett was the early proponent of evidence-based medicine, which is defined as "the conscientious, explicit and judicious use of current best evidence in making decisions" (Sackett, Richardson, Rosenberg, & Haynes, 1997, p. 71). The purpose of evidence-based medicine is to promote the use of research evidence to inform the diagnosis and treatment of individual patients, placing the onus on individual clinicians as decision makers. The clinical decision-making model of evidence-based medicine and, subsequently, evidence-based social work assumes that there is a relationship between the clinician and the individual service user or patient and that the clinician delivers the intervention. Evidence-based clinical decision making requires that the clinician engage in the following five-step process:

1. Define a practice question that stems from the client's circumstances.
2. Find the best evidence to answer the question.
3. Critically appraise the evidence.
4. Integrate new knowledge into decisions about interventions for the client.
5. Monitor and evaluate client outcomes.

Each of the five steps demands a lot from individual practitioners. Because individual clinicians generally do not have the time and resources to adequately complete each of these steps alone in their day-to-day clinical decision making, resources such as evidence banks of reviewed and summarized research are needed to support the process. The five-step model is intended for clinical decision making by practitioners who are in a position to implement the interventions that have the best evidence for positive outcomes in the service user's circumstances.

The term "intervention" is used in a very broad sense in this book to encompass any purposive actions undertaken by a human services provider with the intention of effecting change for an individual, group, or society. Soydan (2015) described the purpose of a social work intervention as being "to induce change to intentionally isolate or eradicate risk factors, activate and mobilize protective factors, reduce or eradicate harm, or introduce betterment beyond harm eradication" (p. 324). Interventions can include single events (for example, providing information to an individual on benefits he or she is eligible for) or multiple actions (for example, a series of family therapy sessions provided over several months, or a targeted program of services to a population group) that can occur at the individual, group, organizational, community, regional, or national level.

In human services contexts, the type of interventions that can be offered to service users is often dependent on factors beyond the practitioner–client dyad. Although many human services practitioners do make clinical decisions about individual service users and are able to control the choice and implementation of interventions in their individual therapeutic work, evidence-informed decision making in the human services is also relevant at the policy, resource allocation, organizational, and program implementation levels. Decisions at these levels, along with other contextual factors, shape the nature of interventions and decision making undertaken by practitioners as they work with service users.

SWITCHING LENSES FROM CLINICAL DECISION MAKING TO ORGANIZATIONAL PRACTICE: A PRACTICE EXAMPLE

For some time, I have been mindful of the need to take a wider perspective than clinical decision making for EBP in social work and the human services. In particular, an organizational approach is needed so that the links between research evidence and practice are strengthened not only in clinical decision making by individual practitioners, but also in decisions about practice principles, priorities, programs, and processes at the team and organizational levels.

A practice example can be helpful in illustrating an organizational or program-level approach to EIP. In this example, a human services organization that has provided a youth drop-in service for many years is now being pushed by its funding body and management to offer an evidence-based approach that demonstrates effective outcomes. Over the years, clinical decisions have been made by practitioners to engage young people with the service and to support them to achieve social, educational, and employment outcomes. Within the demands of day-to-day work, practitioners have done their best to

keep up to date with current views on best practice, and several of programs and courses have been offered to young people. Practice has been guided by individual relationships between practitioners and young people and professional decision making about how best to work with individuals. Managers are now interested in gathering outcome data and research findings to substantiate a case for program effectiveness. It is program-level evidence that the organization now requires to secure the future funding of the program.

Relationship building and individually focused decision making are important for the youth drop-in service, but an evidence-informed approach for this service involves more than decisions on interventions with individual young people because it is more than an individual counseling service. Evidence can inform decisions about how the program is run and the opportunities offered to young people within the center to connect with other young people, build capacities, and learn new skills. Service delivery relies on longer term program planning, teamwork approaches, and collaboration with several players both internal and external to the organization. These players include funders, managers, multidisciplinary teams, practitioners, service users, families, referral organizations, and advocacy groups. These stakeholders have contributed over a long period of time to the establishment, delivery, and maintenance of the youth drop-in service. Evidence can be drawn on in making decisions about what resources the youth drop-in service needs, how it is to be operated, and what programs and practice principles should be adopted.

An organizational approach requires taking a step back to look at services and programs as a whole, asking questions about assumptions (strengths, needs, and goals of young people) and alternatives (types of programs and practice principles that could address social, emotional, educational, employment, and health goals) and seeking evidence (internally generated data and external research findings) that can assist in making choices among alternative ways of practicing. An organizational approach entails engaging with the relevant stakeholders to review the gathered evidence critically and determine how it can be incorporated with the particular demographic, cultural, social, economic, political, and historical characteristics of the practice context. Organizational resources and strategies are required to implement, evaluate, and sustain new practices. It is clear that interventions offered by the youth drop-in center—and in fact, all human services interventions—are complex in nature. Human services interventions involve multiple players beyond the clinician–client dyad in clinical decision making. Making and implementing decisions about interventions can be long-term processes.

A few years ago, I undertook a case study research project to examine the implementation process in a human services organization that had formally adopted an evidence-based approach to practice. Through interviews, surveys, and observation, I sought to document the ways EBP was understood in the organization and the processes used to achieve EBP goals (Plath, 2013a, 2013b, 2014). I found that practices in the organization sometimes mirrored the five steps in evidence-based clinical decision making, but the tasks of defining practice questions or issues, gathering and appraising evidence, making decisions about interventions, and evaluating and monitoring outcomes were undertaken in a variety of ways by practitioners and staff both within and outside the organization, as well as by individual clinicians. There is a need to consider EIP in the human services as a process that draws on resources from different parts of the organization and beyond the organization. This process includes supporting evidence-informed decision making by individual clinicians but also attends to the processes and relationships in

teams, programs, departments, organizations, and external partnerships. This approach prioritizes research and critical thinking in practice decision making.

Returning to the practice example of the youth drop-in service, both an immediate organizational response and a longer term strategy are required when new program funding conditions require the demonstration of evidence for effectiveness. Having received information on the new funding requirement, the manager, through the team leader, informs the practitioners about the potential funding threat and consults with them to develop an action plan. The action plan includes compiling service user outcome data from service reports and from a review of service user records. In addition, the youth services advocacy organization is consulted to obtain advice on available evidence reviews on the role of youth drop-in services. To supplement this information gathering, a more targeted review of research literature that relates to Indigenous youths (a service user group that the program has successfully engaged) is undertaken.

This reactive style of evidence gathering secures funding for another year, but the experience prompts managers and practitioners in the organization to consider how gathering and reviewing research evidence could become embedded in the day-to-day practice of the organization for the future. Their goals are for service planning to be proactive rather than reactive, for alternative types of services and programs to be given informed consideration, and for the offered interventions to produce good outcomes and be responsive to the issues facing local young people. To prepare the organization for a more evidence-informed approach to practice, processes are set in place to

- define the key practice questions for the organization
- use internal and external resources to generate evidence that will inform answers to the practice questions
- ensure that the research evidence is appraised critically for its strength and suitability to the practice context in the organization
- engage staff with new knowledge and decision making about effective programs and interventions to be offered by the organization
- establish a systematic approach to monitoring service user outcomes and evaluating programs.

The alignment between the steps in the clinical decision-making model of EBP and the organizational model of EIP, as shown in Table 1.1, is obvious. In this book, readers will engage with an appraisal of organizational strategies and processes that can assist movement through these five steps. The book offers guidance for managers and other leaders in organizations in designing strategies and mobilizing resources so that an EIP approach can be integrated into the life of the organization.

HUMAN SERVICES CONTEXT

The human services comprise a wide range of service types established to address human needs and remediate problems. They include services to families and individuals across the life span who are facing hardships and challenges that result from wider social, economic,

Table 1.1 Alignment between the Five Steps in Evidence-Based Practice Decision Making and the Organizational Approach to Evidence-Informed Practice

Evidence-Based Practice Decision-Making Step	Organizational Approach to Evidence-Informed Practice Step
1. Define a practice question that stems from the client's circumstances.	Define key practice questions for the organization.
2. Find the best evidence to answer the question.	Use internal and external resources to generate evidence that will inform answers to the practice questions.
3. Critically appraise the evidence.	Ensure that research evidence is appraised critically for strength and suitability to the practice context in the organization.
4. Integrate new knowledge into decisions about interventions for the client.	Engage staff with new knowledge and decision making about effective programs and interventions to be offered by the organization.
5. Monitor and evaluate client outcomes.	Establish a systematic approach to monitoring service user outcomes and evaluating programs.

political, and environmental factors as well as physiological, psychological, emotional, and relationship factors. The types of organizations in which human services practitioners work range from small community-based groups to large government departments. The diversity of human services is further shaped by the fact that the human services workforce comprises a range of professions. An interdisciplinary approach to practice is common, given that different perspectives and knowledge bases contribute to a more holistic understanding of how to assist people in need. The evidence base for human services practice is therefore sourced from a variety of disciplines. As a result, there are challenges associated with locating all of the relevant evidence and determining how to apply this evidence to diverse practice situations.

Social work is one of the professions in the realm of human services practice that has grappled with how to engage with and implement EBP. Because this is my own professional background, the social work literature on the nature of EBP and the barriers and facilitators to its implementation has informed my thinking and writing. The contents and approach of the book are, however, relevant to the wider human services field. Ultimately, this book is intended for a multidisciplinary audience in human services practice and management.

Although this book is offered as a guide to the implementation of EIP for human services practice leaders and managers, it does not take a one-size-fits-all approach. Diversity in the human services demands a range of perspectives and strategies for the implementation of EIP. Although a common guiding framework and approach are provided, it is intended that readers will draw out the strategies that are suited to their own practice contexts. Reflective questions are included at the end of each chapter to assist with this process.

WHY USE RESEARCH EVIDENCE TO INFORM PRACTICE?

EBP has been criticized as a fad or managerial tactic to rationalize service provision. The language of EBP is sometimes used in a reductionist way to label and support certain defined practices and dismiss or disregard others. It can be used by management as a way of controlling and justifying practice without an appreciation of the complex nature of good practice and relationship building with service users.

Confining EIP to a list of programs labeled as evidence based is not advocated here. Such an approach fails to recognize a number of important issues. First, diverse human needs and circumstances require diverse interventions. So-called effective interventions are often not beneficial to everyone. Second, the opportunities and potential presented through trialing innovative new practices would be missed if only tried and tested interventions were used. Third, a lack of research evidence for alternative interventions is an indicator not of poor intervention outcomes but rather of a need for ongoing research and evidence gathering. Finally, it is often not possible to fully emulate tested practices within the constraints of real-world practice. Although the identification and promotion of programs with strong evidence for effective outcomes are certainly important, this activity is not the only aspect of EIP.

Although a simplistic conceptualization of EBP deserves to be challenged, there remain compelling arguments to pursue evidence-informed approaches. First, there is an ethical responsibility to provide the most effective services to service users. Research evidence informs an understanding of the types of interventions that have been found to be effective. Second, an evidence-informed approach enhances the credibility and accountability of services to service users, funding bodies, and the public, who directly and indirectly support organizations through donations and taxes. Third, when an evidence-informed approach includes monitoring outcomes and contributing to the knowledge base, the body of information on the impact of human services interventions is increased.

Finally, the approach to EIP promoted in this book enhances professionalism in human services organizations through the development of a research culture and critically reflective practice. This approach aligns with Macdonald's (2001) definition of *evidence-based practice* as "an approach to decision-making which is transparent, accountable and based on the careful consideration of the most compelling evidence we have about the effects of particular interventions on the welfare of individuals, groups and communities" (p. xviii).

The relationship between research and practice is not a simple one. Research evidence does not lead automatically to answers about best practice and outcomes for service users. A program for young people with anorexia nervosa, for example, may have very strong research evidence for success in assisting young people to return to a healthy weight, but this evidence does not mean that the program will work for all young people. It is important to interpret research findings in light of the characteristics of the research participants, the dropout rate, and the context in which the research was conducted. If the service user group, culture, or professional team is different from those in the research studies, there may be good reasons to implement an alternative program. There are also economic, political, and social factors that can influence the types of programs that are regarded as suitable and worthy of the resources required for their implementation.

The processes involved in gathering, interpreting, and applying evidence; promoting the implementation of interventions; and monitoring the outcomes of new practices are multifaceted. Time is required to gather evidence, make program decisions, develop intervention programs, and implement the interventions in organizational settings. The implementation of EBP entails a long-term organizational commitment that is likely to face challenges and pitfalls. A model for organizational implementation is offered in this book to assist with that process, but commitment to what may be a lengthy change process is also needed. For many human services organizations, a shift in organizational culture is required to embed a research-minded approach. Bringing about this shift entails working both with organizational structures and processes and with interpersonal relationships to get others on board with the implementation of EIP.

KEY COMPONENTS OF THE APPROACH: EVIDENCE, CRITICAL REFLECTION, AND RELATIONSHIP BUILDING

Up to this point, the terms "evidence-based" and "evidence-informed" have both been used. The term "evidence-informed practice," rather than the more commonly used "evidence-based practice," was chosen for the title of the book and to describe the proposed organizational process. There is a subtle differentiation in meaning that can be drawn between these two terms. "Evidence-based" implies that research evidence is the starting point that leads to particular practices being defined and implemented. That is, the practice is based in or stems from the evidence. In contrast, "evidence-informed" leaves room for practice to be grounded in values, theory, relationships, culture, and other relevant factors alongside evidence. The choice of the term "evidence-informed" reflects a stance on the role of evidence. That is, evidence does not stand alone in determining practice effectiveness: It should be integrated with critical reflection on practice circumstances and outcomes for service users and relationship building with service users and other stakeholders in practice implementation.

Although the focus of this book is on building and using evidence, critical thinking and critical reflection are needed to determine what to make of this so-called evidence. Because there are many personal and contextual factors that mediate the translation of evidence into practice, there is never an automatic link between research and best practice. Critical thinking and reflection are required to analyze and make sense of research and come to an understanding of how it may or may not apply in particular contexts, in the circumstances of particular service users, and in specific human services organizations. Links between research and practice are made in complex and contested terrains that critical reflection can help to navigate. Critical reflection is a process that examines the personal, relational, historical, social, and political factors that influence understanding and experiences. The process involves identifying and challenging values and assumptions that have an impact on understanding; questioning dominant or accepted interpretations of information, situations, and behaviors; and considering alternative interpretations.

A team may, for example, embark on a process of developing an evidence-informed approach to an early intervention program for children with autism. Faced with a body of

research supporting multidisciplinary center-based interventions and a body of research supporting caseworker home-based interventions, the team will need to examine the alternatives to decide how their limited resources can be most effectively used. This examination involves a process of carefully appraising the research, including its values, assumptions, and interpretations, to understand how findings for the study participants relate to requirements in their own practice context.

Relationship building with service users also plays a key role in deciding what the best practices are in particular contexts. Understanding and respecting the values and wishes of service users is an ethical principle that manifests in relationship building and collaborative approaches to practice. This principle influences decision making about which interventions are appropriate. The quality of the relationship between practitioner and service user shapes how the service is experienced and how effective it is from the service user's perspective. Continuing with the previous example, canvassing the views and wishes of parents of young children with autism will be useful in identifying the type of early intervention service that is likely to be positively received and engaged with by service users. Whether a caseworker or multidisciplinary approach is adopted, effective engagement with families will be important if families are to receive adequate resources and support to continue with interventions in the home environment.

Attention to relationship building is not only important between practitioners and service users; the quality of relationships between coworkers and with managers will also affect how smoothly and successfully new evidence-informed programs are incorporated into organizations. The nature of relationships with funding bodies and external research organizations can also influence access to resources and relevant evidence. In the early intervention example, if the team recommends a shift from a center-based service to a home-based service on the basis of an evidence review, successful implementation will depend on management support and possibly additional funding for resources and vehicles. Apart from the evidence presented to management, interpersonal skills in negotiation and lobbying in the context of respectful relationships will support program implementation. Strong team relationships with attention to relationship building and collaborative planning underlie a successful approach that optimizes input from the different professional disciplines.

Throughout this book, reference is made to three key components underpinning EIP: evidence, critical reflection, and relationships (see Figure 1.1). It is proposed that in order to achieve quality, responsive, and effective practice, evidence should not be the dominant discourse but rather should be integrated and balanced with relationship building and critical reflection. A critical, informed, and relational process is advocated as the way forward for the implementation of EIP in human services organizations.

PREPARING FOR AN ORGANIZATIONAL APPROACH

The steps entailed in an organizational approach to EIP are listed in Table 1.1. Implementing these steps at an organizational level requires a commitment of resources and a rethinking of organizational priorities and processes. So why would decision makers
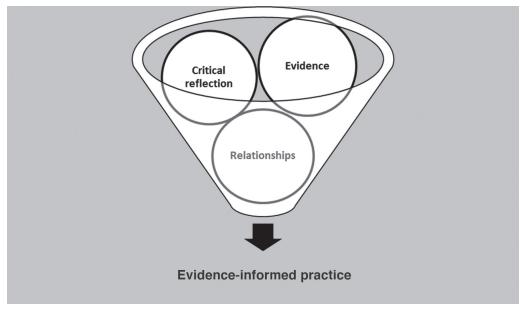
Figure 1.1   Three Key Components Underpinning Evidence-Informed Practice

in an organization be inclined to devote time, money, and effort to reshaping aspects of the organization in this way?

A compelling argument for taking an organizational approach to EIP is that the viability of organizations may depend on doing so. Organizations that take a strategic approach to EIP can demonstrate that their practice is research informed and that its services produce good outcomes for service users. Organizations adopting an evidence-informed approach are positioned better in the current climate of human services provision because they are able to respond to pressure from governments, funding bodies, media, and the general public to have reasoned and substantiated evidence for interventions and programs. It is no longer sufficient for organizations to rely on consumer satisfaction surveys. Organizations need to draw on independent and rigorous research evidence from both within and beyond the organization. The implementation of EIP supports both the quality of services to service users and the viability of organizations in a political context.

Human services practitioners naturally draw on their own professional knowledge from training, professional development, and evidence-gathering activities when they choose interventions, but there are often organizational barriers to doing independent practice consistently. Such barriers can relate to limited time, resources, and influence within the organization to gather evidence and to shape practices. Leadership- and organizational-level strategies are needed if an evidence-informed approach is to become embedded in individual practice and decision making about programs and priorities at

the organizational level. From a review of research on the implementation of EBP in the human services, Austin and Claassen (2008) identified five components of an organizational approach to implementation that support EIP in the human services:

1. leadership by middle and top management that demonstrates open and honest communication, adopts a supportive approach to change, and mobilizes resources for change
2. involvement of stakeholders in the implementation of EIP by bringing together service users and staff from different parts of the organization
3. teamwork in collaboratively reflecting on practice and questioning assumptions
4. commitment of organizational resources to professional growth, skill development, staff engagement, and organizational change
5. readiness to become a learning organization that values ongoing questioning, information gathering, reflection, and reevaluation of practice.

Leadership is needed to implement EIP in any organization. The attitudes and activities of organizational leaders, including executives, middle management, and team leaders, can influence the attitudes of other staff in the organization toward the use of evidence. Leaders can provide guidance and support that strengthen practitioners' capacity to access evidence and integrate it into practice. Although managers widely recognize both the benefit in adopting an EIP approach and their own role in supporting implementation, they can struggle to formulate strategies to support and sustain the implementation process (Gray, Joy, Plath, & Webb, 2014; Mosson, Hasson, Wallin, & von Thiele Schwarz, 2017; Plath, 2013b).

Leaders can support the implementation of EIP by

- providing resources to help practitioners access, understand, and apply evidence;
- conveying a vision and goals around the use of research evidence;
- modeling behavior;
- generating enthusiasm and providing encouragement for the use of evidence;
- sharing information;
- promoting a research culture;
- implementing and using data collection systems;
- providing professional development opportunities; and
- addressing emerging barriers (Mosson et al., 2017).

This book provides a practical framework for organizations preparing to implement or strengthen their approach to EIP. Guidance is offered to assist organizational leaders in analyzing their organization and designing strategies to implement, support, and sustain EIP. The incorporation of evidence-informed approaches to decision making and practice is a cumulative process that develops over time. Likewise, readiness

develops over time as organizations develop the capacity to expand and enhance their evidence-informed approach.

WHO IS THIS BOOK FOR, AND HOW WILL IT HELP?

This book is written primarily for managers and team leaders in social work and human services who wish to enhance an evidence-based approach to practice in their organization. But it is not only managers who play a leadership role in the implementation of EIP; the contents of the book will also be useful for frontline human services practitioners and students wanting to understand the implementation of EIP and learn how to contribute to EIP in the organizations in which they work. The material will also enhance learning about how organizations function and how research and practice relate to one another in social work and the human services.

The book does not contain appraisals of evidence for particular practices or interventions. Rather, it is concerned with examining organizational processes that support the use of evidence in practice and promoting the implementation of these organizational processes. This organizational approach gives consideration to resources, structures, processes, culture, and decision making in organizations and the ways these can be mobilized to support practitioners, teams, and programs in using research and evidence to guide practice. Evidence reviews and bodies of research evidence that relate to particular approaches to practice play a vital role in EIP. This book is a complementary resource to such bodies of evidence. It is intended that the ideas and strategies presented in this book will function as a realistic and practical guide to assist practitioners, managers, and human services organizations in changing workplace practices so that research evidence is more effectively used.

The organizational implementation of EIP entails a process of organizational change. As such, much can be learned from the literature on organizations and management. The new perspective offered by this book is the appreciation of, and attention to, the particular features, values, and political context of human services organizations. The demands and challenges of EIP for organizations are confronted, and strategies to address these challenges are proposed.

The book can help managers and practitioners analyze and navigate the complexities of EIP and understand the barriers to and facilitators of EIP. By offering a framework for implementation and practical strategies, the book responds to the current pressures on human services practitioners, managers, and organizations to provide EIP. It assists readers in deciding where they and their organization are situated in relation to different approaches to EIP.

Research on organizational change and the implementation of EIP has not resulted in a consensus about the strategies that can lead to successful change. Therefore, the book should not be used as a technical how-to guide. Rather, it is a resource for practitioners and managers who wish to implement EIP within the context of a critically reflective approach to management and practice that recognizes the centrality of relationship-building skills for effective social work and human services practice.

CRITICAL REALIST AND SOCIAL JUSTICE APPROACH

Critical realism is a theory that has been applied in social work by a number of authors (Craig & Bigby, 2015; Houston, 2001; Pawson, 2006) and aligns well with the approach to EIP adopted in this book. Critical realism recognizes a social reality that is independent of the thoughts and impressions of individuals but avoids the causal determinism of positivism, criticized for reducing complex human experiences to quantifiable variables (Shaw, 1999; Witkin, 1996). For example, from a critical realist perspective, an organization can be regarded as having a life of its own that is sustained by dominant values, patterns of behavior, and organizational systems. All activities and decisions in organizations cannot, however, be reduced to, or explained by, these organizational structures and systems. There are other personal and social factors that shape behaviors and experiences. In critical realism, both objective knowledge and social meaning are valued as important for understanding the social world. Critical realism argues that several open systems interact to produce events and outcomes for individuals and social groups. Human services practice cannot be reduced to direct causal relationships between intervention and service user outcomes (the simplistic "What works?" mentality). Critical realism requires situations to be closely analyzed to identify the social meanings, systems, mechanisms, and processes that are operating and to understand the likely impact of these on experiences, behaviors, and outcomes for individuals and groups in particular circumstances.

If a critical realist stance is taken to analyzing decision making in organizations, it may be identified that an organization has formal decision-making mechanisms that include consultation, committee meetings, resolutions, and documentation. Alongside these formal processes, however, there are personal, professional, cultural, and social networks that also operate as systems within organizations (for example, friendship groups, discipline groups, organizational units, hierarchy levels, historical associations). These informal systems interact with the formal organizational systems. Chance discussions, past decisions, individual values, behavior patterns, and charismatic individuals within groups can influence decisions and behavior patterns within the organization. Hence, practices and behaviors in organizations do not always match with the formal processes and policies adopted within those organizations.

Similarly, if critical realism is applied at the service user level, each individual's experience of a service provided by a human services organization is different because of the circumstances, relationships, personal history, values, and resources that shape the individual's own life and worldview. The fact that each service user presents with unique circumstances and characteristics has implications for how EIP is approached. Through a process of information gathering and critical analysis, researchers, managers, and practitioners can seek to understand and explain tendencies in service provision and service user responses. Because of the mechanisms operating in different systems, however, it is generally easier to establish trends rather than definitive outcomes.

The critical realist approach to EIP taken in this book shapes how evidence is viewed. Rather than viewing particular interventions as effective on the basis of a defined body of evidence (that is, interventions that "work"), evidence is conceived as provisional and context bound. Particular contexts must be examined to understand how interventions

are operating and how to improve interventions. Evidence is derived from robust research (both qualitative and quantitative), practice evaluation, systematic information gathering, professional practice wisdom, and critical reflection. In the human services, it is necessary to come to terms with never fully understanding the individual, organizational, or social world on which evidence may shed some light. Evidence is continually reviewed, updated, and refined to suit the practice context. By seeking out evidence that is relevant and useful, this pragmatic approach explains practice and guides decision making in the real world of policy and practice uncertainty. This approach also recognizes that evidence is negotiated in a political context of power, influence, and power imbalances.

Critical realism provides a framework not only to identify systems and mechanisms, but also to pursue a social justice agenda by challenging processes when they lead to oppression and marginalization of particular groups—for example, by identifying and challenging cultural, economic, and gender-based mechanisms that have a negative impact on access to services, supports, and opportunities. The pursuit of social justice is a fundamental goal of the profession of social work and a driving principle for many human services organizations. A social justice perspective has also been brought to EIP and the critical realist approach taken in this book.

In considering EIP from a social justice perspective, it is important to recognize when certain interventions are ineffective for particular social groups and to consider how interventions can better respond to diverse circumstances. This recognition is particularly pertinent if these social groups are already marginalized in society on economic, cultural, or social grounds. A social justice perspective also prompts consideration of the characteristics and experiences of service users who are withdrawing from services. Without such a critical eye, services can further marginalize users by providing interventions that may be suited to some groups in the community but experienced as alienating by others. For example, a new parents support group could be well received by many parents but experienced as alienating for very young parents, single parents, fathers, or parents who are not from the dominant cultural group, even though the program has strong evidence for effectiveness in supporting baby and parent well-being goals. A critical approach includes the analysis of privilege and disadvantage and prompts the search for fuller evidence on the suitability of interventions, or aspects of interventions, for different groups in the community. In examining the evidence for interventions, a critical approach entails scrutinizing the characteristics of research participants as part of the process of evaluating how applicable the evidence is to other population groups.

The following definition of evidence is used in this book: *Evidence* is provisional, well-informed, negotiated knowledge about what is expected to work well in a particular context. Evidence comprises knowledge from robust research (both qualitative and quantitative), practice evaluation, systematic information gathering, professional practice wisdom, and critical reflection. Evidence is gathered with the understanding that individual, organizational, and social worlds can never be fully understood. Evidence is continually reviewed, updated, and refined to suit the practice context. The approach to evidence is pragmatic. The goal is real-world applicability, which is negotiated in a political context.

OVERVIEW OF THE BOOK

The chapters in this book examine issues surrounding the implementation of EIP. Readers are prompted to reflect on their own practice experiences and organizational settings to develop an understanding of evidence-informed practice and how it is, could be, or should be approached in organizations.

Chapters 2 and 3 provide a conceptual and theoretical basis for the organizational implementation of EIP and analyze implementation requirements. Chapter 2 explores the EIP landscape. Key terms, concepts, principles, and alternative views of EIP are examined alongside existing tensions and debates. Readers are encouraged to consider their own stance in the context of a range of differing definitions and positions on EBP and EIP. Chapter 3 examines how organizations work and why an organizational approach is needed for the implementation of EIP in the human services. The features of an organizational approach are explained more fully, and a pragmatic, realist approach to negotiating organizational processes is presented. An implementation model, based on the five steps outlined in Table 1.1, is presented at the end of chapter 3 as a framework for purposeful action in organizations.

Chapters 4 to 8 cover the five phases of the implementation model in turn. In addition to examining each of the five phases, these chapters offer guidance and practical suggestions for planning and implementing strategies. Practice examples, reflective questions, and strategies for implementation are incorporated throughout to encourage readers to analyze their own organizations, apply ideas to real-world settings, and prepare action strategies that suit their individual situations. Practitioners and managers are guided through this framework and prompted to develop purposeful action plans that will facilitate the implementation of EIP, including integrating EIP principles into existing structures and processes in the organization and building on existing strengths. Within the implementation framework that is offered, it is anticipated that readers will find ideas and strategies that can be shaped to suit the requirements of specific contexts, service user groups, and workforces.

The final chapter provides a summary and integration of the key features and components of the implementation model. It also revisits the issue of organizational readiness for the implementation of EIP and the ways such readiness could be assessed. The book may be used to better understand the implementation of EIP in the human services, to inform organizational preparation for EIP, and as a reference and troubleshooting guide through the implementation process.