



UNIVERSITY OF
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Research Mindedness in Adult Social Care: A systematic review

Developed by:
Jemma White
Sandra Simpson
Vicky Croft
Dr Jason Schaub

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EXECUTIVE SUMMARY

Introduction

One of the key factors in social care research is that it is a newer and developing field than other service-related disciplines. Whilst medical and healthcare research has a long history that can be traced back to pre-medieval references, social care research has been playing catch up (Bhatt, 2010). Mary Richmond (1917) appealed to social care practitioners to be guided by research in their work with vulnerable people more than a century ago. Historically, practitioners pursued their curiosity for society and early literature was generated, however, more recently, practitioner research has had less engagement, relying upon academics to supply the profession's knowledge base (Miller, 2019).

Currently the social care knowledge base includes substantial debate about the complex relationship between research and practice. The debates and challenges concerning adult social care research do not take place in isolation and are contained within a wider policy context, with a range of developments since New Labour government in late 1990s and carried through to the current Government. Such initiatives signal a commitment to a policy culture led by evidence-based methods. However, efforts to realise this agenda have been criticised for lacking investment and infrastructure to deliver the new approach (Marsh and Fisher, 2005).

Much of the focus of adult social care research culture centres on the social work profession. Social work is a significant professional role in adult social care, with a clear responsibility for the safeguarding duty held by adult social care. Social Work England (SWE) and British Association of Social Workers (BASW) require social workers to keep up with the latest research and demonstrate how they use this in practice (BASW, 2023). The push to embed a research culture within adult social care can also be seen within the allied health profession of occupational therapy (also a significant contributor to adult social care).

As a further indication of her commitment to improving the use of research for adult social care, Chief Social Worker Lynn Romeo's advisory group developed the most recent *Charter for Social Work Research in Adult Social Care* (Research Advisory Group for the Chief Social Worker for Adults, 2023). The Charter argues that research incentivises partnerships and creates a framework of good practice. In the foreword to the document, Romeo reminds social care that:

'Research is never an optional extra, indeed, in these challenging times, it is more important than ever. We need to integrate high-quality research evidence into improving our practice, and social workers need to be engaged in developing this evidence' (p. 2)

It is clear that research is essential to providing good adult social care, but engaging with this is, at times, challenging – with a notable recent increase in funding and attention. This increase in attention and funding creates a requirement that the adult social care workforce is research competent. This need to implement a research-minded practitioner must be accompanied by a deeper understanding of how research is used and understood in social care. As such, this systematic review seeks to examine the knowledge base about how research is understood and used in social care.

Methods

Main Research Question

'What are the barriers and enablers to research mindedness for adult social care staff in the West Midlands?'

Identifying relevant studies

The evidence-based guidelines for systematic reviews outlined in the PRISMA statement (Moher et al., 2009) informed the design of this review to ensure quality assurance. Databases searched include PubMed, CINAHL Plus and Social Policy and Practice.

<u>S1: Adult</u>	(adults OR elderly OR older people OR disabilities OR impairment OR mental health OR learning disability OR infirm OR intellectual disability OR handicapped)
<u>S2: Social care</u>	(social care OR social work OR human services OR adult social care OR social care service OR social services)
<u>S3: Research</u>	(research OR evidence informed OR knowledge exchange OR knowledge generation OR evidence based OR practice informed OR knowledge creation)
<u>S4: Culture/mindedness</u>	(culture OR mindedness OR support OR capacity OR capability OR behaviours OR values OR expectations OR attitudes OR norms).

Sifting Process:

1020 articles were identified from a search of the databases. A librarian performed the initial search and removal of duplicates (955). The research team conducted the initial screening and discarded irrelevant studies before independently screening the remaining titles and abstracts. The researchers met to discuss concerns and uncertainties in the study selection and resolved any discrepancies. 83 articles were ultimately removed for not meeting the inclusion criteria, and 5 studies were acquired from the references of the articles retrieved from databases searches. This left 19 articles to be screened for full text. See page 17 for a full description of the sifting process.

Findings

Positive Views towards Using Evidence

Studies found that professionals generally thought research was important, suggesting a good connection to the concept of ‘research mindedness’. When asked, social workers appear to *value* research (Beddoe, 2012, Gray et al., 2014, Gray et al., 2015, Harvey et al., 2013) and *recognise the relevance* of research to the role (Wakefield et al., 2021). A couple of the included studies found a high level of interest from professionals for research involvement (Goel et al., 2018, Cooke et al., 2008, Harvey et al., 2013). Impressively, in one Australian study 65% of respondents reported a change in their practice within the previous two years due to the impact of research findings (Gray et al., 2014).

Lack of Research Culture and Skills

Social work has been found to have poor engagement with research, and social workers have poor research knowledge and confidence. Despite the positive views towards research described above, the included studies repeatedly found adult social care had poor engagement with research leading to an organisational culture disengaged from knowledge and evidence. The research culture and capacity of allied health professionals is low, when compared to other healthcare clinicians, but this issue is particularly poor for social work (Borkowski et al., 2017). For example, one study found that only 10% of adult social care staff had been involved in research in the previous three years, mainly as a requirement for a degree programme or as a participant (Wakefield et al., 2021).

Views about What Counts as Knowledge and Evidence

There was a general lack of understanding about how to differentiate between types of evidence, and the epistemological debates that occur within research settings (for example, what methods should be allowed to create knowledge that changes practice). Even with this lack of understanding, practitioners identified that research was the most commonly cited component of what should inform decision

making in social care (Morago, 2010) but, challengingly, research is seldom used as knowledge (Finne et al., 2020, James et al., 2019, van der Zwet et al., 2019).

Time

Time was the most frequently cited barrier to research mindedness, found in eight of the 19 included studies (Beddoe, 2012, Borkowski et al., 2017, Brims and Evans, 2021, Cooke et al., 2008, Donley and Moon, 2021, Morago, 2010, Wakefield et al., 2021, Van der Zwet et al., 2019). This issue was a more significant barrier for frontline staff (Brims and Evans, 2021), who have heavy workloads and many urgent demands. Competing priorities make it difficult for staff to find the time for reading and research (Borkowski et al., 2017, Brims and Evans, 2021) or to evaluate the outcomes of practice decisions (Heffernan and Daue, 2017). Those staff who do engage with research, often do so outside of their contracted hours (Brims and Evans, 2021). One study found that a decision-making culture of quickly responding to crises, with staff not having the time to reflect, impedes the implementation of evidence-based practice (van der Zwet et al., 2019). Yet studies show that social care staff recognise that using research to find the right intervention can save time (Brims and Evans, 2021).

People and Relationships

Personal motivation and interest were found to increase research and evidence use, particularly amongst frontline staff (Brims and Evans, 2021). This response was often linked to the lack of a formal structure or dedicated time for research related activities.

Importance of 'Useable' Research

Adult social care staff need research that is useable, in essence, research that is succinct, written in plain language, trusted, timely and applicable to their daily work (Back et al., 2020, Brims and Evans, 2021, Cooke et al., 2008, Donley and Moon, 2021, Gray et al., 2015, Morago, 2010). Practitioners wanted evidence that was useable in two distinct ways: firstly, easy to understand, and secondly, easy to apply. In order to be easily understood, practitioners valued research that was summarised and quick to read. Research that is relevant to social care roles with clear messages and outcomes made it easier to apply to practice. Accessibility was found to be an issue, and it is important that research is published in ways that staff can easily access. Lastly, multidisciplinary research is important for staff to address complex issues found in adult social care (Goel et al., 2018).

Organisational Factors that Influence Research Mindedness

Organisational factors are both a barrier to, and facilitator of, research mindedness depending on the team, department or organisation. Studies show that adult social care often misses research in organisational structure or strategy (Beddoe, 2012, Brims and Evans, 2021, Gray et al., 2015) and it is not built into job roles (Brims and Evans, 2021, Goel et al., 2018).

Discussion

These findings need to be contextualised within the current knowledge base to provide recommendations. The need for adult social care to be more research minded has been recognised for over a century. The call for a more research-based profession began in 1917 (Richmond), and the requirement for practitioner academics has been recognised for almost fifty years (Baker, 1976), whilst social work students have often been labelled, 'research reluctant,' (Epstein, 1987). One possible implication of this is that some of the barriers to research mindedness are not just the product of more recent social policy, rather debates about the nature of social work itself, which has long been recognised as difficult to define (Rode, 2017).

There remain ongoing epistemological and philosophical debates about the relationship between theory and practice in adult social care (Bamford, 2015). This review has found that staff have three types of concerns about using evidence:

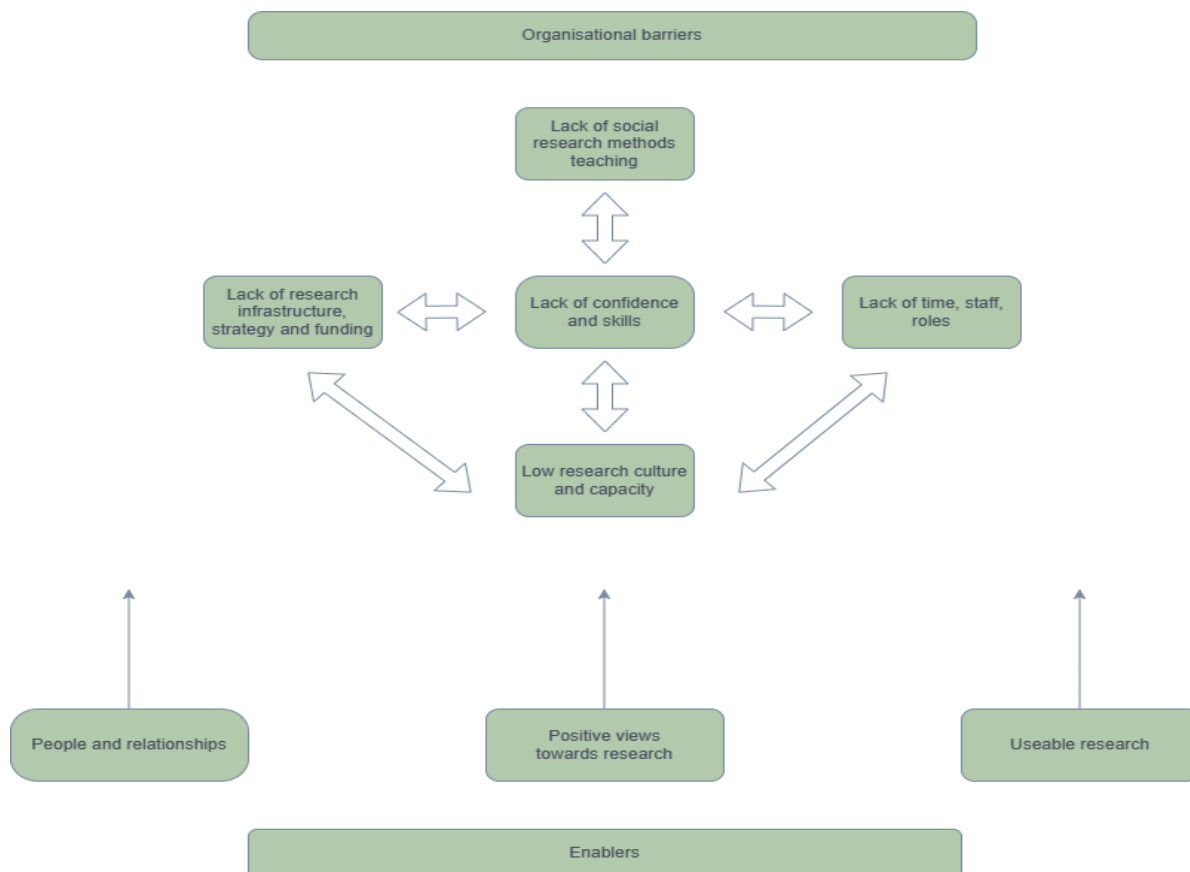
1. It is not allied to the spirit of adult social care (Beddoe, 2012, Gray et al., 2014, Morago, 2010),
2. Implications of new knowledge on existing ways of working (Wakefield et al., 2019), and
3. Narrowness of definitions of evidence (Gray et al., 2015).

As a result, when attempting to increase the research skills of staff, it is important that organisations improve professional ability and confidence to engage meaningfully in these debates, contributing towards the development of the adult social care research paradigm.

However, social research methods curriculum on qualifying courses impedes the development of research skills. It is marginalised and lacks coherency across programs (Fish, 2014, McCrystal and Wilson, 2009). There is also a lack of expertise in research teaching amongst social work staff, with a majority of research content led by other disciplines (MacIntyre and Paul, 2013). This review has shown that practitioners often emerge with little knowledge of, and little confidence in, their research skills, perpetuating the low research culture and capacity in the sector.

A low research culture impacts on the ability of adult social care staff to work in anti-oppressive and anti-discriminatory ways. Some scholars argue that social work academics have failed to develop politically and theoretically informed concepts of practice (Cowden and Singh, 2009), which underpin knowledge generation and provide a research agenda for issues marginalised due to oppression, such as race, disability and gender (May, p.29, 2011). Further development of the epistemological frameworks around adult social care knowledge and improving the research skills of both academic and practice staff, would support working in evidence-based ways that are anti-oppressive and anti-discriminatory. A stronger theoretical framework for the sector could also allow for greater confidence in advocating for more financial resources following years of austerity measures and cuts to budgets.

The following figure outlines how these various elements interact to provide a complex set of interacting pressures that both facilitate and hinder research-mindedness for adult social care:



A lack of evidence, a consequence of a low research culture and capacity, is detrimental to the professional identity of the adult social care sector. Adult social care staff frequently work in interdisciplinary teams, and some studies show this mode of working can lead to a loss of professional status and identity (Oliver, 2013); this challenge is much more likely if practitioners were unable to clearly articulate their professional contribution (Heenan and Birrell, 2019). This review has demonstrated that generating and using evidence in multidisciplinary environments contributes towards professional identity (Brims and Evans, 2021), particularly in mental health settings (Beddoe, 2012) where social workers are increasingly seen as generic workers (Wilberforce et al., 2013). Some scholars suggest that the lack of evidence in adult social care affects how the sector features in commissioning health and social care services guidelines (Steils et al., 2020). Taken together, these findings suggest that the low research culture and capacity of the sector hinders adult social care practitioners, and the sector itself, from being able to confidently assert its own unique contribution within the helping professions and within adult social care provision.

Recommendations

- Increase both the quantity and coherence of social research methods teaching on social work / social care programmes
- Support research positive staff to develop relationships within and across social care organisations
- Organisations and universities should encourage greater collaboration between practitioners and researchers
- Research should produce succinct and clear messages for practice and ensure that these publications are easily accessible for adult social care staff (such as ensuring publications are

open access, or that academic articles are synthesised into a practice briefing document that is freely available)

- Social care organisations should take steps to reduce barriers to engaging with research, including supporting individual and workforce-wide participation
- Social care leaders and management structures should deliberately foster and communicate an organisational-wide approach to research mindedness

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INTRODUCTION

One of the key factors in social care research is that it is a newer and developing field than other service-related disciplines. Whilst medical and healthcare research has a long history that can be traced back to pre-medieval references, social care research has been playing catch up (Bhatt, 2010). Mary Richmond (1917) appealed to social care practitioners to be guided by research in their work with vulnerable people more than a century ago. Historically, practitioners pursued their curiosity for society and early literature was generated, however, more recently, practitioner research has had less engagement, relying upon academics to supply the profession's knowledge base (Miller, 2019).

A key element for social care research is the aspiration to combine practice and research. This goal has been discussed for decades (Uggerhoj and Wisti 2020). As long ago as the mid-1970s, Baker argued for a 'multi role practitioner' within social care, championing the three strands of practice, education and research (Baker, 1976, p. 327). Social care research has had a long-standing debate about whether the field is guided by: a) science in an evidence-based process or, b) an art using principles of self or, c) a combination of both (Rosen, 2003, Donley and Moon, 2020). Flexner, an American educator, believed the profession failed to generate our own knowledge base related to practice and argued as long ago as 1915 that, as a result, social work is not "professional in character and scientific in method" (Flexner 1915).

Following from this vibrant and ongoing discussion, the linking of practice and research found support with the introduction of action research methodology. Lewin (1944) coined the term 'action research', emphasising the importance of reflective consideration and action to yield positive change and generation of knowledge; "no action without research; no research without action" (Adelman, 1993). There have been various trends in research methods, during the 1950's-60s action research decreased with the rise of quantitative research methods, however, increased in popularity again after the 1980s.

Modern Context of Social Care Research : Relationship between Research and Practice

Moving from considering the historical context, currently the social care knowledge base includes substantial debate about the complex relationship between research and practice. Pawson et al. (2003) describe five types of 'knowledge' in social work and social care, noting that these various forms of knowledge are incomplete and sometimes contradictory:

- **Organisational knowledge:** gained from the governance and regulation activities involved in organising social care.
- **Practitioner knowledge:** knowledge gained by practitioners in their day-to-day work that tends to be personal, tacit and context specific.
- **User knowledge:** gained from the experience of using social care services; again this is often tacit.
- **Research knowledge:** gathered systematically within a planned strategy; such knowledge is mostly explicit and available in reports, evaluations, books and articles Policy community knowledge that is gained from the wider policy context and may include knowledge in the civil service, think tanks and agencies.

In contrast to dividing knowledge into a typology, Okpych and Yu (2014) explored three 'practice paradigms' within social care. Their framework described that social care research began in the social

work profession underpinned by values, moving to ‘authority’ and expert opinion, and finally developing into an empirical paradigm committed to generating knowledge and evidence – this is often termed Evidence-Based Practice (EBP). Rosen and Proctor (2003) link EBP to the third paradigm where the effectiveness of interventions is appraised through research (James *et al.*, 2019). The most widely used definition of EBP is provided by Macdonald: ‘Evidence-based practice denotes an approach to decision-making which is transparent, accountable and based on a consideration of current best evidence about the effects of particular interventions on the welfare of individuals, groups and communities. It relates to the decision of both individual practitioners and policymakers’ (2000, p. 123). Generally, this definition relates to the application of types of research, notably randomized control trials and systematic reviews.

The inclusion of EBP into social care service delivery is not without critics. There is substantial debate in social work about the application of this definition and approach to evidence-based practice, including a strong response from Webb (2001), who noted that: ‘[EBP] proposes that evidence is something which slides smoothly and naturally between the external world of “facts” and the subjective world of “mental processes”’ (p. 71). There continues a range of robust criticism about EBP within social care (Adams *et al.*, 2009; Berger, 2010; Edmond *et al.*, 2006; Shlonsky *et al.*, 2011) however, many believe it paramount to the development of quality outcomes and best (McDermott and Bawden 2017).

Related to the same approach, an alternative term often used within healthcare is *evidence informed practice*. Woodbury and Kuhnke (2014) consider that the slight change in terminology suggests more flexibility and that a variety of evidence is required for effective decision making. Aligning with this move, the term *research mindedness* describes the necessity for practitioners’ to use knowledge and to relate research to practice. A useful definition for this term was developed by a project sponsored by the former regulatory statutory body, the Central Council for Education and Training in Social Work (CCETSW) (Barn and Harrison, 1995; Harrison and Humphreys, 1997a, 1997b); this definition was created following consultation with practitioners. The following elements were identified:

- Capacity for critical reflection informed by knowledge and research
 - Ability to use research to inform practice to challenge social justice
 - Understanding of the process of research, and the application to practice
- SCIE (2012)

In a further development of the notion of research mindedness, Austin *et al.* (2012) and McBeath and Austin (2015) introduced the concept of the *Research Minded Practitioner*. This description defines that research minded practitioners are committed to knowledge and research as key innovations and possess *professional curiosity* and *critical thinking* (Liedgren, 2022).

The debates and challenges concerning adult social care research do not take place in isolation and are contained within a wider policy context. The modernisation agenda under the New Labour government played a pivotal role in developing adult social care research. This government called for a social service that drew evidence from ‘what works’ (Department of Health, 1998), a clear engagement with evidence-based methods and research (Macdonald, 1999). The government called on accountability for professionals and demanded improved standards and outcomes. This new approach saw the implementation of several initiatives, including the Centre for Evidence-Based Social Services 1997 and Social Care Institute for Excellence established in 2001 and The Institute for Research and Innovation in Social Services and Making Research Count. Government continued to support development in this area, with the establishment of the *Evidence Quarter* and various ‘what

works' centres, drawing on evidence-based methods to address health, education and social care challenges (such as the *Centre for Aging Better*) (Gough et al., 2018). Such initiatives signalled a commitment to a policy culture led by evidence-based methods. However, efforts to realise this agenda have been criticised for lacking investment and infrastructure to deliver the new approach (Marsh and Fisher, 2005).

More recently, under the Conservative-led governments since 2010, adult social care practice continued to evolve significantly alongside the infrastructure upholding the generation of knowledge. Much of these changes can be attributed to an ageing population, the complexity of needs and new demands deriving from the Care Act (2014) and, more recently, the Covid-19 pandemic (Government Office for Science, 2016, Sense, 2022). Naturally, these added pressures have warranted a change in approach to service delivery and necessitated the need for research capacity to problem-solve these issues.

Despite facing some similar funding and politically-motivated challenges, healthcare via the NHS has led the way in emphasising the centrality of research evidence to inform clinical practice and decision-making. Much of this success can be attributed to the substantial financial and professional investment in clinical healthcare research, and the professional expectation that healthcare clinicians understand and use the best available evidence. In addition to these drivers, substantial institutions such as the Cochrane Collaboration (established in the 1990s) and National Institute for Clinical Excellence support the approach (Wakefield et al., 2021, Rainey et al., 2015).

Similarly to the engagement with healthcare research, Croisdale-Appleby's (2014) review of social work education highlighted the pivotal role research has in cementing the profession's credibility. In stressing this sentiment, he wrote, 'its' doctrine based on its discipline as a social science, which means that its own rigorous research must underpin its teachings and beliefs,' (p. 16). This approach demands the social work profession provide scientific evidence about the efficacy of interventions used in social work practice. Seeking to build on this increasing expectation for using research evidence, to revitalise and align research standards with health, the Chief Social Worker Lyn Romeo's first annual report set out a series of actions to achieve this vision (Department of Health, 2014). The actions included the requirement for universities to embed research within social work qualifying courses; employers were required to facilitate opportunities for newly qualified social workers to undertake research. Significantly, The National Institute for Health Research (NIHR) invested £15 million (Department of Health, 2014) into developing social care focussed research.

Much of the focus of research culture within adult social care centres on activities within the social work profession. Social work is a significant professional role in adult social care, with a clear responsibility for the safeguarding duty held by adult social care. Social Work England (SWE) and British Association of Social Workers (BASW) also require social workers to keep up with the latest research and demonstrate how they use this in practice (BASW, 2023). The push to embed a research culture within adult social care can also be seen within the allied health profession of occupational therapy (also a significant contributor to adult social care). The profession's first research strategy was published in 1997 (Eakin et al., 1997). More recently, the Royal College of Occupational Therapists published its research and development strategy for 2019-2024 (The Royal College of Occupational Therapist, 2019). The strategy is underpinned by five key aims: increasing confidence, capability, and capacity, as well as the need to improve the experiences and outcomes of people accessing OT support. The renewed strategy signals the importance of research in delivering quality occupational therapy.

As a further indication of her commitment to improving the use of research for adult social care, Chief Social Worker Lynn Romeo's advisory group developed the most recent Charter for Social Work Research in Adult Social Care (Research Advisory Group for the Chief Social Worker for Adults, 2023). Key stakeholders NIHR, BASW and ADASS, including a wide range of organisations endorse the Charter. The Charter argues that research incentivises partnerships and creates a framework of good practice. In the forward to the Charter, Romeo reminds the social care sector that:

'Research is never an optional extra, indeed, in these challenging times, it is more important than ever. We need to integrate high-quality research evidence into improving our practice, and social workers need to be engaged in developing this evidence' (p. 2).

Notably, the Charter argues that whilst social workers need to be more research minded, it urges academics to be more practice minded.

Continuing its focus on increasing adult social care research, the NIHR remain dedicated to progressing adult social care research; for instance, in October 2022, they initiated a campaign titled, Your Path in Research (NIHR, 2023). Earlier that same year, The National Institute of Health Research changed its name to National Institute for Health and Care Research (still NIHR) 'to emphasise our enduring commitment to social care research.'

Throughout these legislative and academic changes, the adult social care sector has become increasingly person-centred, particularly after enacting the personalisation agenda. Led by the disability movement, the personalisation agenda was a catalyst for emancipatory and empowerment approaches to research in adult social care (Department of Health, 2007a). However, to date, there is a paucity of research examining its application and effectiveness. The changing research culture in social work has now presented an opportunity to recentre the importance of co-production. Underpinning this concentration is the understanding that research is vital in improving the outcomes for service users and their carers.

Irrespective of various motivations outlined above, there is a clear drive since the late 1990s to improve adult social care research. However, we would be remiss not to mention the contemporary challenges ASC research faces. For instance, Rainey et al. (2015) suggests that previous austerity measures implemented by the Coalition Government (Conservative-Liberal Democrat 2010-2015) resulted in local authorities being unable to meet the demands of developing a research capacity. Compounding matters, the adult social care workforce is undergoing a recruitment and retention crisis and cuts to the adult social care budget (Dixon and Jopling, 2023). Such cuts are likely to have implications for staff training, i.e., inability to release staff or simply not afford the training costs. According to The House of Commons Committee of Public Accounts, since the Conservative-Liberal Democrat Government were in power (2010-2015), central government funding for local Government in England has fallen by over 50% from 2010–11 to 2020–21 (House of Commons Committee of Public Accounts, 2022).

Moving from the political and policy context, social work education plays a significant role in the development of social work research. It is important to note that the subject benchmark includes a bold statement supporting the importance of research for the social work's degree; and states that social work students will acquire an 'understanding of, and adherence to, the ethical foundations of empirical and conceptual research, as both consumers and producers of social science research' (Quality Assurance Agency for Higher Education, 2019). As such, higher education institutes are ideally situated to catalyse change in the development of research-minded practitioners. Over the years, social work education has

seen many curricula developments, including vocationally based training, diplomas now replaced with a requirement for a degree, established in 2003. More recently, there has been a drive to implement workplace-based social work training through Step Up to Social Work, Think Ahead and Frontline. These new fast-track models have been criticised for dumbing down social work standards and elitism (Gupta, 2018; Murphy, 2016).

The move of the profession to a social work degree presented an opportunity to solidify the commitment to implementing research content. The degree was embedded within a regulated academic framework, making social work educators accountable to the social work regulator and their university requirements. However, the extent to which research has been meaningfully embedded in the programme has been a cause for concern. Bamford asserts, 'one of the most disappointing aspects of social work at degree level is the relative absence of a research base' (2015, p.83). This absence has been variously attributed to the limited research training content within the qualifying courses as well as crammed curriculum (McCrystal and Wilson, 2009; MacIntyre and Paul, 2013).

Several studies have investigated the standard of research training within social work programmes. Fish (2014) surveyed 60 undergraduate programmes from across the UK. She identified that research permeates the social work curriculum. However, respondents in the study indicated that HEIs were reducing allocated time to teaching research on undergraduate programmes. Notably, Fish states, 'workplace-based social work training through the Step-Up to social work programme or Frontline, may severely limit the ability to develop research knowledge and skills in social work education' (2014, p. 1066). MacIntyre and Paul (2013) audited research teaching on a separate set of 60 undergraduate and postgraduate programmes across the four countries in the UK. They suggest that various issues contribute to the marginalisation of research teaching. They identified limited time, lack of research capacity and social work staff with expertise in teaching research. Significantly, both studies demonstrate contrasting content and approaches to teaching research within social work courses. For instance, the qualitative phase of Fish's (2014) study identified five models of teaching research: research-informed teaching, educated consumers of research; research-mindedness; research capacity and reflective practitioner (p.1060). One study highlighted that there was no consensus regarding the purpose of teaching research on qualifying social work programmes. In particular, the audit demonstrated that social work students were delivered content that would either create a practitioner that was a 'critical research consumer' or a practitioner that is a 'research producer' (MacIntyre and Paul, 2013). The two differing roles may have implications in the preparedness of social workers to undertake future research and apply their research skills on entry to the workforce.

It is clear that research is essential to providing good adult social care, but engaging with this is, at times, challenging – with a notable recent increase in funding and attention. This increase in attention and funding creates a requirement that the adult social care workforce is research competent. This need to implement a research-minded practitioner must be accompanied by a deeper understanding of how research is used and understood in social care. As such, this systematic review seeks to examine the knowledge base about how research is understood and used in social care.

METHODS

Introduction:

The primary aim of this systematic review is to establish the barriers and enablers to research mindedness amongst adult social care staff. It identifies, evaluates and synthesizes the existing body of completed work, both published and grey literature (Okoli, 2015). A detailed account of the search strategies, findings and analysis of key literature will be presented, as well as recommendations for future research.

Identifying the research question:

In line with the study purpose, our primary research question is: ‘What are the barriers and enablers to research mindedness for adult social care staff in the West Midlands?’

Identifying relevant studies:

The evidence-based guidelines for systematic reviews outlined in the PRISMA statement (Moher et al., 2009) informed the design of this review to ensure quality assurance. A computer-based search of databases was conducted on 11/10/22. These included PubMed, CINAHL Plus and Social Policy and Practice.

<u>S1: Adult</u>	(adults OR elderly OR older people OR disabilities OR impairment OR mental health OR learning disability OR infirm OR intellectual disability OR handicapped)
<u>S2: Social care</u>	(social care OR social work OR human services OR adult social care OR social care service OR social services)
<u>S3: Research</u>	(research OR evidence informed OR knowledge exchange OR knowledge generation OR evidence based OR practice informed OR knowledge creation)
<u>S4: Culture/mindedness</u>	culture OR mindedness OR support OR capacity OR capability OR behaviours OR values OR expectations OR attitudes OR norms).
<u>S1 + S2 + S3 + S4</u>	

Here is an example search string which was inserted into each database:

(adults OR elderly OR older people OR disabilities OR impairment OR mental health OR learning disability OR infirm OR intellectual disability OR handicapped) AND (social care OR social work OR human services OR adult social care OR social care service OR social services) AND (research OR evidence informed OR knowledge exchange OR knowledge generation OR evidence based OR practice informed OR knowledge creation) AND (culture OR mindedness OR support OR capacity OR capability OR behaviours OR values OR expectations OR attitudes OR norms). The retrieval of full text articles was determined by the titles and abstracts from these citations.

Consistent with Arksey and O'Malley's (2005) suggested search strategies, we supplemented our database searches with articles retrieved from the references of other studies.

Inclusion and Exclusion Criteria:

The search of the literature applied limiters to narrow its scope and achieve its intentions. Included studies were those that are: (1) addressing research mindedness for social care; (2) empirically researched; (3) in English; (4) published from 2010.

Criteria (1) ensured that the review focused on the research question. Because of the paucity of studies that addressed only adult social care staff, determined during our early scoping of the literature, studies with participants from adult social care as well as participants from children and families social work and allied health professionals were also included.

Criteria (2) ensured that, whilst opinion or commentary pieces were excluded, a wide range of evidence was included.

Criteria (3) was necessary due to budgetary and time constraints.

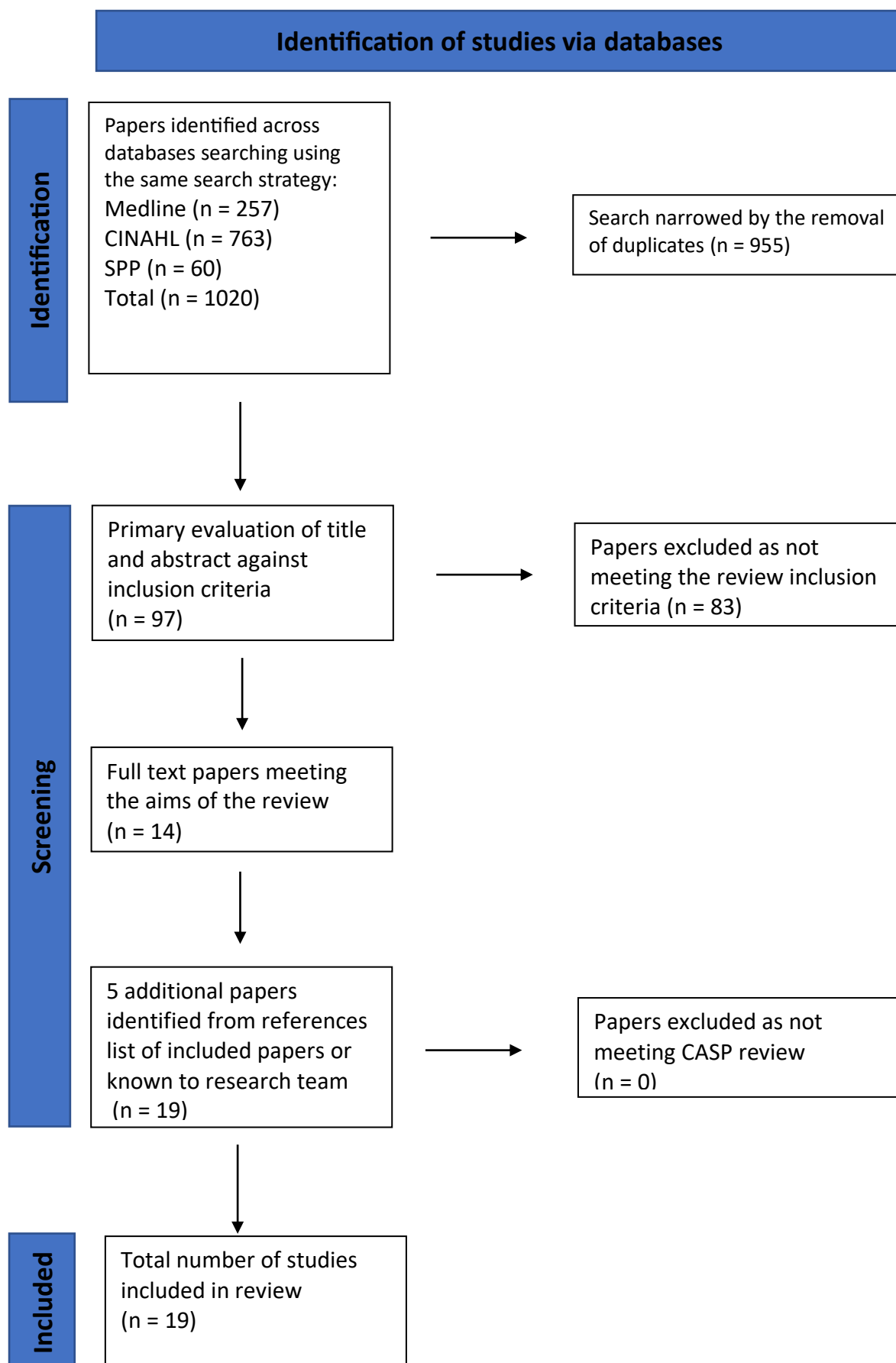
Criteria (4) was required to create a final cut-off point in light of when the final search was conducted. Texts written before 2013 were only included if they were a seminal piece of research in the field. Each of these criteria ensured that the review remained focused on the research question and placed resulting limitations on its scope.

Many systematic scoping reviews exclude grey literature that is not peer reviewed. However, we wanted to include this evidence as there is limited evidence available in this field.

Excluded studies were those that were non-empirical, not written in English and published before 2013.

Sifting Process:

A total of 1020 articles were screened across all databases. A librarian performed the initial search and removal of duplicates (955). The research team conducted the initial screening of titles and abstracts and discarded obviously irrelevant studies before independently screening the remaining titles and abstracts. The researchers met to discuss concerns and uncertainties in the study selection and resolved any discrepancies. Eighty-three articles were ultimately removed for not meeting the inclusion criteria, and five studies were added that were acquired from the references of the articles retrieved from databases searches. This left nineteen articles to be screened for full text. Figure 1 describes the sifting process. The nineteen identified articles were reviewed against quality criteria (Critical Appraisal Skills Programme, 2018a, 2018b) and were determined to be methodologically sound with valid results, whilst also upholding ethical research standards.



FINDINGS

Characteristics of Included Studies

This systematic review includes 19 studies that met the inclusion and exclusion criteria are presented in appendix 1. The location was spread amongst the expected Western locations, with the largest group from Australia (n = 8, 42%); four from the United Kingdom (21%), seven remaining countries had one paper each (Sweden, New Zealand, Norway, USA, Germany, Israel, Holland).

All included studies were published in peer reviewed journals, apart from a single grey literature document, a research report commissioned by the Welsh Assembly Government.

The included studies predominantly used mixed methods (n=9). Seven of those nine studies conducted surveys, with qualitative data collected through a limited number of open-ended survey questions. The remaining ten papers were evenly divided between quantitative (n=5) and qualitative (n=5) methods.

Most of the studies included here were explicitly described as *exploratory*, which lessens the strength of how the findings can be applied. Sampling was non-random in all of the included studies. but a substantial sample size range was found from 17 to 2085. Populations recruited consisted of adult social care staff with no other groups (n = 4) and staff from both adult and children's services (n = 15). In the studies with mixed participants, where the information was given, there was significant variation of proportion of adults' social care professionals recruited, ranging from 36.3% to 74%. All of these variations have a dampening effect on the application of the knowledge gleaned here for this setting.

Data was collected between 2007 and 2021 by surveys, semi-structured interviews and focus group discussions.

Data was analysed using descriptive statistics, statistical analysis, case study data analysis and thematic analysis.

All selected studies provided clear research questions, used an appropriate study design to answer them and recruited an adequate sample from an appropriate population.

When analysing and synthesising the studies, several themes arose: positive views towards using evidence; a lack of research culture and skills; time pressures; views about what counts as evidence; people and relationships; importance of useable research; and organisational factors. The following presents these, and then the studies are discussed in relation to the extant knowledge, before concluding with a summary and recommendations.

Positive Views towards Using Evidence

Studies found that professionals generally thought research was important, suggesting a good connection to the concept of 'research mindedness'. When asked, social workers appear to *value* research (Beddoe, 2012, Gray et al., 2014, Gray et al., 2015, Harvey et al., 2013) and *recognise the relevance* of research to the role (Wakefield et al., 2021). A couple of the included studies found a high level of interest from professionals for research involvement (Goel et al., 2018, Cooke et al., 2008, Harvey et al., 2013). Impressively, in one Australian study 65% of respondents reported a change in their practice within the previous two years due to the impact of research findings (Gray et al., 2014).

Practitioners and managers both felt that evidence use could lead to beneficial outcomes for service users and carers and support case assessments (Back et al., 2020, Brims and Evans, 2021, Gray et al., 2015, Plath 2014). Several studies highlighted that generating and using evidence contributes towards professional identity (Brims and Evans, 2021), particularly in multidisciplinary settings such as mental health (Beddoe, 2012).

Participants reported that using evidence creates more systematic and uniform ways of working (Back et al., 2020) avoiding, ‘responses based on uncritical personal values’ (Plath, 2014, p913). Conversely, some staff are concerned that evidence-based practice does not consider practice wisdom (Gray et al., 2015), linking to debates about what constitutes knowledge within adult social care.

Lack of Research Culture and Skills

Social work has been found to have poor engagement with research, and social workers have poor research knowledge and confidence. Despite the positive views towards research described above, the included studies repeatedly found that adult social care had poor engagement with research leading to an organisational culture disengaged from knowledge and evidence. The research culture and capacity of allied health professionals is low (when compared to other healthcare clinicians), but this issue has been found to be particularly poor for social work (Borkowski et al., 2017). For example, one study found that only 10% of adult social care staff had been involved in research in the previous three years, mainly as a requirement for a degree programme or as a participant (Wakefield et al., 2021). Staff in one study felt it was not feasible to engage in evidence-based practice due to a lack of time and a lack of access to research (Heffernan and Daue, 2017)

A wide range of the studies reviewed here found social workers have a general lack of research skills and knowledge (Beddoe, 2012, Brims and Evans, 2021, Gray et al., 2015, Harvey et al., 2013, Morago, 2010, Wakefield et al., 2021). This was particularly prominent when compared to other allied health professionals (Borkowski et al., 2017). Social workers are not as well trained as other disciplines in research appraisal and application (Gray et al., 2015). Social workers show greater skills in the early phases of research, such as undertaking literature reviews, rather than the later stages such as data collection and analysis (Gray et al., 2014, Harvey et al., 2013, Williams et al., 2015). More specifically, adult social care staff have been found across several studies to broadly lack confidence in their research skills (Brims and Evans, 2021, Wakefield et al., 2021, Harvey et al., 2013). One study found that only 17% of social workers were comfortable doing quantitative research and one third agreed they avoided engaging in research because of a lack of confidence about their writing skills (Harvey et al., 2013).

Some studies found there were some mechanisms to increase social worker’s use of evidence, such as improving their research skills, knowledge and confidence. Specifically providing training in research skills increased skills and confidence (Donley and Moon, 2021) and research training improved evidence-based practice (James, 2019). In an unsurprising, but important finding, one study found that increased familiarity with evidence-based practice was highly correlated with increased evidence-based practice (Heffernan and Daue, 2017). To resolve these gaps, employers and supervisors need training in evidence-based practice to improve how social workers use research in their practice (Finne et al., 2020). Adapting training to be flexible and innovative can support social workers to engage more often with research (Donley and Moon, 2021), in addition to targeting specific gaps in knowledge and skills (Harvey et al., 2013). It is important to note that the issue noted above pre-dates the qualifying experience, as several studies suggest that qualifying courses should have more social research methods training (Finne et al., 2020, Goel et al., 2018, Morago, 2010, van der Zwet et al., 2019).

Views about What Counts as Knowledge and Evidence

There was a general lack of understanding about how to differentiate between types of evidence, and the epistemological debates that occur within research settings (for example, what methods should be allowed to create knowledge that changes practice). Even with this lack of understanding, practitioners identified that research was the most commonly cited component of what should inform decision making in social care (Morago, 2010) but, challengingly, research is seldom used as knowledge (Finne et al., 2020, James et al., 2019, van der Zwet, 2019).

Social workers lacked knowledge on what constitutes evidence (Gray et al., 2015 whilst a small number held reservations about how evidence is defined, and expressed a desire to expand what information is collected and used (Gray et al., 2014). Several studies highlighted that social care staff can view evidence-based practice as not aligned to the nature and complexity of social work, with some participants critical of the positivist nature of evidence (Beddoe, 2012, Gray et al., 2014, Morago, 2010). Negative attitudes to evidence-based practice are a barrier to using evidence (van der Zwet et al., 2019). Some staff hold concerns over the implications research may have to current practice (Wakefield et al., 2021). These challenges would appear to have some effect on the application and use of research in social work practice.

Time

Time was the most frequently cited barrier to research mindedness, found in eight of the 19 included studies (Beddoe, 2012, Borkowski et al., 2017, Brims and Evans, 2021, Cooke et al., 2008, Donley and Moon, 2021, Morago, 2010, Wakefield et al., 2021, Van der Zwet et al., 2019). This issue was a more significant barrier for frontline staff (Brims and Evans, 2021), who have heavy workloads and many urgent demands. Competing priorities make it difficult for staff to find the time for reading and research (Borkowski et al., 2017, Brims and Evans, 2021) or to evaluate the outcomes of practice decisions (Heffernan and Daue, 2017). Those staff who do engage with research, do it outside of their contracted hours (Brims and Evans, 2021). One study found that a decision-making culture of quickly responding to crises, with staff not having the time to reflect, impedes the implementation of evidence-based practice (van der Zwet et al., 2019). Yet social care staff recognise that using research to find the right intervention can save time (Brims and Evans, 2021).

Some studies indicated that protected time to undertake research activities would be an enabler to research mindedness (Cooke et al., 2008, Donley and Moon, 2021). However, one study showed that protected time is taken up with case work instead of research (Brims and Evans, 2021).

People and Relationships

Personal motivation and interest were found to increase research and evidence use, particularly amongst frontline staff (Brims and Evans, 2021). This response was often linked to the lack of a formal structure or dedicated time for research related activities.

A particular barrier to knowledge sharing and improving the uptake of research is a lack of strong relationships amongst colleagues, particularly between social and health care (Brims and Evans, 2021). Social care managers have a role in increasing evidence use. Studies have found that supportive managers with a personal commitment to research and discretion increase evidence use (Beddoe, 2012, Donley and Moon, 2021). In a negative pressure of this situation, some social care staff have experience of managers not being supportive and more focused on service delivery goals (Beddoe, 2012).

When thinking about the specific setting of adult social care – staff in these services value research mentors/leaders/champions to support them in becoming research minded (Back et al., 2020, Beddoe, 2012, Cooke et al., 2008, Donley and Moon, 2021, Morago, 2010). However, although the presence of a research lead is associated with increased levels of engagement with research activities and use of evidence at a team or organisational level, one study shows that this single role is not enough to have an impact at an individual practitioner level (Williams et al., 2015).

Several studies highlighted a lack of available expertise and support for social care staff (Cooke et al 2008, Harvey et al 2013, van der Zwet et al., 2019). When asked, staff support developing links with universities and undertaking collaborative research (Goel et al., 2018, Morago, 2010, van der Zwet et al., 2019). In a useful response to the needs of researchers, social care staff can identify research gaps (Goel et al., 2018).

Importance of ‘Useable’ Research

Adult social care staff need research that is useable, in essence, research that is succinct, written in plain language, trusted, timely and applicable to their daily work (Back et al., 2020, Brims and Evans, 2021, Cooke et al., 2008, Donley and Moon, 2021, Gray et al., 2015, Morago, 2010). Practitioners wanted evidence that was useable in two distinct ways: firstly, easy to understand and secondly, easy to apply. In order to be easily understood, practitioners valued research that was summarised and did not take long to read. Research that is relevant to social care roles with clear messages and outcomes made it easier to apply to practice. In order to be useable, research also needs to be accessible, and published in places that staff can easily access. In addition, multidisciplinary research is important for staff to address complex issues (Goel et al., 2018).

Organisational Factors that Influence Research Mindedness

Organisational factors are both a barrier to, and facilitator of, research mindedness depending on the team, department or organisation. Adult social care does not often include research in organisational structure or strategy (Beddoe, 2012, Brims and Evans, 2021, Gray et al., 2015) and it is not built into job roles (Brims and Evans, 2021, Goel et al., 2018).

Organisational cultures lacking a research focus create fewer opportunities for research training or for practitioners to engage in research (Goel et al., 2018). Related to the epistemological challenges discussed above, an organisational culture that values experiential knowledge acts as a barrier to staff being research minded (van der Zwet et al., 2019). One mechanism to improve research engagement is strong leadership, which is needed to increase organisational research capacity, but policy/ legislation changes can create significant challenges (Cooke et al., 2008, van der Zwet et al., 2019). Leaders have been found to hold more positive attitudes towards research-based practice methods (James et al., 2019). Senior and middle managers’ understanding of evidence-based practice lacks alignment, challenging the implementation of a broad evidence base for practice (Back et al., 2020).

There are other, more structural changes that have been found to improve the situation. If the organisation provides adequate support, the workforce displays more positive attitudes to research-based practice methods (James et al., 2019, Kagan, 2022). Secondly, work related self-efficacy, or people’s context-related judgement of their ability to undertake their role, is associated with more positive attitudes to evidence-based practice. Work related self-efficacy can be strengthened by supporting workplace social support, improving access to knowledge and information resources, and reducing the sense of role ambiguity for staff (Kagan, 2022).

It is important to note that increasing research capacity and capability requires engagement from social care staff across an organisation (Brims and Evans, 2021). One study found that implementing a top-down approach may be counterproductive to increasing research mindedness (James et al., 2019). In addition, concentrating evidence appraisal in central units led to the disengagement of some frontline staff (Plath, 2014). These suggest that an organisational-wide approach is more successful to improve engagement with research and consistent application from frontline staff.

There are some sector-wide issues that create barriers to research mindedness, including high levels of staff turnover and a lack of staff (Back et al., 2020, Donley and Moon, 2021), lack of funding (Borkowski, 2017, Goel et al., 2018, Harvey et al., 2013, van der Zwet, 2019), lack of workforce development (Goel et al., 2018). These have been found to have a range of nefarious effects for social care practice (Schaub et al., 2022).

DISCUSSION

It is important to place these findings in the contextual knowledge. The need for adult social care to be more research minded has been recognised for over a century. The call for a more research-based profession began in 1917 (Richmond), and the requirement for practitioner academics has been recognised for almost fifty years (Baker, 1976), whilst social work students have often been labelled, 'research reluctant,' (Epstein, 1987). One possible implication of this is that some of the barriers to research mindedness are not just the product of more recent social policy, rather debates about the nature of social work itself, which has long been recognised as difficult to define (Rode, 2017).

There remain ongoing epistemological and philosophical debates about the relationship between theory and practice in adult social care (Bamford, 2015). This review has found that staff have three types of concerns about using evidence:

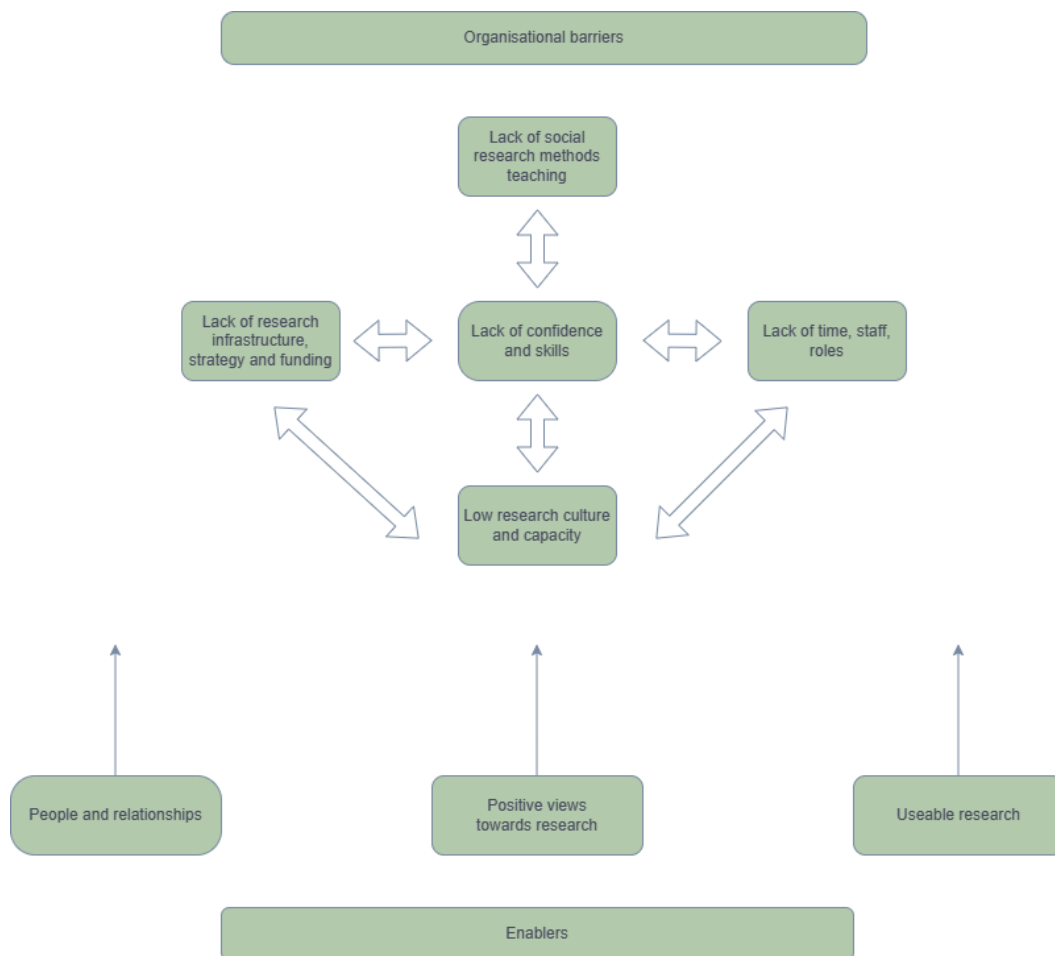
4. that it is not allied to the spirit of adult social care (Beddoe, 2012, Gray et al., 2014, Morago, 2010),
5. the implications of new knowledge on existing ways of working (Wakefield et al., 2019), and
6. the narrowness of definitions of evidence (Gray et al., 2015).

As a result, when attempting to increase the research skills of staff, organisations should attempt to improve professional ability and confidence to engage meaningfully in these debates, contributing towards the development of the adult social care research paradigm.

However, the teaching of social research methods on qualifying courses impedes the development of research skills. It is marginalised and lacks coherency across programs (Fish, 2014, McCrystal and Wilson, 2009). There is also a lack of expertise in research teaching amongst social work staff, with a majority of teaching led by other disciplines (MacIntyre and Paul, 2013). This review has shown that practitioners emerge with little knowledge of, and little confidence in, their research skills, perpetuating the low research culture and capacity in the sector.

A low research culture impacts on the ability of adult social care staff to work in anti-oppressive and anti-discriminatory ways. It is argued that social work academics have failed to develop politically and theoretically informed concepts of practice (Cowden and Singh, 2009), which underpin knowledge generation and provide a research agenda for issues marginalised due to oppression, such as race, disability and gender (May, p.29, 2011). Further development of the epistemological frameworks around adult social care knowledge and improving the research skills of both academic and practice staff, would support working in evidence-based ways that are anti-oppressive and anti-discriminatory. A stronger theoretical framework for the sector could also allow for greater confidence in advocating for more financial resources following years of austerity measures and cuts to budgets.

The following figure outlines how these various elements interact to provide a complex set of interacting pressures that facilitate and hinder research-mindedness.



The wider social policy context inhibits the ability of adult social care staff to be more research minded. Neoliberalism has deskilled social work (James, 2004) with an emphasis on managerialisation (Harris, 2014). Budget cuts, implemented by the Conservative government since 2010, have prevented local authorities from developing research capacity (Rainey et al., 2015). Sector wide pressures include enormous difficulties recruiting and retaining staff, which have been felt more acutely in the years following Brexit and the COVID 19 pandemic (Skills for Care, 2023). These structural impediments feed through to organisational factors that are not conducive to research mindedness, identified in this review. There are high levels of staff turnover and a lack of staff (Back et al., 2020, Donley and Moon 2021), lack of funding (Borkowski et al., 2017, Goel et al., 2018, Harvey et al., 2013, van der Zwet et al., 2019) and a lack of work force development (Goel et al., 2018). Time was the most frequently cited factor that prevented research mindedness (Beddoe, 2012, Borkowski et al., 2017, Brims and Evans, 2021, Cooke et al., 2008, Donley and Moon, 2021, Morago, 2010, Wakefield et al., 2021, Van der Zwet et al., 2019). Producing research that it is useable and accessible to practitioners is critical within this context. Staff have identified a need for evidence that can be easily understood with clear application to practice. With time pressures so acute, staff prioritise case work, even those who have allocated time for reading and research. This is not unique to adult social care, a lack of time and competing priorities has also been identified as a key barrier to research engagement for allied health professionals (Borkowski et al., 2016, Cordrey et al., 2022), whilst the medical and nursing professions have called for protected time to engage with research (Royal College of Physicians, 2019). Despite this difficult context, staff hold overwhelmingly positive views towards research, and want to use it and be involved in producing it. This appetite is also reflected in recent policy, such as the ‘Charter for Social Work

Research in Adult Social Care' (Research Advisory Group for the Chief Social Worker for Adults, 2023) and increased opportunities with associated funding specifically for social care research. The government body responsible for administering these changed its name in 2022 to include social care to demonstrate its commitment to the sector (National Institute of Health and Care Research). This review has highlighted that strong leadership and an organisational-wide approach to increasing research culture is critical and these policy developments are welcome.

The importance of relationships in developing a research culture has been identified as a key mechanism for increasing research mindedness. There is a clear enthusiasm for building closer relationships between universities and practitioners, and personal relationships also drive research use between practitioners. These are tangible areas that can be developed to support and increase a research culture in adult social care.

A lack of evidence, a consequence of a low research culture and capacity, is detrimental to the professional identity of the adult social care sector. Staff frequently work in inter-disciplinary teams, and it has been contended that this can lead to a loss of professional status and identity (Oliver, 2013) and this is much more likely if practitioners were unable to clearly articulate their professional contribution (Heenan and Birrell, 2019). This review has demonstrated that generating and using evidence in multidisciplinary environments contributes towards professional identity (Brims and Evans, 2021), particularly in mental health settings (Beddoe, 2012) where social workers are increasingly seen as generic workers (Wilberforce et al., 2013). It has also been suggested that the lack of evidence in adult social care means that the sector does not feature in commissioning health and social care services guidelines (Steils et al., 2020). Taken together, these findings suggest that the low research culture and capacity of the sector hinders adult social care practitioners, and the sector itself, from being able to confidently assert its own unique contribution within the helping professions.

Recommendations

- Increase both the quantity and coherence of social research methods teaching on social work / social care programmes
- Support research positive staff to develop relationships within and across social care organisations
- Organisations and universities should encourage greater collaboration between practitioners and researchers
- Research should produce succinct and clear messages for practice and ensure that these publications are easily accessible for adult social care staff (such as ensuring publications are open access, or that academic articles are synthesised into a practice briefing document that is freely available)
- Social care organisations should take steps to reduce barriers to engaging with research, including supporting individual and workforce-wide participation
- Social care leaders and management structures should deliberately foster and communicate an organisational-wide approach to research mindedness

Strengths and Limitations

A systematic review is a robust mechanism for examining a field of knowledge (Rutter, 2013). The rigorous, replicable and transparent search and evaluation process produces a review of literature that can be used with confidence. As an example of innovative knowledge production, to the best of our

understanding there has not been another systematic review published to date about the research engagement of adult social care practitioners in the UK.

Every method has limitations, and systematic reviews have inherent limitations which affect this review. Importantly, the evidence included can only be as good as the studies gathered for the review – hence the appearance of so-called ‘empty reviews’ which serve to outline where a field has not produced sufficient knowledge to populate a systematic review (Yaffe et al., 2012).

The sampling methods to recruit participants for the studies are biased towards those with an interest in research, given that many of them sought participants that self-selected to be included. This means that there are likely many similar people that do not hold the views represented in these studies. Secondly, many of the included studies had relatively small sample sizes, meaning that the samples could be representative of the target population. Consequently, the findings from most studies were not generalizable.

Future Research

There is little research that explores what works to enable research mindedness. It is important to identify the effects of implementing enablers, so longitudinal studies would be beneficial. These should include investigations as to which is more effective at improving research mindedness: targeting individual members of staff or developing organisational policies.

Organisational factors need much more evaluation, specifically looking at more variables and how these interact to support or inhibit research mindedness.

It was startling to see how few of the included studies mentioned the experience of budgets, so future research should investigate the views and experiences of social care service users and carers.

Lastly, there was a notable absence of rich, qualitative data drawn from interviews and focus groups, so it should be priority for studies to use these methods to gain a deeper understanding of barriers and enablers.

SUMMARY

The findings from this systematic review show that the adult social care sector is broadly disconnected from research. Despite this, the workforce wishes to become more research minded and work in ways underpinned by knowledge and evidence, and more recently this is reflected in initiatives from sector leaders. The research training received on qualifying courses does not support them to understand and engage with research, and it is unsurprising that adult social care staff also lack confidence and skills about applying research to their practice. Structural and organisational barriers also prevent the development of a research culture and capacity, which has a detrimental impact on professional identity, further compounding the effects of a low research culture. While these main findings are not new, this systematic review consolidates that knowledge.

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APPENDIX 1

Back et al. (2020) Sweden.	Qualitative.	Interviews.	Managers from adults' and children's social services (n =22).	Non-random.	There needs to be an alignment in top and middle level managers' understanding of EBP. Barriers: Research not relevant to practice. Poor access to research. Uncommitted managers. High levels of staff turnover. Enablers: Trained staff. Motivated managers. Endurance and stability in intentions. Increasing staff motivation by including them in implementation of EBP. External actors at national/ regional/ local level. National/ regional initiatives creating social pressure. Collaborating with other municipalities and universities. Positive staff with specific responsibility for implementing EBP. Support across all tiers of the organisation. Create national and local systems to support EBP. Shared understanding of EBP between different management levels.	No.	
Beddoe (2012) New Zealand.	Qualitative.	Interviews, focus groups.	Social workers and social work managers (n = 57).	Non-random.	Social workers felt they were seen as less than intellectually robust. Barriers: Lack of manager and organisational support. Lack of time, confidence, and skill. Enablers: Increase teaching of research methods on qualifying courses. Mentoring support to write up case studies.	No.	
Borkowski et al. (2017) Australia.	Mixed methods.	Survey.	Social workers in health service (n = 17). Total survey sample (n = 136). Response rate 46%.	Non-random.	Team and organisational domain research skills ratings for social workers were lower than for other allied health professionals. This was statistically significant. Barriers: Lack of time, backfill and competing work priorities.	No.	

Brims and Evans (2021) Wales.	Qualitative.	Focus groups.	Local authority staff from adults and children's services (n = 58). Total sample (n = 84).	Non-random.	Barriers: Lack of time. Lack of skills, confidence and qualifications in finding and using evidence. A lack of organisational structure or strategy around research and evidence. Limited access to journals and other sources of information. Enablers: Personal motivation and interest. Research that is relevant to roles. Evidence that is summarised in plain language with clear messages for practice. Trustworthy evidence. Relationships, networks, and knowledge sharing.	No.	
Cooke et al. (2008) UK.	Mixed methods.	Survey	Adult social care workforce in 2 local authorities (n = 368). 24% response rate.	Non-random.	High numbers of staff agreed research is relevant to their role, those with a master's degree were more likely to want to do research. Barriers: Work pressure, lack of available expertise, research not seen as a priority, staff shortages. Enablers: Protected time, mentorship.	No.	
Donley and Moon (2021) Australia.	Mixed methods.	Survey	Hospital based social workers (n = 17).	Non-random.	Research training increased confidence in doing research. Barriers: Research had less priority than work demands, staff too exhausted to focus on research project work, lack of protected time to undertake research, lack of resources and reduced staffing. Enablers: Access to a research lead and mentoring. Protected time to undertake research.	No.	
Finne et al. (2020) Norway.	Mixed methods.	Survey, interviews.	Social workers in social and child welfare (n = 2085), 36%	Non-random.	Few social workers kept up to date with research literature and it is seldom used as a source of knowledge in practice. Barrier: Lack of time.	No.	

			response rate.				
Goel et al. (2018) Australia.	Mixed methods.	Survey, interviews.	Adults' and children's social workers and managers (n = 36). Response rate of 40%.	Non-random.	Few participants had formal research training and research was not a part of the current role for the majority. Social workers wanted to work collaboratively with universities and could identify areas to research. Barriers: Funding cuts, short term funding for programs, lack of focus on work force development and planning.	No.	
Gray et al. (2015) Australia.	Mixed methods.	Survey.	Adults' and children's social workers and managers (n = 364). 6.5% response rate.	Non-random.	The majority of participants were positive about EBP and high numbers thought research findings were useful in practice and improved client care. Equal division between practitioners wanting to engage in EBP processes and those wanting to use evidenced based protocols developed by others. Barriers: Inadequate resources (dedicated staff time, funding support, infrastructure, access to research), unsupportive organisational culture, inadequate skills and knowledge. Lack of fit between research and practice.	No.	
Grey et al. (2014) Australia.	Mixed methods.	Survey.	Adults' and children's social workers and managers (n = 364). 6.5% response rate.	Non-random.	Most respondents (65%) reported a change in their practice due to the impact of research findings. More managers, and statistical analysis showed significantly more social workers with between 10 and 30 years of practice, reported this. Self reported skills in critical appraisal were below 'adequate' but better than 'adequate' for literature searching skills. Some social workers held negative views of EBP as being biased, narrow and reductionist.	No	
Harvey et al. (2013) Australia.	Quantitative.	Survey.	Social workers employed by Queensland	Non-random.	High levels of interest in conducting research that is hampered by inexperience, lack of skills, time, resources and confidence. Barriers: Lack of time, research support and funding. Workloads.	No	

			Health (n = 103).				
Heffernan and Daue (2017) USA.	Quantitative.	Survey.	Adults' and children's social work field supervisors (n = 44).	Non-random.	Familiarity with EBP behaviours is highly correlated to their use. The more feasible it is to use EBP behaviours, the higher the correlation to their use. Barriers: Lack of time to engage in EBP, lack of access to research literature.	No	
James et al. (2019) Germany.	Mixed methods.	Survey.	Adults' and children's social workers (n = 158). Response rate of 45.1%.	Non-random.	Very little indication that theory or research informed practice. Individuals in leadership roles were more open to research-based practice methods. Attitudes to research-based practice methods were mostly positive if methods made sense, were appealing and enough training was provided. A 'top down' implementation may be counterproductive despite positive attitudes to research-based practice methods if enough organisational support is provided.	No	
Kagan (2022) Israel.	Quantitative.	Survey.	Social workers (n = 559).	Non-random.	Higher levels of access to work related information resources and work-related social support were associated with higher work-related self-efficacy and accordingly with more positive attitudes towards adopting EBP. Role ambiguity was negatively associated with work related self-efficacy. Work related self-efficacy can be strengthened by giving due importance to work related social support, improving accessibility of information resources and reducing the sense of role ambiguity.	No	
Morago (2010) UK.	Quantitative.	Survey.	Social care staff working with adults and children (n = 155). Response rate of 43.4%.	Non-random.	Most respondents report having a good knowledge of EBP but have never attended EBP training (36.8%). Dissemination and implementation of EBP is 'very poor' or 'modest'. Small number of respondents thought EBP is deterministic and not compatible with social work. Research tops list of what should inform practice decisions. Barriers: Lack of time, resources and training. Enablers: More time and/ or resources, dissemination of research findings in a user- friendly way, more training, more teaching on	No.	

					qualifying programs, more organisational support, leadership from designated manager, partnerships with universities.		
Plath (2014) Australia.	Qualitative.	Interviews, focus groups.	Staff in disability services (n=44).	Non-random.	Staff hold different interpretations of EBP. EBP occurred at an organisational level. Dedicated research staff in a central unit lead to disengagement of some front line staff from the EBP process. When staff are not part of the EBP decision making process, it is a challenge to ensure new practices are meaningful to them.	No.	
Wakefield et al. (2021) UK.	Mixed methods.	Survey.	Adult social work/ care workers (n = 208).	Non-random.	Low levels of engagement with research, and a perceived low level of confidence in applying research skills/ knowledge. Yet also a high level of familiarity with key theoretical concepts and a high recognition of the relevance of research. Barriers: Lack of knowledge of where and how to begin, concerns over the implications research may have to current practice, and having the capacity to be involved.	No.	
Williams et al. (2015) Australia.	Quantitative.	Survey.	Social workers (n = 45). Total survey sample (n = 520).	Non-random.	Identified individual skill and success in early phase research activity such as finding and critiquing literature, but a lack of skill and success at later stages such as data analysis. An organisational research lead had no impact on individual research skill ratings but did at the team and organisational level.	No.	
Van der Zwet et al. (2019) Holland.	Qualitative.	Interviews.	Staff in an adults and families social work organisation (n = 22).	Non-random.	Barriers: Lack of a shared definition of what EBP means. Negative views from staff and a culture that prefers experiential knowledge. Crisis work entailing quick decisions making impedes EBP. Shortage of skilled staff. Lack of time and competing priorities. External factors such as national/ local changes in social work policy. Lack of financial resources. Enablers: An organisational culture that values and encourages learning with strong leadership. A shared definition and vision of EBP, dedicated research staff, research partnerships, training in EBP, improvement of SW qualifications.	No.	

