HARNESSING KNOWLEDGE FOR INNOVATIVE AND COST-EFFECTIVE PRACTICE: THE ROLE OF THE INTERMEDIARY

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March 2012

Abstract

This paper explores ways in which the Institute for Research and Innovation in Social Services (IRISS) seeks to promote the delivery of cost effective social services in Scotland that will support the achievement of positive outcomes for individuals accessing support. It identifies a number of key principles that underpin the work of the organisation and suggests ways in which these facilitate innovative evidenceinformed practice. The approach to evidence-informed practice is characterised as comprising four pillars of activity. The first pillar focuses on improving awareness and access to evidence and is exemplified by the Learning Exchange, the IRISS Insights series, and audio and video recording. The second pillar refers to strengthening the evidence base and is discussed in the context of work on self-directed support. Improving skills and confidence to use evidence forms the third pillar and is represented by work on data visualisation and peer support for self-evaluation. The final pillar to be highlighted is embedding evidence in organisations, through co-production, creating spaces to test and challenge evidence, and through the development of evidence-based products. Supporting people to share knowledge, learn from each other and to collectively produce new knowledge and solutions is an innovative approach but also one which should be cost-effective.

KEY WORDS: Social services; evidence-informed practice;

Introduction

The work of IRISS (Institute for Research and Innovation in Social Services)¹, a third sector organisation supporting the social services workforce in Scotland to deliver positive outcomes for individuals, is guided by a number of key principles. These include:

promotion of approaches and resources demonstrated to be effective

¹ www.iriss.org.uk

- detailed development and testing of initiatives, for example through service design, which are then available for scaling
- a focus on project outcomes and impact, adopting implementation models shown to be effective
- effective use of open source and open access media for rapid and widespread communication
- working in partnership through collaboration and co-production to ensure grounded projects and maximum buy-in, and
- fostering of effective networks to enable spread, replication and mutual learning.

This approach to harnessing existing resources in a nimble and flexible manner, underpinned by technical support, is facilitated by our multidisciplinary staff group which offers a unique blend of skills focused on policy, practice, research and evaluation, service design and digital media. This team generates an environment in which ideas cross-fertilise and a culture that is open to, and confident with, change and experimentation.

The principles outlined above shape IRISS's approach to cost effective and innovative evidence informed practice. Much of our evidence-informed practice activity is characterised by the development and trial of innovative methods and approaches, building on what is already known but moving into the unknown, trying things out where there are no guarantees of success. Our stance is that whether innovation is radical or incremental, it implies a real change in how things are done (IRISS, 2011). While acknowledging the complexity of the implementation process, IRISS's approach is pragmatic, seeking to accommodate the practical realities of achieving evidence-informed practice in a cost effective manner.

Our work is characterised by four pillars of activity, depicted below.



This builds on Ward et al (2009) who identified three possible roles for those supporting the knowledge translation process: information management (helping teams find, package and disseminate information), linkage and exchange (facilitating discussions between the teams and relevant experts) and capacity building (helping teams develop their capacity to exchange knowledge). Meyer defines these three groups respectively as knowledge managers, linkage agents and capacity builders (Meyer, 2010: 121).

Our approach also draws on Best et al (2008) who identified three distinct generations of knowledge to action models. The first generation, linear models, dominant from the 1960s to the 1990s, focused on research dissemination as the route to action. Relationship models become more common in the 1990s, in recognition of the need to build relationships between policy, practice and research. Most recently, Best et al suggest, there has been a focus on systems models as the most important factor in improving knowledge use, focusing on the way in which knowledge is embedded within organisations and systems.

Each pillar of our evidence-informed practice work broadly relates to a different element of the knowledge to action journey outlined by Best et al (2008) and Ward et al (2009). Improving awareness and access to evidence builds on information management thinking and approaches; strengthening the evidence base includes elements of linkage and exchange (focusing in part on strengthening the evidence base through strengthening connections and understanding) and capacity building (focused on filling gaps in knowledge which limit social service action); improving skills and confidence to use evidence relates to capacity building; and embedding evidence in organisations builds on systems and organisational models.

Improving awareness and access to evidence

The first pillar of our evidence-informed practice activity focuses on ensuring social service stakeholders have awareness of, and the ability to access, different forms of evidence. It is an essential prerequisite for evidence-informed practice, but on its own is not sufficient. In line with Best et al (2008), this is the longest established area of activity for IRISS, and thus the area where we can draw on several innovative and cost-effective examples.

Learning Exchange

The Learning Exchange² is a digital library designed to facilitate the sharing of information and knowledge in various formats: audio, video and text. The Learning Exchange was built in-house using open source software (Drupal³) rather than proprietary software, which allows us greater control over functionality and enables us to respond flexibly and quickly to changing user needs and the ever changing technical environment. This approach not only delivers what we believe is a better product, it saves money on annual maintenance and support fees.

The Learning Exchange provides both a place to house materials not readily available and the facility to create collections of materials already available online (linking to, rather than reproducing, existing content). Because it is structured in a way that is friendly towards search engines, the Exchange increases the 'findability' of valuable materials that otherwise might be overlooked. In addition the content of the Learning Exchange is harvested by Social Services Knowledge Scotland (SSKS)⁴, a portal to social service knowledge and information created by NHS Education for Scotland (NES) in partnership with IRISS.

IRISS Insights series and storyboards

IRISS Insights are brief, accessible and practice-oriented summaries of published evidence on a wide range of topics from measuring personal outcomes, to attachment-informed practice with looked after children and supporting people with dementia⁵. Well received by practitioners, these are fairly typical of evidence reviews produced for practitioner or policy audiences. However, IRISS is committed to trying out innovative approaches to more effectively communicate evidence, for example through the production of creative storyboards. Creative storyboards are video animations that harness the power of graphic media to explain and simplify complex concepts. They

² http://lx.iriss.org.uk/. For more details on the creation and evolution of the Learning Exchange see http://en.wikipedia.org/wiki/IRISS

³ http://en.wikipedia.org/wiki/Drupal

⁴ http://www.ssks.org.uk

⁵ For full list of IRISS Insights see http://www.iriss.org.uk/category/resource-categories/iriss-insights

combine an audio backtrack with the drawing of accompanying images. To date when producing storyboards, IRISS staff have written and recorded the script, and an external contractor has produced complementary drawings. This process has proved costeffective, the cost for a storyboard approximating the publishing and printing costs associated with 1500 hardcopies of an IRISS insight. Feedback indicates that this method has been welcomed as a useful, creative way of making complex information understandable.

Audio and video recording

Recording research seminars and conference presentations is an effective and inexpensive way of capturing and sharing knowledge. Since 2006 IRISS has been disseminating these recordings as podcasts⁶, either direct from the IRISS website or from the iTunes Store^{7.} This is cost-effective for IRISS and, importantly, for our contributors, whose time commitment to the process is relatively small compared to other mechanisms for sharing knowledge. In June 2012 we re-launched the podcast series as IRISS.fm, internet radio for Scotland's social services⁸, the intention being to extend the scope of the podcast beyond the traditional lecture or conference presentation to include discussions and debate. This move also aims to encourage and stimulate all stakeholders – practitioners, carers and people who use services – to contribute, both assisting the development of the evidence base and embedding the use of the evidence.

While IRISS.fm is designed to a high standard we also encourage stakeholders to embrace the use of other kinds of audio sharing services such as Audioboo⁹ and Soundcloud¹⁰, both of which may be used free of charge but which also offer inexpensive enhanced services.

Video can also be an effective way of disseminating evidence of all types and we have created a wide range of material in this medium^{11.} Video streaming services such as Vimeo¹² have dramatically reduced the cost of distributing video by offering affordable rates and managing all technical aspects of video formatting. Given that social services have an oral rather than knowledge-based culture (Barratt 2003) which often results in staff valuing direct practical experience rather than other forms of learning, the production of audio and video recordings can be seen as a cost-effective response to this culture.

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⁶ http://www.iriss.org.uk/services/audio-recording-and-podcasting

^{7 &}lt;a href="http://itunes.apple.com/gb/podcast/institute-for-research-innovation/id206393108">http://itunes.apple.com/gb/podcast/institute-for-research-innovation/id206393108 (or go to podcasts in the itunes store and search for 'social work')

⁸ http://www.iriss.org.uk/irissfm

⁹ http://audioboo.com

¹⁰ https://soundcloud.com

¹¹ http://www.iriss.org.uk/category/resource-categories/videos

¹² http://vimeo.com/iriss

In addition to producing audio and visual recordings, IRISS worked in collaboration with the Scottish Mental Health Arts and Film Festival¹³ to create MindReel¹⁴, a selection of films submitted to the Festival since its inception in 2006. While some of the films are available commercially, many were made by independent film-makers and were not readily available to wider audience. IRISS negotiated licensing terms that allow the films to be freely used for educational purposes, creating a valuable and valued educational resource from videos that were, for the most part, unavailable. These films can play a vital part in improving our understanding of, and reducing the sigma attached to, mental ill-health.

An important component of MindReel is its use of Vimeo to host and distribute the films. Before the advent of streaming video services, it would have been necessary to invest in a server (say £5000) and the associated technical support. In contrast, at the time of writing, our Vimeo subscription is about £160 per year, allowing us to provide access to just over 100 films. Vimeo takes care of all technical format issues – including the enormous task of testing playback on the increasing variety of mobile devices - to ensure that the videos will almost certainly play on any device or browser. This kind of service makes MindReel economically viable and cost-effective.

Strengthening the evidence base

While the initiatives of pillar one combine to provide an infrastructure that supports finding, sharing and using evidence, a second pillar is necessary to support the continuing creation and development of the evidence base. Our work in this area includes identifying evidence gaps, producing new evidence and facilitating discussion around evidence needs.

Self-directed support: Evidence Explorers

One of our key contributions to strengthening the evidence base includes facilitating the co-creation of evidence between researchers, practitioners, policy makers and people supported by carers or services. There is evidence that developing collaborations, particularly where people can 'try out' research findings and conduct their own research, can support the use of research (Nutley, 2003).

This approach is typified in our project focusing on self-directed support (SDS), which brought together people with expertise in SDS (including people supported by services, policy-makers, academics, social services practitioners and service providers) to explore

¹³ The Scottish Mental Health Arts and Film Festival is one of Scotland's most diverse cultural events, covering everything from music, film and visual art to theatre, dance, and literature. The Film Festival has global significance, attracting submissions from Spain, Australia, USA and Canada http://www.mhfestival.com

¹⁴ MindReel http://www.mindreel.org.uk

evidence around achieving SDS. Thirty people were involved, some throughout the project, others intermittently. The purpose of the project was twofold: first to contribute to the evidence base for achieving SDS, and second to explore the process of combining the expertise and knowledge of several different stakeholder groups as a means to generate the best possible evidence for use in practice.

We see this project as part of an 'action research' process which by its very nature is iterative and reflective and allows groups of people to work together to solve problems identified as important to the group. The project partners began, therefore, by exploring common interests and identifying areas they wanted to work on, within the broad remit of exploring evidence related to SDS. Participants chose to focus on exploring the evidence about SDS and human rights, SDS and black and minority ethnic groups, and SDS and mental health. Project partners were involved in a range of activities, such as, running 'bring your own evidence (BYOE)' events where participants brought a piece of evidence they found convincing and examined why, they conducted focus groups, reviewed literature, and asked their networks questions about current evidence gaps.

Bringing people with different forms of expertise together to explore and generate new evidence, with no one form of evidence taking precedence, is a relatively innovative approach in the social services in Scotland. As is initiating a project without a set destination in mind, which allows for the focus to be developed by those involved. For the organisations involved in this process it is a cost-effective approach, building as it does on the knowledge, time and energy of all those involved, and supporting a focus on the issues of key importance.

The evidence generated during the Evidence Explorers work has contributed to the thinking behind another project, Pilotlight. Pilotlight aims to design four pathways to self-directed support in the form of blueprints. A blueprint is a service design concept, building a comprehensive picture detailing a service from the perspective of the provider and the user. This innovative blueprinting process was chosen because it is collaborative – involving people using the service, delivering the service and commissioning the service at each stage of the design. The visual nature of the design process allows ideas to be shared and refined quickly before rapidly testing the ideas in low-cost ways.

The links between the Evidence Explorers and Pilotlight projects have raised questions for us about the relationship between evidence and innovation. We intend to explore this relationship in greater detail in 2013.

Improving the skills and confidence to use evidence

The third pillar of our approach focuses on improving the skills and confidence of social service stakeholders to use evidence appropriately and effectively. Activities within this pillar include demonstrating what is possible through evidence use, highlighting the benefits of improving evidence related skills, and developing individual skills and confidence.

Two recent projects highlight activity reflecting this element: data visualisation, and a self-evaluation peer group.

Data Visualisation tool

This work is partly in response to the 2010 Social Work Inspectorate Agency's report, *Improving Social Work in Scotland*, which recommended that data visualisation could help social service practitioners make better decisions through providing clarity and insight into trends (SWIA, 2010). As well as developing a web-based tool to demonstrate the value of visualising statistical data ¹⁵, we ran a series of workshops to encourage practitioners to use freely available data visualisation tools to create attractive, engaging and informative visualisations.

These activities are designed to help stakeholders to interrogate data, improve their understanding and, crucially, develop confidence to use and question data. This is not only innovative, but has been shown to lead to innovation. For instance, the use of data visualisation prompts people to think differently, to ask intelligent questions and make changes accordingly – educating and empowering both people who are supported by services and their supporters to aid their decision-making. The tool is available to use free of charge to anyone working in social services, and as it is built on open access software, incurs very little cost in its design.

Self-evaluation peer support group

There are several organisations in Scotland which seek to improve skills and confidence to use evidence through training and development activities (such as the Social Research Association, AQMeN and the Social Services Research Group). Training is an important element of improving skills and confidence; however at IRISS we seek to go beyond this, by building on the collective skills, knowledge and experience across the social service workforce. One way in which we have done this is through working in partnership with Evaluation Support Scotland to establish a peer support group of people with an interest in self-evaluation, and we think crucially, with a specific piece of evaluation to undertake. A group of ten individuals has been established, bringing with them a range of relevant experience to share with other members of the group.

The initial meetings of the peer support group have been coordinated and designed by IRISS and Evaluation Support Scotland. However, we have designed the meetings to

¹⁵ Data Visualisation tool (IRISS) http://look.iriss.org.uk/

increasingly transfer control over to the group and we are hoping that the group will continue beyond our direct involvement. One simple way in which this is encouraged is through sharing the hosting of meetings; an approach which also utilises the resources of the group and thus contributes to the cost-effectiveness of the project. Again, this approach involves recognising that the knowledge and capacity needed to improve skills and confidence around evidence use exists across the sector, and not exclusively in intermediary organisations like IRISS. Building evidence-related skills and confidence in this way is relatively new to the social services, thus innovative by our definition. Again, by sharing the resources and skills across the peer group members, this project represents good value for money for all partners.

Embedding evidence in organisations

The final pillar of IRISS's evidence-informed practice work focuses on embedding and integrating evidence as the foundation of policy and practice (Wadsworth, 2010). At the heart of the IRISS strategy is a belief that evidence-informed practice has to be at the core of the social services sector, embedded in routine practice through mechanisms such as supervision and evidence-based reporting, and integrated throughout the organisation, whether statutory or independent, at all levels. Our approach is to work with a small number of partners to model and test practice in a specific area and, once we are satisfied it is robust, to make it available nationally.

Leading for Outcomes

A good example of this approach is Leading for Outcomes, a series of manuals designed to assist managers in embedding a personal outcomes approach in the work of their team. This programme draws on two bodies of evidence, one relating to effective leadership, and the other the extensive body of work on user-defined outcomes initiated by the Social Policy Unit (Qureshi, 2001) and further refined at Glasgow University (Petch et al, 2007). A core manual was developed, focused on ensuring understanding of the approach through a series of practical exercises; four specialist manuals target specific groups. An initial audit allows teams to identify their own learning needs and select a relevant pathway.

These manuals support innovation in social services as they encourage practitioners to shift the balance of power from the professional towards the service user (Boyle et al, 2010). This requires a radical culture shift from existing practice, where the provision of support in Scotland has typically been led by what is available rather than by what outcomes people want to achieve. The manuals have also been created with cost-effectiveness for the social service community in mind. They have been designed to be able to be used flexibly by organisations, teams or individuals seeking to practice in an outcomes-focused way. They are free to all to download, and whilst we spend money on designing the guides to ensure accessibility, we do not spend money on expensive printing costs, thus enabling us to produce such resources in a cost-effective way.

Conclusion

Our evidence-informed practice work involves harvesting existing knowledge, skills and resources across the social service sector. Supporting people to share knowledge, learn from each other and to collectively produce new knowledge and solutions is both an innovative approach but also one which we believe to be cost-effective. This is based on logic rather than detailed cost effectiveness studies; we have however promoted the replication of approaches which have been subject to such scrutiny through our Money Matters series¹⁶.

The focus at IRISS enables the mobilisation of knowledge known to some but initially unknown to others, and supports the production of a more robust evidence which builds on a wide range of evidence types. Combining this with our innovative use of technology has offered an inexpensive means of providing better evidence-informed products and services to our stakeholders. It can also create numerous opportunities to do more with less—even in our current economic climate.

We believe that our organisational capacity to take an innovative and cost-effective approach to evidence informed practice is facilitated by a number of key ingredients:

- 1. We have perceived freedom away from statutory requirements
- 2. We are small, and as such can react more quickly to changes in policy/demand from the sector
- 3. We operate in a culture which is informal, open and inquiring and which values experimentation
- 4. We have the capacity to move financial or other resources around different projects and activities which enhances our ability to address issues where and when they emerge
- 5. We are positioned between policy, practice and research communities, thus perceived as independent and trusted to facilitate knowledge sharing.

These elements combine to enable a culture where we can develop, and promote the use of tools and techniques for embedding knowledge, evidence and innovation in practice.

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