

Chapter 37

Navigating Practice– Informed Evidence and Evidence–Based Practice: Balancing Multiple Discourses and Competing Claims to Knowledge

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ABSTRACT

This chapter explores social workers' application of practice evidence in their everyday work in team and agency contexts. Practice evidence concerns the practitioner seeking the best available knowledge, accessed, adapted, and applied to guide practice with clients. How social workers decide which sources to draw from and which are appropriate sources of evidence for practice is based on many considerations. These include the social worker's values and ethics for practice, legislative and policy requirements, professional standards of practice, and the range of theories applied to any case or situation encountered in practice. Practice wisdom, or the experience gained in the repetition of seeing the same kind of client presentations across time, produces a further source which is drawn upon within the social worker's repertoire of knowledge. In this sense, there are multiple knowledge frameworks within which social workers operate, balancing contradictory and competing discourses about "what works" in any practice situation.

INTRODUCTION

Evidence-based practice has been defined in various ways in social work internationally. A British definition drawing from a child protection context sees the approach relying at its foundation on

... a combination of practitioner expertise and knowledge of the best external research, and evaluation based evidence. It involves a careful, clear and thoughtful use of up-to-date evidence when making decisions about how to work with individual parents and families. (Lifelong Learning UK, 2011, p.7)

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As social workers operate from an appreciation of the relevance of context and culture, they are concerned with the way in which evidence is defined, gathered, and applied in relation to competing knowledge claims. The need to identify where the gap in knowledge exists is the first step when social workers identify their information needs in order to meet these needs accurately (Howard, McMillen, & Pollio, 2003). The dimensions of age, life stage of development, ethnicity, gender, and sexuality are important in defining what evidence is appropriate for social work and also guides the practitioner in the application of evidence. Social workers, as other professionals, work with clients across a broad range of contexts. Whose knowledge claims are dominant and the relative power positioning behind the various claims is analysed in anti-oppressive social work practice. This anti-oppressive critique, therefore, informs social workers' choice and application of diverse knowledge sources to practice.

Social workers have an appreciation of the importance of practice wisdom and the oral traditions in Indigenous cultures. From within the predominant culture, social workers explore how evidence becomes marginalised knowledge by the colonising or predominant cultures. By casting a critical eye on Western methods, the practice of social work itself can be seen as being a form of imperialism. A "de-colonising" approach suggests that no practice is value free, therefore, all "evidence" is reflective of the practitioner's worldview (Smith, 1999). In the Australasian context, this appreciation of alternative ways of knowing has elevated narrative as a primary means of meaning-making and as being directly constitutive of identity. As a consequence, narrative and "yarning" are acknowledged as the cornerstones of this oral tradition and are valued by social work as a profession as sources of "evidence" (Bennett, Green, Gilbert, & Bessarab, 2013). Core knowledge for practice is passed on during narrative discussions, social workers' conversations with one another in case meetings, and in clinical supervision sessions, where practice dilemmas and themes within a social worker's caseload are deliberated upon and directions identified.

Sources of practice evidence in the widest sense can, therefore, include discussions with key advisors, colleagues, clients and their families, and peer and clinical supervisors. Reference to what is traditionally considered authoritative sources of evidence through reference guidelines, indexing, research studies, and electronic journal databases are other ways in which social workers glean knowledge for practice. The individual social worker's own discovery of what has worked over time with particular clients who present with similar issues is a further storehouse of knowledge derived more directly from review of their practice within peer review and from evaluations with clients after the work is completed. Clients' evaluations of their experience of therapy is evidence in a primary sense which aligns with the term "practice wisdom" (Crockett, Drewery, McKenzie, Smith, & Winslade, 2004; Dulwich Centre Publications, 2004). This source of evidence may not be ranked according to sample size and research design. Further, the generalisability of findings across populations of clients may not be possible. However, the issue of quality in this scientific sense may not be the primary consideration of the social worker.

Social workers may make a pragmatic decision to apply lessons learned from what has worked in the past to a similar practice situation in the present. In this sense, each client contact is a test of evidence of how to form and maintain the therapeutic relationship effectively to support the client's growth and healing. Through repeating of the therapeutic process with each client or family, group, or community, the efficacy of the social worker's framework for practice is tested (Pack, 2004). Every client, family, group, and community the social worker engages with is a test of the application of theory and how integrated and coherent the social worker's framework for practice is (Pack, 2004). This "evidence" and how to apply it, therefore, may be contextually specific and defined taking into account differing circum-

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