EVIDENCE-BASED SOCIAL INTERVENTIONS.
A NEW IDEOLOGY OR AN ETHICAL IMPERATIVE?
RELEVANCE TO LITHUANIA

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Abstract

This paper reviews the rapid development of Evidence-Based Social Work and Social Policy. It highlights the role of Oxford, the home of The Cochrane Collaboration and the new course in Evidence-Based Social Work at the University in this movement. In defining 'evidence-based social work', it describes the history of 'harm' associated with well-meaning social interventions that we should seek to avoid. Processes that have to be undertaken in order to develop evidence-based practice are outlined. The paper concludes that evidence-based policy and practice is more than an exciting new ideology. It is an ethical imperative for all societies that are democratically elected, espouse to uphold human rights and promote social justice.

Keywords: social work, social policy, systematic review, evidence-based activity, evidence-based interventions, evidence-based social policy, evidence-based social work.

Background

In the last two decades a dynamic movement to improve the health and social care given by professionals has been born. A quick review of 'Google Scholar' in March 2005 shows that there were **8,600** articles using the words 'evidence-based social' in their title: 'evidence-based social work'; 'evidence- based social care'; 'evidence-based social services'; 'evidence-based social policy'. Most of these papers had been written since 2000.

Oxford – a centre of evidence-based activity

In the UK, Oxford has been at the centre of much of this movement. In 1993, Sir Ian Chalmers, founded the Cochrane Collaboration. Sir Ian was a General Medical Practitioner who felt doctors were confused by the amount of research, and the different treatments recommended for the same symptoms. The Hippocratic oath 'Do no harm' underpins medical practice the world over, but how could the modern General Practitioner ensure that his practice was based on 'best evidence' that he/she was helping not harming the patient?

Ian Chalmers refined the methodology of 'Systematic reviews'. These are reviews that systematically analyse the findings of a number of research studies on a particular topic and come to an overall conclusion on the merits of particular treatments for particular problems. The Cochrane Collaboration was named after the epidemiologist, Archie Cochrane (1909-1988), a British medical researcher who contributed greatly to the development of epidemiology as a science. Today the Cochrane Collaboration is an international non-profit and independent organisation, dedicated to making up-to-date accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. The major product of the Collaboration is the *Cochrane Database of Systematic Reviews* which are collected together in *The Cochrane Library* and available via web for no cost*:* www.cochrane.org/docs/newcomersguide.

In 2004, there were more than 11,500 people working within The Cochrane Collaboration in over 90 countries, half of whom were authors of Cochrane Reviews.

The Campbell Collaboration – the education, social welfare and criminal arm

The idea that research on social interventions too, should be reviewed more systemically was a logical next step. In December 2000, the UK Cochrane Centre transferred the education, social welfare and criminal justice elements of their work to a new organization, the Campbell Collaboration. The Campbell Collaboration began to augment the registry immediately. There are now nearly 12,000 randomized and possibly randomized trials in education, social welfare and criminal -justice. Each record in the registry contains citation and availability information, and usually an abstract. Access is provided free of charge to the public via the internet: www.campbellcollaboration.org/Fralibrary.html

University of Oxford MSc. in Evidence-Based Social Work

Barnett House, at University Oxford has a long history of research into social problems, teaching and practice. As such it is, perhaps a forerunner of evidence -based movement of today. It was established in 1914 as a memorial to Canon Barnett, former warden of Toynbee Hall, the first university settlement, which had been set up in White chapel 30 years earlier and dedicated to the ideals of social service and social enquiry. The new institution in Oxford was to be a centre for the study of social and economic problems, and the education and preparation of young men and women for social work or social research.

Initially Barnett House was not formally attached to the University, but in 1946 the University took over responsibility for the Social Training Course and by 1961 the House had become fully absorbed into the University structure as a Department of Social and Administrative Studies.

In recent years there have been two interlinking streams in the Department. On the one hand there is a *MSc. Programme in Comparative Social Policy* and on the other hand the *Masters in Professional Social Work*. Major research programmes take part in the various research centers, notably *The Social Disadvantage Research Centre, Oxford Centre for Family Law*; my own centre, The *Centre for Research into Parenting and Children* and *Oxford Population Project (OXPOP).*

In 2003, in an exciting new development, the *MSc. in Evidence-based Social work* was born. This replaced the previous professional training programme for social workers and expanded the doctoral stream. Recently the Department has been commissioned by the Cabinet Office of the UK government and others, to undertake a range of systematic reviews to inform future policy and practice. Major intervention trials are also in hand on parenting interventions, divorce and social interventions for HIV/AIDS.

Ninety years after its foundation in 1914, Barnett House continues to uphold the tradition of providing high quality graduate and research training, closely linked with the importance of social enquiry. Students come from all over the world and in many ways the Department is leading the world in evidence-based theory and practice

What is evidence-based social policy and practice?

Definition of evidence-based social care/work:
‘Is the integration of best research evidence with clinical expertise and values’ (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000 p. 1)?

‘It is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual clients’ (Sackett et al, 1997, p. 2).

‘Evidence-based health care refers to ‘use of best current knowledge in decision making about groups and populations’ (Gray, 2001)

Definitions abound, but Professor Eileen Gambrill of University of California at Berkeley chose the above definitions in a talk to the Faculty of Social Studies, University of Oxford, in February 2005. The first definition highlights the three components: best research evidence, clinical expertise and values. *The values* are important because, it is argued, it is ethical unacceptable to experiment with people's lives unless there is some evidence that what is being done in the name of good is actually likely to be of some help.

Implementing evidence-based approaches is a considerable challenge. It involves a change of attitude and humility to accept new approaches. One of the major barriers to evidence-based practice

is tradition: 'We have always done things this way'. Another is: 'people like what we are doing'. The traditional ways, however well meaning, may, as numerous examples from around the globe demonstrate lead to harm. Also what people like may not always lead to good outcomes.

Examples of harm

Examples of harm abound. There is the salutary tale of the Cambridge-Somerville study (McCord, 1992). In this study, boys at high risk of becoming delinquent were randomly allocated to no-intervention or a planned package of social and psychological support. Thirty years later the intervention was found to make a highly significant difference on measures of criminality, alcoholism, psychosis and early death. Those who took part in the social support programme *did far worse* than those who had not taken part in a treatment programme (McCord, 1992).

In another more practical example, there is considerable belief that psychological debriefing following a critical incident prevents Post Traumatic Stress Disorder (PTSD). This belief is not supported by research. So far the data on the effectiveness of debriefing are almost overwhelmingly negative, particularly at follow-up assessments. For example, Carlier *et al*. (1998) found that among police officers who responded to a civilian plane crash, those who underwent debriefing exhibited significantly more disaster-related hyper-arousal symptoms at an 18-month follow-up than those who did not receive the treatment. Mayou *et al.* (2000) showed that subjects admitted to hospital after a road traffic accident who received CISD had a significantly worse outcome at 3 years in terms of general psychiatric symptoms, travel anxiety, and overall level of functioning. Bisson *et al.* (1993) found that among a sample of burn trauma victims, 26% of the debriefing group had PTSD at 13-month follow-up, compared with 9% of the control group. Importantly, the Cochrane Review of 11 clinical trials found no evidence that debriefing reduced general psychological morbidity, depression, or anxiety, and recommended that compulsory debriefing of victims of trauma should cease [Rose, *et al.* 2001).

"There is no current evidence that psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents. Compulsory debriefing of victims of trauma should cease." (Rose et al. 2001)

Critical Incident Debriefing however remains a popular therapy even although there is evidence that it does harm.

In an area more akin to social policy, the emigration of unaccompanied children to Canada and Australia is another example. Up until the 1960s, with well-meaning intent, Barnardo's, a respected UK NGO, sent unaccompanied children from their Barnardo's homes in the UK to a new life in Canada. Many parents were not fully aware what was happening to their children. It is estimated that Barnardo's brought more than 20,000 children to Canada. (http://ist.uwaterloo.ca/~marj/genealogy/children/Organizations/barnardo.htm).

Similarly in Australia, between 1947 and 1953 over 3,200 unaccompanied children were received into Australia from the UK and Malta. Many of these schemes saw the children placed in homes run by religious institutions and welfare bodies such as the Christian Brothers, Barnardo's and the Fairbridge movement (www.naa.gov.au/publications/fact_sheets/fs185.html).

Although some of these children have done well, others were poorly cared for and/or neglected and abused and many today report being traumatized by the experiences of being separated from their families and of having no sense of identity. At the time, it was believed that emigration would give children a wonderful new start in a new world. In 2004 representatives of these children were taking legal action against Barnardo's for the harm they had experienced. www.barnardos.org.uk/whatwedo/aftercare/canada.jsp.

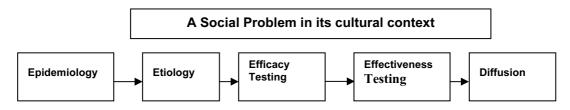### What you need to do before you get to evidence-based interventions?

There are five stages to the development of evidence-based policy or practice.
The starting point is to identify behaviour or a condition as social problem.
A social problem is a condition which is defined by a considerable number of persons as a deviation from some social norm which they cherish' (Fuller and Myers, 1941).
In deciding what a social problem is, this will need to be contextualized against the norms and values, ethnic and morals and the group/national identity in any given society. Different societies in different times will have different views about what is or what is not a social problem (Buchanan, 2000).

Figure 1: Stages Towards Evidence-Based Practice

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              │        A Social Problem in its cultural context        │
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  │              │   │          │   │ Efficacy │   │ Effectiveness│   │          │
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(From Buchanan et al 2000).

Once a social problem is defined, the next two stages are discovering the extent of the social problem (or *epidemiology*) and what are felt to be the causes (*aetiology*).

On a social work level, a local area may want to set up a project to prevent young people from offending. In this case it will collect data on the number of offences; and the number of known young offenders; the characteristics of the young offenders and then search the international literature to see if young offenders in the West shared similar characteristics. In which case, it may be appropriate to 'replicate' an 'effective' therapy from the US and adapt it to local needs. In the US they have invested in numerous Randomized Controlled Trials (RCTs). As in medicine, the patient, or in this case young offenders, is randomly allocated to two different types of treatment. At the end of the treatment, it is seen which group has done better. These trials are called '*Efficacy Testing'* and are usually undertaken in centers of excellence. These RCTs are very expensive to run but if young offenders in Lithuania share similar characteristics to young people in the US, it may be appropriate to 'replicate' the American model. In this case you would move on to *'Effectiveness Testing'* – this is trying out the model programme in non-clinical setting. Does this model of treatment work in our setting? The final stage is *diffusion* where an effective programme is replicated around a country or area, which shares similar characteristics. (Buchanan, 2000). Many programmes now provide training to practitioners to ensure 'fidelity' or that the programme is run as it was intended.

Other social problems may be more complex. HIV/AIDs, for example has a very different etiology in different parts of the world. In the US, it is largely a problem of the homosexual community; in Africa, it is a heterosexual problem, whereas in some parts of Asia it is a problem for women who sell sex. It would not therefore make sense to 'replicate' a US programme that might target the wrong section of the population.

Evidenced-Based Social Policy

When it comes to Social Policy, the task is more difficult. Evidence based policy is still at an embryonic stage. In the UK, the government publishes '*Public Service Agreements'* (PSAs) saying what it hopes to achieve by each individual policy.

In England and Wales, for example, the government states in one of its PSAs, that it aims to raise educational attainment in young people. *To monitor* the policy, Government documents describe the *Performance indicators* that will indicate whether the policy is on track. These will be, for example, the levels children have achieved in the Standardized Achievement Tests (SATs) at 7, 11, and 14 in various schools. Another indicator is the number of truancies or days lost to education by non-attendance in a given period. *Targets* are published on what the government is hoping to achieve by its policies: for instance, to increase the number of children who achieve level 4 on the SATs; to reduce the number of educational days lost through truancy. Funding is then given to organizations to tackle low achievement levels and high level of truancy.

In *evaluating* the policy, the government has three sets of data. It has the 'trend data' or the statistics from the *Performance Indicators.* In many cases these are published to 'name and shame' poorly performing educational authorities. The Government may also commission *an evaluation* of the process of the policy by an external organization. Finally they often commission *case studies*: qualitative in-depth interviews with parents and children who may be affected by the problem in order to understand better what the statistics are saying.

In United Nations Development Projects a very similar approach is used. The Millennium Development Goals (MDGs), for example represent a set of time-bound and measurable goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and

discrimination against women. Emanating from the 2000 United Nations Millennium Summit, the Goals are the means to accelerate the pace of development around the world and measure concrete results (UNDP 2004).

The Competent Practitioner – evidence-based social work

Eileen Gambrill (2005) believes that when working with the individual level, research evidence is only one part of the picture:
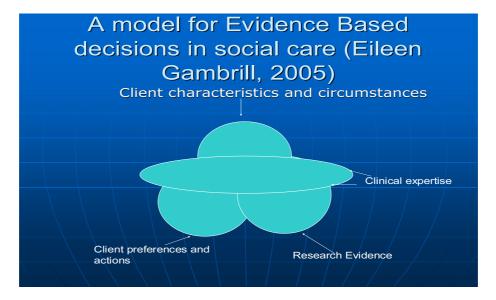
Figure 2: A model for Evidence-Based Decisions in Social Care

A model for Evidence Based decisions in social care (Eileen Gambrill, 2005)

Client characteristics and circumstances

Clinical expertise

Client preferences and actions

Research Evidence

(From Gambrill, E (2005) Talk to the Faculty of Social Studies, University of Oxford. February 21).

The practitioner has first to understand the *characteristics of the client* and the circumstances in which he/she or the family live. In this sense social workers need to know both the epidemiology and the aetiology of the type of problem presented. The competent practitioner should then establish *the preferences and wishes of the client*. In an ideal world you might ask the client: 'what would be your 'dream scenario'? This 'dream scenario' then has to be adjusted to the current realities of the client's situation. For example, in cases of offending, child abuse and mental health, this may mean ensuring that the client understands the legal repercussions of their actions. The practitioner then applies what he/she knows from research evidence. For instance, in a situation of child abuse where the parent is very aggressive, there may be a local anger control programme that can help. But this is not the whole story. Every person is unique. In the end there is an element of *clinical expertise* in judging what might be the best interventions to help the specific client.

This model relates well to the international definition of social work and the values and methods outlined by the International Federation for Social Workers.

International Definition of Social Work

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work..."

(From: International Federation of Social Workers. www.ifsw.org/Publications/4.6e.pub.html)

Central to these values are 'the respect for the equality, worth, and dignity of all people' (IFSW 1994). In a democractic society, human rights and social justice serve as the motivation and justification for social work action.

'In solidarity with those who are dis-advantaged, the profession strives to alleviate poverty and to liberate vulnerable and oppressed people in order to promote social inclusion. Social work values are embodied in the profession's national and international codes of ethics….. ' (IFSW,1994).

But values are not the only foundation of Social work. When it comes to the methods used, these should be based on:

'a systematic body of *evidence-based knowledge* derived from research and practice evaluation, including local and indigenous knowledge specific to its context' (IFSW, 1994).

Conclusion

We have a long way to go before we can truly say our interventions are 'evidence based'. Along the road there are many challenges and difficulties to overcome. It is not simply a question of 'transporting' evidence based strategies from the West. Different societies will have different social constructions of social problems; there will be different cultural issues and meanings. The challenge is to fit the intervention to the context and problem (HIV for example can be a very different problem in the US, South Africa and The Phillipines) in which it occurs, in a way that is culturally acceptable to that society. These difficulties are quite apart from the challenges of overcoming lack of resources, political issues, and disputes about what counts as 'evidence'. But despite the difficulties we can no longer intervene in people's lives 'in the hope' that what we do might be beneficial.   Without working from a foundation of evidence, we may be doing harm, and this is unacceptable in a democratically elected society that epouse to uphold human rights and social justice.

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DUOMENIMIS GRĮSTA SOCIALINĖ INTERVENCIJA. NAUJA IDEOLOGIJA AR ETINIS ĮPAREIGOJIMAS? SVARBA LIETUVAI

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Santrauka

Straipsnyje apžvelgiama duomenimis grįsto socialinio darbo bei socialinės politikos koncepcijų intensyvi raida. Pabrėžiamas Oksfordo universiteto įdirbis ir vaidmuo plėtojant duomenimis grįsto socialinio darbo naują pakraipą. Apibrėžiant koncepciją „duomenimis grįstas socialinis darbas", remiamasi žalos samprata, siejama su gero siekiančia, tačiau teigiamų rezultatų neduodančia socialine intervencija, kurios būtina vengti. Aprašomi procesai, būtini siekiant išplėtoti duomenimis grįsto socialinio darbo praktiką. Straipsnyje daroma išvada, kad duomenimis grįsta socialinė politika bei praktika yra ne tik įdomi ir patraukli nauja ideologija, bet tai ir etinis įpareigojimas visoms demokratinėms visuomenėms, siekiančioms įgyvendinti žmogaus teises ir stiprinti socialinį teisingumą.

Pagrindinės sąvokos*: socialinis darbas, socialinė politika, sisteminis vertinimas, duomenimis grįsta veikla, duomenimis grįsta intervencija.