

Identify and analyse evidence based practice social work essay



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EBP is about underpinning practice with the best knowledge of what works best and how this can be transferred into practice context (Sheppard 2004). As noted in Alexanderson et al (2009) cited in Gray and Schubert (2012: 207), the principles of EBP is more than an acquisition of evidence. EBP demands an on-going approach to assessment, monitoring intervention, consulting and reviewing decision-making, as new information becomes available (Petr 2008; Golightley, 2008). This according to Thompson (2000: 35) " gives a framework for analysing the situation and generating a number of possible options". As social workers bring a unique perspective, diverse types of evidence and model of working, they have an ethical obligation to base their professional judgement on the synthesis of well-researched empirical evidence. A critical analysis of their personal and professional experiences and values; with critical sociocultural theories to contextualise evidence to specific population, culture and practice settings is crucial (Corby, 2006; Fernando and Keating, 2008; Gray et al (2009). This is to ensure that their model of intervention and their processes of engagement is empowering and of significance to service users (Webber 2011; Thompson, 2003). This requires sensitivity through a respectful partnership with service users, key stakeholders and communities at policy-making and service delivery (Mathews and Crawford 2011; Department of Health Service and Public Safety 2012). EBP has been critiqued, on RCT (Mullen and Streiner 2004). While the hierarchy of evidence is central to the paradigm of knowledge within its practice context, EBP is not limited to quantitative research (Gray, et al 2009). It has been recognised that qualitative methods is crucial in providing a contextual understanding of the complexities and dynamic sociocultural context of practice, service users' sociocultural

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context, values and perspective, which are an inevitable aspect in the deliverance of effective intervention (Upshur, et al 2001). EBP reflect theories, which are predicated on evidence, recurrent reviews are therefore central to reflect best-known evidence. EBP can be used to conceptualise service users' perspective regarding current intervention and policies, thus identifying gaps and topics for further research (Gray and Schubert 2012). EBP enhances the justification of interventions effectiveness, efficacy and equity thereby having a significant impact on social policies and funding (Petr, 2008). Studies have shown a consistent relationship between mental illness and indicators of social disadvantages including unemployment, disability and lack of social support network (Fryers, et al 2003) and individuals with mental health distress are " the most marginalised and excluded groups in society" (Stepney and Ford, 2001). Recent advances in research on interventions for depression have led to the availability of empirically supported intervention such as psychosocial and cognitive behavioural therapies in the United Kingdom (UK) (Gould 2010). Gould (2010: 60) noted that social intervention provides social workers with a " structural appreciation of the nature of social problems". In a cross sectional study, prevalence of depression amongst women of Pakistani origin was twice as high compared to white European women (Gater, et al., 2009). Cross-cultural collaboration is inevitable and service users' sociocultural context is seen as a determinant in the conceptualisation of intervention and for improved service outcome (Fernando 2002). Cultural competency pertains to the appropriate provision of services to a diverse population (Fernando and Keating, 2008). Attention has been given to the need for organisations to identify and develop culturally appropriate strategies and <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>

model of intervention, and help-seeking initiatives as a key aspect of mental health recovery (Fernando and Keating, 2008). Studies have examined the impact of ethnic identity on the likelihood of peoples' participation in local communities network, in the context of integrating cultural issues into EBP as a means of reducing health equalities in the UK (Campbell and Mclean 2002; Chaudry et al 2009; Gask et al 2011; Gater et al 2010; Burr, 2002). Gater et al (2010) studied 123 British Pakistani women from six general practices, with high proportions of British Pakistanis in the north-west of England. The study was designed to address social difficulties, isolation and poor access to primary care. Their study was based on the social exclusion theory, which has argued that lack of participation in social, cultural and structural context influence mental health (Burchardt, et al 2002). They emphasised lack of social support, difficulties in close relationships, lack of fluency in English and the resources to obtain help. Their analysis was based on an intention to treat principles for intervention effect to be comparable. Individuals were randomly assigned to social intervention, anti-depressant medications or a combination of both interventions. They concluded that a culturally appropriate social group intervention that locate practice within structural inequalities would lead to an adapted intervention that is contextually relevant to the targeted population and improve social functioning and satisfaction (Gater et al 2010). In another study, Gask, et al. (2011) conducted 15 in-depth interviews with British Pakistani women being treated for depression in primary care in Lancaster to explore experience of depression and its treatment in England. Their study was based on the social constructive perspective, which explores individuals " social reality", questioning cultural assumptions, discrimination and oppression. This was in <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>

order to achieve a greater understanding of the causes for and consequences of the persistence of the experience of depression and social isolation, which were both apparent in the participants' accounts. What emerged were complex sociocultural interplay of being isolation, feeling 'stuck' and loss of control. Women noted issues of confidentiality, fear of being misunderstood and judged by mainstream services as barrier to help seeking. The study concluded that therapeutic intervention concentrating on the need of greater social support improved depression in British Pakistani women. Burr (2000) conducted a qualitative research to explore how far perceptions and understanding that members of mental health care professionals have about women from south Asia communities are derived from cultural stereotypes. Qualitative research methodology was considered to be essential to uncover the values, beliefs and attitudes which were the focus of the investigation. They studied the types of interaction to examine whether participants challenged or reinforced other participants ideas about perception of isolation and victim of stressful relationships. The findings from this exploratory study would suggest that women from south Asia communities are likely viewed as suffering from depression by mental health care professionals whose preconceptions are rooted in stereotypical assumptions. The literature reviewed were relevant and up to date, it included the prevalence of depression and highlighted the gap in intervention for this group in the UK. The small sample size and sample population however, presents a potential source of concern: both studies were conducted in the same demographic area, which makes it challenging to draw conclusion and to generalise beyond the review, particularly in practice context where individuals and their circumstances are varied (Corby <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>)

2006). In Gater et al (2010), no significant difference was reported in depression remission and increased social functioning is also limited to 3 months: therefore, the medium to long-term effects of social intervention within this group remain largely unknown. However the research identified the factors that enabled success and those that hindered it. Gater et al (2010) made an explicit structural decision to deliver the intervention in group format. The use of group approaches appeared to emphasize the development of group cohesion around similar culturally relevant life experiences. The studies were limited to women from Asia background the aim of enhancing group cohesion among the participants. The aim of the studies and confirmation of depression were made specific: this minimises the risk of misinterpretation, or using the wrong research as a basis for professional judgement as this could have an effect on the significance of intervention on service users (Gray, et al 2009). To ensure initial engagement, Gater et al (2010) explained the social intervention. Similarly, in our work we explicitly inform service users about the model of intervention, the purpose was to enable service users to make informed decision. According to Hills et. al (2004), social exclusion should be conceptualise in its context and highlighted lack of social interaction as a form of social exclusion. Therefore, a multi-agency approach is significant in identifying community-based services offering group based intervention that could widen individuals social support network. This is evident in the agenda for achieving equality and tackling discrimination in mental health services set out in the policy guideline Delivering Race Equality in Mental Health Care stating that improved outcome is to be achieved through " appropriate and responsive services; community engagement; and better information" (DoH, <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>

2005). As a result, social and inclusive practice have been developed and reinforced by the Capabilities for Inclusive Practice report (DoH, 2007). It emphasises partnership working and respect for diversity. Its focus on effectiveness, accountability and personal development are congruent with the principles of EBP. Several interventions also emphasized the need for open-minded approach when cultures and their approaches to mental health are examined (Burr 2010). Phillip Rack (1982) cited in (Gould 2010: 40) proposed a "culturally attuned approach that used insight". In contextualising culturally appropriate intervention, help seeking behaviour was noted to be influenced and reinforced by service users' socio-cultural context (Burr 2010). It is argued that the debilitating effect of stigma is a significant barrier for accessing support, affecting interpersonal outcome and worsening depression (Coppock and Dunn 2010). In their depression prevention intervention, they conceptualize culture as a multidimensional, contextual phenomenon that includes aspects of gender, socioeconomic status, and the larger systemic barriers service users' encountered in their daily lives. Thus, cognitive behavioural intervention incorporated aspects of sociocultural context. This included cultural values and life experiences, gender and gender roles, social class and economic stress, and disempowerment in the form of discrimination and difficulty accessing needed social services. Practice is based on understanding the complexities of sociocultural issues and incorporating individuals lived experiences to ensure that our practice was anti-oppressive and anti-discriminatory.

Consideration was given to how the intervention should be delivered in order to provide the best therapeutic effect. Some general structural

considerations included whether the intervention should be delivered in the <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>

service users home and the number and frequency of sessions, The value of choice and control; respecting and valuing uniqueness and diversity; recognising and building on strengths; active partnership was evident in improving engagement with service users thereby " offering empowerment and dealing with structural oppression" (Ahmad 1990, 51). These sessions were developed in recognition of the variability that exists in many cultures' conceptions of health and illness, and they served as a bridge between the authors' conceptions of depression and treatment and the women's own conceptions. Synthesis from studies highlighted a wider range of factors contributing to help seeking. These factors included a resistance from family members and their perception about depression and appropriateness of intervention, lack of information to enhance informed decision about medications and stigma may be best accomplished through culturally appropriate communication strategies. The evidence shows that interventions that are delivered by culturally competent professionals can significantly increase social functioning and satisfaction. Additionally, service users noted the need for a collaborative care to enhance medication adherence. Another factor that appear to positively contribute to effective interventions are those, which " ensure initial engagement by explaining the social intervention" (Gater et al 2010) Offer individualised programs as well as group sessions. The social group based intervention enhances the service users support network. Campbell and McLean (2002) research also suggested that social capital is embedded within social networks and improve recovery. Another, notable features of these studies are the values given to service users' perspective: participants valued the person centred approach. Gask, et al. (2011) argued that there is a need address the <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>

psychosocial origin of depression to look beyond lack of social support to experiential processes of "those who may be actively isolating themselves, who will require a different approach to engagement in therapy". They suggested that social intervention that recognises and minimises these barriers are effective in engaging with BME groups and improve outcome. The evidence highlighted the significance of culturally appropriate content and mode of delivery in gaining an awareness of how to engage and interact with different culture. The social intervention incorporated culturally appropriate care and educational materials, psychoeducation sessions providing information about the nature symptoms, causes and treatment for depression, culturally appropriate venue with provision of childcare facilities and information about confidentiality policy enhances the meaningful participation of service users. It is also noted that intervention should emphasis hope and optimism, knowledge and life satisfaction outcome. the studies reviewed thought creatively about the location in which the intervention would be delivered and made the decision to hold the intervention in a non-clinical setting. For example, -----held their intervention----- Similarly,-----implemented their CBT depression prevention program during school hours. Holding interventions during school hours has the obvious advantage of making the intervention highly accessible to the participants. Researchers have also spent considerable time focusing on therapist behaviour when they adapt EBP for diverse populations. Much of this focus has been on having therapists attend to relevant cultural values when interacting with clients. The acknowledgement of the complexities of realities is critical in implementing EBP. Against this background, multiple factors have been noted to influence the implementation of EBP. Mullen and <https://assignbuster.com/identify-and-analyse-evidence-based-practice-social-work-essay/>

Streiner (2004) noted that increased participation by socially excluded groups is crucial for practice and policy initiative. This requires a realistic understanding of sociocultural issues, service users' psychosocial barriers and preferences, respectful uncertainties, reflection on the process of engagement and analysis through mutual and sincere collaboration to accounts for the power dynamic inherent in social work (DoH, 2008). Lack of an ethical consideration of knowledge has been noted hinder the implementation of EBP (Munro, 2002). It is proposed that successful implementation is dependent upon the theoretical assumptions, values and sociocultural context underpinning practice (Gray and Schubert 2012). A research by Huxley, et al. (2005) indicated stress and demands of workers as having a significant effect on EBP. An eclectic, pragmatic, pluralistic approach to evidence synthesis and professional autonomy is crucial (Webb 2002); consequently, professionals need time, resources, training and supervision to acquire new skills. Rapp et al. (2008) noted the importance of quality supervision of that the learning context in which research is organised, distributed and implemented is crucial factor. The social context is significant in enhancing social inclusive practice Golightley (2008). The sociocultural context, service users perceptive and choice must be accounted for (Gould 2010). This might indicate inconclusive, or gap in research evidence applicable to practice context (Gray and Schubert 2012).

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Professional hierarchy, perceived threats to autonomy in practice, multiple accountability, " attitudes and power dynamics" has been noted to hinder the implementation of empirically supported model of practice and

intervention (Bogg 2010, 49) In conclusion, group based social intervention has been evidenced as improving social functioning and satisfaction for BME groups: however, professionals have to acknowledge and value the diversity of service users, which has been noted to improve cultural appropriate intervention. It is acknowledged culturally appropriate interventions require an appreciation of individuals, groups and communities sociocultural context. In addition, BME professionals must engage in research, policy and practice development for an improved conceptualisation of barriers affecting help seeking. Social Workers model of intervention are shaped by personal ethical beliefs, organisational culture and intervention outcome. Therefore, professionals need to incorporate a social constructionist perspective to question their theoretical assumptions, values and decision-making processes to ensure practice that is anti-oppressive and anti-discriminatory and of significance to service users.