

What is Evidence-Based Practice?¹

Evidence-based practice is service provision which is designed and driven by evidence. Evidence comes in many forms:

- **Quantitative evidence** is measurable data. It encompasses everything from population statistics or ABS data, to the findings of specific research studies. The credibility of data tends to be based in the size of the study, the legitimacy of the sample population studied and/or the number of times that different studies have found the same statistical trends.
- **Qualitative evidence** is based on the views of individuals or groups. This includes conventional research using a formal approach (eg. focus groups, consultation, case studies) and more informal, participatory methods (eg. action research). There is some discussion about the relative value of formal and informal approaches - with traditional social scientists seeing formal approaches as better controlled and therefore more reliable, and practitioner researchers often arguing that informal approaches are more successful in finding out what people really think.

Evidence-Based Program Design

Existing evidence is generally used as basis for designing programs in community services organisations. Often a mix of types of evidence is used to argue the need for a particular service or program:

Example:

Multiple national and international studies have found that approximately 10% of human beings are homosexual. ABS data indicates a much higher suicide rate for men, than women in Australia. Six openly lesbian women in a rural region (pop: 250,000) commit suicide over a 12 month period, compared with only one other woman and 5 men. The combination of these three sets of data provides the basis for an estimate of the relative likelihood of a lesbian, compared with other women in the region, committing suicide. The evidence suggests that lesbians may be 6 times more likely to suicide than other women in the area, and at 4 times the risk of the total population of the region.

A researcher undertakes a small qualitative study, talking with lesbian women in the region about their experience of living in this rural area. These women consistently claim that they are discriminated against, feel unsafe in their community and know a number of local lesbians who have developed mental health problems since moving to the area.

The combination of this qualitative and quantitative evidence is used to seek funding for 3 programs:

1. A research grant to further study the needs of lesbians in the area, with the option to extend this to include needs of other sexual minority groups in the area.
2. A community education program for schools, employers and civic leaders in the region.
3. A mental health support service for local lesbian women.

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Evidence-Based Program Development

Whilst **pre-existing** evidence is generally used to develop the broad parameters of a program, there is **always** some level of discretion in program design. This margin of discretion may be:

- As limited as changing worker attitudes or agency environment, or,
- As wide as changing worker roles, target groups or services.

Once operational, **new** evidence can be used to adjust and review a program, within the funding restraints. The extent to which existing programs can be improved will depend upon the level of discretion built into the program design. Again, the evidence used can be qualitative or quantitative:

Example 1: New Quantitative Data

Imagine that the research grant was finally received. It is 3 years since the original suicides of 6 women. Since then, the rate of suicide amongst openly lesbian women has continued at a similar rate. However, a new trend has emerged - openly gay men are also committing suicide at higher than usual rates.

The study might need to be extended to equally consider the needs of lesbians and gay men in the region. It might also actively consider including other sexual minority groups. Whether it can address the needs of other (non-sexual) minority groups, would depend upon the level of discretion built into the program design.

Example 2: New Qualitative Data

Imagine that the mental health support service was established. Very few women use the service, and they rarely stay involved for long. Workers decide to conduct Action Research. They begin by asking women *What would it take for lesbian women to make greater use of the service?* They keep a coherent record of the feedback and there appear to be some clear trends. Most notably, many women are saying that they would only come here if they thought they were going to kill themselves ... it's a service of last resort! The workers feed this back to women to test its accuracy and begin exploring why women feel like this. Women talk about the vulnerability they feel, walking into the service alone to talk with a stranger. They consistently say they would rather meet in small groups, in someone's home, than come to the service alone ... and they are clear that they don't want mental health professionals *playing with their minds!*

Again assuming sufficient flexibility in project design, the workers might test run a home-based support group to see if this is a more viable approach to preventative service provision.

It is important to note that in both cases, the emphasis is on building on the existing program - adjusting the program to better meet its stated goals. It is not about abandoning the original intent. **If all program development attempts fail, then evidence gathered to try to improve the existing program can be used as the basis of applying for funding for a whole new approach.**

A Key Evidence-Collecting Tool - Participatory Action Research

Participatory Action Research (PAR) is one mechanism for *Learning by doing* ... or, more accurately, **Learning whilst doing**. PAR is an ongoing, cyclic process designed to achieve continual improvement. It is a very flexible form of research, because:

- PAR processes can be integrated into everyday practice (eg. client data forms, existing group discussions and meetings) in a non-intrusive manner, and with little or no additional work.
- PAR functions simultaneously as a planning tool and an evaluation tool.
- Research can commence at any point in the PAR cycle - observing, reflecting, planning or acting.
- A variety of external qualitative and quantitative evidence can be incorporated into the PAR process.
- PAR can look at either *change for now*, or *change for later*, or both. It can explore questions as small as opening hours or worker language, or as large as assessing service efficiency or exploring inter-agency coordination.

It is ethically critical that researchers clearly define the contextual limitations of the research. Participants need to know which types of questions will influence the current program (eg. modify or adjust it to better address their needs), and which might lead to new or different programs. Research findings that propose a whole new direction can be *put on hold* and used to inform the development of the next generation of programs.

PAR has as much to do with attitudes/values/culture as with planning/structure/strategy. Some of the key values underpinning PAR are that:

- A culture of inquiry, learning and change is essential to achieving best practice.
- Every stakeholder is of value and has ideas to contribute to service development.
- Participants have special expertise related to service focus, priorities and design.
- Those affected by the outcomes of research should have genuine power in the research process.
- For research to be effective, it must be integrated with development.
- A collaborative service development approach is essential to achieving optimum long term outcomes.

Therefore, PAR is particularly well suited to settings which already have a client-responsive, consultative, empowering culture and values. Many organisations and workers with these attitudes have found that the model simply *puts a name* to what they are doing already. It also has the added value of:

- Providing tools to enhance their existing approach, and,
- Articulating existing approaches into a legitimate, acknowledged, research format.

PAR effectively translates attitudes and *hunches* into evidence!