Mind the Gap: A Case Study for Changing Organisational Responses to Disabled Parents and their Families using Evidence Based Practice

Marilyn Crawshaw, Lecturer in Social Work and Research Fellow, University of York and Michele Wates, Independent Researcher and Trainer

Abstract

This case study describes work carried out by the Making Research Count (University of York) project with social services and health agencies to help them develop services for disabled parents. The structure combined the presentation of relevant research findings over one day with follow up consultation and an additional day's structured input after eight weeks to develop goal-focussed implementation strategies. Adult learning theory, systemic organisational theory and practice around management of change and the System for Analysing Verbal Interaction (SAVI) were used. The evaluation suggested that it achieved some success in facilitating research informed implementation strategies. A typology for measuring change is suggested.

Keywords

Parents with disabilities, reflective practice, social work, social services, evidence-based practice, case study

111

Introduction

Despite increasing reference to 'evidence-based practice' in policy documents (Department of Health, 1998a, 1998b, 2000a, 2000b), there is little 'evidence' about how the transfer of information from evidence to practice is made (Effective Health Care, 1999; Sheldon and Chilvers, 2000; Trinder with Reynolds, 2000). Similarly while there is a growing body of literature and debate about the appraisal of research findings (Walter *et al.,* 2004), relatively little is known about what leads to some evidence being used to shape policies while other evidence gets discarded; about how some information gets labelled as 'evidence' and other not; and about what sorts of evidence hold sway in different arenas – for example, whether front line staff use different evidence to managers to strategic planners to senior managers and so on (Davies *et al.,* 2000; Hughes *et al.,* 2000).

Within the academic community, increased attention has been paid to dissemination rather than implementation in recent years. Initiatives such as Making Research Count and Research in Practice, whose aim is to help practitioners (that is, staff working in agencies regardless of whether or not they are front line staff) to make better use of research findings have only come into being since the mid 1990's.

Background to the case study

The work formed part of the Making Research Count (University of York) (MRC(Y)) project's programme in 2003. Making Research Count is a national initiative, now based in 10 universities, which works through regional partnerships of universities and agencies to facilitate the greater use of research findings, practice knowledge and service user and carer knowledge in service development and

delivery. One of the authors (MC) is a member of the York project team, the other (MW) was contracted to provide the specialist input for this intervention only.

The process of intervention

MRC(Y) staff had previously developed the intervention model which is described here. It combines the presentation of relevant research and related findings (over one day) with follow up consultation leading to an additional day's formal input after six to eight weeks to develop goal focussed implementation strategies. It draws for its theoretical underpinning on adult learning theory and systemic organisational theory around management of change (Agazarian, 1997, 2000; Kolb, 1984; Schon, 1995; Taylor, 1997) and employs a practice approach which draws on systems centred training including the use of Force Field Analysis (Lewin, 1951; Agazarian and Gantt, 2000) and the System for Analysing Verbal Interaction (SAVI) (Simon and Agazarian, 1967; Agazarian and Simon, 1997).

The model uses project staff in a facilitating *process* role and employs specialist subject staff on a one-off basis for the *content* advice and input on specific interventions. Deciding whom to approach to deliver the content knowledge is therefore a key factor in determining the political flavour of the event. Research is not conducted in a value free context; it is formulated, analysed and interpreted according to both the way that the 'subject' being studied is conceptualised and contextualised *and* the social, political and economic forums into which the findings are delivered.

The whole intervention sequence is shown diagrammatically in Table 1. A workbook is available to all participants containing overheads, diagrams and tables for use at each stage, including sections for noting areas for clarification and discussion as they arise.

Figure1: 6-8 week structure for subject modules
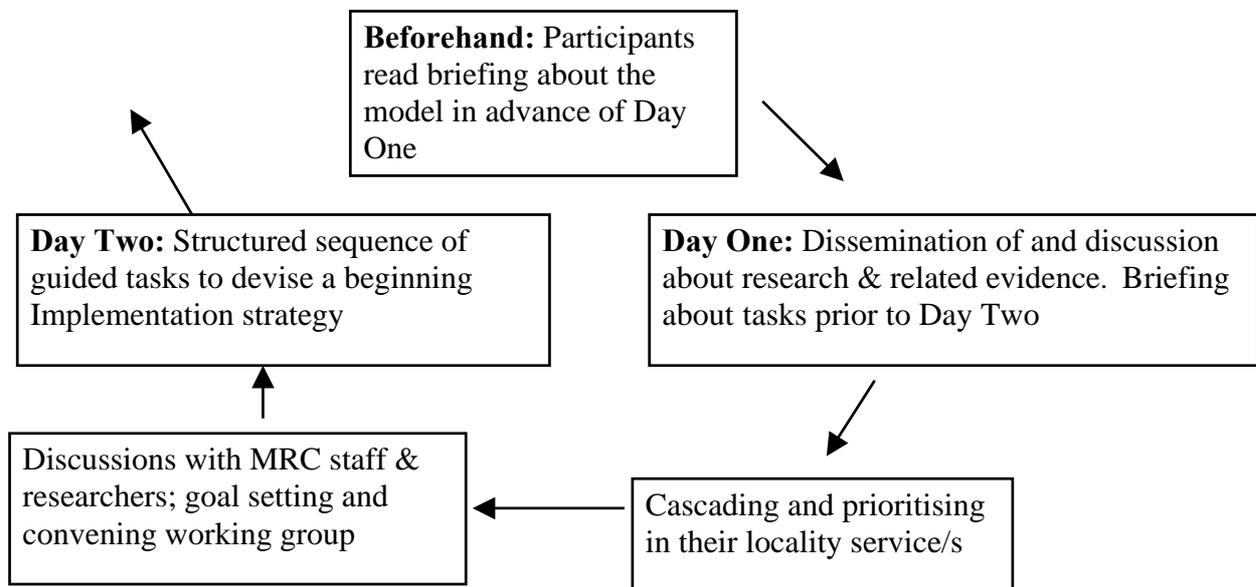
The first day input

On this occasion, the authors worked with 20 staff with operational, strategic or training responsibility from services within three social services departments and one NHS Trust over an eight week period to help them plan developments in their services to disabled parents which were informed by research and related findings.

The first day focussed on dissemination of the evidence. It was facilitated by MC with the presentations being provided by MW (who carries the dual experience of being a researcher and a disabled parent) and her academic colleague Richard Olsen (RO). They reviewed the range of recent research evidence and made highly visible the strengths and limitations that accrued from the particular political framework that was applied to the formation and presentation of different research studies (Morris, 2003; Olsen and Wates, 2003; Wates, 2002).

For example, where research is underpinned by the assumption that disability is a personal characteristic, whether physical, intellectual, emotional or sensory, and this personal characteristic causes problems for the disabled person and those who live with them, then the findings will reflect that assumption. Such studies tend to focus on any perceived pathology in the disabled parents and/or families and primarily discuss issues associated with loss and the psychosocial adjustment of the family unit. From this perspective, the presence or absence of external supports and the nature of relationships with service providers are not seen as determining outcomes, but as indicators of the extent to which families have or have not 'come to terms' with difficulties related to the presence of individual impairment. Where such research is used to inform service development and is coupled with similar attitudes within service provider agencies, the emphasis is on assessing the 'capacity' of the disabled adult to parent successfully rather than on the organisational, economic and attitudinal contexts within which parenting takes place and the impact that these have on a disabled adult's attempts to carry out their parenting responsibilities successfully. Minimising the negative impact of parental impairment becomes the focus, rather than supporting the parent to uphold the welfare of the child. Within this frame of reference, the child comes to be seen as the primary client within the family while the support needs of the disabled adult in relation to parenting per se remain unaddressed. Where the underpinning assumption is that the disabled parents will find barriers to being able to perform their parenting role resulting from a society geared to meet the needs of non-disabled parents and excluding the rest, the research findings and resulting service response will be markedly different. Here, support to the disabled parent and a social inclusion approach will take precedence over pathology.

There were regular discussion slots throughout the day to facilitate the participants' understanding of the evidence (clarification) and their beginning consideration of its applicability to their own working context (application). Participants were encouraged to appraise their own services and to record their initial thoughts about possible gaps or areas for change or development at set times throughout the day. Drawing on the evidence presented, MC illustrated possible ways in which participants might translate what they had heard into possible goals for service development or change.

Briefing for tasks prior to second day

At the end of the day, MC briefed participants on their key tasks for the eight-week period before the second day:

- To disseminate the findings and from that, to identify with colleagues a goal for one specific service development. The importance of identifying a goal for change that was evidence-informed, specific, achievable within 3-6 months,

113

applicable to the local joint working context and which took account of the social context of the work was highlighted

- To inform the MRC(Y) staff of their goal in order for it to be agreed as achievable and appropriate

- To recruit a small working group from their agency or joint working network with which to return to the second day and work on a beginning implementation strategy.

Participants were given the chance to opt out at this stage. If a goal cannot be arrived at or if a working group cannot be convened, then the time may not be right for the agency/network to do more work with the project at this stage. It is important that participants are not made to feel they have failed if they do not return to the second day, not least because there remains the possibility that their participation in the first day alone might itself have some positive benefits for their service.

In between the two days, MC was available to discuss possible areas for implementation and she in turn discussed the identified goals with MW to ensure their viability *and* to ensure that MW was oriented to the possible foci on which she would be consulted at the second day.

The second day input

Four small working groups had been formed between the two days - two with two people in; one with three people and one with four. Not unusually, some of the groups were more internally coherent about their goal and task than others. Three were made up of people who worked directly with each other on a daily basis; the fourth group had come together for the day but were in close working contact in their agency.

Intended goals were

i. Local Authority Social Services Department (LA SSD) Adults and Children's Services

'To produce clear policy and information for service users and partner agencies on the range of services available in (the agency) to support disabled parents in their responsibilities for dependent children.'

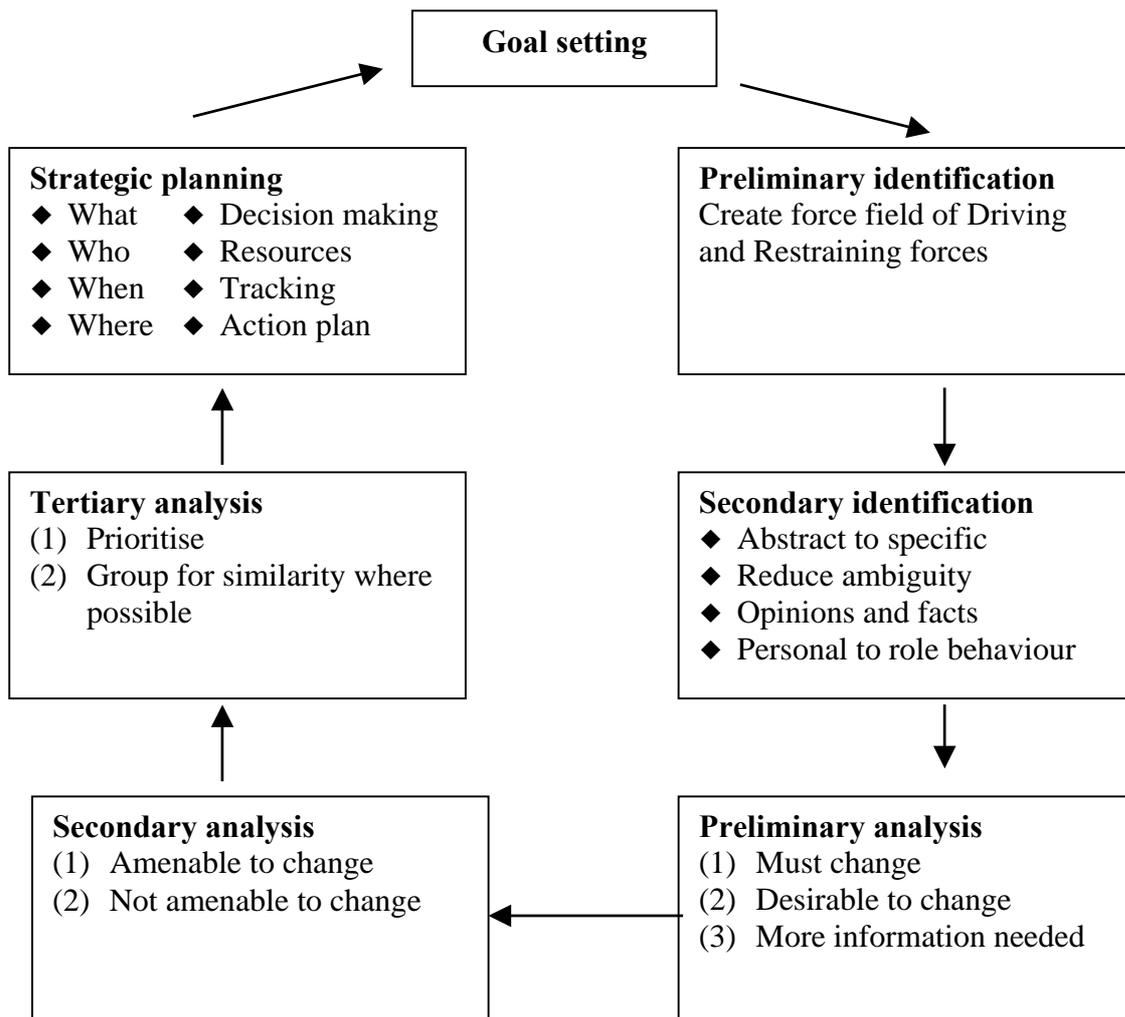**ii. NHS community rehabilitation service**

'To review (agency) forms and ongoing contact systems to evaluate (agency's) effectiveness in supporting disabled parents in their dealings with external agencies.'

iii. Local Authority Social Services Department (LA SSD) Family Centre

'To develop a system for improving the antenatal support for people with learning disabilities from a Family Centre context.'

iv. Local Authority Social Services Department (LA SSD) Community Resource Team for Adults with Learning Disabilities

'To develop a protocol for accessing support with parenting. This protocol will assume support rather than risk or 'child in need.'

Figure 2: Sequence of steps towards developing an implementation strategy

```
                           ┌─────────────────┐
                           │  Goal setting   │
                           └─────────────────┘
             ↗                                        ↘
┌──────────────────────────┐          ┌──────────────────────────┐
│ Strategic planning       │          │ Preliminary identification│
│ ◆ What  ◆ Decision making│          │ Create force field of Driving│
│ ◆ Who   ◆ Resources      │          │ and Restraining forces    │
│ ◆ When  ◆ Tracking       │          │                          │
│ ◆ Where ◆ Action plan    │          │                          │
└──────────────────────────┘          └──────────────────────────┘
             ↑                                        ↓
┌──────────────────────────┐          ┌──────────────────────────┐
│ Tertiary analysis        │          │ Secondary identification │
│ (1) Prioritise           │          │ ◆ Abstract to specific   │
│ (2) Group for similarity │          │ ◆ Reduce ambiguity       │
│     where possible       │          │ ◆ Opinions and facts     │
│                          │          │ ◆ Personal to role behaviour│
└──────────────────────────┘          └──────────────────────────┘
             ↑                                        ↓
┌──────────────────────────┐          ┌──────────────────────────┐
│ Secondary analysis       │ ←─────── │ Preliminary analysis     │
│ (1) Amenable to change   │          │ (1) Must change          │
│ (2) Not amenable to change│         │ (2) Desirable to change  │
│                          │          │ (3) More information needed│
└──────────────────────────┘          └──────────────────────────┘
```

115

While MC's role was to help the working groups with the *process* of developing an implementation strategy, MW's role was to help with the *content*, for example to see if there were any obvious flaws/strengths in their developing proposals; whether there were any useful examples from elsewhere, including research, that could be drawn on and so on. Figure Two shows the process of developing an implementation strategy.

As with the first day, the process was made transparent using explanations and demonstrations in the whole group and facilitating the use of the techniques in the working groups. The work started in the whole group by explaining force field analysis and then building the first stage of a

force field of what had helped (drivers) and what had hindered (barriers) participants in achieving their goal of arriving at this second day with a working group and a specific, achievable goal for service change or development.

People are often not consciously aware of processes that go on around them and of which they are a part. The more that processes can be explicitly recognised, the more use people can make of them. Thus the 'whole group' work was designed to alert participants to the fact that they had been engaged in the early stages of implementation since the start of the first input (for participants at the first day) or shortly after (for day two participants who

became part of the implementation process from the point at which they were alerted to the work). The more they could reflect back on that process and capture in the 'here and now' of the session (what Schon, 1995, calls reflection 'on' and 'in' action) what had contributed to their achievement of the set tasks *and think about it systemically* then the better the chances of planning strategically to reduce barriers and enhance drivers. Participants were thus building on information that was particular to their working context and their 'system' as well as material that was common to all in the room.

Organisational theory of change suggests that new ideas (in this case, ideas generated by exposure to evidence) invariably represent a threat to an existing organisational system at whichever point entry into the system is sought. The level of resulting resistance will depend on the level of perceived threat including:

- Who is bringing the new ideas;

- What the perceived implications of the new ideas are;

- The stress levels of the relevant staff;

- The permeability of the boundaries of the service(s);

- The resource levels within the system, such as the room for innovation and so on.

Threat responses will occur even when there is a receptive audience as the organisational system seeks to maintain its current steady state even if dysfunctional.

Work then shifted into the working groups and started with members ensuring that all were clear about their goal and in agreement with it. Their next task was to build a force field of driving and restraining forces to achieving their goal.

In our experience, building a force field tends to follow a standard pattern which mirrors the typical reaction of systems to change. In the rapid identification stage, the drivers' side fills up first, reflecting the enthusiasm often generated early on. Most members want to believe that positive change is possible and achievable. A sub group forms within the group of those who can see the potential for change. A member then notices that one of the suggestions for a driver could also be a restrainer (a number of factors can appear in both columns) or someone can hold back no longer from voicing the concern that there are flaws and drawbacks to the suggested change. A new sub group now comes to the fore of people who doubt the potential for change and people from the 'believers' group may start to cross over. This allows the forces for withstanding the clamour for change to build and, typically, to hold sway. The restrainers' side now fills up fast and despair or disillusionment takes over. The group/system is safe from change and the participants can return to their current state (though some may feel more dissatisfied than before). This also mirrored what some participants found when they returned to their agencies with ideas for change following the first day.

If there is no intervention at this point, then the momentum for 'no change' is likely to be too high to resist. In the whole group, MC had explained the process theoretically (*using* reflection 'in' and 'on' action) *and* offered a strategy that had the potential to keep the forces for 'no change' at bay sufficiently to allow work to continue constructively on exploring change possibilities. The working groups were now invited to use that strategy, starting with a rapid identification stage before moving into an initial, secondary and tertiary analysis of change factors, concentrating predominantly throughout the day on the restraining forces, given their likely preponderance and their greater potential to inhibit change. The task for each stage was outlined in some detail with an accompanying explanation of the process. Groups were encouraged to convert abstract factors into detailed, specific ones,

116

to unpack any ambiguities, to see people and actions in terms of their role (thus lifting explanations from the personal to the organisational systems), and to identify any opinions which were being acted on as if they were facts.

The pull towards discussing and devising solutions was enormous, particularly in the early stages. In this context, it acted as resistance so groups were constantly encouraged by MC to maintain concentration on identification, initial and secondary analysis for much longer than they would typically allow for such activity in their working day.

Input, including a handout on Effecting Change in force field format that drew on relevant literature, was offered prior to the move into detailed strategic planning for implementation. The literature suggests that it is important to be focussed, while open to employing a variety of tactics to achieving change. The groups were therefore now invited to rapidly check through their lists with this in mind, and then move on to the work of devising detailed action plans.

As the day unfolded, the MRC(Y) work book was used more centrally with its sections for those areas which the literature suggests are key to achieving change – i.e. who is going to do what and when; who has the appropriate authority and responsibility to do what (and if they are outside the working group, how will they be accessed); where are the appropriate decision making forums; what resources will need to be released and when; what tracking mechanisms will be put in place and at what stages will reviews be undertaken to see if progress is being maintained.

The final stage was the planning and delivery of a brief presentation to the whole group. The function of this was:

- To re-establish the whole group

- To reflect on the *process* of the day (using key identifiers that MC provided) and see what worked well and not so well for them so that they could use this understanding of the process of change in future work

- To focus on, and commit to, taking next steps.

Groups were able to 'place hold' steps that were yet to be planned as this was, of course, a dynamic process and needed to be acknowledged as such. The presentation was also designed to encourage future networking, as members heard what each other had been doing

The Implementation Plans

All the groups arrived at actions to undertake within an agreed timescale.

LA SSD Adult and Children's Services
This group changed their goal to look at joint assessment of need between children's and adult services. By reflecting on the process, they learnt that their first goal had been too general and were now satisfied that they had got to the detail of what to do and when.

NHS community rehabilitation services
This group had done some prior work on this area. However, they found that a muddled task had become simpler and more straightforward through their participation in the day and now thought that it might be achievable.

LA Family Centre
This group found their working to have been quite circular, veering between 'it'll be an enormous bit of work' and 'we can approach it the same way as other work'. They also realised that the planning for the changes was not going to end as they had thought – once the FC had done 'its' work, more work needed to be done elsewhere in the wider system as well. However, they felt clearer about their direction, had ideas that were more concrete and felt confident they could use this way of working in other arenas.

117

<u>LA Community Resource Team for Adults with Learning Disabilities</u>
This group amended their goal to 'develop a pathway'. They were surprised to realise late in the day when trying to unpick the resistances that they could include parents with learning disabilities in the planning – rhetoric became reality. They also reported satisfaction with the clarity of thought that accompanied moving from the research findings right through to future planning, *and knowing how they got from the one to the other.* They found the working tools valuable and potentially transferable for use in the joint working arena.

The Outcome of the Intervention

Measuring the outcomes of interventions such as these is notoriously difficult to achieve. We took a 'measure' at two points during the intervention itself: at the end of the first day and at the end of the second.

This is in accord with the standard practice of the project and thus enabled comparison with four similar interventions in that year's programme. The profiles were very similar.

All participants reported that their involvement achieved its aim, with the majority rating the intervention as above average. One said '[it] made the process very clear and understandable'; another said 'I was very (pleasantly) surprised how easy and obvious things became after the exercise about barriers and drivers'. These attitudes are reflected in the results in Figure 3.

However, our aim had also been to facilitate the implementation of changes that drew on research findings. The evaluations seemed to indicate that this too had been achieved with all the participants feeling very clear or fairly clear about their follow up actions. This is shown in Figure 4.

118

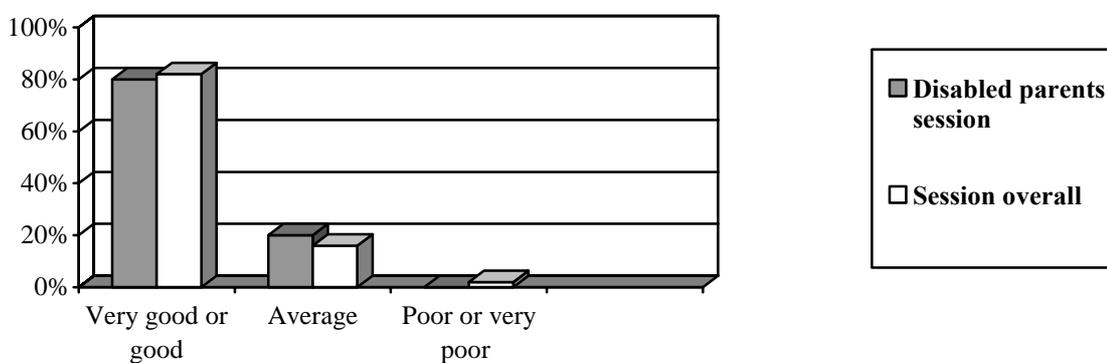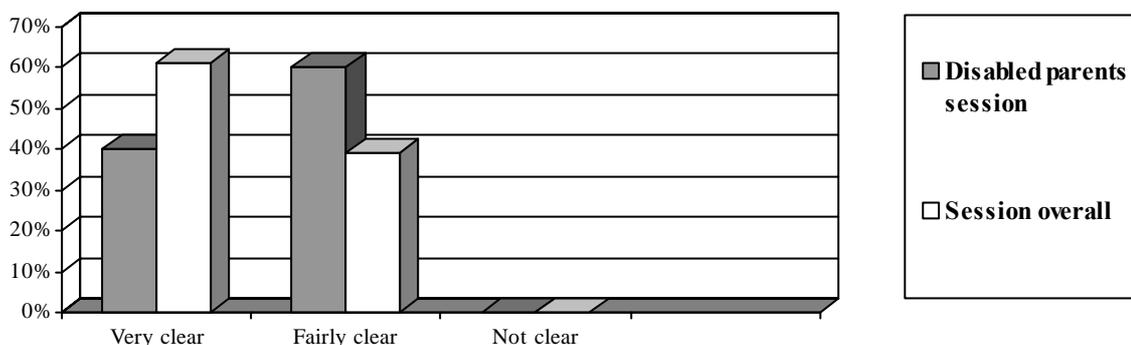**Figure 3: Helpfulness for moving towards a research informed strategy**

Figure 4: Clarity about next actions

Where there was less clarity (i.e. fairly clear), the comments suggested that this was more to do with organisational constraints than the MRC(Y) input. One participant said:

This is about us and our organisation, not about the events or the researchers/staff.

While another explained it thus:

We know what to do but have struggled to find time to implement. However, this can be done at any point in the future and we are all now very aware of this area and are more likely to take it into account.

With regard to the structure of the input, one summed it up as:

Excellent structure (i.e. system analysis) to enable us to plan an effective approach to service development.

Although the MRC(Y) project formally ceased its contact at the end of Day Two, we wanted to know what happened afterwards. We therefore rang all four groups six months later.

The work of the *LA SSD Adult and Children's Services* had kept going with some success. It had recently culminated in a presentation to Children's Services managers using material from the MRC (Y) event which had been received favourably. Further presentations to key groups were planned. This was a substantial piece of work for which the MRC(Y) intervention had proved a catalyst. They felt their participation enabled them to open up their thinking. Even though they had already considered using support rather than capacity as the main focus and adults' services rather than children's, it has been helpful to have this reinforced. The intervention helped them marshal their arguments and thinking. However, discontinuity in the agency staff attending the two days had been a drawback (children's services participants were unable to attend the final day).

The *NHS Community Rehabilitation centre* reported little progress beyond the successful achievement of the early stages of their action plan. This was attributed to unexpected and acute staffing difficulties that had still not eased. However there had been some individual practice changes and an increase in advocacy activities. They had also done some work on the application of their improved understandings about disabled parents to grandparents.

The *Family Centre* remembered a lot of detail both about the content of the presentations and about their intended strategy. They remained very positive despite lack of sustained movement. While they had immediately presented a plan to management and secured its approval, acute and unexpected staffing difficulties (which had not yet eased) and a major Departmental reorganisation had hampered further progress. However, they had discussed the issues and the plan on several occasions and felt ready to instigate the actions as soon as staffing levels allowed. They also felt that the event had made a difference to their individual working practices, most particularly in thinking about 'support' rather than 'capacity'. They had developed greater awareness of the needs to secure earlier referrals from midwives, and of the complexity of changing midwife's referral behaviours. They also had greater awareness of the inter-connectedness of services – that they could not develop their services in isolation and, in particular, that the shift to thinking about support for parents had far more implications for service delivery than they had previously imagined. Their understanding and awareness had improved significantly through their attendance and they felt better placed to commence organisational implementation when resources allowed:

I feel quite strong in those arguments….if you've got them, you're in a stronger position.

The way people take action is through understanding….then in some shape or form, you can actually develop it on….

The *LA Community Resource Team for Adults with Learning Disabilities* had achieved a significant number of their tasks and welcomed the tight and detailed planning that they had achieved. They had widened the professional involvement in their planning but they had achieved less in the involvement of parents and felt that the contact six months on would enable them to refocus on this aspect of their plan:

> *Useful to be reminded. Might have forgotten that plan without your call.*

They also reported that wider staffing difficulties in recruitment (especially in agencies that were contracted to provide services) were affecting their work. They said that they found themselves more likely than before to question assumptions about support to disabled parents but that the difficulties in practice on refocusing from capacity to support remained very real.

Discussion and Conclusion

This intervention was designed to enable practitioners to make fuller use of research and related evidence in their development of services for disabled parents. It appeared to result in some measurable change. At the point of exit from formal input, the majority felt that it had proved helpful in enabling them to move towards a research informed strategy, that it had resulted in them feeling either fairly clear or very clear about their next actions, and that they had found the MRC(Y) staff helpful in achieving this.

After six months, the working groups were contacted and invited to report progress. By their own assessment, two of them (the Family Centre and the NHS Community Rehabilitation Centre) were at a standstill in terms of organisational change but there were indications that some of the messages had been retained and there were some reported changes in individual practice. The remaining two services (the LA SSD Adult and Children's Services and the LA Community Resource Team for Adults with

Learning Disabilities) reported that they had maintained some momentum at both organisational change level and in individual practices.

From our case study, we suggest a possible typology for research-informed service developments resulting from specific interventions:

i) **Complete standstill:** organisationally and at individual practice level.

ii) **Partial movement in practice:** some changes in individual practice; no changes organisationally.

iii) **Partial movement in organisation:** some organisational changes; *may* be associated individual practice changes.

iv) **Substantial movement at organisational and practice levels:** attitudinal and structural changes evident; sustainability likely.

We suggest that sustainable change is less likely where developments are restricted to changes in individual practices only. The above continuum offers a typology through which to begin to measure change and to test our hypothesis that sustainable change requires changes at organisational as well as individual practice levels. In the intervention described, we suggest that the first two groups fit into (ii) while the latter two appeared to be at (iii).

We speculate that the combination of offering a space *and a structure* in which to be reflective and to think strategically contributed to the formation of research-informed action plans. By making the process transparent as well as explaining its theoretical underpinning, the intention was not only to draw on adult learning and systemic principles but also to encourage the transferable use of the demonstrated techniques. We have not been able to measure whether this was successful or not.

We suggest that evidence-based and research-informed service developments are unlikely to be achieved without input additional to the dissemination of research findings. Using researchers alone as facilitators to the translation into practice is unlikely to prove effective unless they are also skilled and experienced in working with groups on management of change (which many are not). Our work suggests that an important contribution to helping staff in this endeavour can be made through the use of a well-informed and carefully structured implementation model delivered by staff with the appropriate skills to effect this. Also key is the need to pay attention to the relationship between the different sources of knowledge in the triangle – research, practice wisdom and users and carer experience – and the way in which they both inform the development of knowledge and uniquely and collectively influence the way that services are shaped.

While researchers need to be well informed about their subject and able to present their information clearly to a practitioner audience, the choice of researcher is also important with regard to the conceptual base from which they approach knowledge formation and data collection and analysis.

This case study is necessarily limited by the level at which we have been able to evaluate our intervention. We were not able to explore the reasons for any movement towards implementation, or lack of it, in any depth. We were not able to use independent evaluators, thus potentially influencing the feedback that we obtained. Neither have we carried out any comparative studies to measure whether or not similar levels of movement might have been obtained using different styles of intervention. Such evaluations require resources beyond those currently available to us but by starting to collect data such as that presented here, we hope that the formulation of strategies to plan for more in depth evaluation can be aided.

We conclude by suggesting that no matter at what level one seeks to intervene in a system, the pressure on services to be reactive rather than proactive potentially reduces the capacity for reflection and review. We were interested to see whether the use of a transparent model of implementation of research and related evidence such as that developed by MRC(Y) made any difference to developing services for disabled parents. The intervention appears to have achieved some success, though operational pressures to maintain the status quo remain high.

References

Agazarian, Y. & Gantt, S. (2000) *Autobiography of a Theory: developing a theory of Living Human Systems and its Systems-Centred Practice.* London: Jessica Kingsley.

Agazarian, Y. and Simon, A. (1997). SAVI in a Nutshell. Philadelphia: Training briefing notes.

Agazarian, Y. (2000). *Systems-centred Consulting to Organisations.* Philadelphia: Good Enough Press.

Agazarian, Y. (1997). *Systems-Centred Therapy for Groups.* New York: The Guildford Press.

Department of Health (1998a). *Modernising Social Services.* London: The Stationery Office.

Department of Health (1998b). *A First Class Service: Quality in the New NHS.* London. The Stationery Office.

Department of Health (2000a). Framework for the Assessment of Children in Need and their Families. London: The Stationery Office.

Department of Health (2000b). A Quality Strategy for Social Care. London: The Stationery Office.

Davies HTO, Nutley S & Smith PC (eds) (2000). *What Works? Evidence based policy and practice in public services* Bristol, the Policy Press.

Effective Health Care (1999). *Getting Evidence into Practice.* February 1999

Volume 5 Number 1 NHS Centre for Reviews and Dissemination: University of York.

Hughes, M. McNeish, D. Newman, T. Roberts, H. & Sachdev, D. (2000). *What Works? Making Connections: Linking Research and Practice*. Ilford: Barnardos supported by Joseph Rowntree Foundation.

Kolb DA (1984). *Experiential Learning* Englewood Cliffs New Jersey, Prentice Hall.

Lewin, K. (1951). *Field Theory in Social Science*. New York: Harper and Row.

Making Research Count (York)(2000, 2001, 2001): *Annual Reports of the Making Research Count (York) Project* available from Making Research Count, Department of Social Policy & Social Work, University of York, York, UK

Morris J, 2003 *'The right support: Report of the task force on supporting disabled adults in their parenting role* Joseph Rowntree Foundation York, York Publishing Services.

Olsen R & Wates M (2003). *Disabled Parents: Examining Research Assumptions* Dartington, research in practice.

Schon D (1995). *The Reflective Practitioner: How professionals think in action.* Aldershot, Arena.

Sheldon B & Chilvers R (2000). *Evidence-Based Social Care – A Study of Prospects and Problems*. Dorset: Russell House Publishing.

Simon, A. & Agazarian, Y. (1967). *SAVI: Sequential Analysis of Verbal Interaction*. Philadelphia: Research for Better Schools.

Taylor, I (1997). *Developing Learning in Professional Education: Partnerships for Practice* Buckingham, Open University and SRHE.

Trinder, L. with Reynolds, S. (eds) (2000). *Evidence- Based Practice – A Critical Appraisa*l. Oxford: Blackwell Science.

Walter I, Nutley S, Percy-Smith J, McNeish D and Frost S (2004). *Improving the use of research in social care practice* Knowledge Review 7, London, Social Care Institute for Excellence.

Wates M, 2002: *Supporting disabled adults in their parenting role* Joseph Rowntree Foundation York, York Publishing Services.

Notes on contributors

Marilyn Crawshaw is a Lecturer in Social Work and a Research Fellow. She runs the Making Research Count (University of York) project. Michele Wates is an Independent Researcher and Trainer and a member of Disabled Parents Network.

Address for Correspondence

Marilyn Crawshaw
Department of Social Policy and Social Work
University of York
Heslington
York
YO10 5DD
Tel: 01904 321254
Fax: 01904 321270
email: mac7@york.ac.uk

122