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<th>'It Took a Leap of Faith.' Care and Connect: A Model for Practitioner Research in Ireland</th>
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The study context
Care and Connect was a joint initiative between Tallaght Hospital and the School of Social Work and Social Policy, Trinity College Dublin. The Care and Connect project was a small scale tactical approach to the promotion of research capacity and activity amongst social workers. In 2008, there was recognition of the need for a strategic approach for the promotion of research capacity and activity amongst social work practitioners in Ireland. A Steering Committee was established which consisted of the Director of Allied Healthcare professionals, the Head Medical Social Worker, a Consultant Geriatrician (all Tallaght Hospital staff), Professor of Social Work/Head of School and an Assistant Professor (School of Social Work and Social Policy in Trinity College Dublin). There was a desire by the Steering Committee for a practice based, social work driven study. The project also hoped to begin to develop a strong research base for the social work profession in Ireland by establishing the first hospital/ university post in the United Kingdom which could act as a model for other institutions. The Care and Connect project’s brief was to carry out exploratory research to examine the area of family meetings in clinical practice.

The aims were:
- Promote best practices in person-centered care planning for older people through a process of investigation, trial and consultation.
- Promote partnership in decision making between older people, families and health care professionals within family meetings and to gain a deeper understanding of this process.
- Develop strong practice/research partnership for hospital based social work.

Methodology
The heart of practice is to think counter intuitively (Steering Group Member A).

The study used an action learning approach and action research was the methodology that was used for this project. Action learning involves a change cycle, where the participants are involved in a processes of learning whilst doing (Gardiner, 2006). The evaluation methodology incorporated principles of critical reflection about participants’ views of their role, experiences and views of the project. This provided us with a more insightful account of how the concept of a partnership emerged out of very different agendas.

Semi-structured interviews were carried out with members of the Care and Connect Steering Committee (Head Medical Social Worker, Consultant Geriatrician, Director of Allied Healthcare Professionals, Assistant Professor of Social Work, Professor of Social Work, Head of School and the practitioner researcher who is the first author of this paper). Interviews were audio-recorded and transcribed verbatim. The data framework of interpretive induction was utilized where the researcher/author approach a problem from the perspective of theoretical sensitivity to existing concepts, ideas and the theory. In using this approach an active and deliberate role is played in organising and assigning meaning to the data as way of constructing higher-order categories and theories (Kuckartz and Daly, 2002). The findings discussed below combine findings from interview data with literature, reflection and discussions on the setting up and roll out of the project and the role of the practitioner researcher who led the study. Themes are illustrated through the use of selected respondent quotes. Four key themes emerged in the analysis:

- Organisational Roles and Change
- Critical Development Stages
- Different Agendas and Sustainability
- Organisational Change through Action Learning

Organisational Roles and Change
A number of respondents reflected on their role in organisations and how they responded to change, illustrated in the following comment about how dealing with change often occurred on an ad hoc basis:

‘I couldn’t say I had a game plan, it was a matter of push each step as it came.’ (Steering Group Member B)

The complexity of organisational cultures was an important factor in the working of the group because both institutions, the university and the hospital, were similar in as much as they were human service organisations but had their own unique mandates, structures, cultures and boundaries. These disrupted the group, particularly in terms of finding a balance between planning, and leaps of faith when negotiating the new post of practitioner researcher. This issue of managing organisational dissonance has been recognised in the literature. Successful outcomes are possible but tend to be dependent on change generators: visionaries and patrons, change implementers: technocrats and strategists and change agents: essentially prototypes for change (adapted from Ottoway, 1985). In the case of this project, interprofessional relationships were fundamental to the process. Steering group members reported that like-mindedness, trust and tensions all characterised the process at various stages:

‘I would have been conscious at a certain point that there was a healthy tension between the academic and practice aspects of things but we managed to find common ground and work through things’ (Steering Group Member C)
Critical stages of development

In many change processes it is important to recognise stages where participants respond to challenges, as a respondent in this study pointed out: 'If I was saying it to anyone I would say, I would not underestimate the amount of time needed.' (Steering Group Member A)

All steering group members reflected on the extended initial negotiation phase required to get the project and post up and running, and the way it took longer than expected: 'In my memory it was start stop and one step forward and two steps backwards.' (Steering Group Member B)

One of the problems in setting up the project was finding a precedent to work from and understand. In this case no similar partnership on the topic of social work practitioner research had been tried elsewhere in Ireland or the UK at the time, although some models had been developed in the USA (for example, Mount Sinai Hospital). However, there are other applied disciplines such as nursing, physiotherapy and medicine where academic practice partnerships are well developed both internationally and in the Irish context, and these were available to the steering group members. A critical issue was to establish who was the lead employer for the practitioner researcher post in the project:

'The critical stage was working an institutional level agreement as to who would be the employer… quite complex.' (Steering Group Member C)

Other organisational impediments had to be negotiated. For example, protacted and intense discussions related to the budget and funding for the post also took place shaped by the concurrent problems of funding in health and social care in Ireland at the time. A creative solution to this problem was for a hospital to fund the post but to name the official employer as the university. Significant contributions were made by both organisations. Thus the university assisted with other important resources such as access to the library and peer reviewed journals, office space, funding for research training and ongoing academic supervision. The enabled one respondent to comment: 'With a great deal of flexibility we managed to work through some of the tricky decision-making moments…the workload was spread out among us and we managed to coordinate our work.' (Steering Group Member D)

Sometimes relatively trivial issues can affect the progress of such projects. In this case the job description for the practitioner researcher took some time to tease out. Eventually a clear job description outlining the breadth, objectives, responsibilities and qualifications for the post was compiled but many of finer details still had to be ironed out. The post was advertised and open to public competition. The successful applicant was a social worker currently based in the hospital who had a small amount of research experience and a keen interest in further developing these skills. It was agreed that they would have a joint reporting relationship to the Hospital Social Work Manager and to the Head of School of Social Work in the university, Trinity College Dublin. One respondent reflected upon this extended process:

'We had more to tease out when the actual worke came on board and I don't know how wise that would be in the future.' (Steering Group Member C)

The post was configured so that half of the individual's time was devoted to carrying out research on behalf of the project and the other half, employed as a medical social worker in an age related health care team in the hospital. However, even these basic details took some time to clarify due to differing expectations of how the post would be configured. Initially the university were under the impression the post would be a full-time research post in order to fulfil the research brief of the project but the hospital and social work department on the other hand were under significant pressure to provide some clinical social work support to the team. In addition, there was a need to embed the research in clinical practice to stay true to the practitioner researcher focus and this was seen to be most authentic through 'an insider's model' (Fairbanks, 2005). Throughout these discussions participants were conscious of the need to preserve the social work identity for the post:

'We did think that we would look to something multidisciplinary but that it would be most relevant to social work practice.' (Steering Group Member B)

A significant issue that arose in shaping the practitioner research role was in enabling them to complete a PhD as part of their professional development and research expertise:

'The practitioner researcher could act as a role model for other social work practitioners, especially in Ireland social workers doing a PhD is uncommon.' (Steering Group Member E)

The idea of the practitioner researcher completing a PhD as part of the project was introduced as an idea after the first six months of the project. It was felt it would add scholarly credibility to the project and bring status to a post that was so embedded in practical realities. One of the advantages that the practitioner researcher brought to the project was the joint supervision arrangements that strengthened partnerships. The researcher was jointly supervised by a social work academic who was an expert in the field of ageing and social work alongside the consultant geriatrician who was also an academic, an expert in the field of ageing and part of the Age-Related Healthcare Team in the hospital. This enabled the mingling of the practice and academic agendas and produced a robust research methodology for the PhD study. Other benefits related to aligning the project to a PhD included career development opportunities for the practitioner researcher and acting as a role model for other social work practitioners.

Different Agendas

It was not surprising that, given these competing organisational demands and disciplinary variations that compromises had to be reached;

'…the initial thinking changed quite a bit—I think we were all coming into that with slightly different angles and with different agendas inevitably in those situations.' (Steering Group Member A)

In particular, the practice context was challenging given the competing demands on health care organisations at a time of political, economic and social change in Ireland. For example, health care and other agencies were subject to new priorities and standards created by the state:

'I remember being horrified at one stage in the days of the early development of the discharge planning team, noting that someone working on the ward could sit down and tell a family that their relative was being put in a taxil and that constituted a family meeting… I began to feel very strongly that we were going to bandy around the word family meeting that we needed to have some core standards in terms of what a family meeting is…' (Steering Group Member B)

The project and research practitioner had to be mindful of increasing expectations about the empowerment of older people in decision-making processes. The issue of older patients' participation in hospital based family meetings was therefore identified as a key priority for the practitioner researcher and became the focus for the PhD study.

The political and organisational context in Ireland at the time of the project's inception is of relevance, occurring at a time when many older patients were being discharged to long term care placements in nursing homes, often without any proper negotiation process with older patients or their family members. Concerns had been raised by the hospital members of the Steering Committee that family meetings were being used more frequently to determine care plans for older people, without any particular protocol for these meetings, or consistency about the participation of the client at the centre of the care planning process, as reflected in the following comment:

'There was no protocol for family meetings, what standards should be there and even who should participate in the family meeting: does the person themselves participate, who in the family participates… all of that was very ad hoc.' (Steering Group Member A)

Across the hospital I was very aware of the huge variance in standards.' (Steering Group Member A)

Frequent meetings were held where older patients with a cognitive impairment were completely excluded from discussions and it was unclear that even when they were present, if they were being enabled to genuinely participate in discussions and decision-making processes about their future.

'We felt that social work was duty bound to show that there was a way of doing this properly and in order for people in hospital settings to accept this we would have to research it and produce evidence for it.' (Steering Group Member D)

Building social work research capacity

At the core of the project was the intention to grow social work capacity through the role of the researcher in the context of the 'Cross fertilisation of practice and academia.' (Steering Group Member E)

Although social work qualifying programmes increasingly emphasise the importance of evidence informed practice, it is often the case that this imperative is lost in the midst of busy practice lives. In addition, may social workers struggle to incorporate research into their day to day clinical practice in comparison to other professions;

'Many other disciplines and allied health professionals see evidence-based research as the norm, whereas for us it's very much outside the box and it shouldn't be. It should be an integral part of our work.' (Steering Group Member G)

The Care and Connect post was a way of beginning to bridge these gaps and integrate the academic and practice spheres. As social workers usually play a crucial role in organising, mediating and facilitation within family meetings, it was agreed that the project could help inform and target the development of best practice guidelines for family meetings, informed by the best evidence base. The project also provided a mechanism for developing interdisciplinary research links with other professionals in the Age-Related Healthcare and other hospital multidisciplinary teams.

Recognising the personal

For people who were at the heart of the project, it was important to reflect upon the impact these processes had on participants, as illustrated below:

'From a personal point of view, the demands of being a Head Social Worker hasn't been conducive to embarking on research myself and I suppose I would've always had that interest… It's been good for me personally as I feel it's the next best thing. I've enjoyed having an involvement and it's got back into touch with the environment of academia in a way that I probably wouldn't have and it's very refreshing.' (Steering Group Member C)

In relation to the first author's own involvement as the practitioner researcher, the complexity of these different interlocking roles were challenging, yet stimulating. The practitioner researcher felt fully responsible for the success of the project, and how this would affect the profile of social work in the organisation and multidisciplinary team. At this time, many of the other
allied healthcare disciplines were involved in different small and large scale studies and it was agreed that, given the issues discussed above, an evaluation of the work of the family meetings would be an appropriate topic for the PhD study.

"Family meetings are an area of practice that I, personally, have found to be extremely challenging as social workers have traditionally taken a passive role in organizing and facilitating these meetings and I was interested to look into what we could do differently?" (Practitioner Researcher)

The PhD study was envisaged as a tool for self-development and personal achievement. It enabled the practitioner researcher to have a greater sense of ownership over the research and also offered an opportunity to improve her knowledge and research skills.

Using action research to create opportunities for organisational change

Action research was chosen to describe, evaluate, and offer a mechanism for service delivery in family meetings because of its inherently practical, change orientated and cyclical and participatory in nature (Le May and Lathlean, 2001). This approach is of particular relevance to clinical practice because of its transformational potential and its ability to 'investigate' whilst introducing change. It has also been argued that action research is effective in bridging the gap between research and practice and it is characterised by its collaborative nature. It is a useful model for social work research as it involves observing current/new practices and then implementing changes based on the initial observations. Following the principles of action research, members of the multidisciplinary team were involved in research design and data collection and thus acted as co-researchers. The project and post also helped to ensure that this, and other research approaches drawn from the social sciences, became embedded in the social work department in a meaningful way. The practitioner researcher was to be a resource to other professionals and encouraged and supported research at a departmental and wider level within the social work community. This more integrated, participatory approach to research, it was felt, helped establish a research culture that had been hitherto missing.

"We can get people to do it but getting people to own it in a deep and meaningful way is a much more subtle process and challenge." (Steering Group Member C)

Evaluating the project

Respondents we asked to consider how the programme would be evaluated and what would count as success. The importance of change that would be lasting was identified by the following Steering group member:

"Success would be coming back in 2 or 3 years and seeing change genuinely embedded in the system." (Steering Group Member E)

Steering group members believed that success should be evident on several levels. Firstly, a strategy was to create a collaborative enquiry approach that would promote the development of more effective social work interventions in working with older people. Secondly, the completion of an important PhD study by the practitioner researcher was viewed to be crucial, and a measure of high quality research that is understandable and credible to practice colleagues. In addition, dissemination of research findings at national and international conferences and publications was deemed essential to the success of the project. Thirdly, it was agreed that a training manual that identified best practices in family meetings, alongside the implementation of an education and training skills programme for social work and other professionals would ensure that the research had impact and relevance to practice. The study was completed within designated timeframes and a training manual/best practice guidelines developed.

Finally, the continuation of hospital/university partnership and further collaborative enquiry were seen as key indicators that real and meaningful and change had been achieved:

"I suppose my hope would be that this has a particular focus in terms of improving care planning and family meetings but that we will be able to continue with the academic/hospital partnership and collaboration, that's very important... it would be a pity to let it all fizzle out when the project comes to an end stage." (Steering Group Member B)

Conclusion: lessons for the future

By deconstructing the process and role, as described in this paper, it was possible to identify the critical stages of the project. Steering group members were able to trace the origins of the idea and translate aspirations that led to the creation of the research social worker position and PhD study. It is interesting to reflect upon how different members of the team came to the process with various needs and agendas. Although conflict inevitably arose, this was dealt with through good communication and in order to see the process to fruition. Perhaps the most important insight we gained from this evaluation was that Care and Community was really about bringing about the sort of organisational change that would promote opportunities for social work practitioners to engage in research opportunities. Although subsequent changes in attitudes to research and practice may not always be recognisable or ‘measurable’ a perception was shared that subtle cultural changes within the hospital in relation to family meetings has taken place and changes in perceptions and attitudes of social workers and multidisciplinary team members through a ‘heightened awareness of their practices.’

An important milestone was the completion of the PhD and research findings were presented both nationally and internationally. The model and study day for 150 health and social care professionals was organised, at which the 'Best Practice Guidelines for Care Planning Meetings' were launched (see http://www.lenusla/hsd/handle/10147/61756). Whilst a formal academic practice partnership and post no longer exists between the hospital and the university, there has been a cultural shift towards improved collaborative relationships and partnerships between social work practice settings and academic institutions. This model of collaboration between practitioners and researchers has been further advanced through the recently established ISAW Practitioner Research Special Interest Group which holds regular meetings in Dublin, Cork and Galway.

In conclusion, this project is only one approach to developing social work research capacity in Ireland and this study had demonstrated the advantages of adopting an action research methodology for social work research. One of the key principles of being a social worker is to have a questioning mind and research skills must play a part in enhancing the status of the profession. This will enable the social work community to more confidently work alongside other professional colleagues and further bridge the gap between practice and academic institutions. It is a "leap of faith" that is necessary and worthwhile.

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References