Social Work Research Strategy

2015-2020

*In Pursuit of Excellence*

Supporting the profession in relation to social work services in Northern Ireland

December 2014
Accessibility statement

Any request for the document in another format or language will be considered.

Equality, Human Rights and Personal and Public Involvement

In the development of the Social Work Research Strategy, equality and human rights were integral to the process. Key sections in the strategy reflect consideration of these issues which are also reflected in the specific priorities identified. The strategy has also been screened in accordance with the HSCB’s statutory equality duties. The screening outcomes are available as part of our requirement to publish quarterly equality screening reports [http://www.hscbusiness.hscni.net/services/2587.htm](http://www.hscbusiness.hscni.net/services/2587.htm) in the roll out of the strategy and in the conduct of any future research activity, account will be taken of the specific needs of groups marginalised in society where inclusive research activity can provide positive equality outcomes.

A summary of this strategy is available at: [http://www.hscboard.hscni.net/consult/index.html](http://www.hscboard.hscni.net/consult/index.html)

Telephone: 028 95 363017 or Text phone: 028 95 363017 with prefix 18001 if you wish to speak to someone about the strategy.
Email swresearchconsultation@hscni.net if you need a paper copy.

An opportunity to reflect

In the concluding section of this strategy a number of reflective questions are posed. These questions are designed to encourage the reader to consider, reflect and develop their own views on some of the key issues facing health and social care organisations in adopting and promoting a culture of research mindedness.
Foreword

I am very pleased to present for consultation a five year Research Strategy for Social Work in Northern Ireland. This strategy offers a new and refreshed impetus for us all to move forward collaboratively at a time when delivering social work in the context of wider social care services is taking place in a more complex, uncertain and changing environment.

Social work is an established professional discipline which makes a valuable contribution in helping children, adults and families to take control of and to improve their lives in conditions where their security, safety or ability to participate in civic life are restricted. In Northern Ireland there are currently 5,500 registered social workers who operate within a framework of legislation and government policy relating to children, families and adults and who are governed by the Northern Ireland Social Care Council’s Code of Practice. The strategy has a particular focus on social work in the Health and Social Care System which is where the majority of social workers are employed. Criminal justice, education, youth justice, voluntary and independent organisations are also important employers of social workers and this strategy should also support social work research activity in these sectors.

Social workers work holistically with individuals and families and with other professions in many diverse and often very complex social circumstances where there are high levels of uncertainty, stress, conflicts of interest and risk and often in situations where very often there are no clear answers. The value base of the profession is however one that encourages equality and partnership working appropriate to individual circumstances to help achieve independence and allow individuals, adults and their families exercise their human and civil rights. In some instances social workers are required to intervene on a preventative or statutory basis when adults and children who are at risk or need safeguarding from abuse, neglect or exploitation, and possibly need removing from their home.

Speaking in support of the proposed Research Strategy the Chief Social Services Officer, commented “I welcome this draft Research Strategy which is one of a number of initiatives the Department has funded to support the delivery of the priorities in its 10 year Strategy for Social Work ‘Improving and Safeguarding Social Well-being’. Decisions about policy, service improvement and practice development need to be based on sound research evidence of ‘what works’ and equally importantly ‘what does not work’. I urge your participation in this consultation process to ensure this research strategy achieves the overall objective of improving outcomes for service users through building the capacity of social workers to both use and build the evidence base for practice in Northern Ireland.”

Our aim therefore with the development of the Social Work Research Strategy is to build an organisational culture that recognises and values the contribution of research and evidence and its integration at all levels of policy, commissioning and practice. We want to increase both the quantity and quality of research relevant to Northern Ireland to support both the visibility of the social work profession and better outcomes for service users and carers.

The strategy has been informed by the engagement and support of a wide range of interested organisations and individuals both internally within the health and social care sector and externally from a diverse range of settings including academia, the voluntary sector, representative organisations, service users and carers and other individuals. The time and commitment offered by everyone in this endeavour is warmly acknowledged. We wish to capitalise on the positive attitudes that exists for the development of the strategy at this time.

The lesson learned from the development of the strategy is that all of these stakeholders had a part to play and all, and others, will have a part to play in its implementation if our vision “that the social work profession in Northern Ireland becomes a confident player in the areas of research, evidence and knowledge transfer. We will know our strengths and unique contribution in the pursuit of excellence in service user and carer outcomes” is to be realised.

Fionnuala McAndrew

Director of Social Care and Children
Health and Social Care Board
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>Provides a method for systematically reflecting on and reviewing practice. It aims to establish how close practice is to the desired level of service. This is achieved by setting standards and targets and comparing practice against these. Research methods also have an application to audit.</td>
</tr>
<tr>
<td>Critical appraisal</td>
<td>Is a systematic framework to assist in interpreting the quality and relevance of the research process carefully judging its trustworthiness, and its value and relevance in a particular context. It asks are the results presented valid? Just because it is scientific or because it is published is not always a guarantee.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Defined as a set of procedures to judge a service’s merit by providing a systematic assessment of its aims, objectives, activities, outcomes and costs. Audit may be one activity that takes place during a service evaluation, alongside other activities such as routine data gathering, incident reporting and interviews with staff, service users and carers. Research methods also have an application to evaluation.</td>
</tr>
<tr>
<td>Evidence</td>
<td>The available body of facts and information about a particular topic or subject.</td>
</tr>
<tr>
<td>*Evidence-based</td>
<td>An intervention or practice which has been robustly evaluated (usually involving one or more Randomised Control Trial) (RCT). Other research designs also exist to generate robust evidence for example prevalence and incidence of social problems and experiences of problems and care processes including service user and carer perspectives. Evidence based* and evidence informed* are often used interchangeably and are a matter of preference of terminology rather an absolute distinction. See also definition of evidence informed.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Evidence - informed</td>
<td>Knowledge gained from integrating the best available research and literature with the professional judgement of practitioners and service user experience. Evidence is the information that supports or substantiates research findings. Identifies what makes for an effective intervention.</td>
</tr>
<tr>
<td>Knowledge</td>
<td>The interpretation of evidence including research.</td>
</tr>
<tr>
<td>Randomised Control Trial (RCT)</td>
<td>An experiment in which individuals are randomly allocated either to receive an intervention (intervention group) or to receive no intervention or a different one, such as the standard service (control group). Both groups are measured at baseline (e.g. level of independence, level of anxiety) and at the end of the intervention period, and are usually followed up later. The outcomes of the two groups are then compared to determine the effectiveness of the intervention under investigation. It does not, in itself, provide any information on why, or how, the intervention works, but only the extent that it did.</td>
</tr>
<tr>
<td>Research</td>
<td>Is a scientific approach to answering questions about the social world designed to reduce potential sources of bias in everyday reasoning. It uses a set of logical, systematic and documented methods for investigation. It allows others to inspect and evaluate the methods used and the evidence produced by investigation.</td>
</tr>
<tr>
<td>Qualitative data</td>
<td>Includes participant observations, focus groups and interviews designed to capture views. Qualitative data are words, pictures or drawings. They do not have direct numeric interpretation.</td>
</tr>
<tr>
<td>Quantitative data</td>
<td>Includes surveys and experiments that record changes and variations. Data that is quantitative is either numbers or attributes that can be ordered in terms of size or magnitude.</td>
</tr>
</tbody>
</table>
# Contents

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Social Work Research Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quick Guide to the Strategy</strong></td>
<td>Page</td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>Where are we now?</td>
<td>14</td>
</tr>
<tr>
<td>Why we need a research strategy at this time?</td>
<td>20</td>
</tr>
<tr>
<td>What does evidence informed practice look like?</td>
<td>28</td>
</tr>
<tr>
<td>Where we want to get to?</td>
<td>32</td>
</tr>
<tr>
<td>Equality and Human Rights Personal and Public Involvement</td>
<td>38</td>
</tr>
<tr>
<td>Governance</td>
<td>42</td>
</tr>
<tr>
<td>Resources</td>
<td>48</td>
</tr>
<tr>
<td>How do we plan to take it forward?</td>
<td>50</td>
</tr>
<tr>
<td>Success Factors</td>
<td>52</td>
</tr>
<tr>
<td>Conclusion</td>
<td>53</td>
</tr>
<tr>
<td>References</td>
<td>56</td>
</tr>
<tr>
<td>Appendices</td>
<td>60</td>
</tr>
</tbody>
</table>
Section 2

Social Work Research Strategy

Introduction

This document outlines a five year Research Strategy for Social Work in Northern Ireland from 2015-2020. It reflects the joint leadership shown by the Office of Social Services (OSS), (Department of Health and Social Services) and the Director of Social Care and Children of the Health and Social Care Board (HSCB) and Executive Directors of Social Work in the five Health and Social Care Trusts (Trusts) who requested and supported its development. The strategy has a particular focus on social work in the Health and Social Care System which is where the majority of social workers are employed. Criminal justice, education, youth justice, voluntary and independent organisations are also important employers of social workers and this strategy should also support social workers in relation to research activity in these sectors. It should be read in conjunction with key government policies that set the strategic direction for social work services and the research agenda in different sectors and settings.

This framework is one that supports a research minded culture with better linkages and accessibility of ‘research to practice and of practice to research’ each linked to agreed research needs and priorities, inclusive of evaluation and audit, and has been endorsed by the Association of Executive Directors of Social Work.
From the outset it is recognised that changing the culture will not happen overnight. We believe that setting a number of strategic priorities will contribute to building a strong foundation that allows research and knowledge exchange for future generations. A number of incremental steps are necessary to build on this foundation. By necessity the strategy retains a degree of flexibility to respond to rapid changes in the world of social work in the context of social care service provision.

The principle behind the strategy is that the development and use of research and evidence should increasingly be driven and owned by the Health and Social Care sector itself in partnership with others. The approach proposed is one that encourages the fostering of reciprocal relationships between the producers of research and evidence, and those who need to use it by applying it to practice. The users of research and evidence include: policy makers, managers at commissioning and provider levels, practitioners, other researchers and service users and carers. The premise is that to be successful the strategy needs to support the creation of opportunities for all, relevant to needs to build confidence to proactively engage with and influence the research activity.
Our Vision

Our vision for the future is that the social work profession in Northern Ireland becomes a confident player in the areas of research, evidence and knowledge transfer. We will know our strengths and unique contribution in the pursuit of excellence in service user and carer outcomes.

Aim

The aim is to build an organisational culture. This culture recognises the important and necessary contribution that undertaking, understanding, critically appraising and applying research evidence, makes to the knowledge transfer process in making sense of “what is best practice” in services. This Research Strategy will support work to help understand and tackle barriers to evidence informed practice, including how to make research evidence more accessible to those who use it. Ultimately it is about increasing the quantity and quality of research relevant to Northern Ireland, to inform policy and practice in the delivery of services and so support both the visibility of the profession and better outcomes for service users and carers.
Purpose
The purpose of the Research Strategy is to demonstrate, both internally and externally, organisational commitment for the coordination of social work related research activity across the wider context of social care service provision. In debates about what works or what does not work, research provides a logical approach to how observations are made through demonstrating the need for robustness and reliability (Nutley, 2010). The Research Strategy will provide confidence that decisions taken at policy, commissioning, service development and practice are evidence based, with research evidence worthy of particular attention in the generation of new knowledge.
Where are we now?

Northern Ireland has a long and steady commitment to the conduct of high quality research. The recently launched strategy for consultation, HSC R&D in Northern Ireland ‘Research for Better Health and Social Care’ (2014) is the third strategy since 2002. Specifically in relation to social work and social care early attempts by leading academics, health and social care senior managers and voluntary sector representatives to profile social work research as an integral part of the HSC Research and Development infrastructure can be traced back to the late 1990’s (NISCC 1998).

A particular strength in Northern Ireland is the close partnership and working relationship between all the key stakeholders including the Department of Health and Social Services and Public Safety (DHSSPSNI), Northern Ireland Social Care Council (NISCC), the HSC Board, the HSC Trusts the HSC R&D Division of the Public Health Agency as well as universities, the voluntary sector and other employers of social workers.

Post qualifying training in Northern Ireland has also provided continuous professional development opportunities for social work managers and practitioners. This has enabled them to acquire the necessary skills and knowledge for application of research methods across the spectrum of research, evaluation and audit activities. The outcomes of this activity have resulted in the production of a number of high quality publications.
Following what Walter et al (2004) and Nutley et al (2010) describe as ‘The research based practitioner model’ this has resulted in a number of committed and enthusiastic social work practitioners having been recognised for their research at Masters and at fellowship level.

Universities in Northern Ireland have a dual role in relation to social work research. They provide teaching and education to students, practitioners and managers at qualifying and post qualifying levels. This helps to develop a culture of informed research mindedness and critical enquiry, and undertake research across a range of topics and issues, often in partnership with social work and social care organisations in Northern Ireland. A particular strength at the university social work departments in Northern Ireland is that all staff in social work posts must be on the professional social work register held by Northern Ireland Social Care Council (NISCC). This does not apply in England.

All staff who teach and assess on the qualifying and post qualifying programmes must be on the social work register. In the case of post qualifying study they must be approved by the post qualifying arrangements at NISCC. These strengths help to ensure that academic social work (both teaching and research) remain firmly rooted in professional practice issues rather than more distant theoretical or policy aspects driven by purely academic disciplines.
Each university has developed research clusters, often in response to the interests of social work staff and other colleagues. At Queen’s University Belfast particular research strengths are in child care, disability issues, mental health, the lifecourse and professional education.

Queen’s University Belfast also has the Institute for Child Care Research located within the School of Sociology, Social Policy and Social Work. At the University of Ulster there are two research clusters: Mental Health and Wellbeing (working in collaboration with the Bamford Institute for Mental Health) and the Decision, Assessment, Risk and Evidence research cluster which provides regular conference and seminar opportunities.

A major contribution to the research and evidence has also been made by independent researchers and researchers working within Centres of Excellence and those working in the community and voluntary sectors who have undertaken research covering a number of important social issues.

In the absence of a strategic vision with identified priorities much research and evaluation conducted to date has had reduced impact on mainstreaming research and evidence into our statutory social care organisations. We have not capitalised fully on our investment by securing a necessary shift in the overall culture. It is this gap that this Social Work Research Strategy is intending to fill.
Capacity and capability for research and evidence activity

To inform our thinking on the level of research capacity and capability amongst social work professionals to embrace research and evidence activity national and international literature was explored (Nutley et al 2002, Walter et al 2004, Marsh and Fisher 2005, McEwan 2007, Trevithick 2008).

Our work was also informed by the outcomes of exploratory consultation studies by Institute for Research and Innovation in Social Services (IRISS 2008) Scotland and by the Centre for Social Work and Social Care Research, Swansea University (2009). Both these studies related to developing research and development strategies responsive to local priority issues for Scotland and Wales respectively.

Issues from contemporary studies and reviews of the literature echo the issues and concerns expressed by managers, practitioners, researchers and other academics who attended a local conference in February 2014.

Hosted by the Health and Social Care Board (HSCB) and the HSC R&D Division of the Public Health Agency the purpose was to commence the dialogue from a local perspective on producing a local social work research strategy (HSCB and HSC R&D Division, PHA 2014). The outworkings of this event were instrumental in defining the detail of this strategy.

A summary of the evidence is provided here, including feedback from participants who attended the February 2014 event.
Culture and infrastructure and working with others

- The organisational system and culture is not always conducive to research. There are issues of workload, role expectation and lack of time;
- There is a need to address the ‘sense of isolation’ experienced by social workers interested in research;
- Research needs to be embedded in social work. This is about changing the culture with the necessary support provided by managers;
- The social work research infrastructure is not well developed;
- There is a need for a more joined up approach within health and social care organisations, the HSC R&D Division, universities, The Northern Ireland Public Health Research Network and other research providers;
- There is a lack of expectation amongst social workers in spite of continuous professional development requirements;
- There is little articulation of social work and social care research needs and priorities;
- There is a need for a mechanism for identifying priorities linked to policy and practice requirements;
- Funding is difficult to access so we need a way to secure more funding for relevant social work research and optimise funding applications including those to the HSC R&D Division;
- Staff lack the confidence, capacity and necessary skills to interpret, use and undertake research;
- There is a need to embed research and evidence within a research excellence framework practice with academia. This is a two way process;
- There is limited training on research and critical appraisal;
- There is a need to ensure the visibility of social work within regional and strategic groups established for research purposes. This needs champions.
Outcomes

- The research base is fragmented and evidence does not exist in certain areas;
- Academic research does not always address the important issues at policy and practice levels;
- Research needs to better address personal and public involvement and the role of service users and carers throughout the whole process;
- Research does not always produce clear outcomes;
- Opportunities need to be taken to link outcomes of the research process with organisations own developmental plans and recommendations.

Transfer of knowledge

- The timing of the conduct of research and policy making do not always coincide as research takes longer than policy makers often expect;
- Policy makers are not always involved in discussion about research priorities;
- Complex lengthy and inaccessible research is not helpful to policy makers or practitioners;
- There is an issue around the implementation of research. The dissemination of research needs to be better planned between researchers; managers and funders;
- Limited use of research in some areas to inform action into practice;
- Lack of attention given to addressing the complexities associated with knowledge transfer and exchange;
- Researchers generally have limited time or resources for transferring knowledge to their audiences.
Section 4  Social Work Research Strategy

Why we need a research strategy at this time?

The development of the Social Work Research Strategy needs to be viewed in the context of a number of other related agendas and strategies highlighting consistent and crosscutting themes. This includes the recently launched HSC R & D Northern Ireland strategy for consultation on Research for Better Health and Social Care (DHSSPS 2014). The Social Work Research Strategy represents the outworking of this regional HSC Research and Development Strategy especially for research and evidence activity related to the social work profession.

The government’s modernisation agenda also makes clear its commitment to improve the quality, safety and effectiveness of social services while promoting a change in the culture through personalisation, independence, choice and control and the protection of adults at risk. The impact and scope of the research strategy is on the social work profession within the wider context of social care service provision.
Social work and social care modernisation requires an increasing emphasis on research evidence with regard to decision making, service contracting and delivery and outcome measurement.

This commitment however comes amidst a difficult economic climate where there are significant demands for changes to services to meet new and emerging needs. With ever increasing interest and scrutiny by politicians, the media and the public it remains important that resources are used efficiently.

Following the local conference in February 2014 (HSCB and HSC R & D Division) it was articulated that partnership working between stakeholders who work to improve the quality of social work service and those who work to better meet the needs of those who experience it requires an overarching strategy for social work.

The timing for the development of the Research Strategy also coincides with the implementation of the 10 year Strategy for Social Work in Northern Ireland (DHSSPSNI 2012). The Social Work Strategy sets out the vision and agenda for action by social work and social workers in improving the social wellbeing of individuals, families and communities, including supporting greater personalisation. As a result service users and carers will have more of a say in services that affect their lives.
We believe that the aspiration within the Social Work Strategy will be enhanced by having the design, development, delivery and management of services and new innovations based on sound evidence of ‘what works’ and equally importantly ‘what does not work’. The Social Work Strategy will be further enhanced by the contribution of a Social Work and Social Care workforce that is capable of using research evidence, critically appraising and applying it within their role relevant to delivering effective services.

As a regulated workforce the responsibility of individual registrants and organisations for competence, conduct, and keeping knowledge and skills up to date are made explicit within the Northern Ireland Social Care Council’s (NISCC) Codes of Practice (2002). Informed decision making to support better, safer practice and improved standards of competence and service provision was also a central theme of the Personal Social Services, Education and Learning Strategy 2006-2016 (DHSSPSNI 2006). It referred to the need for informed decision-making to take place in a climate of a learning organisation where staff are continuously encouraged and enabled to question and learn from practice.

**Strategic priorities**

A summary of the strategic priorities are presented at this stage in the document in Table 1 to give an early alert and focus of the Social Work Research Strategy. These strategic priorities are further expanded upon in Section 6 under the section ‘where we want to get to’ with further detail on the issue being addressed and how we intend to address it in our ‘pursuit of excellence’ for social work research and evidence.
The challenge within the development of the strategy was to balance the strategic priorities with the identification of meaningful activity at policy, commissioning, practice service users and carers levels. It was also important not to be overly prescriptive, precise or time bound so that the outworking of these priorities remain contemporary throughout the duration of the 5 year time line 2015-2020. A more detailed action plan will also be developed to support the priorities and the areas identified.
<table>
<thead>
<tr>
<th>No.</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To improve outcomes for service users and carers using research and evidence informed decision making at policy, commissioning and practice levels.</td>
</tr>
<tr>
<td>2</td>
<td>To ensure the body of research and evidence is easily available and relevant to social work in Northern Ireland supporting an overall model of research excellence in commissioning, planning and practice.</td>
</tr>
<tr>
<td>3</td>
<td>To increase investment in research, evaluation and audit activity.</td>
</tr>
<tr>
<td>4</td>
<td>To increase the engagement, participation and visibility of social work practitioners, in partnership with other professionals, in research, evaluation and audit activities.</td>
</tr>
<tr>
<td>5</td>
<td>To promote and support a research infrastructure within Northern Ireland which recognises the professional integrity and organisational arrangement for the social work profession whilst ensuring any research related activity complies with research ethics and governance standards.</td>
</tr>
<tr>
<td>6</td>
<td>To ensure the experience, practice wisdom and knowledge of frontline staff, service users and carers is used to inform proposals for commissioning and investment in research, evaluation and audit activity.</td>
</tr>
<tr>
<td>7</td>
<td>To ensure that any research, evaluation or audit activity promotes the principles and practice of personal and public involvement and equality and human rights.</td>
</tr>
</tbody>
</table>
Who is the target audience?

The immediate impact will be on social work professionals, the majority of whom are employed in the statutory sector, who have responsibility for designing, commissioning managing or providing services and empowering service users and carers. This equates to currently in 2014 approximately 3,500 social workers employed by Health and Social Care Trusts, 47% in Children’s Services and 32% in Adult Services. A number are also employed in management posts within Trusts. The remainder of social work professionals are employed in a range of practitioner and management posts across other statutory and voluntary organisations (DHSSPSNI 2010).

In view of the multi-dimensional nature of social work and social care the outworking of this Research Strategy will also have wide reaching impact on a range of other statutory, academic and research organisations, voluntary and community sectors and service users and carers.

See Figure 1 for an outline of the key stakeholders including the HSC Research and Development (R&D) Division within the Public Health Agency.
Figure 1: Key stakeholders in relation to the Social Work Research Strategy.
Why does the Research Strategy matter to social workers?

Service users and carers have a right to services based on the best available evidence. This requires that research, evaluation and audit activity is a key feature of social work practice. Staff need to be supported in these activities.

To adopt an evidence informed approach involves the confidence to critically question claims to authority, whether they come from experts, practitioners, personal experience or from the beliefs of interest groups. It is this culture of questioning and critique that the Social Work Research Strategy intends to build.

By adopting this culture organisations can:

- Enhance accountability to stakeholders;
- Enhance accountability and fairness in decision making;
- Increase confidence in the quality of decisions;
- Enhance outcomes for service users and carers.

(Evidence Network 2003).
Section 5

Social Work Research Strategy

What does evidence informed practice look like?

The design of strategies to improve research use need to be shaped by a coherent model of what research informed practice is or should be and how this can be achieved (Nutley, 2010). Three models, outlined in Table 2, will resonate with those familiar with the debate about the promotion of research activity.

Table 2: Three models of research use in practice settings.

<table>
<thead>
<tr>
<th>Model</th>
<th>Outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research based practitioner</td>
<td>Where research use is the responsibility of individual practitioners. This model is most effective for instrumental use of research by highly motivated and autonomous practitioners. It is rarely effective on its own, even with highly qualified staff. Research use is perceived as a linear process that involves accessing, appraising and applying research in largely instrumental ways.</td>
</tr>
<tr>
<td>Embedded research</td>
<td>Where the instrumental use of research is embedded into systems, processes and standards (e.g. built environments, assessment and quality assurance frameworks). Responsibility for research use lies not with individual practitioners, but organisational managers, commissioners and regulators.</td>
</tr>
<tr>
<td>Organisational excellence</td>
<td>Where research use is promoted through the development of appropriate structures, processes, culture and values within organisations. There is strong focus on the contextual use of research, visionary and people centred leadership, experimentation, risk taking and being open to learn from mistakes within a dynamic complex adaptive system. Responsibility for research use in this model is across the whole organisation, with strong support from senior managers.</td>
</tr>
</tbody>
</table>

Since 2004 much commentary within the literature has centred on the applicability of these three models or approaches. The ‘organisational excellence model’ is attractive because it emphasises social interaction and a dynamic two directional knowledge flow between the users of research and the producers of research and evidence (Matosevic et al 2013).

The ‘excellence model’ has helped shape the strategic priorities within this strategy. A pre requisite however to the choice of any model is firstly agreement on what is needed in order to build the body of research, evaluation and audit evidence relevant to Social Work and Social Care in Northern Ireland. This includes a commitment to the necessary resources and adequate time allowed for establishment, maturity and on-going evaluation and reflection.
Platforms for knowledge into action

The process of knowledge building is a dynamic process that draws on a range of sources including research and evidence. In Northern Ireland we have a range of organisations including academia and research collaborations concerned with preparing, maintaining and disseminating systematic reviews of evidence, as well as a number of other organisations which all contribute to implementation and transfer of knowledge. To date none of these are sufficiently joined up to deliver a comprehensive response.

To consider the best responsive approach the Health and Social Care Sector requires dialogue and engagement with and between the wide range of relevant stakeholders, under the principles of effective engagement and inclusion as are outlined in the introduction to this strategy. It will be informed experience and learning from elsewhere nationally, and internationally where a range of approaches have been developed for building capacity and translating research into practice.

We need the skills to:
- Formulate an answerable question.
- Search using databases for good quality evidence.
- Critically appraise the evidence.
- Interpret and apply to practice.
- Evaluate practice.
Where we want to get to?

This section outlines a range of strategic priorities with an outline of what we hope to achieve. The ‘At a Glance’ section summarises the expected outcomes. A more detailed action plan with timescales and responsibilities and monitoring arrangements will be developed to support the implementation of the Social Work Research Strategy during the period 2015-2020. Some measures will be easy to implement, others will take longer.

Strategic Priority 1
To improve outcomes for service users and carers through attention to research and evidence informed decision making at policy, commissioning, service development and practice levels.

What we hope to achieve

- Senior managers will support a whole system approach that promotes a culture of research mindedness and evidence informed practice;
- Decisions about policy, commissioning, service developments and practice will be informed by evidence from research, evaluation and audit;
- Research and evidence will be embedded into and aligned with other mainstream accountability processes related to planning, decision making, governance and supervision;
- A continuum of training including critical appraisal skills, research methodology and processes will be in place at qualifying and post qualifying masters and doctorate levels;
- A continuous learning culture will be fostered whereby managers recognise the importance of social workers seeking out, critically appraising and applying the best available evidence as an integral part of their role in planning and decision making.
Strategic Priority 2
To ensure the body of research and evidence is easily available and relevant to social work in Northern Ireland supporting an overall model of research excellence in commissioning, planning and practice.

What we hope to achieve

- A mechanism will be established, in partnership with others, to determine review and manage research and evidence priorities on an annual basis including identifying the need for new empirical research, systematic reviews of evidence and better utilisation of existing data sets;
- Social work representation on strategic research decision making bodies, including the HSC R&D Division will be strengthened;
- Greater influence in decisions regarding funding calls will be exerted to better reflect and target social work research priorities;
- Linkages and partnerships with Higher Education Institutes and other Centres of Excellence will be developed and maintained to foster mutually beneficial alliances and collaborative working in research related activity;
- The capability of social work staff will be strengthened in the procurement and commissioning of research related activity ensuring clarity ownership, intellectual property and publication rights.

Strategic Priority 3
To increase investment in research, evaluation and audit activity.

What we hope to achieve

- The current level of investment in research, evaluation and audit activity in Northern Ireland will be identified and monitored in order to capitalise on its impact on decision making and its contribution to identifying research priorities;
- The quantity and quality of research applications will be increased to secure funding from HSC R&D Division and from other funders for research related activity to be undertaken by social workers;
- Funders will be lobbied to influence funding decisions about investment in high quality research relevant to Northern Ireland.
Strategic Priority 4
To increase the engagement, participation and visibility of social work, practitioners in partnership with other professionals, in research, evaluation and audit activities.

What we hope to achieve

- Senior managers will support and facilitate a culture of organisational research whereby social workers will be encouraged to be research active;
- A local research champion infrastructure will be established to support and drive the research agenda across the range of social work services;
- Targets will be established for investment in the education and development of social workers (policy, commissioner and practice levels) in research methods and critical appraisal skills;
- Organisations will build the capacity, capability and confidence of social work staff to engage in research and evidence related activity and education and learning;
- A variety of supports will be in place to encourage and facilitate practitioner based research activity in the workplace including technical support and partnerships with Higher Education Institutes and other Centres of Excellence and engagement with other professions;
- Opportunities will be created to explore with Higher Education Institutes the lessons learned from other disciplines that have created split academic and clinical posts and consider the feasibility of this for social work;
- Opportunities will be created to recognise, value and maintain the skill base of those practitioners who have acquired academic credit for research by utilising these skills in the mentoring, the supervision and provision of teaching inputs on recognised courses, for the benefit of other practitioners wishing to engage in research activity;
- Organisations will build the capacity of staff for greater dissemination of research locally (including within organisations), nationally and internationally using a range of innovative technologies;
- Dialogue between and within organisations to consider the best approach to implementation and knowledge transfer responsive to local needs will begin.
Strategic Priority 5
To promote and support a research infrastructure within Northern Ireland which recognises the distinct features of the Social Work Profession whilst ensuring any research related activity complies with research ethics and governance standards.

What we hope to achieve
- Engagement with the HSC R&D Division will ensure that the regional research infrastructure is proportionate for the different types of research activity;
- Work with existing HSC R&D Governance and Ethics Committees will ensure there is both practical assistance and accessible information to support social work staff in negotiating and navigating the research and governance infrastructure.

Strategic Priority 6
To ensure the experience, practice wisdom and knowledge of frontline staff, service users and carers is used to inform proposals for commissioning and investment in research, evaluation and audit activity.

What we hope to achieve
- Social workers in partnership with service users and carers will engage in activity that continually ensures that research, evaluation and audit activity is a regular mainstream feature of their work;
- Routine and systematic collection and analysis of service users views and experiences of service interventions will be undertaken;
- Greater involvement of service users and carers will be facilitated in identifying and measuring outcomes.
Priority 7
To ensure that any research, evaluation or audit activity promotes the principles and practice of personal and public involvement and equality and human rights.

What we hope to achieve

- Appropriate structures will be identified for creative networking and engagement with service users and carers, including those from marginalised communities, to provide opportunities for influencing the research agenda;
- Mechanisms, including the provision of training will be in place for the engagement and involvement of service users and carers to enhance Personal and Public Involvement in the outworking of the Social Work Research Strategy.
- Engagement will take place with researchers to develop ways to overcome challenges in Personal and Public Involvement. This will encourage and support more co-research activity whereby service users and carers play a partnership role in research activity rather than being perceived as passive recipients;
- Research related activity will demonstrate consideration of equality and human rights issues in respect of the outworkings of the Social Work Research Strategy.
At a glance

What we wish to see from the Research Strategy:

- The development of a regional research active culture that builds a body of robust research evidence and knowledge relevant to Northern Ireland;

- The establishment of a mechanism in partnership with others to determine and review research priorities linked to funding that are driven and owned by the Health and Social Care sector;

- Greater collaboration between academic, other research and evidence providers and practice settings in order to identify and respond to existing evidence gaps;

- A better understanding of the barriers to evidence informed practice and a means to tackle these;

- An increase in the exchange, dissemination and use of research and evidence that is accessible to the end user;

- Better engagement and involvement of service users in the whole research process including research, evaluation and audit;

- Greater attention to how we define and measure outcomes of social work interventions and services;

- The development of improved quality services.
## Equality and Human Rights and Personal and Public Involvement.

### Equality and Human Rights

Social work is a value based profession. According to the Code of Ethics for Social Work (BASW 2012) social workers have a responsibility to promote social justice in relation to society generally, and in relation to the people with whom they work. The profession has a unique commitment to social change, problem solving in human relationships empowerment and liberation. The explicit value base emphasises a commitment to human rights, human dignity, self-determination and participation.

There are a number of recent legislative drivers that give further impetus to this value base. The Human Rights Act (1998) reinforces the statutory requirement to ensure practices are in accordance with the European Convention on Human Rights (ECHR). Unique to Northern Ireland, Section 75 of the Northern Ireland Act (1998) commits public bodies to consider the extent to which nine protected equality categories have differential experiences in terms of policies, decisions and consideration of mitigating action where necessary. The legislation whilst reflecting the whole of the diversity of the population is of particular importance to those people who are often excluded or marginalised by our structures and processes. Examples of these are: older people, children and young people, black and ethnic minority groups, carers, people with disabilities or those who are gay, lesbian, bi-sexual or trans gender. They are the same groups and individuals that social workers are concerned about.
The logical conclusion of this is that those engaged in social work research should also see such relationships and partnerships as a central role in any associated activity, rather than the position of the service users and carers being viewed as one of passivity.

In the development of the Social Work Research Strategy equality and human rights were integral to the process. The strategy has also been screened in accordance with the HSCB’s statutory equality duties. The screening outcomes are available as part of our requirement to publish quarterly equality screening reports. In the roll out of the strategy, and in the conduct of any future research activity, account will be taken of the specific needs of groups marginalised in society where their involvement in research activity can contribute to positive equality outcomes.

**Personal and Public Involvement**

The Health and Social Care Reform Act Northern Ireland (2009) alongside local and national policy increasingly emphasises the central role of service users and the public in shaping services. It is also becoming an increasing priority and a research requirement for funding awards to have evidence of service user and public involvement in research activity.
The movement for service user and carer involvement and engagement is partly value based in that it rests on the principle that service users and carers have a right to be involved in research which affects them and the services that they receive (Involve www.invo.org.uk). It is also based on the increasing evidence that service user and carer involvement is fundamental to improving both the quality of the research and its impact (Staley and Hanely 2009).

In the other key area, that of defining service outcomes, it is also important to note the shift in political and ideological interest in public policy making with greater emphasis on service user and carer defined outcomes.

In Northern Ireland, commitment to service user, carer and public involvement in research has now become central to research activity. This is outlined by the Strategy for Research and Public Involvement in Health and Social Care Research (HSC, R&D Division 2010, under review). There is now a requirement for those responding to funding calls to demonstrate genuine evidence of involving service users and carers in their activities and report on impact. This is also a requirement in external funding schemes.
The Research Governance Framework (2006) also makes explicit reference within its ethics section to the importance of engagement and involvement of service users and carers. In linking research and ethical practice Research Ethics Committees look more rigorously at this issue. It often provides a more favourable opinion where research applications demonstrate genuine user and carer involvement including as co researchers.

In this Social Work Research Strategy a core principle is that people who are affected by research have a say in what and how research is undertaken. Service user and carer priorities and concepts of outcomes and quality may differ substantially from that of policy makers, commissioners and providers. The two strands, personal and public involvement and service user and carer outcomes tend to be treated as discrete discourses and have developed separately in policy, a situation that needs redressed.

The Social Work Research Strategy provides an opportunity to engage in such a dialogue to consider what needs to be done to develop the infrastructure that supports a culture of service user and carer and public involvement including a consideration of:

- Clarity of purpose, levels (strategic and project based) and benefits;
- Capacity – staff, time and financial resources to deliver;
- Capacity of service users, carers and public;
- Training needs for researchers, other staff and service users and carers;
- Recruitment – inclusion and diversity;
- Networks of relationships; and,
- Monitoring and evaluation.
Research Governance in Northern Ireland Health and Social Care.

Northern Ireland has robust standards for the conduct of any research in Health and Social Care. In 2006 the DHSSPSNI introduced a set of standards to improve research quality and protect the public.

The standards are concerned with:
- Promoting research;
- Enhancing ethical and scientific quality;
- Minimising adverse incidents;
- Promoting responsible management.

Research Governance is the key to ensuring that Health and Social Care is conducted to a high scientific and ethical standard. All research commenced within Northern Ireland relating to Health and Social Care services must be undertaken in accordance with the Research Governance Framework for Health and Social Care (DHSSPSNI 2006). This framework applies to internal and external researchers including students wishing to pursue research studies. Proper attention to standards is crucial to ensure that service users and carers and the public have confidence and trust in research activity.

Staff involved in undertaking research are required to:
- Secure ethical approval from the relevant research ethics committee;
- The research undertaken must follow the protocol or proposal submitted and approved by ORECNI (Office for Research Ethics Committees);
• Secure approval from the host organisation;
• Apply for Research Governance approval;
• Use the IRAS (Integrated Research Application System) which allow completion of multiple application forms without duplication.

Despite the inclusion of social work as an integral part of the research governance and ethics framework the quality and the quantity of applications in respect of social work research activity is considerably lower than that from other disciplines. For some this is attributed to the complexity of the process designed primarily for this research. Executive Directors of Social Work have recently voiced concern in relation to the range and type of social work research activity that is presented at Research Ethics Committees without their prior knowledge or initial support. This issue requires redress in order to reduce duplication and in order to support a better partnership and collaborative approach between researchers and the social care sector. It is also to help to ensure that any intended outcomes respond to agreed strategic research priorities.

**Social Care Governance**

Social Care in Northern Ireland was a leading light in the development of the first framework for Social Care Governance: the first in the UK. Social Care Governance according to Munro (2011) helps ensure that good professional practice is informed by knowledge of the latest theory and research. The framework ensures a robust set of standards that the public can expect of the statutory sector to ensure good governance and good practice in the Health and Personal Social Services (DHSSPS 2006).
The Social Care Governance Practice Handbook (SCIE 2013) is aligned to the core standards contained in the original 2006 framework. One of these standards relates to safe and effective practice of which research evidence, best practice and informed decision making is identified as integral. Throughout the handbook reference to research and evidence is noted, particularly in Theme 8 which relates to 'research, evidence based practices and informed decision making'.

For practice implication this requires the need for staff to have:

- Access to research to identify best practice;
- Opportunities to learn from research;
- Support for research led methodologies in the conduct of robust research, evaluation and audit;
- Time to keep up to date with evidence and learning arrangements for research.
## Section 9

### Social Work Research Strategy

#### Resources

In order to be of maximum value the production of research has to be managed and properly resourced. The benchmarking element of a HSC R&D Division evaluation exercise (2012) highlighted that the HSC R&D Fund in Northern Ireland is significantly lower per capita than funds in the rest of the UK. The draft strategy Research For Better Health and Social Care (DHSSPSNI 2014) stated that one of its aims was to increase this funding to the point where it is at least in line with that of the other jurisdictions.

Research requires an infrastructure comprising a workforce, funding and a framework of research priorities (Marsh and Fisher 2005). In terms of investment available to social work research other commentators in the UK have found that robust comparator information within the health sector is notoriously difficult to locate and in many instances is entirely lacking. The Joint University Council Social Work Education Committee (JUCSWEC) in collaboration with SCIE (2006) did however bring together evidence to indicate that the overall level of funding of social work research lags far behind health. In 2006 the view was that the level of funding for social work and social care research could not produce the quantity and quality of evidence that is required (JUCSWEC 2006). It is not apparent that this position has substantially improved since 2006. In Northern Ireland the HSC R&D Division coordinates regional research and development activity for Health and Social Care. This coordination includes the administration of the HSC R&D fund.
Additional funding sources are available from other research funders including statutory and private sectors and charities. The HSC R&D Division also supports researchers to seek to secure a range of research funding from other sources such as the National Institute of Health Research (NIHR). Details available at: [http://www.publichealth.hscni.net/directoratpublic-health/hsc-researchanddevelopment](http://www.publichealth.hscni.net/directoratpublic-health/hsc-researchanddevelopment).

Whilst securing funding and adequate resources is a priority, it is possibly worth reflecting that if substantial investment for social work research was achieved overnight, the lack of capacity and capability in the social work force in terms of training, skills and attitude would remain an immediate obstacle to increased research outputs. This is similar to the position which was previously articulated by JUCSWEC (2006). Increased resources will be required to support sustainable social work research.

The focus for social work and social care research will be on maximising investment by ensuring that existing programmes of research activity adequately reflect social work perspectives. This requires the sector to articulate more specifically its research priorities. Funding opportunities, including specific Social Work and Social Care funding calls with the HSC R&D Division, will be pursued that reflect agreed research priorities. Greater attention will also be provided to selecting and pursing relevant local, national and international research funding opportunities. In addition any health and social care investment in service improvements will need to ensure that they are accompanied by appropriate funding in order to undertake evaluation studies to measure effectiveness and outcomes achieved for service users and carers.
How we plan to take this strategy forward?

This five year strategy reflects a commitment from the social work leadership in Northern Ireland who have requested and supported its development. This commitment brings with it a compulsion by the diverse range of stakeholders who have expressed an interest and enthusiasm in its development. Sustained effort and drive over the forthcoming years will be necessary in order to realise its full potential in building a body of research and evidence relevant to Northern Ireland and in supporting better linkages and accessibility of ‘research to practice and of practice to research’.

The strategic priorities and the framework for practice set out an exciting but equally challenging agenda. An implementation plan with timescales will be developed which will be reviewed and updated annually with a focus on achieving outcomes and monitoring its impact. A Steering Group reflective of stakeholders will be established to oversee its implementation.

Not all of the activity outlined in this strategy requires additional resources. Some reflect the need for a change of attitude and greater collaboration and partnership working across sectors in order to secure greater maximisation of current investment, including investment by the HSC R&D Division. Opportunities for greater synergy with other workforce developments and developments emerging from the implementation of the Social Work Strategy (2012-2022) and the Personal Social Services (PSS) Education and Training Strategy (2006 – 2016) will be taken.
These strategies already include plans and mechanisms for increasing the capability, skills and professionalism of the workforce, including the area of research and evidence.

In other instances implementation actions will require dedicated resources to be secured within the social care sector itself including working in partnership with the HSC R&D Division to generate funding calls that are more reflective of social work and social care priorities. In addition expertise needs to be developed within the sector to capitalise existing local, national and international funding opportunities.

Attention to communication and engagement will be an integral element of the implementation plan to ensure the achievements, progress and impact of the strategy are kept under review and shared internally with staff at all levels within the sector and externally including service users and carers.

It is proposed that the impact of implementing the strategy will be monitored and evaluated. Baseline markers will be established for key priority areas and progress against these will be monitored and measured. There will be an annual report to chart progress and achievements against agreed outcomes.
Success factors

- The establishment of a mechanism in partnership with others to determine and review research priorities that are driven and owned by the sector itself and linked to funding;
- The development of a regional active research culture that promotes the importance of robust research evidence;
- Greater collaboration between academic and other research providers and practice settings in order to foster reciprocal relationships and partnerships working to identify and fill existing evidence gaps;
- Work that helps understand and tackle the barriers to evidence informed practice;
- An increase in the exchange, dissemination and use of research and evidence that is accessible to those who need to use it;
- Better engagement and involvement of service users in the whole research processes;
- Greater attention to how we define and measure outcomes of social work interventions and services.
Conclusion

The Social Work Research Strategy has set out the vision and the priorities of the social work sector in order to build an organisational culture that recognises the importance and contribution of research and evidence. Ultimately it is about increasing the quantity and quality of research relevant to Northern Ireland which will inform policy and practice decisions. It will support professionals in responding to the diversity of needs in the population to provide social work and social care services based on the best available evidence of what works and what does not work. By increasing confidence and competence in the area of research mindedness the use of evidence will support both the visibility of the Social Work Profession and better outcomes for service users and carers.
Reflections

An opportunity to consider the importance of robust research, evaluation and audit evidence and the importance of the Social work Research Strategy.

Reflection 1

Do you need to ensure that the services you commission are based on the best available evidence of what works?
Would you like to ensure that the services you deliver are based on the best available evidence of what works?
Would you like to understand research and appraise its quality?
Would you like to be able to sort the empirical evidence and studies on social policy that are most relevant based on an answerable question?

*If you answered yes to one or more of the following questions this social work research strategy applies to you!*

Reflection 2

In what ways do a systematic approach to data searching and critical appraisal compare favourably with the traditional ways of keeping up with evidence which included activities such as; asking colleagues, seeking advice from an expert or reading an article in a book or a journal?
Reflection 3

Evaluating practice helps you to know whether or not what you are doing works. It may show a positive impact or it might show that what you are doing is having little impact. What are the steps you would need to take to demonstrate what works in your practice area?

Reflection 4

Some equality categories have been researched more than others. Can you think of any ways in which the lack of information about some other marginalised groups increases chances of inequality in social work services?

Reflection 5

Service users and carers are able to offer different perspectives about outcomes from those of policy makers. Can you think of some of the challenges and opportunities that might exist for researchers and different groups of service users and carers in engaging in the different research processes?
References


Involve www.invo.org.uk

IRAS Integrated Research and Application System www.myreserachproject.org.uk


Nutley, S. Walter, I. and Davies, H. (2002), From Knowing to Doing: a framework for understanding the evidence-into practice agenda, Discussion Paper 1, Research Unit for Research Utilisation, University of St Andrews.


ORECNI Office for Research Ethics Committee in Northern Ireland  
www.orecni.org.uk


Legislation
Human Rights Act 1998, c.42

Northern Ireland Act:1998, Section 75

Health and Social Care (Reform) Act (Northern Ireland) 2009
Social Work Research Strategy
Membership of groups associated with its development

<table>
<thead>
<tr>
<th>Project Board</th>
<th>Advisory Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fionnuala McAndrew</td>
<td>Christine Smyth</td>
</tr>
<tr>
<td>Health and Social Care Board</td>
<td>Department of Health Social Services and Public Safety</td>
</tr>
<tr>
<td>Cecil Worthington</td>
<td>Frances Nicholson</td>
</tr>
<tr>
<td>Belfast Health and Social Care Trust</td>
<td>Department of Health Social Services and Public Safety</td>
</tr>
<tr>
<td>Kieran Downey</td>
<td>Fionnuala McAndrew</td>
</tr>
<tr>
<td>Western Health and Social Care Trust</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Ian Sutherland</td>
<td>Cecil Worthington</td>
</tr>
<tr>
<td>South Eastern Health and Social Care Trust</td>
<td>Belfast Health and Social Care Trust</td>
</tr>
<tr>
<td>Marie Roulston</td>
<td>Kieran Downey</td>
</tr>
<tr>
<td>Northern Health and Social Care Trust</td>
<td>Western Health and Social Care Trust</td>
</tr>
<tr>
<td>Paul Morgan</td>
<td>Ian Sutherland</td>
</tr>
<tr>
<td>Southern Health and Social Care Trust</td>
<td>South Eastern Health and Social Care Trust</td>
</tr>
<tr>
<td></td>
<td>Marie Roulston</td>
</tr>
<tr>
<td></td>
<td>Northern Health and Social Care Trust</td>
</tr>
<tr>
<td></td>
<td>Paul Morgan</td>
</tr>
<tr>
<td></td>
<td>Southern Health and Social Care Trust</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Ruth Carroll</td>
<td>HSC R&amp;D Division, Public Health Agency</td>
</tr>
<tr>
<td>Project Development Group</td>
<td></td>
</tr>
<tr>
<td>Fionnuala McAndrew</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>David Bickerstaff</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Una Lernihan</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Gerry Maguire</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Eithne Darragh</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Anne McGlade</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Frances Nicholson</td>
<td>Department of Health Social Services and Public Safety</td>
</tr>
<tr>
<td>Francesca Leyden</td>
<td>Southern Health and Social Care Trust</td>
</tr>
<tr>
<td>John Growcott</td>
<td>Belfast Health and Social Care Trust</td>
</tr>
<tr>
<td>Veronica Callaghan</td>
<td>Northern Health and Social Care Trust</td>
</tr>
<tr>
<td>Christine McLaughlin</td>
<td>Western Health and Social Care Trust</td>
</tr>
<tr>
<td>Roslyn Dougherty</td>
<td>South Eastern Health and Social Care Trust</td>
</tr>
<tr>
<td>Barbara Campbell</td>
<td>South Eastern Health and Social Care Trust</td>
</tr>
<tr>
<td>Ruth Carroll</td>
<td>HSC R&amp;D Division, Public Health Agency</td>
</tr>
</tbody>
</table>
### Employer Champion Network

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne McGlade</td>
<td>Health and Social Care Board</td>
</tr>
<tr>
<td>Marita Magennis</td>
<td>Southern Health and Social Care Trust</td>
</tr>
<tr>
<td>Campbell Killick</td>
<td>South Eastern Health and Social Care Trust</td>
</tr>
<tr>
<td>Jacqueline McGarry</td>
<td>Belfast Health and Social Care Trust</td>
</tr>
<tr>
<td>Paul McCafferty</td>
<td>Western Health and Social Care Trust</td>
</tr>
<tr>
<td>Barbara Gillen</td>
<td>Northern Health and Social Care Trust</td>
</tr>
<tr>
<td>Avril Craig</td>
<td>Patient Client Council</td>
</tr>
<tr>
<td>Paul Schofield</td>
<td>Patient Client Council</td>
</tr>
<tr>
<td>Brenda Horgan</td>
<td>Northern Ireland Social Care Council</td>
</tr>
<tr>
<td>John Sheldon</td>
<td>Northern Ireland Guardian ad Litem Agency</td>
</tr>
<tr>
<td>Sandra McElhinney</td>
<td>Regulation and Quality Improvement Authority</td>
</tr>
<tr>
<td>Gerry Marshall</td>
<td>Regulation and Quality Improvement Authority</td>
</tr>
<tr>
<td>Catherine Neill</td>
<td>Administration</td>
</tr>
</tbody>
</table>
Social Care and Children’s Directorate,  
12-22 Linenhall Street,  
Belfast,  
BT2 8BS.

Date: December 2014