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EVIDENCE-BASED PRACTICE



**PETER ROBERTSON
ON PUTTING WHAT
WE LEARN FROM
RESEARCH INTO A
WIDER CONTEXT**



What is evidence-based practice?

The idea of evidence-based practice has its roots in medicine but has spread into education and other settings in recent years. This seems like a no-brainer. Obviously, medical treatment, or indeed any attempt to help people, is going to work better if it is informed by the best available evidence.

For us, evidence means knowledge generated by research and evaluation efforts demonstrating the effectiveness, or otherwise, of career development services. There is good work out there, for example on the impact of career counselling (Whiston, 2020), or the economic outcomes of career development (Percy & Dodds, 2020).

But the medical model of evidence begins to break down when applied to careers work, for a number of reasons.

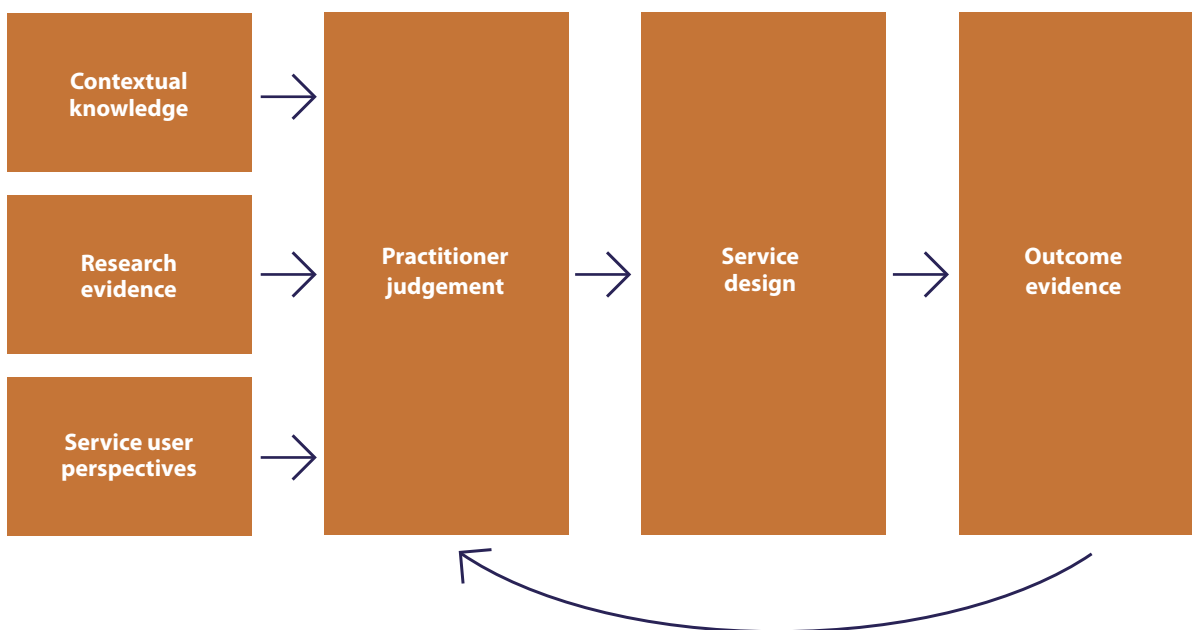
Why is it not so simple?

Not all evidence is equally good. In medical and pharmaceutical research, the gold standard is the double-blind randomised control group experiment. Researchers randomly assign people to a control or experimental group and give the former a placebo, and the latter a drug. Neither the experimenters nor the participants know which they have taken. This cuts down on bias and helps to isolate the effects of the treatment, which are detected using quantitative data and statistics.

This kind of experiment is tricky to do in real-life career guidance settings. We cannot stop people from accessing other sources of advice. The help we give is often not a single 'pill' but a bundle of educational, counselling, assessment and information services adapted for the individual. Often the research we can do is in messy real-life situations where we have to use the kind of data we can realistically get our hands on. Researchers may have to compromise and make pragmatic decisions about the kind of research designs they use. That may not necessarily be a bad thing – some interesting and useful research does not use experimental designs, and we would miss some valuable insights by excluding it. For example, qualitative research into the experiences of service users can be very informative.

If we are going to try to capture the effectiveness of our services, we pretty soon run into some deep questions. What would a good career outcome look like? How do we tell it apart from a bad outcome? Over what time period should we collect evidence, given careers unfold over a lifetime? Are we doing counselling, or education, or employment agency work? What are we actually trying to achieve anyway? Are we interested in facts or feelings? It's tricky, and the temptation is to fall back on the things we can easily measure, rather than what really matters.

An integrated model for evidence-based practice



Why do we need a research culture?

If we want money to run our services, we cannot blame governments, funding agencies, or paying customers if they turn around and say, "OK - show me the evidence it works." If we want to improve the help we give to service users then we need evidence to base our decisions on. Also, if we want to train practitioners to be effective it is better to base the approaches we teach them on evidence rather than "that's how we have always done it".

How can we build a bridge between research and practice?

This is harder than it looks. It takes a huge investment of time to make sense of the published academic research literature, or to track down unpublished service evaluations. Few practitioners can afford to indulge that pursuit. There are two ways we can try to bridge the gap.

Firstly, researcher-practitioners are hugely important. These are often practitioners who seek to enrich their practice by undertaking some research into their practice or their client group. The dissemination of what they discover can enhance practice.

Secondly, accessible summaries of the research evidence can be very helpful in enabling practitioners and service leaders to access the headline learning points from research without having to make a massive investment of time. Such summaries vary in scope and quality, but a good thorough example is Hooley (2014).

Why is it that research is not enough?

In a chapter available to members on the CDI website (Robertson 2020), I argue that we need to broaden out our notion of evidence-based practice, because we cannot base our work solely on research evidence. The evidence base is never going to be perfect, and what works in one setting may not transfer well to another setting. Instead, I suggest that we should think about basing practice on integrating four different types of knowledge into a cycle of continuous improvement:

- The best available academic research evidence
- Our knowledge of the context
- The views of service users
- Local evaluation and outcome measurement.

Conclusion

Evidence is really important to the career development profession. We should use it in the design of our services. We should use it in the training of practitioners. And we should use it in our communications with policymakers. We should foster a research culture in the profession that generates, shares and applies evidence. But career guidance happens in messy, complex, real-world settings where context is everything. Research evidence alone will never be enough. It has to be integrated with other kinds of knowledge, and professional experience to inform our work.

References

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