



Epistemological considerations in RESME

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Aims and assumptions behind RESME

- Find examples of ‘best practice’
- Roll out through education programme
- Paradigms – Evidence based practice – Improvement science
- Roll out, scale up ...



The range of countries

- Two (Denmark and Finland) representing Scandinavian models of the Welfare State, one (Germany) operating within a Central-European model with a long tradition of public health services, one (Scotland) being a devolved partner in the British model, one (Lithuania) representative of the post-communist transition states in Eastern Europe and one (Spain) representing a Catholic, Mediterranean Welfare State.
- Different professional backgrounds for residential care workers – social pedagogy, social education, social care ...
- Differential use of residential care. In Scotland, less than 10% of the total numbers of children in care, while other countries tend to use residential care more often (in Finland, for instance, 38% of the total numbers of children in care are in residential care and in Spain, 40%).
- Across all countries **hard to find consistent, replicable examples of good practice**



Collaborative practice

- Collaborative practice is shaped by factors such as a workforce that knows its professional roles and responsibilities, differing professional histories as well as competing values and ethics, or unevenly distributed power and status.
- Poor communication gets in the way



Status differentials

- Status differentials were evident across all countries; residential workers perceive that their profession is undervalued by society, certainly in terms of salaries.
- Psychiatrists enjoyed a generally higher professional status than child care workers. This differential is perceived as a serious handicap by child care workers in reaching a position of real cooperation as they perceive mental health professionals as having the last word and the power to take decisions.
- Specific manifestations of this status differential were evident in seemingly small things such as the expectation that joint meetings were almost always held in mental health offices, reflecting a belief that psychiatrists' time was more valuable than their own.
- And, professional language/jargon



Communication difficulties

- Mental health staff complained that residential workers attending appointments with children have a serious lack of information about the family background, medical history, and personal circumstances of children. Moreover, when treatment extends over long time it is very common that residential workers accompanying children change and different people appear.
- Residential workers complained about the lack of information given back by psychiatrists - no follow-up or even final reports. In general, they perceive an unbalanced situation where psychiatrists need information to be received from child care workers but they don't see the need to feed back on their own work.



But is there a deeper problem?

- Mental health staff felt that care workers had unrealistic expectations of what they could do. There was a sense that they *“ask for miracles”, “wait for a miraculous medication”, “want very fast results”*
- Child care workers became frustrated with responses such as *“the child needs love”*.
- *“we need to know how to do not only what to do...”*.
- *... But of course you still find that residential units don't really want us because we are just ordinary and they know us, so they really want the real people.*



A different type of job

- Psychiatrists and related workers in mental health services had a unanimous understanding of their main tasks as counseling, assessment, diagnoses and treatment (especially medication).
- Residential care workers found it much more difficult to define their main role and activities; they spoke about things like everyday life, home routines, preparing young people to become citizens, support for reflection
- Job was sometimes unpredictable requiring a flexible and spontaneous approach. Some of them felt that this reality could make them appear less assured in their position when engaging with mental health staff.



Different epistemologies

- Epistemology – techne, episteme, phronesis
- Dominance of a positivist epistemology (techne)
- Professions, such as psychiatry, based around what can be thought of as ‘hard’ technical-rational or scientific knowledge are thought to possess a more robust and useful knowledge than professions such as social work and residential child care which operate in what Schon (1983) calls the ‘swampy lowlands’, where knowledge is messy and hard to pin-down
- ‘Experts in the everyday’
- ‘wild and tame problems’



Towards professional wisdom

- Bondi et al (2011) - technically rational forms of knowledge are problematic in 'people professions' such as social work and residential care.
- Flyvbjerg: We should avoid social sciences that pretend to emulate natural science And, We should promote social sciences that are strong where natural science is weak – that is, in reflexive analysis and deliberation about values and interests aimed at praxis, (2006: 38).
- It is perhaps this idea of praxis or practical knowledge that converges around a particular set of values that residential care workers need to begin to develop and talk up in respect of their professional expertise.

Shifting understandings

- *“the primacy of the technical is becoming secondary to the social and the cultural”* (Boud and Solomon 2001: 25).
- ‘there is no philosopher’s stone’
- Reflective practice - (1) a broad critique of technical rationality; (2) professional practice knowledge as artistry; (3) constructivist assumptions in the theory; (4) the significance of tacit knowledge for professional practice knowledge; and (5) over-coming mind body dualism to recognize the knowledge revealed in intelligent action (Kinsella)
- sharing everyday life can afford a privileged access to observe and know children in ways that are important in understanding behaviours and mental health.



What does it mean?

- The other 23 hours
- Focus on culture rather than structures
- Dialogue