Welcome to this first Issue of the journal for 2019. As another year of publication begins, I found myself wondering what might be ‘new’ in our political and social arenas in the year ahead, and this led me to also wonder what might be new in our research and evaluation endeavours. I have noticed, too, that we constantly see the word ‘innovative’ and I have increasingly begun to question what that really means. So, in this editorial, I’m going to tackle the subject of innovation in research and evaluative studies, and what this actually means for the nature of services and programmes in our sector.

One of the key purposes of journals, including Children Australia, is to report the outcomes of research and evaluation in a timely manner. Researchers and professional practitioners alike rely on the knowledge thus generated in order to enhance subsequent investigations and/or their professional practice. However, we also need to acknowledge some of the problematic issues that are associated with the generation and application of knowledge drawn from research and evaluations. One of these relates to ensuring timely publication, and this is a perennial problem in publishing, which is hard to overcome due to peer-review processes, editing and other activities contributing to the validity of work. Another issue is that researchers and practitioners are under enormous pressure to produce results, whether this should be in terms of research outputs and publications, or outcomes with clients. Accompanying this pressure is the weight given to being ‘innovative’. Changes to doctoral candidature timelines and pressures to achieve completion, the reluctance to engage in complex longitudinal studies (or the demand to show meaningful results at regular intervals) and the need to argue that one’s research or practice is ‘innovative’ are all part of the current environment in which we do our work. In addition to this, the emphasis on high turnover and maintaining currency in all these activities is not only shaped by media responses to various welfare scandals, but also, to some extent driven, by the governments of the day, who want to claim that they are responding to public concerns in new ways. Arguably, the overuse of the term ‘innovative’ is a symptom of these pressures, with organisations and researchers insistently flourishing the term as they vie for attention, funding, donations and professional kudos. It is the question of how innovative our research and practice really is that I want to challenge in this editorial.

It is commonplace now to see claims of engagement in new, or innovative endeavours. We read on organisations’ websites, in promotional materials and in media reports how what is on offer is ‘new’, and universities and human service organisations are equally caught up in the trend to promote themselves in this way, usually with an eye to the future by headlining words and phrases like ‘transformative’, ‘groundbreaking’, ‘new initiative’, ‘game changing’ and ‘leading the way’. The Oxford English Dictionary defines ‘innovative’ as something ‘featuring new methods; advanced and original’ or in reference to people who introduce new ideas and demonstrate ‘original and creative thinking’ – and naturally we are attracted, particularly within western culture, to the notion that we might be contributing something inventive or be in a position to demonstrate our ingenuity. In research and evaluation, innovation may be related to the methodology of an investigation, the knowledge generated from an investigation or evaluation, or the application of knowledge to practice that results in a new form of intervention or treatment modality.

In relation to the development of ‘innovative’ programmes, it has to be acknowledged that the majority of organisations delivering services are actually very similarly structured, with boards of directors and hierarchical staffing structures dominating our sector. They operate with financial accountability processes, quality standards, annual reporting, strategic plans, complaints processes and policies and rely on a mix of funding sources depending on their profit/non-profit status. Sources of funding may include one or more of government, philanthropy, fee-for-service, crowd funding and fundraising or profit-making enterprises. Across these organisations, there is, frankly, little scope for ‘structural’ innovation, and these very structures can also serve to undermine the practice innovations desired by the professional staff who deliver services. When we step back to look at the nature of the services and programmes delivered in the human service sector, it is the myriad similarities that tend to stick out. Programmes funded by government under contractual arrangements have specific requirements and outcomes that are not under the control of, or subject to, fundamental alteration by organisations or staff. Clearly, this makes it difficult indeed for any programme to lay claim to being

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‘innovative’, unless a programme can properly demonstrate that it has never been delivered in any form before.

In addition to the limitations that structural considerations impose on innovation, a further difficulty arises when research and evaluation findings indicate that a particular government policy is detrimental to the well-being of the client group being served or that a client group has specific needs. If the government of the day is clearly not minded to fund a different service, or the enhancement of a service, the knowledge generated through the research or evaluation simply loses its impact – and if the study was funded by government, the knowledge obtained belongs to government and a report may be shelved, as I have experienced in the past myself. Being critical of government services and policies is difficult for those who want to continue to receive funding, and this can result in innovation or change that amounts to little more than tinkering at the edges. But it is not only government that influences how results of studies will be applied. The influences of managers, funding bodies and organisational structures can also conspire to limit those of us who are undertaking research and evaluations by narrowing what channels are made available for the collection of data and development of knowledge.

Those programmes delivered as a result of successful philanthropic applications may be trialling some service elements that are different to existing programmes, but to call them innovative is often stretching the point. Sometimes what is delivered as a result of non-government funding being available is a service that is just not currently in the remit of government. A close look will reveal that the elements of the ‘new’ programme are in fact well-known to professional practitioners who have worked in the field over several decades. Sometimes, the ‘new’ programme will essentially be the delivery of a service that was funded in the past, albeit not during the career of those who consider the work to be groundbreaking. The saying ‘there is nothing new under the sun’ springs to mind. That may sound cynical, yet when contemporary marketing is so rife with exaggerated statements, I think it’s only proper that we apply a critical lens to such claims, even if those professionals involved genuinely believe in the cutting edge nature of their activities. The same critical lens needs to be applied to research and evaluation. Research studies are essential to the well-being of society and its members in so many ways, and I, for one, would never want to return to ‘the good old days’ when best practice was based on moral teachings, supposed common sense and unproven perceptions of what worked or did not. However, in the child, youth and family sector, we have a marked tendency to claim that research will give us new knowledge and insights (by labelling it innovative) rather than adopting a more modest approach by acknowledging, for example, that we already know what happens when a child’s development is compromised, and that warm, empathetic and predictable relationships are essential for optimal development. It is clear, for instance, that home environments that encourage curiosity and learning, and positive attitudes to health and well-being, will more often result in mature, well-educated, resilient adults who are able to contribute to communities in turn. Whether research measures attachment, neurological functioning or degree of trauma, the nature of the care response will still hinge on the presence of stable, supportive and emotionally available caregivers, who have the capacity to engage with the child, young person and/or their family and maintain this over a long period.

This is not to deny the importance of understanding specific impacts, of course, like the impacts of poor language development (see, for example, the work of Lum, Powell, & Snow, 2018; Snow, Bagley, & White, 2018) or the irreversible damage to the developing brain caused by Foetal Alcohol Syndrome (Gibbs, Bagley, Badry, & Gollner, 2018) that must be accounted for in social work practice. Such research is vital and powerful and should be informing government funding bodies and practitioners alike. Yet, often research itself is unable to lead to changes in practice. This may be because a study drilled down into one specific issue and, while interesting, does not prompt any major shift in approach to practice, or it may serve to confirm what we already know and are trying to implement, and that is still legitimate. Sometimes, as I have already suggested, the knowledge itself is useful, but there are difficulties in proper implementation due to organisational factors such as staff turnover, lack of funding, lack of specialist services offered or the scarcity of specialist personnel required and behavioural issues beyond the capacity of carers.

Perhaps less often acknowledged, however, are the additional limitations for many research investigations that are due to the requirements of ethics committees. In particular, studies that involve vulnerable groups (for instance people with a disability or who have attempted suicide) or that consider sensitive topics (for example, investigations of sexual behaviours) can become very limited as ethics committees try to negate the elements of risk. Typically, this results in requirements for interviews to be conducted in secure office settings, the need for consents from multiple people including both the participant and a guardian or for information to be sought second-hand from a carer or caseworker because it is considered inappropriate to approach those who are subjects of study (for example, people experiencing mental ill-health), with the data inevitably affected because it is not directly collected from the people who are the focus of the enquiry.

One such recent study discussed with me concerned research into homelessness. Homeless people were not to be approached directly (for example, at the time of seeking a service), nor could they be recruited via a booth placed in a public area. Instead, they had to be referred by a caseworker, and once recruited, they had to be interviewed in a formal and secure office setting. Ethics committees may be charged with ensuring investigations do no harm to participants, and that studies have been scrutinised and agreed to conform to national research ethics standards; but the limitations described in this case highlight just how difficult it is to get direct access and firsthand information from people considered vulnerable. Indeed, in this case, there appears to be an underlying and disturbing assumption that homeless people might be dangerous. The conditions attached to that study make it unlikely that many participants will be recruited. Deeper knowledge about some specific health issues for homeless people will remain inaccessible to the researchers, and any results impossible to generalise.

Evaluations of programmes have their problems too, with many of those published showing either little real change for participants or, at worst, no change. Tellingly, I have never read a published paper or received a manuscript that has addressed what was detrimental or did not work in a programme delivered within the human service sector. The value of establishing what not to do should not be underestimated, when currently this knowledge is relegated to experiential understandings or derived via accepted value-based principles of practice, many untested by research. Moreover, evaluations seldom reflect or capture the very specific components and interactions that made a programme successful – for instance, the expertise and personal attributes of the staff providing the
service, or the nature of the engagement and relationship developed with the service user.

A colleague has suggested that we need to ‘disrupt’ the status quo when it comes to research and evaluation in order to generate new knowledge that may lead to truly innovative work in our sector. This includes considering alternative methodological approaches. For example, approaches that involve ‘being or going native’ (Kanuha, 2000) have been frowned upon in many circles, and approaching people directly on the street or in other public places is usually not considered appropriate. Yet, ethnographic studies enable a higher degree of closeness to the people and issues under investigation, even though they are usually time consuming, expensive and, like all research methodologies, have their own limitations. Scourfield and Pithouse (2006, p. 323) suggest that ‘recog-

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racism as expressed through policy, and schools and racial trauma. Janine's own work is also drawn upon in the process of reviewing the literature. The authors suggest alternative Indigenous pedagogies that can both mitigate and remove racial trauma from the school environment and lead to successful academic outcomes and well-being for Aboriginal students.

This Issue concludes with two book reviews both submitted by Frank Ainsworth who has been dedicated to the task of reviewing texts for the journal over many years. We are grateful for his constant attention to new publications for us. The texts reviewed are *The Hope Circuit. A Psychologist’s Journey from Helplessness to Optimism* (Seligman, 2018) and *Protecting children. A social model* (Featherstone, Gupta, Morris, & White, 2018). The latter title is reviewed in some detail by Frank who describes it as a ‘blockbuster of a book’ which argues cogently for a new approach to responding to child protection.

References


