

Russian Child Welfare Service Professionals' Attitudes towards Evidence-based Practice and their Ideas of the Social Practice — Science Relations

Natalia P. Busygina

Moscow State University of Psychology & Education, Moscow, Russia
ORCID: <https://orcid.org/0000-0002-2344-9543>, e-mail: boussyguina@yandex.ru

Mariam M. Buduryan

Moscow State University of Psychology & Education, Moscow, Russia
ORCID: <https://orcid.org/0000-0002-8970-0972>, e-mail: mariam.buduryan@mail.ru

Anastasia V. Zasimova

Moscow State University of Psychology & Education, Moscow, Russia
ORCID: <https://orcid.org/0000-0001-5220-0504>, e-mail: zasimova@bk.ru

The article presents the results of the qualitative study of Russian child welfare service professionals' attitudes towards evidence-based practice. Based on a reflexive thematic analysis of interviews with the professionals from 12 social service organizations several themes have been developed and discussed: 1) evidence-based practice as an important current trend, the connection to which gives several advantages (greater attraction for donor organizations and clients, peer recognition); 2) evidence-based practice as an opportunity to master a new culture of justification and communication; 3) evidence-based practice as a search and organization of new forms of interaction with the scientific community. Russian social service professionals tend to accept the instrumental understanding of the evidence-based practice that is transmitted to them by foundations, donor organizations and the expert community, however, their image of practice as a complex activity that requires taking into account many factors and referring to various sources of knowledge can potentially become the basis for more advanced multifaceted and critical understanding of the evidence-based practice — provided the support of such an understanding, including from the scientific community.

Keywords: evidence-based practice, attitudes towards evidence-based practice, instrumental understanding of evidence-based practice, critical understanding of evidence-based practice, social practice — science relations.

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Представления российских специалистов сферы детства о доказательном подходе и их ожидания от взаимодействия с научным сообществом

Бусыгина Н.П.

ФГБОУ ВО «Московский государственный психолого-педагогический университет»
(ФГБОУ ВО МГППУ), г. Москва, Российская Федерация
ORCID: <https://orcid.org/0000-0002-2344-9543>, e-mail: boussyguina@yandex.ru

Будурян М.М.

ФГБОУ ВО «Московский государственный психолого-педагогический университет»
(ФГБОУ ВО МГППУ), г. Москва, Российская Федерация
ORCID: <https://orcid.org/0000-0002-8970-0972>, e-mail: mariam.buduryan@mail.ru

Засимова А.В.

ФГБОУ ВО «Московский государственный психолого-педагогический университет»
(ФГБОУ ВО МГППУ), г. Москва, Российская Федерация
ORCID: <https://orcid.org/0000-0001-5220-0504>, e-mail: zasimova@bk.ru

В статье описаны результаты качественного исследования представлений российских специалистов-практиков о доказательном подходе. В исследовании приняли участие авторы программ и руководители 12 организаций, работающих в сфере детства и социальной защиты и участвовавших в конкурсах на включение в реестры практик с доказанной эффективностью. Сбор данных осуществлялся при помощи полуструктурированного интервью. Рефлексивный тематический анализ интервью позволил разработать несколько тем, в совокупности описывающих особенности понимания доказательного подхода российскими специалистами-практиками и их ожидания от взаимодействия с научным сообществом: 1) доказательный подход как современный тренд, подключение к которому дает ряд преимуществ (большую привлекательность для донорских организаций, расширение круга благополучателей и признание в профессиональных кругах); 2) доказательный подход как возможность осваивать новую культуру обоснования и презентации своих разработок; 3) доказательный подход как поиск и организация новых форм взаимодействия с научным сообществом. Выявлено, что российские специалисты сферы детства склонны принимать транслируемое им фондами, донорскими организациями и экспертным сообществом инструментальное понимание доказательного подхода, однако их образ практики как сложной деятельности, требующей учета многих факторов и обращения к различным источникам знаний, потенциально может стать основой более продвинутого многостороннего и критического понимания доказательного подхода — при условии поддержки такого понимания, в том числе со стороны научного сообщества.

Ключевые слова: доказательный подход, представления о доказательном подходе специалистов-практиков, инструментальное и критическое понимание доказательной практики, место научного знания в реализации практик.

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Introduction

The orientation towards an evidence-based approach to practice, which originally emerged in medicine, has now become a feature of social work, counselling, and education. More and more child welfare service professionals are becoming involved in the creation and implementation of evidence-based practices and are being asked to ensure that what they do meets the criteria of an evidence-based approach.

But how do professionals themselves see the evidence-based practice? According to a number of studies from different countries [8; 9; 11; 12; 13; 15; 17], practitioners are often confused about what exactly is to be considered as evidence-based practice, but their attitude is mostly positive and correlates with their level of knowledge and training in this area.

Most studies of professionals' perceptions of the evidence-based practice are conducted in a quantitative design, using Evidence-Based Practice Attitude Scales (EBPAS-50 and EBPAS-36) [4; 5; 14]. This design allows for the collection of data on large samples and the comparison of results obtained on participants from different countries or different professional areas. However, as the measurement techniques already provide some understanding of evidence-based practice, they do not allow for clarification of the participants' own constructs and thus for a deeper analysis of the specifics of their perceptions and emotional attitudes towards the evidence-based approach.

The study by G. Avby et al. in the qualitative design [6] is noteworthy in this regard. By collecting data through semi-structured interviews with 14 Swedish welfare officers and analysing them using a method close to descriptive phenomenology, the authors found that professionals differently construct the meanings of evidence-based practice. The authors have grouped these meanings into several categories, identifying five types of understanding of evidence-based practice: 1) fragmented (very deficient ideas about the evidence-based practice, evidence is understood as some general, unspecified 'quality': 'I can't say exactly what evidence-based practice is, some approach'); 2) discursive (ideas about evidence-based practice are similarly deficient, the term "evidence-based practice" is used declaratively, as a rhetorical device to convince that work is important: 'Yes, we resort to evidence, we necessarily use statistics'); 3) instrumental (evidence-based practice is associated with the use of scientifically based methods and technologies, it means using protocols, documentation and performance evaluation: 'Our work is based on scientifically based methods, we use techniques that have undergone rigorous experimental verification'); 4) multifaceted (evidence-based practice is associated with the need to refer to different sources of information — scientific studies and clinical observations: 'Evidence-based practice means that our practice reaches new, higher levels, we are not only focused narrowly on our own experience and there-

fore begin to work more productively with the client’); 5) critical (reflecting on the complexity of the evidence-based practice concept, discussing the pros and cons of its application in the social sphere, but maintaining a balanced view, emphasising the need for careful analysis of different sources of information: ‘Evidence-based practice is not a method but the ability to integrate different information about the client and their problem, it is the courage to critically assess what we are doing and what we are achieving’).

For us, this study is interesting not only because it shows how wide the range of evidence-based practice is understood by practitioners. We have already noted [1] that the term “evidence-based practice” often plays the role of an ‘empty sign’ which meaning has been the subject of much debate in the methodological literature. Professionals’ attitudes are very much a reflection of the nature of this debate. We agree with the authors of the study that a multifaceted and critical understanding of evidence-based practice is both philosophically and methodologically more developed than an instrumental understanding of it. But the latter is what is often promoted when it comes to an evidence-based practice. The authors write that the prevalence of an instrumental understanding, according to which evidence-based practice is primarily the transfer of evidence-based methods and programmes into practical work, hinders the achievement of a level of reflective practice [6]. In other words, there is a paradoxical situation where the promotion of an evidence-based approach to practice “from above” (in its instrumental version) is a barrier to the development of evidence-based practice (understood in a multifaceted and critical way).

We found no studies on attitudes towards the evidence-based practice from Russian professionals. For our study, we chose qualitative design primarily to give

it an exploratory, open-ended character. It was important for us to ‘get the participants to talk’, ‘to share their experiences of being involved in the ‘trend of evidence.’ We aimed to reconstruct a set of their attitudes towards the evidence-based practice. Our main research questions were: how professionals and programme authors understand the evidence-based practice, its possibilities and limitations, what challenges they face on the way to evidence and how they imagine a productive collaboration with the academic community. We expected that there were blind spots, conflicting perceptions, and contradictions in Russian professionals’ attitudes to the evidence-based practice, which we intended to clarify.

Participants and Procedure

Representatives (programme authors and managers) from 12 organisations working in the field of child welfare and social protection took part in the study. Their programmes have been selected for inclusion in the evidence-based practice register managed by one of the charitable foundations.

When selecting organisations, we considered:

- Geography of the project: 3 organisations from Moscow and St. Petersburg, 6 organisations from major Russian cities (Samara, Novosibirsk, Nizhny Novgorod, Yakutsk, Yekaterinburg, Khabarovsk) and 3 organisations from small cities (Kirov Region, Republic of Karelia, Tomsk Region) participated in the study;
- Level of evidence of practice, scope of work and degree of sustainability: the participants in the study were an organisation providing help to families in difficult situations, a school for foster parents, crisis centres, an organisation providing help to women with children, etc.; the practices developed in 7 organisations were assessed by experts as having medium level of evi-

dence, those developed in 5 other organisations as having a high level of evidence;

- Organisational status and funding features: professionals from 9 non-profit organisations, 2 charitable foundations and 1 state organisation took part in the study.

We tried to involve organisations of different status, working conditions, etc. to ensure a diversity of positions in the sample, homogeneous by the main parameter for us — the degree of familiarity with the evidence-based approach to practice: representatives of all organisations participating in the study took part in training programmes teaching evidence-based practice, attended seminars or conferences on the evidence-based approach, etc. The relative homogeneity of the participants' group in terms of familiarity with the evidence-based approach made it possible to reach the "saturation point"¹ within ten cases [3]. In discussing the results, we will touch on the limitation of conclusions due to the particularities of the participants' selection.

Data collection was carried out using a semi-structured interview method, lasting between 45 and 80 minutes. We asked respondents about their activities, the set-up, history of their organisation, practices, methods, and technologies they had developed, their participation in the best practice selection competition; separately, we asked them how they understood the evidence-based practice and the relationship with the scientific community.

The interviews, with the respondents' consent, were recorded and then transcribed using "soft" forms of transcribing (verbatim but without dividing the text into sections and without using special signs to convey the expressive side of the speech) [2]. The analysis of the tran-

scripts (about 200 pages of text) was carried out using a reflexive thematic analysis involving open coding and the development of themes based on the resulting codes [7; 16].

Results

Based on our analysis of the data collected, we have developed several major themes that together describe professionals' understanding of the evidence-based practice and their expectations of engagement with the research community.

Turn to evidence: Connecting to a trend, a 'quality mark'

One of the main themes found in the interviews is related to the idea of evidence as a kind of modern trend. Connecting to it provides reassurance and certain conveniences for the practice development.

Interestingly, the evidence-based approach for respondents is primarily about making evidence for the programme, practice or technology they are engaged in to meet the criteria of practice registers, but it is also about using those methods and technologies in their work (mostly Western ones) that are labelled as 'practice with proven effectiveness.'

Being on the registers, according to respondents, allows for several tasks. First, it ensures that the target audience has increased confidence in the practice:

'By and large, being on the register is a quality mark, in other words, on the forehead [...] Accordingly, I don't need to initially prove to the parent that we are working effectively, that we are working qualitatively.'

Secondly, it makes finding funding easier:

'This is the evidence-based approach to persuading potential donors, this is for

¹ That is, states of relative completeness of information when a subsequent set of respondents brings no new information and their reported data fall within an already identified structure of categories or themes [10].

both the grant-giving organisation and the authorities.'

All respondents stressed in a different way how more comfortable they have become with applying for grants as a result of the practice register requirements:

'Being on the register has made it much easier for us to write some grant applications, for example. That is, we can attach links where our detailed descriptions and mechanisms of action are drawn up, i.e. this is sometimes enough to make ourselves known somehow, rather than having to do it all over again.'

One respondent very accurately describes the link between funding and performance, an evidence-based practice is understood here to be synonymous with effective performance, with connecting to the evidence trend helping to develop a common language and building relationships between those who give money and those who ask for it:

'The experience of working with business has accustomed us to speaking the language of efficiency [...] I was very impressed to see the difference between how business spoke three years ago and how it speaks now, in the context of efficiency, evidence-based approach, general focus on NGOs, on joining forces, on creating really big and socially important projects.'

Thirdly, being on the registers helps to position oneself as a successful professional and improves one's reputation among peers:

'This takes us to some other level of positioning among other organisations.'

'Since we cooperate a lot with the governments of our city and other regions, we can say that the knowledge or data that we pass on, what we share, they have this kind of support—it certainly has an effect on reputational capital, too.'

'Since we joined the register, we've just been talking about it on every corner. This greatly enhances, shall we say, the cred-

ibility of the organisation in professional circles. This is such a quality mark for an organisation that works in child welfare.'

It should be noted that the topic of evidence-based approach comes to practitioners from outside, from experts at foundations and donor organisations with whom practitioners collaborate, but very quickly becomes attractive to themselves:

'And we were invited to a kick-off conference in Moscow, where we were just told that monitoring and evaluation would be a trend for the next 10 years. And I remember thinking at the time, "What do you mean by these words? It's not clear at all what it is." But it fascinated me so much and I wanted to dive into it somehow, to learn more about it.'

To summarise, evidence-based practice is associated by professionals primarily with the ability to deal more productively with critical issues of funding, grant applications, controlling the flow of beneficiaries, visibility, and recognition of their work. Although the topic of the evidence-based approach comes to practitioners from the outside, when they get into this trend and meet the need for evidence-based practice dictated by foundations and donor organisations, they discover a number of insights and benefits in the process.

New culture of reasoning and communication

Respondents note their interest in explaining, investigating, and evaluating their practice as a result of the turn to evidence, which has emerged or intensified.

Most respondents noted that it is only by going the difficult and long way to describe their practice according to the standard of evidence-based practice that they have experienced what might be called a 'research taste.' They emphasise that by engaging in the required description of practice, they have become much more aware of exactly what they are doing and what in their activities can 'work':

'So, naturally, while you're working on the evidence, you'll systematise it, you'll lay it out and you'll know yourself where what is, where the right thing is, so maybe something unnecessary will go away.'

'It's all as if it's about having a very clear understanding of our activities. That is, there are really results of our activities, we can show them and tell about them. And that we understand how it works.'

Immersing practitioners in research, carried out partly in-house or by independent researchers, clearly gives practitioners confidence and supports their self-esteem as they get to see the results of their work:

'We have 90% of families who have kept their children. And when we can explain this, tell how we achieved this, then this is something about the reality, about the fact that we can really help, about the fact that we are changing the world and helping people. When these statements are supported by real examples and real figures, it becomes more meaningful stories, I think. For me, this is the evidence-based approach.'

Several times, the professionals we spoke to compared the way they understood and presented their activities before with the way they do it now:

'The way it used to be—we could talk passionately and emotionally', now 'there are formal points in the work, control points that can be measured over and over again.'

The culture of reflection and presentation of practice itself is changing; professionals definitely enjoy immersing themselves in it and mastering it, even if they encounter difficulties along the way:

'Social work was and still is assessed by some emotional and moral categories — it is good, it is charity, and it should have nothing to do with numbers and specific indicators, and so on and so forth. Earlier in our sphere, it seemed: what evidence, what figures?! I'm already saving a life, and

you're here with your figures! I don't care about figures at all!'

'If we show that we have a practice that is recognised, conditionally speaking, at least in Russia, it has a level of evidence, that we have a result, it is not our blah-blah-blah, it is not our beautiful words of a psychologist at meetings. It's here, take the documents and check it out!'

However, some of our respondents say that they have also carried out research before, for example collecting feedback from the parents of the children with whom they have worked and adjusting their work according to the information received, searching for theoretical material on which to draw in practical work. It cannot be said that, from within their practice, professionals have not had the need to refer to scientific knowledge and research findings. However, they do not seem to label such a process of practice as evidence-based. They associate a pure history of practice description with the evidence-based approach, according to the standard evidence-based practice and external evaluations of performance.

Some respondents emphasise that by getting involved in this case, they have learnt to present their practice better rather than somehow changing the nature of their work:

'We recently joined the register of evidence-based practices, but we were working just as well before that. We are better now in terms of methodology, descriptive terms.'

Others show that, through systematisation, evaluation, and interaction with representatives of the academic and professional community, they have started to ask different questions and have changed their perspective on their own work and its results:

'So you don't need to prove that you had 15 families [...] But what actually changed qualitatively due to those events that the family attended, due to those

classes, trainings, some other forms of assistance — that, of course, had to be done.'

'Earlier, perhaps, we even used to count more, assessing our activities more on the basis of quantitative indicators, such formal ones. I mean, we had ten consultations and five events. What happened as a result of these events? We kind of automatically count that parental competence has increased thanks to our parent schools. And how do we know that they have really improved? And how do we know that they have really increased thanks to our parent schools?'

Engaging with science: Networking, mentoring and partnerships

The need to 'be evidence-based' encourages professionals to turn more to members of the scientific community and evaluators — i.e., those who are competent to conduct research and who can therefore help to provide evidence of their effectiveness. While at the beginning of the process, when a practice, programme or technology is taking its first steps, professionals often carry out evaluations in-house, later on, as the practice matures, the demand for external research increases. Talking to researchers helps to recognise problems and map out ways for development:

'The researchers' feedback helped us understand what other blind spots there are [...] we realised that we need to do a lot of research work, for which there are, unfortunately, not so many resources available at the moment.'

It is likely that professionals have more than a purely pragmatic request for evaluation. We would say that our respondents express an underdeveloped need for contacts with researchers — they are, in their words, 'keen to learn a lot.' Apparently, how this learning will relate to practice is not clear to all of them. However, we can think that they intuitively grasp that interac-

tion with researchers can be a resource for them to develop their practice.

This is how one of our respondents describes her interest:

'I even had this idea of going to our university. I once met the Vice-Rector there and he said that they were doing studies on different topics with students, that, like, come to us, we're ready. And I even wanted to, I thought I'd come and ask them to do some studies for us. It was just so interesting. And then we got acquainted with the N Foundation, and somehow, they have closed our need. But now we are very interested because we want to measure, research and study so many things, our professionals have no knowledge, no competence, no time, no energy to do this, and local universities, teams, I don't know, how competent they are in our field, so we are very interested, we would like to do it, it would be great.'

We note that the respondent emphasises the impossibility of doing research on her own, but who exactly she wants to see in this role, how interaction with them can be organised — all this remains very uncertain to her. She expects suggestions and wants to see some counter-interest from those involved in research, rather than being prepared to voice a specific request.

It is not uncommon for professionals to be outspoken about their lack of knowledge, which they try to compensate for through communication with their peers. Sometimes there is a talk of possible mentoring, supervising or the need for a dedicated science-related employee. Practitioners realise that they are missing something in their own information-gathering, monitoring and evaluation activities, but they have no idea how the task could be set or what kind of knowledge could in principle be sought:

'The only good thing we do now is monitoring. We just monitor, we collect information, we do questionnaires in terms of the problems of women who come to us:

how many women live here, from which districts. It's just purely statistical. What is their age, what is their social status, married, how many children do they have, not married, what kind of marriage do they live in, employed, not employed. That's just a collection of information, that's all. Such an ongoing activity, but to improve it, we need someone to help us, the scientific community. It is difficult to do as an assignment, as a request, very difficult. We ourselves can't understand this — it's not very good, I guess.'

'But, of course, most of the time we lack knowledge, not enough of it. And we are literally looking for something by bits and pieces, we find something on the Internet, most of the time, of course, it's conferences, it's professional meetings, communication with colleagues.'

'Of course, we would appreciate the cooperation. Of course, we would like it, yes, but what kind of request to make from us... Well, it's difficult for me. How could they (the scientific community — authors) help us? We need it, but I don't know how.'

However, it cannot be said that professionals position themselves in relation to the scientific community only in the 'student-teacher' hierarchical model. In most cases, they want to build relationships with representatives of the 'academy' as equal partners, each with their own set of competencies. All our respondents emphasise that practical work has its own specifics. Practice is a very complex, confusing, and uncertain area, so not everything that is expected to work in theory will also work in practice. And it is very important for practitioners that 'academics' share this view and do not present their knowledge as the ultimate truth.

The story of one of the respondents is very revealing in this regard:

'I once spoke in front of the scientific community, and I wasn't really heard or understood. That is to say, the questions

such as "Did you have a control group and why are you giving these results" shocked me a little, and I tried to explain. What control group? Two families were placed in a crisis unit and two families were not placed in a crisis unit and were told: well, let's do it ourselves, and then we'll show the effect that we're working, yes? How is that supposed to happen? Well, it's like, you know, from the category of trying to teach you something, but in general you already sort of know something in general and even understand that it will probably not work in practice, that in real life, it is a little bit different. And in response, they do not understand you a little, you know... And it turns out that, as it were, theory somehow gives something to practice, but the theory doesn't change, it doesn't receive feedback from practice. It would be great if there was some kind of interchange. That is, we study new theories, implemented in practice, and the theory, looking at how it happens in practice, also changes a little.'

As can be seen, the respondent emphasises that the academic community sometimes assumes a dominant expert position in relation to practitioners and is not prepared to recognise that they are experts in their field as well.

Meanwhile, professionals can offer the 'academy' interesting forms of cooperation, such as running practice-oriented courses in higher education institutions. In a number of cases, such projects have succeeded, and professionals appreciate such experiences:

'We have conducted and plan to continue a joint project with the medical university when we trained doctors and students for a year in interaction with families with special children: how to communicate the diagnosis, how to interact with parents, how to conduct an appointment with a special child, what methods of alternative communication can be used, how to communicate with them in general. In oth-

er words, they taught things that medical schools do not normally teach doctors. It was a very useful project for the university and for us because it was such a complementary experience.'

We would also like to draw attention to another important point articulated by professionals in relation to possible forms of partnership with the scientific community. Here is a reflection of one respondent (we heard something similar in essence, but in other areas, from other respondents as well):

'When we work, we see some things in our practice that are not very well-grounded. For example, the story about the myths in society, that a mother with mental disabilities cannot bring up children. It seems to me that if there is some research, some information that, in fact, it is not true, if there is research by the scientific community about the fact that a mother with mental disabilities raises children... yes, there may be some difficulties, still, there is an attachment formed, everything is normal, then it seems to me that this is just one such option, very cool, when we confirm our opinion with scientific data.'

The fact is that, by virtue of their immersion in people's lives and problems, professionals are able to grasp the pains of society far better than desk-based academics. Researchers, on the other hand, are able to verify and support such observations with their own tools. In this sense, a partnership between practice and science, involving the attentiveness of representatives of the scientific community to the view of practitioners, can contribute to the sociocritical/transformational paradigm in science and promote social change.

Discussion and Conclusions

A thematic analysis of the interviews with professionals in the social sector helped to clarify some of their attitudes towards the evidence-based practice. Professionals understand the evidence-

based practice as an important modern trend, which they see as having a number of benefits: helping them to find through greater appeal in the eyes of donor organisations, broadening their target audience and gaining peer recognition. Although professionals have monitored their activities and conducted some research on their effectiveness in the past, it was their participation in competitions to be included in the evidence-based practice registers and their increased familiarity with the evidence-based approach that the foundations and organisations were promoting to them that encouraged them to undertake more systematic research, including the involvement of external researchers. Most respondents note that their own perspective on what they do has changed: they have adopted a new culture of an evidence-based approach and the presentation of their practice.

We found the topic of child welfare service professionals' attitudes toward their interaction with academia to be the most meaningful. Research helps practitioners make sure that their work is important. We interviewed those whose organisations passed the competition and received high marks from experts. It is clear that the research data they presented (many of them carried out by external, independent teams) indicated that their work was quite effective. Perhaps this is why quite a lot of our respondents talked about the importance of such assessments. We do not have the opinion of those who did not receive such high ratings from the experts. However, it is reasonable to assume that practitioners attach this meaning to research — for them, it is primarily a means of adding value to their work and using the findings for self-promotion.

At the same time, we also detect a different attitude to research, unrelated to the pragmatics of self-promotion, although it is not explicit, and we can only

reconstruct these meanings from the context. Respondents in a different way showed an interest in having research embedded in their work process — perhaps to help them answer questions related to the organisation of practice, or perhaps a more general need for knowledge was behind this interest, and the researcher was perceived as the source of that knowledge. If we have correctly reconstructed the meaning configurations of the respondents, then accompaniment, mentoring, is not only an aid to the 'right' presentation of the practice but also a resource for development.

We note the flexible and diverse positioning of practitioners in relation to representatives of the 'academy.' On the one hand, they perceive them as experts whose function is to educate and judge. But on the other hand, it is important for practitioners that their voice is heard and, furthermore, that they can act as equal partners who have their own area of expertise. In our view, it is unfortunate that members of the academic community do indeed sometimes take a dominant position in relation to practitioners, willing to share knowledge (including methodological knowledge), but not willing to question it in front of and with practitioners. Although it is precisely the critical attitude towards oneself and the internal mechanisms of self-correction that are an integral part of the institution of science. How to build cooperation between science and practice is one of the main questions that can only be answered through dialogue. In our view, practitioners have something to offer the 'academy' — not only practice-oriented courses that are developed and run jointly with university staff but also knowledge itself, gained in practice, which, when tested and systematised through the application of the scientific method, is able to contribute to social change.

We did not typologise the respondents' answers but conducted a 'cross-cutting' analysis of the data received as a whole, trying to develop themes that would reflect general trends in the respondents' attitudes towards the evidence-based practice. However, if we relate the reconstructed views to the types of understanding of evidence-based practice described in a study by G. Avby et al. [6], we can see that our respondents tend to give the evidence-based practice the instrumental meaning promoted to them by foundations, training programmes, etc.: for them, the evidence-based practice is primarily about testing effectiveness of their work, preferring methods and technologies labelled as 'evidence-based', and presenting their own developments as required by the standard. Professionals agree that this is what practice should be, but they also outline a slightly different image of it as a complex field that is primarily values-based, involving the ability to act under conditions of increased uncertainty, using all available knowledge — both external, derived from literature, research, communication during conferences, and born from within the practice itself. The somewhat confusing definitions of their own activity benchmarks by the professionals can be interpreted as them being stuck at the level preceding the level of evidence-based practice or rather in the realm of transition. However, we believe that their image of practice contains features that have the potential to form the basis of more advanced multifaceted and critical understandings of the evidence-based practice — provided there is support for this understanding, including from the academic community.

In conclusion, a few words about the limitations of the study. The themes we have described are repeated many times in the interview material and, as we have

managed to understand from their discussion at two conferences and meetings with professionals, are quite recognisable to the audience. However, similar results can only be expected from those professionals who in a different way have become involved in implementing the evidence-based approach promoted by the Russian founda-

tions and organisations that announce a competition to be included in the register of practices with proven effectiveness. Of course, the field of child welfare is much broader and other groups of practitioners are likely to have different attitudes and perceptions. We will leave this to the future to be clarified.

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Information about the authors

Natalia P. Busygina, PhD in Psychology, Assistant Professor, Department of Counselling and Clinical Psychology, Chair of Individual and Group Psychotherapy, Moscow State University of Psychology & Education, Moscow, Russia, ORCID: <https://orcid.org/0000-0002-2344-9543>, e-mail: boussyguina@yandex.ru

Mariam M. Buduryan, PhD Student, Faculty of Counseling and Clinical Psychology, Moscow State University of Psychology & Education, Moscow, Russia, ORCID: <https://orcid.org/0000-0002-8970-0972>, e-mail: mariam.buduryan@mail.ru

Anastasia V. Zasimova, Psychologist, Leading Analyst, Center for Evidence-Based Social Design, Moscow State University of Psychology & Education, Moscow, Russia, ORCID: <https://orcid.org/0000-0001-5220-0504>, e-mail: zasimova@bk.ru

Информация об авторах

Бусыгина Наталия Петровна, кандидат психологических наук, доцент кафедры индивидуальной и групповой психотерапии факультета консультативной и клинической психологии, ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация, ORCID: <https://orcid.org/0000-0002-2344-9543>, e-mail: boussyguina@yandex.ru

Бударян Мариам Мартиковна, психолог, аспирантка факультета консультативной и клинической психологии, ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация, ORCID: <https://orcid.org/0000-0002-8970-0972>, e-mail: mariam.buduryan@mail.ru

Засимова Анастасия Валерьевна, психолог, ведущий аналитик Центра доказательного социального проектирования, ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация, ORCID: <https://orcid.org/0000-0001-5220-0504>, e-mail: zasimova@bk.ru

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