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Managing evidence and cultural adaptation in the international transfer of innovative social work models

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Abstract:	As the Global Agenda in social work continues to be promoted and move forward so does the desire to use innovation in the development, evolution and improvement of practice internationally. Using examples from practice, the paper identifies two key challenges associated with transferring innovative social work models between countries; namely demonstrating effectiveness in an evidence-based context and managing cultural adaptation. It draws upon the diffusion of innovation literature applied by different disciplines and recommends practical steps that researchers and practitioners can take to support the transfer of models of practice between countries.

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Key words

innovation, evaluation, cultural adaptation, evidence-based

Introduction

In 2012 the Internationals Schools of Social Work (ISSW), the International Council on Social Welfare and the International Federation of Social Workers (IFSW) jointly established the Global Agenda for Social Work (IFSW, 2012). This collaborative initiative aimed to effect transformational change in social policy and practice at an international, regional and national level. The aim was to ensure that the experience and skills of social work practitioners were utilized in policy development to achieve sustainable, collaborative outcomes that address the highly complex problems created by increasing inequality. The Global Agenda in social work raised both significant challenges and opportunities for the

promotion of the social work profession internationally. A key objective of 'The Global Agenda' (IFSW, 2012) was to support, influence and promote global initiatives aimed at achieving social and economic equality. It encouraged shared learning and activities as a means of promoting credibility and coherence through which the profession could find a collective voice. Implementing 'The Agenda' however raised many challenges, for example, how to appropriately support the growth of services in developing countries and how to promote local culturally sensitive practice (Gray et al., 2016; Midgley, 2010). As global influence has increased, often from the North to South or West to East direction, one such process that has long since contributed to the potential globalisation of social work has been the transfer and borrowing of innovative practice-based models between countries. This set of endeavours has the potential to further the objectives of The Global Agenda through its call for 'pragmatic solutions to highly complex problems' (Truell and Jones, 2012:3). Using 'social innovation' to promote and develop social work practice has gained purchase within this policy ambition.

Whilst there is no one universally agreed definition of social innovation, the broad definition by West and Farr (1990) is often used: 'the intentional introduction and application within a role, group or organisation of ideas, processes and products or procedures, new to the relevant unit of adoption, designed to significantly benefit the individual, the group, organisation or wider society' (p. 3). This definition implies that the innovation may have developed elsewhere but is deemed innovative if it is new to a specific service user group or organisation. The borrowing, replication or scaling-up of practice-based interventions or innovative models is not new. In a global economy, where boundaries are becoming more permeable, the potential to network and seek out ideas to solve common problems is increased.

However, despite this drive to use innovation, there remains a dearth of literature regarding how to transfer models successfully in the social work field. Even in the private sector, with its growing interest in the internationalisation of product development, Moenaert, et al., (2000) identify that there has been a lack of 'attention devoted by scientific research to the management of international innovation' (p. 360). Despite frameworks that support implementation none of them adequately address two key issues which social work organisations face when importing models into a new context namely; demonstrating effectiveness in a context where it is hard to prove effectiveness and managing cultural adaptation. This paper begins by setting out these two challenges which are inextricably linked and then moves on to offer practical suggestions to researchers and practitioners as to how these might be managed.

Demonstrating effectiveness

Whilst the business of horizon-scanning and borrowing policy and practice ideas from other countries has continued, it has become inextricably linked to another policy ambition, that of promoting evidence-based practice. Service providers are actively encouraged by their own governments to look for innovative solutions elsewhere that might solve existing national or local problems. However, Jessop et al. (2015) has argued that the promotion of social innovation has become interpreted 'often in narrow market economic terms' and is '…strongly influenced by management science, innovation economics and a micro-economic interpretation of social innovation strategies' (p.110). They demonstrate how the European Union (EU) link innovation to economics, where innovation is seen as offering the potential to 'do more for less'. In their view this interpretation of innovation promotes approaches to evaluation that are more likely to privilege randomised controlled trials (RCTs). Examples of this can be seen in the UKs' Children's Social Care Innovation Programme (DfE, 2014) whose objectives included incentivising mechanisms for innovation and experimentation,

creating better value for money and, as a result, producing better life chances for children in receipt of social care services.

Likewise as the drive to fully implement the Millennium Development Goals (MDG) (United Nations, 2012), the MDG Acceleration Framework has continued to encourage countries to identify strategic interventions that can help accelerate them towards their targets. The direction given is that such interventions 'should be evidence-based, with proven impact' (2012, p.22). The combination of the drive to adopt new practices at the same time as ensuring interventions are evidence-based has led to the development of what is sometimes referred to as the 'blueprint' or 'copy and paste' approach. This has typically involved 'evidence-based' interventions being copied by new adopters in a second site. To support this process, online repositories of 'evidence-based models' have increased in number and visibility, encouraging the process of 'borrowing'. For example, the European Platform for Investing in Children (EPIC) repository, (www.europa.eu). This mechanism, through which already proven, innovative models of practice have the potential to be replicated, often occurs through licensing, franchising or accreditation, for example, the Multi-Dimensional Treatment Foster Care Programme (MDTFC, 2012) and the licensed Nurse-Family Partnership Programme (Robling et al., 2016). Through replication, this process promotes 'fidelity' to the original model, that is, adherence to the key programme elements *and* the operationalisation processes of the elements of the model. This approach has the advantage of enabling the model to be tested in secondary sites, so developing (or not) the evidence base further. Proponents of this approach have argued that treatment adherence is essential as it can be correlated with positive outcomes (see, for example, the Multisystemic Treatment in Schoenwald et al.2000).

However, one of the challenges, particularly for developing countries is that despite the online repositories demonstrating off-the-shelf models that can be borrowed, very few

practice-based evidence-based models exist. The EPIC repository only lists two interventions in the 'Best practice' category, Home Start originating in the UK in 1973 and Triple P originating in the Netherlands in 1999 (www.europa.eu/epic/practices-that-work/index_en.htm). The US 'Blueprints For Healthy Youth Development' (2015) repository also has established standards of evidence. Its highest standard required a programme to have been subject to either a randomised controlled trial or two quasi-experimental evaluations. Of the 1,400 programmes reviewed to date, less than 5 per cent qualify.

A further challenge arising with this process is the ability to demonstrate evidence of the effectiveness of the intervention as it moves into a new context. There is a growing body of literature indicating that studies frequently observe a decline in the effect and variability in effectiveness of models across subsequent sites (Dixon-Woods, Tarrant and Bion 2013). For example, in 2011 the UK government invested significantly in a new initiative: 'The Troubled Families Programme' (TFP). It was designed to turn around 120,000 of the most troubled families in England by 2015. The independent evaluation found 'no discernible' effects on unemployment, truancy or criminality (White and Day, 2016; DCLG, 2016).

A second innovative programme that transferred from the US to the UK in 2007 was Family Nurse Partnership (FNP) – a licensed, preventive early childhood programme that featured on numerous online repositories promoting evidence-based programmes. The original programme, Nurse-Family partnership (NFP) had been subject to three randomised controlled trials in the US, which had demonstrated its impact (Olds, 2006). After adaptation and piloting in the UK they concluded:

> Adding FNP to the usually provided health and social care provided no additional short-term benefit to our primary outcomes. Programme continuation is not justified

> on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge. (Robling et al., 2016, p.1)

Whilst not all evidence-based interventions struggle to prove their effectiveness, these examples demonstrate many of the challenges raised, even when considerable resources are available. The difficulties associated with producing evidence of effectiveness and the decline in effect as models move have been well documented. In addition, further challenges exist for evaluators of social innovation in social work. Many of the models or programmes that are adopted in social work constitute complex innovations which require considerable planning, preparation and resources to introduce. Such a process is further complicated when the innovation is moving between countries and with scarce resources, the pressure is on to prove effectiveness. Organisations in the field of social welfare often lack the capacity in terms of resources to produce rigorous evaluations. Much innovative activity in public sector services has traditionally and historically been small-scale and incremental. In developing countries with poorly financed or relatively new infrastructures the difficulties are compounded. These factors begin to highlight the second major challenge facing innovators in social work, that of managing the context into which the model is moving, and in particular a new cultural context.

Cultural adaptation

The desire to promote evidence-based practice through the transfer of models creates a tension when we start to consider the movement of models from one country and therefore context to another. The tension is created in the drive to produce evidence whilst recognising the need to adapt the model to fit the new context. A growing body of literature, much of it from the world of implementation science and other disciplines such as Development Studies have highlighted the importance of context in implementation, yet few tackle the complex

issue of cultural adaptation. However, early evidence from meta-analytic studies on cultural adaptation of interventions in the health field has indicated when adapted models are more effective (Benish et al., 2011).

Building upon local practices and, in contrast to the Blueprint approach are those writers who argue that 'context is everything' and it is important to allow adaptation of a model for use in secondary sites (White, 2015). Rogers (2003), the doyen of diffusion research, highlighted the importance of adaptation. He stated 'Trying a new idea may involve re-inventing it so as to customize it more closely to the individual's condition' (2003, p.58). The argument in support of adaptation versus fidelity has hinged on the belief that, if context and cultural compatibility are acknowledged, implementation is more likely to succeed. This approach starts to move away from a model of pure replication or as Ragab (1995) described it blind emulation syndrome to a planned adoption and investigation of the intervention in a new guise .

A study in India by Nimmagadda and Balgopal (2000) which examined a US treatment model on alcohol dependence struggled with full replication and faced ongoing implementation issues. Despite 'several modifications and creative additions [being] made to the programme … [t]he materials and the programme were not relevant to the patient's needs' (2000, p.10). The issue being that models emanating from the West were generally built upon professionals as empowering facilitators, who maintain professional distance and this did not work in an Indian context (Nimmagadda and Balgopal, 2000). The term indigenisation has been used to describe 'adapting imported ideas to fit the local needs', enabling the intervention to be adapted to fit the social and political context of the adopting site (Shawky, 1972, p.2). The concept of cultural adaptation has gained prominence in respect of this dilemma. Defined as 'the systematic modification of an evidence-based treatment… to consider language, culture and context in such a way that it is compatible with the client's

cultural patterns, meanings and values', this supports the need to find ways of adapting models (Bernal et al., 2009, p.362). However, there is still a dearth of literature detailing *how* programmes have managed the process of cultural adaptation when interventions have moved between countries (Nadkarni et al., 2015; Parra-Cardona, Domenech-Rodriguez and Bernal, 2012).

The experience of developing social work education and services in China over the last twenty years has provided an interesting example of the challenge. The study by Yuen-Tsang and Ku (2010), went through a process of deconstruction and reconstruction of their intervention. They concluded that due to the infancy of social work and the lack of individuals with prior social work experience, practitioners 'lacked the creative ability to reconceptualise Western social work theories and to experiment with innovative culturally appropriate approaches (Yuen-Tsang and Ku, 2010,p.84).

The trial of family group conferencing (FGC) in China serves as a further illustration of the potential pitfalls associated with models attempting transfer from the West to the East (Author's own, forthcoming 2018). The intervention which aimed to mobilise informal social support networks around children at risk originated in New Zealand and moved to the US and the UK. The FGC model did not immediately 'fit' the local context in China in terms of the scale of the social problems encountered or the relationship between traditional family values and a number of the components of the model. Whilst Family Group Conferencing was built upon a children's rights model, family values promoted by Confucianism such as *filial piety* or *authoritarian filial piety* prescribed very specific traditional relations and obligations between parents and children. Despite attempts to reconceptualise the model and the continuous transfer and re-transfer of ideas between the UK and Chinese practitioners and academics, such differences resulted in low referral rates which impacted upon the ability to fully evaluate the programme (Author's own, forthcoming/2018).

The transfer or borrowing of innovative models of practice, whether in their original form or an adapted version, is not likely to abate as the global social work agenda promotes international learning. The process has the potential to support service development and delivery to vulnerable populations in new sites and remains a tempting process for countries in the evolutionary stage of service growth. The tension between fidelity, demonstrating effectiveness and the need to adapt to provide a better cultural fit presents a challenge for the global social work agenda. Whilst the social work literature is littered with examples of case studies that have transferred internationally, it is clear that the adaptation of models is a complex process that requires consideration of a range of factors. These factors include; the diversity of the social and political context, welfare regimes, poverty, values, traditional lifestyles, customs, language, psychosocial environment and recognition of the roles that professionals, including social workers, play in that context. These will be considered in more detail in the final section of the paper (Castro et al., 2004; Resnicow et al., 2000).

A way forward

In order to address this tension, this section of the paper presents some practical ways forward for researchers and practitioners transferring social work models between countries. The innovation and implementation literature has highlighted a vast range of factors which have been incorporated into a number of frameworks that offer support to the process of adopting and implementing complex interventions in secondary sites (Damschroeder et al. 2009; Aarons et al. 2011; Pfadenhauer et al. 2017; Greenhalgh et al. 2017). Despite implementation being a highly complex process that poses many challenges, this paper is concerned with addressing the two key issues highlighted above, that of demonstrating effectiveness and manging cultural adaption.

Evaluation to reflect levels of evidence

Over time and as the evidence-based agenda has moved from medicine into other fields such as social care where the research traditions were more pluralist, the debate as to what is meant by evidence and what standards of evidence could or should count has emerged. These different schools of thought have questioned how 'evidence' in this context should be defined. Nutley et al (2012) described this spectrum of views as broad ranging, from those who promote a narrow version to those who endorse 'a more diverse array of research methods exploring a wider variety of research questions – not just what works, but also what is the nature of the problem, why and how does it occur and how might it be addressed' (p.13). Theorists, from other fields have supported this position such as Snowden's Cynefin Framework, based upon Complexity Theory (2005). He concluded that where the context is dynamic, unpredictable and with emergent characteristics, unintended consequences and uncertainty are present (Snowden, 2005).

In recognition of these challenges and often in the absence of significant resources to invest in long-term, large scale trials, it is important to recognise that demonstrating effectiveness is not always an achievable goal, if your view of evidence is equated with large scale quantitative trials. One way forward is to embrace the need for adaptation, recognise the importance of context and broaden the approach to evaluation beyond experimental methods which privilege fidelity. This recognises that different forms of evaluation are required at the early stages of development and testing of an innovation. Such an approach to evaluation has started to gain greater purchase and a different narrative has slowly emerged. This has illuminated and supported a move towards evidence-informed practice based upon process methods of evaluation (Copestake, 2014; Ghate, 2015; Racine, 2004). Racine (2004) recommended undertaking process evaluation at consecutive sites in order to test an innovation to ensure that the changes made were routinely catalogued. In producing such 'a detailed guide', this enabled evaluators to 'understand not just the general outlines of what

the sites had done but the specifics of how they had done it' (Racine, 2004,p.13). Metz et al., (2015) evaluators of early childhood programmes in the US also supported this stance, claiming that when resources are limited, it is critical that they be dedicated to gathering data on all stages and aspects of the implementation process in order to make the necessary adjustments to meet local, contextual conditions (Metz et al., 2015,p.8). Likewise, Morgan and Henrion (1990) concluded, where it is not possible to run a 'big research model', it might be appropriate to use insights from small-scale research (p.304).

This approach towards evaluation supports the move towards evidence-informed practice recognising different 'standards' of evidence' can exist (Haskins and Margolis, 2015; Puttick and Ludlow, 2012). The response in the US to the shortage of evidence-based programmes was to adopt 'tiers of evidence' (Haskins and Margolis, 2015,p.214). In the UK, a similar set of 'Standards of Evidence' has been produced by NESTA, enabling 'innovation and evidence to co-exist' (Puttick and Ludlow, 2012,p.4). They invited innovators to adopt the appropriate or realistic method of evaluation and classify the level of impact accordingly. The Department for International Development (DFID) and the Overseas Development Institute (ODI) have long understood the tension between innovating and the need to evidence it. They recognised that flexible approaches to evaluation were required as the types of interventions they work with were 'harder to evaluate because of their diversity and complexity, [and] where traditional impact evaluation approaches may not be feasible' (Pasanen and Shaxson, 2016,p.6).

The approach recommended here is that social work practitioners and researchers engaged in early trials of models consider what level of evidence is realistic and select a method of evaluation to fit. NESTA have provided a toolkit to support the assessment of the model to help structure and evaluation strategy (Puttick and Ludlow, 2012). A range of evaluation methods exist that can fulfil this role. For example; 'Developmental Evaluation' which

draws heavily upon systems theory incorporates testing, failure, learning and improvement (Preskill and Beer, 2012). Likewise, Continuous Quality Improvement (CQI) which helpfully moves away from 'pass/fail' methods towards encouraging programme adaptation and improvement (Rand Europe, 2013).

This paper recommends adopting a realist approach for the evaluation of innovative models in their early stages of design (Pawson and Tilley, 1997). This method enables the evaluation to manage the complexity, context, uncertainty and adaptability required. Realist evaluators have argued that nothing works everywhere, for everyone and that context matters. This enables practitioners to answer questions such as; what works in which circumstances and for whom? What factors impede the innovation in this new context? How does it work on the ground? What unintended consequences have emerged? Thus, when the innovation appears to not work as planned, or where referral rates are lower than anticipated, a realist evaluative process allows the intervention to be adapted and the trial to continue.

Such approaches that encourage us to view evidence in levels and enable an evaluation to answer context questions fit well with tackling the second challenge, that is, the need to culturally adapt the model to fit the local context.

Cultural tailoring

Whilst the tension between adaptation and programme fidelity has continued (Norcross et al. 2006), recognition of the need to culturally adapt interventions as they transfer to new sites has grown in intensity (Marsiglia and Booth, 2015). The implementation and diffusion of innovation literature has much to say about adaptation, although is just beginning to address the needs of cross-national studies.

The practical aspect of what is meant by culture and how dimensions and differences should be assessed, measured and managed is complicated as culture is a dynamic, nebulous and

complex concept. Whilst it still remains difficult to define, work on this has been extensively published in the fields of sociology, psychology, political science, economics, international development and anthropology. For example, Hofstede's (1991) five-dimensional model of national cultures has been extensively used in management studies. This type of cultural analysis has been developed and translated into standardised surveys allowing for cross national cultural comparisons to be undertaken (www.worldvaluesurvey). Even if we adopt the simplified overview of these survey findings it helps to inform the transfer process. Information can be sought about the way in which countries have been classified along four key dimensions; traditional values, secular-rational values, survival values and self-expression values (Inglehart and Welzel, 2005). The global cultural map that has arisen from this work can be used as an important starting point to inform the international transfer of social work interventions as it serves to highlight key differences between countries and different cultural groups within countries. More importantly it enables practitioners and researchers to consider the core components of an intervention and begin to make an initial assessment as to which of these might require adaptation to fit within the traditional beliefs or values within a recipient country. Such an understanding can minimise or avoid resistance leading to poor implementation. Furthermore, based upon a greater knowledge of dimensions such as 'democracy' or 'citizen empowerment' it can inform the type of participatory process that might be most effective when engaging communities in the adaptation dialogue (Inglehart and Welzel, 2005).

In reviewing what is meant by cultural adaptation in relation to the transfer of innovative models of practice few, if any, of the existing frameworks draw directly upon such global cultural analysis. The management literature is awash with tools to assess and measure the extent to which organisations have an innovative culture or how to bring about 'corporate' cultural transformation, often referred to as 'cultural distance'(Shenkar, 2001). Literature

arising out of the health field has tended to focus upon the goal of developing global health status measures to be used for international comparison purposes. If we return to the social work literature where the notion of cultural competence is seen as critical, we again find broad terms and in general a lack of instruments that measure cultural competence (Boyle and Springer, 2001). The most relevant literature we can draw upon is American and arises from the intervention cultural adaptation field relating to health interventions (Barrera et al 2006; Bernal et al., 2009; Kumpfer et al., 2008; Wingood and DiClemente, 2008). This has started to test and build theoretically-grounded frameworks for adapting evidence based interventions for trials with diverse populations in different countries, often in relation to HIV prevention or substance use prevention programmes (Resnicow et al, 2000; Schoenwald et al, 2008; Kumpfer, 2008). If we delve into the detail of these it is possible to extract an array of cultural variables or domains that they consider significant; language, attitudes, gender roles, belief systems, values, traditions, behaviours, family customs, communication patterns, community norms, emotional factors, protective factors, social interactions, socio-economic circumstances, institutional; practices, resources (Castro et al 2004; Resnicow et al., 2000). Yet none of these appear to connect to the international work on world values, or the global mapping of key dimensions and hence fall short in their explanation as to how to manage this array of potential variables.

In relation to how this process might be managed by researchers (the *how)*, we can draw practical lessons from studies that have evaluated models transferring primarily *within* country where the service recipient group has been a different ethnic group of the population. These have highlighted the need to adapt both programme content and/or delivery and all recommended the engagement of local stakeholders during the planning stage (Backer, 2001; Barrera and Castro, 2006; Castro et al. 2010; Mejia et al., 2017; Wingood and DiClemente, 2008). The models or frameworks that addressed the cultural adaptation of interventions can

be found primarily within the US where these have been developed and tested largely on evidence-based interventions transferring within country. For example the Ecological Validity Model (Bernal et al., 2009); the Cultural Sensitivity Model (Resnicow et al., 2000); ADAPT-ITT (Wingood and DiClemente, 2008); AIM, an intervention mapping process (Bartholomew et al, 1998) and Castro et al., (2010). A small number of these have begun to test these in relation to interventions transferring internationally (Resnicow et al., 2000; Kumpfer et al 2008; Wingood and DiClemente, 2008).

These frameworks generally adopted a staged or stepped approach incorporating; information gathering, initial adaptation leading to a new design, testing of the adapted model, refinement and ongoing monitoring or maintenance (Barerra and Castro, 2006). One practical example can be seen where identification of the core components of an intervention has occurred, which are then held stable whilst the delivery mode is adapted (Backer, 2001; Bertram et al., 2014; Nadkarni et al.,2015). A second example has been the use of 'development workshops' early on in the planning phase (Nadkarni et al., 2015; Author's own, forthcoming/2018). The study in India by Nadkarni et al. (2015) attempted to do both; run development workshops with local stakeholders through which the core components of the model were considered. They adapted a treatment programme in the alcohol field, using lay counsellors in place of mental health specialists to deliver the intervention. This method teased out the cultural issues through which they 'dismantled' the evidence-based programme to 'distil' the core treatment components, which they then tested using an RCT.

The stepped approach recommended in this paper has drawn upon the above experience and applied it to the process of transferring complex, non-evidence based models, i.e. 'best practice' or 'promising programmes' into countries where communities are resource poor. It has built upon the previous frameworks, particularly an adapted version of AIM designed for encouraging community-based participatory research (Belansky et al., 2011). The approach

has incorporated learning from the diffusion of innovation theory and paid particular attention to Roger's (2003) key attribute of an innovation namely, compatibility.

This research-based adaptation process sets out five main steps for researchers and practitioners to follow:

Step 1: Establish a project team to include researchers with knowledge of the original development of the model and researchers based within the recipient country. Explore what problem the intervention is attempting to address with what outcomes? Undertake an assessment of the potential of the model to 'match the population and context' including an assessment of any available effectiveness studies (Solomon et al., 2006). Make explicit the key components of the model and the theory of change underpinning the process. This should use knowledge of the global dimensions of culture and identify the likely fit in relation to cultural norms, values and traditions (Inglehart and Welzel, 2005). Be explicit about which cultural dimensions threaten the programme and what cultural distance the model has to travel.

Step 2: Identify and engage local stakeholders with an in-depth knowledge of the target population and local community. Facilitate a participatory process through which information is gathered on the local cultural context. Engage with the wider community.

Step 3: Demonstrate the model and highlight the core components. Facilitate a dialogue between the local community and the research team as to what aspects of the model may need to be adapted. Re-visit and consult the community on the potential match between the model and the cultural issues identified. Adapt the model accordingly. Adapt implementation tools and translate materials.

Step 4: Design a pilot study to test the adapted model and an evaluation strategy to match the appropriate level of evidence being sought. Consider realist approaches to evaluation during

this early phase. Build organisational capacity to undertake a trial and identify champions to promote the model. Put in place clinical supervision to support practitioners.

Step 5: Test the model and put a process in place through which an ongoing exchange and dialogue can take place with the community. Document what was implemented, how was it implemented, with whom, note what combination of services were delivered and what strategies appeared to lead to successful outcomes or not? Involve the community in the interpretation of the findings and further adaptation. Examine whether poor outcomes or unintended consequences were due to poor implementation, poor attendance, poor programme theory and consider how the intervention might be improved? Continue to pilot and test, whilst building towards a bigger intervention trial.

Conclusion

It is likely that the process of borrowing and trialling innovative practice based models between countries is set to continue and be actively encouraged by the 'Global Agenda' (IFSW, 2012). Likewise governments around the world will continue to promote innovation within public services. The inherent tension created by a lack of evidence based models to borrow, the decline in effect and variability as models move, and the need to recognise cultural context suggest the need to consider different standards of evidence at the early development stage. Lessons drawn from the diffusion of innovation literature offer social work an opportunity to adopt a new lens through which to view these processes and draw upon different approaches to managing the transfer process. Whilst not removing the complexity, realist approaches to evaluation allow for adaptation whilst frameworks for managing cultural adaptation offer tools to support the uncertainty within this process. These do not negate the importance of striving to develop an evidence base for the social work profession; rather it is recommended that they are considered at the initial development stage.

As Castro et al (2004) claim, the challenge is to deliver 'the best science while addressing the practical concerns of a community' (p.41).

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