

# ***Let's come together***

## ***A macro-oriented model for organizing the support of EBP***

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### **Abstract**

In this chapter, a preliminary model for organizing the support for an evidence-based practice in the Swedish social welfare services is outlined. The model is based on a theoretical framework where EPB is understood in a broad sense and it pre-supposes the cooperation between different national and regional actors to be an important pre-requisite for supporting and performing EBP in the social services. The paper contends that (1) these actors, given their complementary positions, can promote EBP by producing knowledge for practice, by governing knowledge into practice, by contributing to collaborative knowledge development and by supporting knowledge use in practice and (2) the possibilities to establish such an infrastructure in the Swedish welfare system, in spite of several obstacles and difficulties, are fairly good.

### **1. Introduction**

The discussion on evidence-based practice (EBP) is worldwide and ongoing. Nationally, regionally and locally-based organizations make strong efforts to promote EBP and, as a result of the workshops on Evidence-Informed Practice held in England in 2008 and in Canada in 2010, an international network in this field is being established. In this chapter, four key-actors on the Swedish arena are identified: The National Board of Health and Welfare, The Swedish Association of Local Authorities and Regions (SALAR), the universities and the Research and Development (R&D) milieus. Their actual and potential roles in providing support for EBP is discussed in relation to a theoretical framework built on an understanding of evidence-based practice in an organizational context combined with a wide interpretation of knowledge, knowledge use, knowledge production and learning. The aim of the chapter is to outline a model for how these actors, given their different assignments and roles, can promote knowledge production and utilization in practice. The main interest is on the interplay between research and practice, and one of the crucial issues is how to maximize the capacity to implement evidence-based knowledge in the social service agencies.

Our view is very similar to those actors in the “promoting EBP field” who prefer to use the term evidence *informed* practice (EIP) or multidimensional evidence-based practice. For example, we embrace their broader interpretation of knowledge, that there are “different ways of knowing” (Dill & Shera, 2010, p. 5). Still, we have chosen to use the concept EBP – interpreted in this broader sense - since it is established and used in our Swedish context.

## 2. Evidence-Based Practice

EBP is rooted in evidence-based medicine (EBM) (Trinder & Reinholds, 2001). David L. Sackett defines EBM in a way that is often quoted: "...the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients." (Sackett, 1997, p. 2) In another quotation, the role of the professional is emphasized:

Without clinical expertise, practice risks becoming tyrannized by external evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient (Sackett, 1997, p. 2).

Later on, he points out the importance of the service users' (patients, clients) perspectives: "...and the integration of best research evidence with clinical expertise and patient values" (Sackett, 2000, p. 1). Consequently, Sackett identifies three essential sources for EBM: the views and expectations of service users, the best research evidence available and the experience-based knowledge of the practitioners. The latter means that it is important in EBP that the professionals also incorporate earlier experiences and think critically in relation to the sources being mentioned while analyzing and deciding how to provide the best help. In this chapter, "evidence" means that there is scientific/empirical support that a method or a way of working leads to desired effects, or at least does not cause individuals unnecessary harm.



Figure 1. Evidence-based practice in an organizational context.

The model in fig. 1 illustrates that EBP is embedded in an organizational and environmental context, including historical and cultural influences (DiMaggio & Powell, 1991; Alexanderson, 2006). These are circumstances that must be taken into account while investigating the possibilities to support research utilization in social work practice.

The discussion on “evidence-based” has been rather intensive in different parts of the Swedish social sector (Ronby, 2006; Oscarsson, 2006; Bergmark & Lundström, 2006; Sundell, Soydan, Tengvald & Anttila, 2009; Eliasson-Lappalainen et al., 2010). Our impression, however, is that there is a growing consensus about the importance of focusing on outcomes and having an evidence-based approach in relation to individual clients or groups of clients.

### **3. The Swedish EBP Movement**

During the last decades, at least three waves have shaped the development of the Swedish social welfare services. The first wave concerned cost limitation (i.e. cost containment), the second concerned work quality (quality assurance), and the third was called knowledge-based or evidence-based practice, i.e. "what works". The common foundation for these measures was to bring about as much value as possible in the form of good results for the resources invested in the business, i.e. to get one's money worth. This aspect has high priority in present-day Swedish social welfare services and is closely related to the fact that during the past 40 years, its costs have increased in a way that is considered to be unsustainable in the long run. Taken together, this is a trend relating to the growth of the New Public Management and a market-oriented delivery of welfare services.

This is one of the reasons the National Board was commissioned by the Swedish government in the early 2000s to investigate ways to support knowledge development in the social services. Some years later, a report was published by the Swedish government; *Evidence-Based Practice in the Social Services – For the Benefit of the Client* (SOU 2008:18)<sup>1</sup>. It was shown that the basis for the efforts, work procedures and methods in social work practice is fairly weak. It was also emphasized that in this field, the national support for knowledge development to a large extent is based on short-term projects without adequate coordination between research, practice, learning and implementation. The report points out a lack of research and evaluation of client effects, results and outcomes, i.e. evidence, internationally as well as in a Swedish context. One of the suggestions put forward in the report is to strengthen EBP in the social sector by producing systematic reviews from research and national guidelines with recommendations and measurable quality indicators for practice, and it is stressed that this form of knowledge should be spread, implemented and used in practice.

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<sup>1</sup> This report is only available in Swedish.

However, definitions of terms and quality standards for social work need to be clarified in order to form a better foundation for follow-up systems. It is also pointed out that national quality indicators and systems for comparisons available both for citizens and professionals are other parts of the infra-structure. The need for measuring, describing and disseminating best practice and develop platforms for collaboration between research and practice is highlighted. The report also points out that in some cases, politicians instead of social workers are obliged to make decisions about individual clients, which is not the case for the politicians in the health sector. This is a condition that complicates the ambition of developing an EBP in social work. Last, but not least, the report accentuates the perspective of the service users as an urgent area for development in relation to EBP.

In 2009, SALAR initiated a joint work with the aim to build a platform for coordinated long-term efforts for supporting evidence-based practice in the social services. The point of departure for this process was the report mentioned above (SOU 2008:18). A project team with representatives from the government and SALAR was given the assignment to prepare future agreements between national actors on how to strengthen possibilities and capacities to produce and make use of knowledge in the social services. The project team is expected to present model/s for providing long-term requirements of structures that support knowledge development, implementation, evaluation etc.

#### **4. Knowledge and Knowledge Utilization**

Evidence-based practice is supposed to draw on a solid knowledge foundation. However, the knowledge concept can be understood in different ways. In a stricter fashion, originating from EBM, there is a hierarchical approach to knowledge where there is a difference in its quality, which is determined by the strength of scientific evidence. The strongest evidence is provided by meta-analyses or well performed, large-scaled Randomized Controlled Trial studies (RCT). The international research network Campbell Collaboration has taken on the task to sum up the best available research in the field of social welfare and to make it accessible by publishing so called systematic reviews. A systematic review must have clear inclusion/exclusion criteria, an explicit search strategy, systematic coding and analysis of included studies and, where possible, meta-analysis (<http://www.campbellcollaboration.org/>)

In contrast to a hierarchical view, there are inclusive, non-hierarchical approaches that map out the knowledge basis for social care and social work (Gould, 2006). Including theories is one such approach that exceeds the notion of EBM. An exponent of this view is Trevithik (2008), who claims that the knowledge basis for social work includes three interweaving features: Theoretical knowledge, factual knowledge (including research) and practical/personal knowledge. In social work, she argues, knowledge must incorporate both theoretical and practical knowledge, i.e. *knowing about* and *knowing how* (Trevithik, 2008, p. 1214). This framework acknowledges the fact that all parts bring something valuable into an encounter; practitioners, other professionals as well as the involved clients. A knowledge review, conducted by The Social Care Institute for Excellence (SCIE) in England, expresses a view where there is no hierarchy between different types of knowledge (Pawson, Boaz, Grayson, Long & Barnes, 2003). Instead, the different types are assumed to play vital roles in building up the evidence basis for social care and social work. This approach also allows different types of knowledge to underpin good practice.

This wider definition of knowledge, in accordance with SCIE and Trevithik, fits well into our view on EBP and on how the interplay between research and practice should be organized in order to maximize the capacity to implement evidence-based knowledge in the social service agencies. This leads to the complexity of translating what we know from research into practice, and, of course, the other way around. In an article on social service organizations in the era of evidence-based practice, Maynard (2009) claims that the EBP paradigm requires a different sort of social service organization; one that, “can learn on a continuous basis and adapt quickly and responsively to knowledge, research and the changes in the field that are occurring at a rapid pace” (Maynard, 2009, p. 3). She proposes the *learning organization* as a theoretical framework for bridging the gap between science and service. We will come back to this later on.

So far, we can draw the conclusion that there are different types of knowledge that support EBP and that there are different actors in the field who can promote the knowledge production and utilization needed, which is highly dependent on their separate commissions. This can be illustrated by adding four main activities, or positions, to our model (figure 2): governing knowledge into practice, knowledge use in practice, knowledge development in collaboration with practice, and producing knowledge for practice.

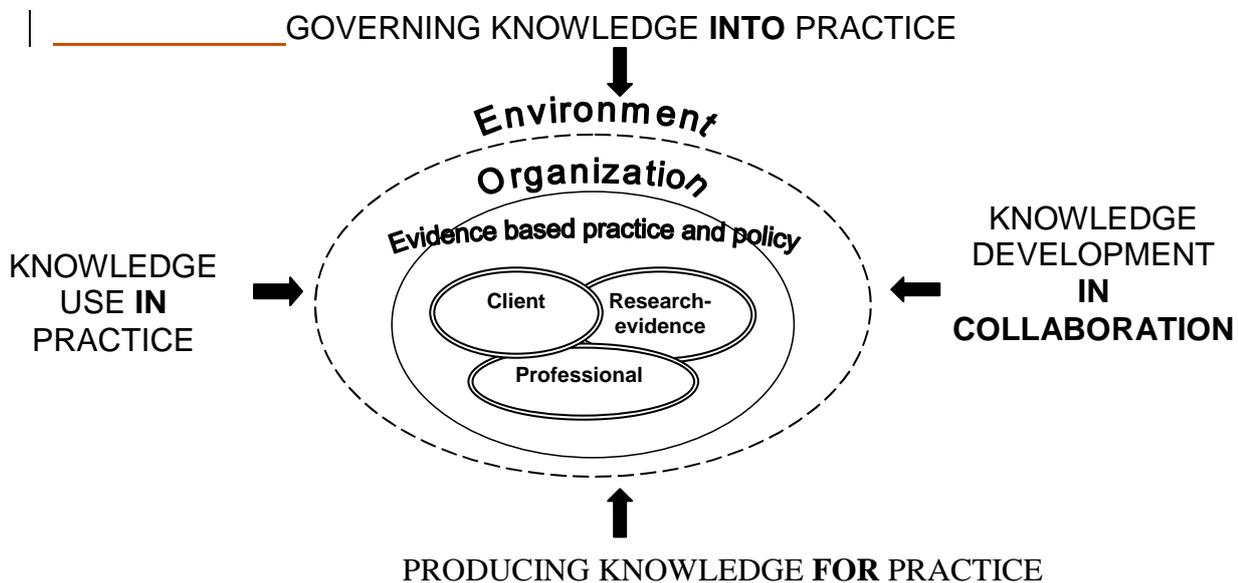


Figure 2. Main activities for supporting and performing an evidence-based practice in the social services.

The activities/positions in the figure represent (four) main perspectives in knowledge use and production. The key-actors, that can be supportive within these perspectives, beside or in collaboration with practice itself, will be addressed in the next section of this chapter.

According to Nutley, Walter & Davies (2007), there are three models or archetypes of how research can be put into practice: *the research-based practitioner model*, *the embedded research model* and *the organizational excellence model*. In a previously published article (Alexanderson et al., 2009), we argued that the third model, the *organizational excellence model*, has a great potential as a starting-point for building a theoretical basis to underpin the development of EBP. This model is focused on collaboration between managers and social workers as parts of a learning organization with participating researchers from universities and other organizations. Research findings is regarded as something more than the effects of the interventions and welfare organizations are not merely seen as recipients or users of research findings but as milieus for local initiatives, evaluations and practice development based on research. In fact the welfare organizations might play more of an active role in producing knowledge, for example by hosting clinical researchers, formulating new research questions and making use of their own systematic documentation, by using it as a source of reflection and as base for building experience-based knowledge (Alexanderson et al., 2009).



## 5. Four Actors Supporting EBP

In this section, four different types of organizations, locally, regionally and/or nationally-based, are introduced as key-actors in promoting EBP in Swedish social welfare agencies. In addition to a brief description of their work, reflections on their potentials in relation to EBP are presented. This is made with reference to the theoretical framework outlined in section four.

### The National Board of Health and Welfare

The National Board is a government agency under the Ministry of Health and Social Affairs with a wide range of responsibilities for the social services. One of its commissions is to compile, disseminate and compare information about social work interventions and practice evaluation. Another is to develop a common terminology in systematic documentations. Other commissions are to produce guidelines and doing inspections of the social services. It can be seen *as governing knowledge into practice* but also *producing knowledge for practice* (fig.2).

The National Board produces knowledge in EBP and is commissioned to work with knowledge translation to support local authorities. This work includes:

1. Providing systematic knowledge reviews to professionals who work in the social services, in terms of what works.
2. Supporting the development of standardized methods for assessing the needs of clients/ users and supporting the use of such methods.
3. Supporting and implementing the results from studies on social initiatives and structured action programs.
4. Disseminating the results of reviews and studies in order to support evidence-based social work practice.

The National Board has produced a method guide (Clearinghouse) on the web where common interventions and evaluation methods (standardized assessment instruments) are described. The purpose is to make it easier for practitioners to find information about current research on methods and their effects on social work practice.

Working with disseminating and supporting the implementation of EBP has become an increasingly important issue for The National Board. This assignment requires smooth

communication and collaboration between national and local authorities with new communication strategies to be tested and evaluated in the future.

### **The Swedish Association of Local Authorities and Regions**

SALAR represents the governmental, professional and employer-related interests of Sweden's 290 municipalities and 21 county councils. SALAR strives to promote and strengthen local self-government and the development of regional and local democracy.

As an actor on the national level, SALAR is obliged to represent the interest of its owners. Whereas the National Board has a formal responsibility in supervising and controlling social work practice and health care, SALAR has an active role in relation to developmental issues. One important task for SALAR is knowledge dissemination. A current example of this is the ongoing project regarding the implementation of the National guidelines for treatment of alcohol and drug abuse. In this work, SALAR also takes on the role of *governing knowledge into practice*. Another assignment for SALAR, which is regarded as more urgent by representatives for the organization itself, is to support the *knowledge development* that takes place in or near practice (see Tydén (Ed.), 2009).

### **The Universities**

Important supporting actors for EBP are the universities, for example through basic and advanced training for social workers or research on social work. In relation to figure 2 above, universities may play different roles: They may *produce knowledge for practice*, which can be seen as the “classic” position, or joint work between universities and social work practice, e.g. in a research project or a master program which contributes to *knowledge development in collaboration with practice*. For example, in collaboration with R&D units, they can support *knowledge use in practice*. Another example is if researchers from universities provide knowledge reviews on behalf of the government with the purpose to produce national guidelines, which would be labeled *governing knowledge into practice*.

Recently, a national evaluation of the basic education programs for social workers was conducted by the Swedish National Agency for Higher Education (HSV 2009:36 R), but it did not pay much attention to EBP. It merely noticed that EBP and its prerequisites is briefly presented in the programs. The use of quantitative methods are rare in evaluations in social

work and doctoral dissertations (Dellgran & Höijer, 2000; Socialstyrelsen, 2010), for which both education and research have been criticized (Tengvald, 1995).

Altogether, our assessment is that universities need to focus and put efforts in their contributions to a more elaborated view on EBP in social work. Working in closer cooperation with the other actors would promote such a necessary development.

### **Research and Development Milieus**

In Sweden, the social services are the responsibility for the local municipalities, which have a high degree of autonomy in relation to the government and other national actors. During the 1990s a large number of R & D units emerged, owned by one or several municipalities/counties. Sometimes they are established in partnership with the health care services. Collaboration with a local university is also quite common. The target groups are children & families, elderly, people with disabilities, with income support and/or alcohol or drug abuse problem. Today, almost all municipalities in Sweden have access to such R & D milieus.

The activities of an R & D unit vary, and there is no total consensus or any established theoretical basis for what the units should do. Still, there are some common features that have been observed in different evaluations (Socialstyrelsen, 2002; Engström, 2007; 2008) and in a doctoral dissertation (Ekermo, 2002): They are mostly small-scaled with limited resources and work close to practice. They have a local basis with an interactive and development-oriented research approach. The subjects for their R & D activities correspond to local knowledge and developmental needs, i.e. a bottom-up approach. Their agreement of what needs to be done is mostly a question of dialogue and negotiation. Their core activities are studies in fields important for the region and are often conducted in a multi-disciplinary way.

R & D milieus can be supportive in conducting evaluations and follow-up activities in practice in a systematic way. This is a constituent of EBP and performance development. One example is training and coaching in order to support the implementation of ASI (Addiction Severity Index) in the social services. The role of the units can be described as supporting the *governing of knowledge into practice* through implementation of the assessment tool, but it also creates possibilities for *development of knowledge* through the learning processes that R & D units can facilitate through dialogues on how to use the results (in this example, ASI), individually and organizationally.

R & D units provide arenas for practitioners to express, document and communicate their experiences but also to seek, find, interpret and use evidence, i.e. *knowledge use in practice*. Continuously, various activities are arranged, such as research circles or seminars where researchers and practitioners meet on core tasks for developing the practical work in the region. Quite recently, different units have started to find ways for giving this support in a network, where research circles are offered to different regions at the same time. In this sense, the role of *knowledge development in collaboration* but also knowledge facilitation is put to practice.

The National Board of Health and Welfare and the universities are the main actors for outcome-studies that demand huge compilations of materials, e. g. evaluations with experimental designs. The R & D units can contribute in collecting such material, form multi-sites, and become speaking-partners for designing studies and discussing results. In this way, the R & D units can be described as partners of *knowledge production for practice*. The “gravity centers” for R & D units however, can be described as supporting *knowledge use in practice* as well as *knowledge development in collaboration* with practice.

## Summary

Four important actors and their possibilities – actual and potential - to support EBP have been introduced. As shown, they play different roles in relation to promoting EBP; sometimes complementary, sometimes overlapping. So, what would be the main assignment for our four key-actors in relation to our EBP model? **The National Board** primarily promotes *governing knowledge into practice* by knowledge reviews, guidelines, handbooks, etc. The main role of **SALAR** is somewhat more difficult to identify, but we would argue that it is to *support knowledge use in practice*. To fulfill that mission, SALAR must cooperate with other actors as well as be a facilitator for the cooperation between other actors, both at the national and local level. The main role for the **universities** is to *produce knowledge for practice*, whereas the **R & D units** have a main role as active parts in *knowledge development in collaboration* (with practice).

The support and performance of an evidence-base practice in the social services, is highly dependent on the cooperation between these key actors. That is one of our main points.

## **6. Analysis and Discussion**

In this chapter, we have suggested a preliminary model for supporting EBP in the social services. This model is built on the complementary contributions from the four supporting key-actors, facilitating EBP from ‘the outside and in’. We will end by discussing the issue from the other direction, from ‘the inside and out’. Our starting-point is the professional social worker who works according to EBP in his/her everyday work with clients/service users -in an organization that supports EBP. Finally, some possibilities and obstacles for realizing EBP in the social services in Sweden will be highlighted.

Two earlier mentioned viewpoints are crucial for our discussion: The first is the claim that different sorts of knowledge are needed to underpin EBP. Well-performed RCT-studies can provide useful knowledge, but useable knowledge can and must be produced by using various (research) methods and be performed in different settings: i.e. universities, R & D units and social service organizations. The second viewpoint is our conviction that the organizational excellence model can help understanding knowledge utilization in the social services. This model emphasizes that knowledge use is an affair for the whole organization and not only for professional social workers. Our argument for the necessity to strengthen the knowledge base and to create a genuine learning organization, is strongly related to the character of Swedish social work, where the professional autonomy is restricted and politicians sometimes make decisions in complicated individual social work cases.

### **EBP from a practitioners point of view**

What would a professional social worker in the EBP-supporting organization in social work look like? Our example is a woman with a masters degree in social work. By education and experience, she is trained to integrate research evidence with the needs of the individual client in the decision-making process. She has integrated the latest demands of the legislation as well as local circumstances and policies. Her work takes place in a learning organization where politicians and managers support an evidence-based decision-making process, with an open mind towards the wants and needs of the clients and their relatives. In performing the job, she is supported by user-friendly access to updated knowledge reviews, scientific journals, national guidelines and manuals to relevant methods. She makes her decisions by referring to different sources of knowledge, in dialogue with her client.

In carrying out her every-day work, this professional social worker is familiar with different sources of knowledge and the different roles of the actors. She knows what the National Board does to produce knowledge to govern social work, including where and how to find such knowledge. She has a regular contact with the universities, in order to keep updated with relevant ongoing research. She is also familiar with the ongoing discourse about the limits of “evidence” in connection to social welfare. Furthermore, she has experiences from collaborative knowledge development projects, from working together with researchers at the local R & D unit. From such experiences, she knows how to conduct the necessary local monitoring and evaluation of social work interventions. Finally, this professional social worker knows what the regional organization of SALAR does to promote knowledge use in practice; by seminars, courses, workshops, etc, often arranged in co-operation with the other actors.

In her local organization they have a documented policy where different sorts of knowledge are expected to support and promote professional expertise. In order to integrate this, she is guaranteed a minimum of 10 % of her working time to develop herself as a “professional tool” by taking part in supervision, seminars, reflections, reading text books, journals, etc.

### **Obstacles and possibilities**

This is an image of a professional social worker who works actively in accordance with the EBP ideal in a learning organization. Of course, it is a long way to go to reach such a situation, but there are strong forces that promote this development. But first, we need to state some of the obstacles and difficulties on the way:

- Many municipalities are small and have limited economic and personal resources and sometimes it is difficult to recruit educated social workers.
- Political and economic restrictions govern the work more than knowledge. Focus is usually on “output” rather than “outcome” for the clients.
- EBP is not integrated as a natural part in social work education.
- Effect studies are uncommon.
- Social workers have limited knowledge about and practically no tradition of working in accordance with EBP.
- The potential supporting actors often work in an uncoordinated fashion. Sometimes, it appears that the organization’s needs supersede the common good.

On the other hand, we can identify some important possibilities:

- There are strong forces in society that pushes the social services to show results. At different levels, politicians and citizens want evidence for their money's worth, not just output.
- The professions want a more solid knowledge basis from which to act.
- Nowadays, clients/service users are more active and demand better services. Also, the service must be relevant to the individual.
- There is a general growth of formal knowledge among society's citizens.

In addition to the possibility-factors mentioned above, we believe that there is a growing tendency in Sweden to see evidence-based practice in an organizational context and its development as strongly dependent of organizational support at all levels. Furthermore, we think that the long tradition of open dialogue and negotiations upon which the welfare system in Sweden is built, can provide a firm ground for a constructive cooperation between our key-actors. We would like to see these parties getting together with social workers in serious discussions on how to cooperate in order to develop the content and the use of the three main knowledge sources for an evidence based practice social work practice. Hopefully, our model can make a contribution to such discussions - both in Sweden and internationally.

## References

Alexanderson, K. (2006). *Vilja, kunna, förstå – om implementering av systematisk dokumentation för verksamhetsutveckling i socialtjänsten*. Akademisk anhandling (Diss.) Örebro universitet. Universitetsbiblioteket. (*Willingness, comprehension, capability – about implementation of systematic documentation for developing social work in the public social-work services*).

Alexanderson, K., Beijer, E., Bengtsson, S., Hyvönen, U., Karlsson, P-Å & Nyman, M. (2009). Producing and consuming knowledge in social work practice: research and development activities in a Swedish context. *Evidence & Policy A journal of research, debate and practice*. May 2009, Volume 5: Issue 2.

Bergmark, A., Lundström, T. (2006). Mot en evidensbaserad praktik. Om färdriktningen i socialt arbete. *Socialvetenskaplig tidskrift*, 2.

(<http://www.campbellcollaboration.org/>)

Dellgran, P. & Höjer, S., (2000). *Kunskapsbildning, akademisering och professionalisering i socialt arbete*. Akademisk avhandling (Diss.) Göteborgs universitet, Göteborg.

Dill, K. & Shera, W. (2010, april). *Pushing the envelope – Future directions for Evidence informed practice*. Paper presented at the Conference Connecting the Dots: Making the Evidence informed practice a reality. The second Biennial Evidence informed practice International Invitational workshop in Toronto, Canada.

Gould, N. (2006). An Inclusive Approach to Knowledge for Mental Health Social Work Practice and Policy. *British Journal of Social Work*, 36, 109-125.

Ekermo, M (2002) *Den mångtydiga FoU-idén: lokala FoU-enheters mening och betydelse*. Akademisk avhandling (Diss.) Örebro universitet.

Eliasson-Lappalainen R., Edebalk, P.G., Meeuwisse, A., Sunesson S.; Svensson, K. & Swärd, H. (2010). Socialstyrelsen vill dirigera forskning. *Universitetsläraren*, 10-11.

Engström, B (2007) *FoU-enheter med inriktning äldreomsorg*. Socialstyrelsen, Stockholm

Engström, B (2008) *FoU-enheter med inriktning mot individ- och familjeomsorgen – en uppföljning*. Socialstyrelsen, Stockholm.

HSV; Högskoleverket / Swedish National Agency for Higher Education/ (Rapport 2009:36 R) *Utvärdering av socionomutbildningen vid svenska universitet och högskolor*. Stockholm.

Maynard, B. R., (2009) Social Service Organizations in the Era of Evidence-Based-Practice. *Journal of Social Work* 9 (4) p. 1-16.

Nutley, Sandra M., Walter, Isabel & Davies, H. T. O. (2007). *Using evidence: how research can inform public services*. Bristol: Policy Press

- Oscarsson, L. (2006). Evidenskravet och socialt arbete. *Socionomen*, 4.
- Pawson, R., Boaz, A., Grayson, L., Long, A. & Barnes, C. Types and quality of knowledge in social care. *Knowledge review number 3*. <http://www.scie.org.uk/publications/knowledgereviews/kr03.pdf> SCIE, Social Care Institute for Excellence (2003).
- Powell, W. W. & DiMaggio, P. J. (1991). *The new institutionalism in organizational analyses*. The university of Chicago Press. US.
- Ronnby, A. (2006). Det sociala arbetets konst. *Socionomen*, 6: 29-32.
- Roselius, Stenmo, Sundell (2009) *Effektutvärderingar i avhandlingar i socialt arbete och psykologi*. Stockholm: Socialstyrelsen/IMS
- Sackett, D. L. (red.) (2000). *Evidence-based medicine*. 2. ed. Edinburgh: Churchill Livingstone.
- Sackett, D. L., Scott Richardson, W., Rosenberg, W. & Haynes R. B. (1997). *Evidence-Based Medicine. How to Practice and Teach EBM*. 5th edition, Churchill-Livingstone, New York.
- SOU 2008:18. *Evidensbaserad praktik inom socialtjänsten – till nytta för brukarna. Betänkande från utredningen för kunskapsbaserad socialtjänst*. Stockholm: Socialdepartementet. In English: *Evidenc-Based Practice in Social Services – for the benefit of the client*. SoU 2008:18. Ministry of Health and Social Affairs.
- Socialstyrelsen (2002). *Utvärdering av FoU*. En studie av FoU-enheter inriktade på individ och familjeomsorgen. Stockholm.
- Socialstyrelsen (2010) *Effektutvärderingar i doktorsavhandlingar*. Stockholm, 2010-3-24.
- Sundell, K., Soydan, H., Tengvald, K. & Anttila, S. (2009). From Opinion-Based to Evidence-Based Social Work: The Swedish Case. *Research on Social Work Practice Online*. 1-9. <http://rswp.sagepub.com>. SAGE.
- Trevithik, P. (2008) Revisiting the Knowledge Base of Social Work: A Framework for Practice. *British Journal of Social Work*. 38, 1212-1237.
- Trinder, L. & Reynolds, S. (Eds.) (2001). *Evidence-based practice. A critical appraisal*. Blackwell science. Great Britian.
- Tydén, T. (Ed). (2009). *Gott och blandat*. Om FoU-miljöer i kommuner, landsting och regioner. DFR rapport, 2009:2.