European Social Network

Social Services in Europe

Contemporary issues in the public management of social services in Europe

01 | Responding to the economic crisis and austerity
02 | Innovation, research and evidence-based practice
03 | Working with education, health and employment: recognising a shared agenda
04 | Leadership and management in social services

The European Social Network is supported by the European Commission

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ESN's working group on Leadership, Performance and Innovation was set up in the wake of the economic crisis in Europe. It brought together senior managers of public social services at local and regional level to evaluate both the impact of and the responses to the crisis, and to explore what this experience might mean for the future of the welfare state and for the leadership and management of social services.

The participating managers came from Belgium, Denmark, Finland, France, Germany, Italy, Romania, Serbia, Slovakia, Spain and the United Kingdom. Over the life time of the group, the members chose to engage with a number of issues which they believed to be critical to the future public management of social services:

1. Responding to the economic crisis and austerity
2. Innovation, research and evidence-based practice
3. Working with education, health and employment: recognising a shared agenda
4. Leadership and management in social services

In their debates, the managers had occassionally invited external experts from national and international agencies including the OECD, Eurohealthnet, the European Commission, and from the UK the Social Care Institute for Excellence and the National Skills Academy.

Following these meetings, ESN is publishing a series of four public management papers in which we argue why directors of social services, senior professionals, politicians and other stakeholders should address these challenges and suggest how they might tackle them.

The papers conclude with a set of key questions for public managers to help them evaluate their response to the crisis and austerity and think strategically about the future direction and design of services.

The self-evaluation questions are addressed to senior mangers working at the local level, but we hope they will be of use to policy makers and public officials at all levels, as well as those working closely with public social services in other sectors.

The European Social Network (ESN) brings together people who plan, manage and deliver public social services, together with those in regulatory and research organisations. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.

The European Social Network is supported by the European Community Programme for Employment and Social Solidarity (PROGRESS 2007-2013). This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields.

The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries.

To that effect, PROGRESS 2007-2013 aims to:

– provide analysis and policy advice on employment, social solidarity and gender equality policy areas;

– monitor and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;

– promote policy transfer, learning and support among Member States on EU objectives and priorities;

– and relay the views of the stakeholders and society at large.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

Contemporary issue 2

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Introduction

The modernisation of social work is placing an increasing emphasis on evidence with regard to decision making, service contracting and delivery, and evaluation and audit. In difficult economic times, the imperative to spend public money efficiently is even higher and, not withstanding political choices and demands, the value of informed decision making drawing on evidence in all its component parts has gained a new momentum.

At EU level, the European Commission is also increasingly prominent in supporting research and innovation grounded on evidence-based knowledge sharing.

The aim of this paper is to look at the potential of research methodologies to test a social policy intervention or social service models. It takes a particular interest in the evaluation of cost-effectiveness, impact and transferability. Research evidence is absolutely vital for social work, yet there are barriers at the interface between research and practice:

- How to use research methods from other sectors (e.g. health) to evaluate social policies
- How to translate research and evidence into practice in a local context
- How to communicate research findings to policy makers, practitioners and other stakeholders

This paper explores the potential of evaluation methodologies to provide policy makers and public managers with an evidence base, and so to improve the impact and cost-effectiveness of social and related services. It also seeks to make the link with the European social innovation agenda and the implementation of the Europe 2020 Strategy. It explores challenges and opportunities for evidence-based practice by drawing on the input of researchers and directors of public social services. It discusses how to understand, measure and increase research impact in social work and care practice.

What is evidence?

Evidence-based practice (EBP) is an interdisciplinary approach to practice that has been gaining ground in other fields following its formal introduction in 1992. It started in medicine as evidence-based medicine (EBM) and was defined by Sackett[1] as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individuals."

Why use evidence in social work?

There are different ways of looking at the rationale for using evidence. In evidence-based medicine, Cochrane saw evidence as necessary to enhance 'effectiveness and efficiency'[2]. Cochrane had noticed that his NHS colleagues were basing clinical decisions on opinion, not evidence. He suggested that, because resources would always be limited, they should be used to provide equitably those forms of health care which had been shown in properly designed evaluations to be effective. In particular, he stressed the importance of using evidence from randomised controlled trials (RCTs) because these were likely to provide much more reliable information than other sources of evidence. He encouraged RCTs as the gold standard in research evidence.

[1] Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W., & Haynes, R.B. (2000). Evidence-based medicine: How to practice and teach EBM (Vol. 2). London: Churchill Livingstone

[2] Cochrane A.L. Effectiveness and Efficiency. Random Reflections on Health Services (1972) London: Nuffield Provincial Hospitals Trust

Evidence-based policy helps in making well-informed decisions (in terms of policy, programmes and projects) by putting the best available evidence from research at the heart of policy formulation, development and implementation[3]. In times of economic difficulty, the imperative to spend public money efficiently is even higher. EBPs provide confidence that limited resources have been allocated to practices known to be effective.

How is EBP understood by social work managers and practitioners?

The ESN working group on Leadership, Performance and Innovation held a meeting[4] to discuss how directors of public social services from different European countries understood and used evidence in their day-to-day activities. Recent studies in various European countries have also assessed the understanding and approaches to EBP amongst social work directors and professionals.

In ESN's working group, most directors saw evidence as an instrument to achieve a specific aim, for instance, to improve the provision of services. "As a purchaser of services, I need to ensure that I buy services that are of quality, efficient and effective", said John Powell, from the UK. In other cases, evidence was seen as an instrument to making the case for a particular investment. "I need a strong evidence base in order to convince politicians of the need to invest in a certain service", argued Karine Lycops, from Belgium.

Some expressed a critical understanding of evidence and the need to ensure that evidence is part of training for social workers. "There may be the need to include evidence-based practice in the education of social professionals to ensure awareness of and openness to evidence", said Marie-Paule Martin-Blachais, from France. Directors of public social services emphasised the importance of making research and evidence intelligible to professionals in order to improve its use in the public sector.

Some of these views have been documented in a recent study in Sweden[5] that looked at how front line social work managers understand and use evidence. The report states that "the knowledge base in social care services is under-developed and work is foremost based on professional experience and in limited extent on knowledge of the effect different interventions have." The qualitative study established a typology of understanding of EBP amongst social work directors. Here follows a series of commentaries about the application, the understanding of and the resistance to evidence-based practice from the Swedish study.

- *Fragmented or traditional*: "I don't have a good answer of what EBP is. Knowledge is involved somehow."

- *Discursive*: "EBP has arrived as something that might legitimatise what we do. People have talked about it for a decade, but I haven't seen any results of it as nobody ties it together. I talk about evidence because it has become politically correct."

- *Instrumental*: "EBP is the use of well-tested methods, proven to work, not necessarily through research, but based on some kind of systematised evaluation. The quality of social workers varies and the systematised process gives them something to lean on and makes life so much easier for politicians and decision makers."

[3] Wyatt, A. (2002) Evidence Based Policy Making: The View From A Centre. Public Policy and Administration, 17, 3, 12-28
[4] More information about the meeting can be found here: www.esn-eu.org/news/156/index.html
[5] Ways of Understanding Evidence-Based Practice in Social Work: A Qualitative Study. Gunilla Avby; Per Nilsen; Madeleine Abrandt Dahlgren, British Journal of Social Work 2013

- *Multifaceted*: “EBP looks more closely at the client’s experience, which has a greater influence on work. This is not the same as the social work carried out throughout the years where the professionals autonomously decided what and how to do things, working only from their own experience and different trends.”

- *Critical*: “It’s about integrating all information and knowledge we have concerning an individual, in combination with the context in which the individual is situated. It’s about the courage to actually look at the work being done and what is achieved. When structuring work we need to find space for reflection and consider organisational prerequisites for EBP.”

As above-mentioned, EBP is a growing trend in various countries, and the Netherlands has not been alien to this process, in large because local authorities/governments are demanding more effectiveness in social work. However, as we shall see later on, there are several obstacles to implementation. One issue identified in the Netherlands[6] is the lack of engagement of social work practitioners themselves. If EBP is to be successful, it is important to address the engagement of practitioners; e.g. their willingness to adopt it and implement it in their practice.

A recent Dutch study[7] assesses practitioners’ orientation toward the EBP process. They used an assessment scale with various variables:

- familiarity
- attitudes
- feasibility
- intentions
- frequency

Almost 400 social workers from 22 social work organisations participated, and preliminary results conclude that “practitioners who engage in the EBP process show greater concern for client well-being than practitioners who do not.”

In Sweden, a study[8] conducted by the Institute for Evidence-Based Social Work Practice highlighted as one promising opportunity the signs that there is a practice-driven process in support of the implementation of EBPs in social work agencies. The concept of effectiveness studies, using randomised or quasi-experimental designs, appears to be less offensive to social workers, compared to a few years ago. We have seen this recently in the homeless sector, with the implementation of the Housing First programme, where there was no opposition to the idea of evaluating the implementation and randomising the homeless to different programme alternatives.

Sources of knowledge for evidence-based practices

Evidence-informed policy and practice demands an increased use of knowledge generated by research as a key element in order to make decisions when planning and designing services. This means using knowledge gathered systematically within a planned strategy, which is mostly explicit and provided in reports and evaluations. Though this type of knowledge is extremely valuable for social work managers, their decisions are not done in isolation. Therefore, research is not the only

[6] Van der Zwet, Beneken Genaamd Kolmer, & Schalk, 2011
[7] Dutch social workers’ views about and implementation of the EBP process, Renske Van der Zwet, MSc, Tilburg University, the Netherlands: http://www.imh.liu.se/implementering-och-larande/nordic-implementation/nordic-conference/slides-impl13/1.443377/Parallel-II-B_VanderZwet.pdf
[8] From Opinion-Based to Evidence-Based Social Work: The Swedish Case; Knut Sundell, Haluk Soydan, Karin Tengvald, and Sten Anttila

source of knowledge public social work managers can drive expertise from. The UK-based Social Care Institute for Excellence (SCIE) has identified another four sources of knowledge in social work, which include:

1. Organisational knowledge: knowledge gained from organising social care, through governance and regulation activities.
2. Practitioner knowledge: knowledge gained from doing social care, which tends to be tacit, personal and context-specific.
3. User knowledge: knowledge gained from experience of and reflection on using social care services, which again is often tacit. Within this review, user knowledge is termed service user knowledge.
4. Policy community knowledge: knowledge gained from the wider policy context and residing in the civil service, ministries, think tanks and agencies.

Types of data

Several types of data can boost the chances of a policy producing good outcomes for users and efficient use of public money. This paper outlines how three types of data can produce good evidence:

1. Evidence on population needs
2. Data on what works (effectiveness)
3. Economic data on costs and benefits (efficiency)

1. Evidence on population needs

Traditionally, the public sector has measured outputs, for example, how many children go to school, and how many access a particular service such as children and young people's mental health services. If public services want to work on prevention, however, they need to reduce the number of people needing certain services, typically high-end, expensive, specialist services, for example mental health or youth justice programmes.

Reducing the need for these specialist services depends on preventing the risks and impairments that produce that need. In order to do that, social work managers need to measure these risks and impairments to get a sense of who should be targeted with preventative services – this is particularly relevant for children's services.

Measuring risks and impairments is more complicated than measuring, for example, the number of children accessing mental health care, and this data often simply may not exist at the local level or is only focused on the children already accessing high-level services. Without good data about the population's needs it is impossible to produce evidence-based prevention and early intervention strategies.

The importance of data in order to formulate effective child protection policies has been understood in France where, following the adoption of a national law in 2007, several protocols and infrastructures have been created to undertake data collection and monitoring at local and national levels.

At local level, local observatories for child protection were established to gather systematically data within a planned strategy established at national level. The systematic gathering of data is transferred to the national level, where the National Observatory for Children at Risk is responsible for collecting and comparing this data across the French regions and draws national conclusions on the basis of the collected data. An annual report is produced each year and a longitudinal study is due in 2014.

2. *Data on what works (effectiveness)*

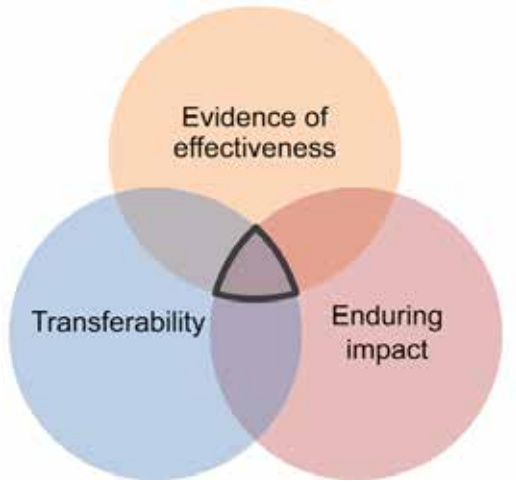
When it comes to looking for evidence of what works, policy makers and service managers need to consider two questions: is a particular piece of research relevant and is it of good quality? Elaborating on the first question, so evidence should identify "what works, for whom, in what circumstances and why" (Pawson & Tilley 1997)[9].

Transferability is another important criterion in assessing whether research is relevant – "the relevance of studies conducted outside of geographical, cultural or national boundaries" (Macdonald 2003)[10]. This is particularly important for a European organisation like ESN and also for the use of research evidence by European institutions and the design of programmes under the European Structural and Investment Funds.

There are two main types of sources of evidence that work. The first is *online databases of evidence-based programmes*. There are over 30 such databases, mostly US-based, but there are European ones (see example below). They list programmes and provide information about each one, covering details of how the programme works, what outcomes it seeks to improve, requirements for implementing it in terms of training, materials and costs, how it has been evaluated from a scientific point of view and with what results.

Such databases have different 'evidence standards' (see box below for an example). Some evaluations require using an experimental or quasi-experimental method, in which there is a control group with which to compare improvements in outcomes. Others only require evaluations that measure outcomes at the start and end of an intervention, with no control group.

Example: 'Practices that Work' (RAND Europe)[11]
The RAND Europe's Registry of 'Practices that Work' is a registry that contains evidence-based family practices.



Graph 1: Best practice assessment criteria, RAND Europe

Reviewers rank practice evaluations across several domains of quality. The practices are assessed under three headings:

- Evidence of effectiveness
- Transferability
- Sustainability

If a practice shows evidence of effectiveness and either transferability or sustainability, then it is deemed a 'promising practice'. If it fulfils all three satisfactorily, then it is called a 'best practice'. Only practices that prove to be robust in at least one domain are posted.

[9] Pawson, R. and Tilley, N (1997) Realistic Evaluation. London: Sage
[10] Macdonald, G. Using systematic reviews to improve social care (2003) SCIE Report No 4
[11] For more information: http://europa.eu/epic/practices-that-work/evidence-based-practices/evidence-criteria_en.htm

The second source for evidence of 'what works' is *systematic reviews*. These are studies that perform an extensive, systematic search of research literature in a particular subject area in order to identify patterns and common findings on what is effective. Systematic reviews tend to focus on a specific question, such as 'Does Family Nurse Partnership prevent abuse or neglect for a child at risk?'. The best-known sources of systematic reviews are the Cochrane Collaboration, which focuses on health-related subjects, and the Campbell Collaboration, which covers social issues.

Example: The Campbell Collaboration[12]
An international research network that prepares and disseminates high-quality systematic reviews of social science evidence in three interlinked fields: education, crime and justice, and social welfare. It promotes positive social change, by contributing to better-informed decisions and better-quality public and private services around the world. Experts from their coordinating groups in social welfare, education, criminal justice and methods provide researchers/authors with assistance in planning and executing systematic reviews. They aim to ask what helps and what harms.

3. Economic data on costs and benefits (efficiency)

A third and increasingly used type of evidence concerns the costs and benefits of social services and programmes. Some programmes may have a positive impact on health and development, but save little money in the long run. Other types may improve outcomes and at the same time generate medium to long-term savings, for example through the costs of further services avoided and through increased tax receipts as a result of higher lifetime earnings. Various types of economic analysis can help model costs and benefits.

For instance, a *cost-benefit* analysis of interventions to reduce smoking would transform a quitter's improved health or longer life into a monetary value, for example the actual costs saved due to reduced health care or the actual benefits that follow from someone living longer, earning more and making a greater contribution to the tax burden. A *cost-benefit* analysis puts a monetary value not only on the intervention, but also on the outcomes. Meanwhile, in a *cost-effectiveness* analysis, the benefits of the intervention are measured in natural units (improvement in quality of life, reduction in cognitive impairment, etc.) and cost-effectiveness is expressed as the effect achieved per unit cost. This type of analysis can be used when the effects of the interventions or services being compared can be measured in the same units.

This is the most common type of economic evaluation, but there are some instances where measuring benefits uniformly is not possible: for example, if we want to carry out a research project to inform policy makers whether it is more efficient to invest in a self-care intervention for carers, or in an intervention to reduce school drop-out. The benefits of the two interventions cannot be directly compared. In these cases benefits need to be "valued" or "translated" to common units. This is what happens in the other two types of economic evaluations: cost-utility analyses and cost-benefit analyses.

In a *cost-utility* analysis, the benefits of the interventions being compared are "translated" into a common measure, quality-adjusted life years or QUALYs (for example), which reflects the quality as well as quantity of life gained thanks to the interventions. It is appropriate when interventions lead to improved health or survival, and is frequently used to prioritise health spending, because it allows requesting interventions or treatments according to the aggregate health benefits they provide.

[12] For more information: http://www.campbellcollaboration.org

Example: A cost-effectiveness study of person-centred care for older people
Based on a randomised control trial undertaken in the Basque Country, the project Etxean Ondo is piloting services for older people, including person-centred and coordinated home care services, and personalised residential units. Pilots have run for two years, during which a cost-effectiveness study commissioned by the Basque government to the Centre for Documentation and Sociological Studies (SIIS) has been conducted to determine which service is more cost-effective. The study is measuring outcome variables such as functional ability, cognitive capacity or users' health status. In terms of measuring costs, the overall question is if care provided through the new services is cheaper, more expensive or the same as usual care. In order to ascertain this, SIIS have measured the use of the different services by intervention and control subjects and estimated the unit cost of each service, calculated the average cost per user and compared average costs in intervention and control groups.

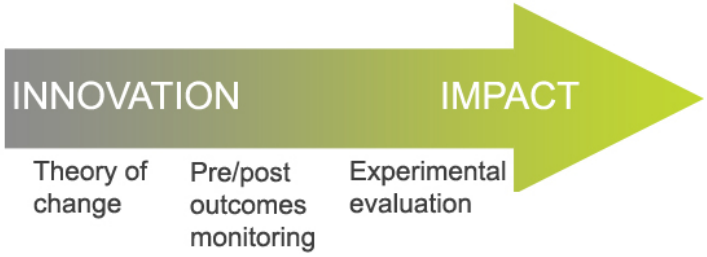
Barriers

There are, however, difficulties in achieving 'perfect' research. For instance, systematic reviews may not find enough research of sufficient quality for their conclusions to be reliable. Few economic studies have been carried out, partly for ideological reasons, partly because of a general lack of investment in social care research. The shortage of cost-benefit analyses may also be due to a lack of understanding as to what evidence of impact may look like (not every intervention produces proof of impact). In general, directors of public social services at ESN's working group insisted that there is not enough evidence and there is poor-quality data, particularly in terms of *knowing what works* to inform policy makers and public managers. This may also contribute to the tendency for policy makers and service managers not to look for evidence. Researchers may have an interest in evaluation programmes lasting several years, but social services directors insist that users need to have shorter-term goals and indicators in order to monitor performance.

As for Randomised Control Trials (RCTs), it is necessary to account for the need to ensure treatment integrity whilst also ensuring that implementation has been tailored to that particular group and the particular circumstances, thus assessing the appropriateness of the study and whether it has achieved quality outcomes (e.g. transferability). There are issues in regards to scaling up – the process of replicating a successful local project onto the national level. Policy makers may not want to scale up evidence for political reasons, it may be difficult breaking traditional patterns of service delivery, or there may be a lack of confidence in the evidence.

Conclusions

Together, evidence on population needs, effectiveness and efficiency can empower policy makers and service managers to design evidence-based practices. However, data on what works is severely limited and there are not yet sufficient evidence-based options to commission services – whilst programmes which have not yet been proven may also be indications of potential success.



Graph 2: Evidence-based practice – from innovation to impact, Social Research Unit at Dartington

So, what can be done to move an innovative intervention up the 'evidence scale'? According to the Social Research Unit at Dartington, the journey of a practice to become 'evidence-based' has three phases in an 'evidence pipeline'[13]:

1. *Innovation:* trying a new way of doing things, based on a clear idea of what outcomes the new way of doing things is targeting, available evidence about what factors are known to impact this outcome, and what types of approach are known to work in improving this outcome (what is known as 'theory of change').
2. *Monitoring outcomes* for clients using services before, during and after an intervention (pre- and post- outcomes monitoring).
3. *Proof of impact* demonstrated via *experimental evaluation*, where the change in outcomes for a group of users receiving a service is compared to a comparable group of those who do not (a control trial).

Looking ahead

This paper has introduced the discussion of evidence-based practice in social work. Looking ahead, we would like you, as a social work manager, to think of what issues around knowledge formulation and utilisation may be required for effective action. These may include:

- Knowing what policies, strategies or interventions will bring about desired outcomes
- Improving needs data about the local population
- Understanding effective programme implementation
- Promoting commitment; for instance, getting stakeholders (e.g. social workers) engaged, and building alliances with universities or research centres
- Clarifying the reasons for action; for instance, the crisis, the relationship between policy, practice and social values
- Knowing whether your decisions are having any impact; for instance, in terms of monitoring, evaluation and accountability

We would therefore like to hear from you as to your experience and knowledge of evidence-based practice in social work. Please get in touch via info@esn-eu.org or join our discussions on ESN's LinkedIn group *Social Services in Europe*.

Supporting public managers – new ESN peer learning programme

ESN will be launching a programme of peer visits for ESN members who are public managers of social services. You can apply to be visited by a fellow public manager from another country, or to visit a colleague – or both. Please contact info@esn-eu.org if you are interested in this opportunity.

[13] Taken from Michael Little's presentation, Blueprints for Europe, at the EAF workshop "Mine is better", Brussels, 21 November 2012

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