



Evidence in public social services

An overview from practice and applied research

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In 2014, the European Social Network launched the Panel on Applied Evidence in Social Services. This paper builds on the issues explored at the first meeting; it starts by defining the concepts of evidence and impact and assesses what sort of impact may be relevant and for whom. It includes two case studies from Denmark and the Netherlands, which serve as the basis for addressing a number of challenges and suggesting possible ways to move forward in generating and applying evidence in public social services.

Introduction

Five years after the start of the financial and economic crisis, in February 2013, the European Commission called on Member States to prioritise social investment in order to modernise their social welfare states. Within the current budget constraints, the Commission invited Member States to shift their social policy focus towards investment in human capital and social cohesion so that they can progress towards the objectives of the Europe 2020 Strategy.

The EC gave guidance to Member States on more efficient and effective social policies in response to the significant challenges they face. Recognising the budget constraints posed by the crisis and the demographic challenges posed by population's ageing, social policies need to be both adequate and fiscally sustainable. There is a need to innovate socially using the available resources more efficiently and effectively and engaging critically with a combination of approaches such as universalism, targeting and conditionality when designing policies. Social innovation is essential, especially in times of crisis, and policy approaches need to be tested so that policy-making becomes evidence-based and effective approaches are scaled up across Europe.

Therefore, the modernisation of public social services is placing an increasing emphasis on evidence with regard to decision-making, service contracting and delivery, and evaluation. The European Commission recognised in the 2013 Social Investment Package (SIP)¹ the need to test social policies and services to favour the most effective. The SIP argues that effective and quality social services are a public investment, hence public social services play a key role in achieving the Europe 2020 objectives. 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. The European Commission is also increasingly prominent in supporting research and innovation grounded on evidence-based knowledge sharing².

In this context, the European Social Network (ESN) launched in 2014 a new strand of its work focused on evidence-based practice in social services. This component of ESN's work programme consists of a panel of applied researchers and senior practitioners, who will meet in a number of fora, and a series of outputs, which will explore challenges and opportunities for evidence-based practice by drawing on the input of applied researchers and social services' directors.

This paper builds on the issues explored at the first meeting of the panel, which took place in November 2014 and discussed the evidence-based policy and practice phenomenon in social services in selected European countries. The paper starts by defining the concepts of

¹ European Commission: Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020, COM(2013) 83 final, Brussels, 20.2.2013.

² J-Pal Europe: *Social experimentation methodological guide. A methodological guide for policy makers*, written at the request of the European Commission, Directorate General Employment, Social Affairs and Inclusion, Wroclaw, September 2012.

evidence and impact and assessing what sort of impact may be relevant and for whom. It includes two case studies from Denmark and the Netherlands, which serve as the basis for addressing a number of challenges and suggesting possible ways to move forward.

What is evidence? What is impact?

Evidence-based practice (EBP) is an interdisciplinary approach to practice that has been gaining ground in several fields following its formal introduction in 1992. It started in medicine as evidence-based medicine (EBM) and was defined by Sackett³ as *"the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individuals"*. The Social Work Policy Institute defines EBP as a process in which the practitioner combines *well-researched interventions* with *clinical experience and ethics*, and *client preferences and culture* to guide and inform the delivery of treatments and services⁴.

Impact has become a favoured element among directors and financiers of public services⁵ who want to see evidence that will reassure them that their investment in a particular public service made a difference. If they can point to evidence that impact is happening, they would feel their investment is legitimised⁶. Impact as an **indicator** of benefit (or harm) associated with policy and practice has become as well an increasingly prominent feature of an organisation's performance⁷. This has also been favoured by governments, funding agencies and public services, and as such an important trend in the past decade has been the promotion of evidence-based policy and practice by national governments⁸. At EU level, the Directorate-General for Regional and Urban Policy of the European Commission has developed a glossary of useful terms in the field of evaluation⁹, which can serve as a standard definition for work at European level.

Impact can be long-term or short-term, depending on the issue considered. For example, the impact of interventions for children is more relevant on the long-term. However, there is also pressure on the interventions to prove short-term impact, depending on the (political) aim of the research. When measuring impact, the aim of the intervention and the timeframe help to define measurement tools. The timeframe should define the incremental changes, which should take place as a result of the programme. There is a need to be aware of "political short-termism" and the automatic expectation that impact will be seen right at the end of the intervention. Evaluation methods vary and depend highly on the context. The complexity of

³ Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B.: *Evidence-based medicine: How to practice and teach EBM* (Vol. 2). London: Churchill Livingstone, 2000.

⁴ Social Work Policy Institute, more information available at <http://www.socialworkpolicy.org/research/evidence-based-practice-2.html>.

⁵ European Social Network: *Contemporary issues in the public management of social services in Europe*. Brighton, 2014.

⁶ British Academy: *Punching our weight: the humanities and social sciences in public policy making. A British Academy Report*, London, September 2008.

⁷ Levitt, R.: *The Challenges Of Evidence Provocation Paper For The Alliance For Useful Evidence*, Nesta, London, November 2013.

⁸ Leeuw, F. L.: *Benefits and costs of evaluation*. Zeitschrift für Evaluation. 9, 2010.

⁹ European Commission, EVALSED: *The resource for the evaluation of Socio-Economic Development*, September 2013.

contexts and the lack of available data are often a challenge when it comes to measuring impact.

Impact can be intended or not, and can cause *negative and positive* effects. For example, in the field of criminal justice, the reduction of funding can have dramatic effects. Rigorous evaluation should test not only for intended effects, but also for unintended ones. In order to measure unintended effects, the feedback of service users plays a key role, since they are the subject of the intervention.

The *Social Care Institute for Excellence (SCIE)* has emphasised the concepts of **services personalisation** and **co-production** with service users and practitioners in order to ensure that appropriate feedback is implemented.

Evidence from Service Users: Personalisation in the UK

The concept of personalisation can serve as an example of how feedback may shape social care practice. Personalisation, which is about shaping services around the needs of service users, has been put at the centre of social work in the last 15 years. It started as a social movement when service users wanted to change the way services were provided. Several local authorities in the UK took their statements into account and experimented with the concept of personalisation, which has considerably improved the involvement of users in social work practice. *SCIE* worked on a piece of [explanatory research](#) in order to better explain the concept of personalisation¹⁰.

What impact is relevant and for whom?

The question of impact is complex and implies reviewing the social and historical constructions of social welfare in defining the limits of care and producing various categories of deserving welfare (e.g. early child care and child social work, the social integration of youth with complex needs, the social inclusion of adults distanced from the labour market by disability or socio-economic circumstances, and older people with complex needs). Addressing impact also implies analysing the institutions and the instruments for delivering, financing and evaluating services¹¹.

The accountability for delivering value from public money means also identifying the value that different stakeholders are seeking; for example, the interests and needs of service users, practitioners and directors at various levels. In other words, the mere existence of a role, a team or a service may no longer be a sufficient justification for automatically continuing former levels of investment in those people and organisations¹². Nor are their outputs alone regarded as sufficient guarantee of worth or success in delivering value, whether this is measured in how many people have been provided with a service or how many hours of home care each user has received. Therefore, it is key to acknowledge that different stakeholders may emphasise different values, different needs and different interests

¹⁰ Social Care Institute for Excellence. *Personalisation: a rough guide*, November 2012.

¹¹ European Social Network: *Contracting for quality*. Brighton, 2010.

¹² Levitt, R.: *The Challenges of Evidence Provocation Paper for the Alliance for Useful Evidence*, Nesta, London, November 2013.

for evidence and hence, they may do a differential use of such evidence for their own interests and needs¹³.

Finally, the creation of relevant evidence of what is beneficial or harmful raises the question of how to make evidence accepted and accessible for all relevant stakeholders. The evidence may come from a number of sources; for instance, practice-oriented and academic research, which may vary in time and reach. However, the ESN's panel highlights that in order to guarantee the evidence's usability and independence, both co-creation and the involvement of relevant stakeholders from research, practitioners and service users from an early stage are necessary.

Case studies

1. Denmark

About Socialstyrelsen - The National Board of Social Services

The *National Board of Social Services* is an independent subdivision of the Ministry of Social Affairs, Children and Integration in Denmark. The *National Board of Social Services* assists local authorities in putting social policies into practice, making better decisions and achieving better outcomes. They aim to use the best available evidence from research and other sources, combining it with decision-makers' knowledge, skills, experience, expertise and judgement.

Policy context

In the last ten years, Denmark has embraced and operationalised the concept of evidence-based practice. Local Government Denmark, the platform for Danish municipal governments, has been promoting the implementation of effective practice and an increased use of research and evaluation in Danish municipalities. These efforts have been echoed at national level.

The evidence-based policy and practice phenomenon has been characterised by the establishment of institutions, which are funded to institutionalise informing evidence-based policy making and practice (clearinghouses). The National Board of Social Services was assigned with the task of creating such institution in Denmark (www.vidensportalen.dk). With the aim to develop a systematic, long-term approach to manage knowledge, the strategy aims to build up administrative and organisational capacity to manage evidence, build partnerships with the research community, create an understanding around the concept of evidence-based practice based on commonly agreed concepts and eventually improve decision-making in social policy.

¹³ Nielsen, S. B., Grünberger, P. & Pedersen, C. S.: *What Types of Evidence are Needed for Decision-makers? Knowledge Management to Support Evidence-based Social Policy and Programs in Denmark*, 2013. Paper presented at American Evaluation Association Annual Conference, Washington, D.C.

The final objective is to create a “repository” of programmes, whether evidence-based or promising, tried and tested in the Danish context, which decision-makers can choose from.

What evidence and for whom?

Having been assigned the task of creating this knowledge repository that would gather, review and disseminate evidence-based practice in the field of social services, the Board acknowledged that there was a long implementation chain between policy formulation and service delivery, and it was key to involve all decision-makers, including local authorities and service providers, in the process. As a result, five kinds of evidence were identified:

1. The target population (who benefits from the intervention?): volume, demographics and socio-economic characteristics.
2. Effects (does it work?): the extent to which interventions have proved to be effective; effects' ratio and size. This includes also the standardisation of outcome measurements across different studies.
3. Evidence about the interventions (why does it work?): this concerns interventions directed towards the social problems of the target population and includes evidence-based practices, but may also include methods that have not been subject to rigorous impact evaluations yet, but have promising features.
4. Implementation (how was it implemented?): conditions known to drive or inhibit implementation, such as organisational, inter-personal and individual factors.
5. Cost (how much?): the unit costs per output, outcome, and impact, as well as cost-benefits of given interventions.

In order to answer these questions, it is not enough to have evidence on the **effectiveness** of interventions. In Denmark, some members of the research community have tied the notion of evidence to **impact** and **attribution**. As a result, **Randomised Control Trials** are seen as ‘the golden standard’ of evidence. However, other approaches in research exist, which are equally recognised by social scientists. The *National Board of Social Services* would like to widen approaches in order to be able to gather evidence for the categories above, including enhancing information on effects, case studies and cost analyses.

The Danish Repository of evidence-based practices

It is difficult to categorise someone with multiple problems, or the various effects of a certain programme. The *National Board of Social Services* has worked on a target group classification that goes along age and social problems or functional impairment. In order to improve the evidence on certain target groups, the *National Board of Social Services* gathers information on age, social problems or functional impairments and evidence on the target population, the programmes, the costs, the implementation and the effects of the programme.

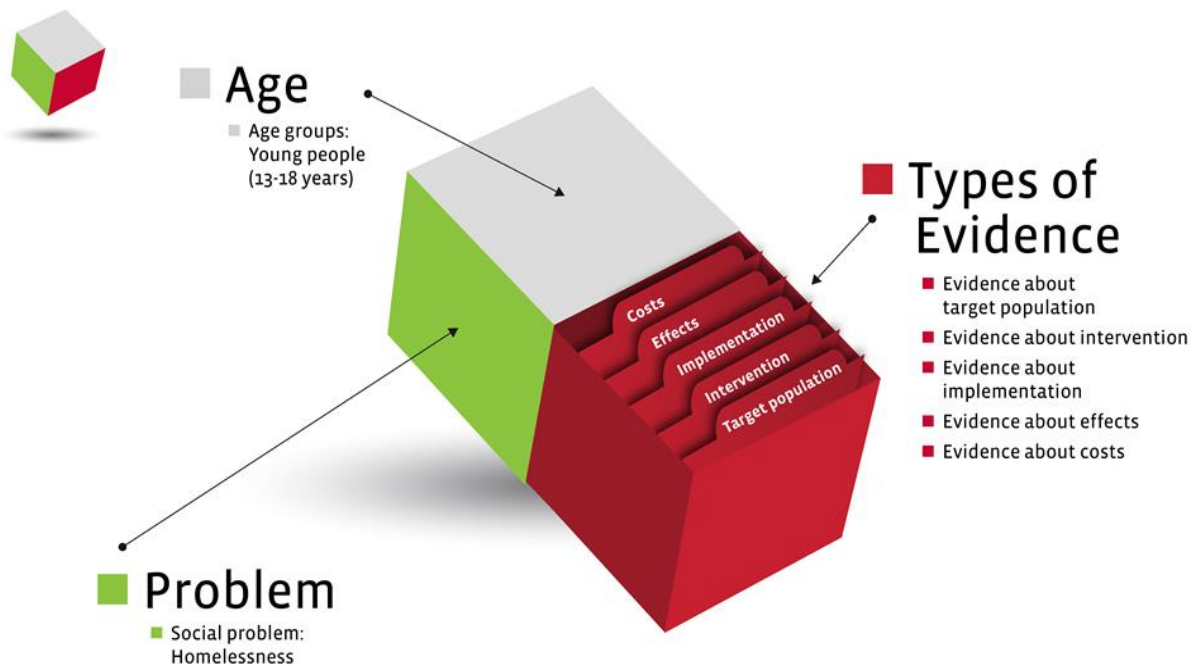


Figure 1: Illustration of the logic underlying the social policy evidence base¹⁴

In order to assess how knowledge can be applied in practice, the *National Board of Social Services* has used the Knowledge-to-Action Cycle by the Canadian research network KT Clearinghouse¹⁵. It describes the steps that should be followed to bring knowledge into practice. The Knowledge-to-Action Cycle uses three types of knowledge production to translate knowledge into practice:

- Primary research produced by bodies, such as universities;
- Knowledge synthesis, which applies different kinds of analysis to synthesise primary research about a specific evaluation question;
- Highly tailored knowledge regarding a certain issue, such as clinical guidelines or manuals for professionals.

¹⁴ Nielsen, S. B., Grünberger, P. & Pedersen, C. S.: *What Types of Evidence are Needed for Decision-makers? Knowledge Management to Support Evidence-based Social Policy and Programs in Denmark*, 2013. Paper presented at American Evaluation Association Annual Conference, Washington, D.C.

¹⁵ Knowledge-to-Action Cycle, KT Clearinghouse, more information available at <http://ktclearinghouse.ca/knowledgebase/knowledgetoaction>.

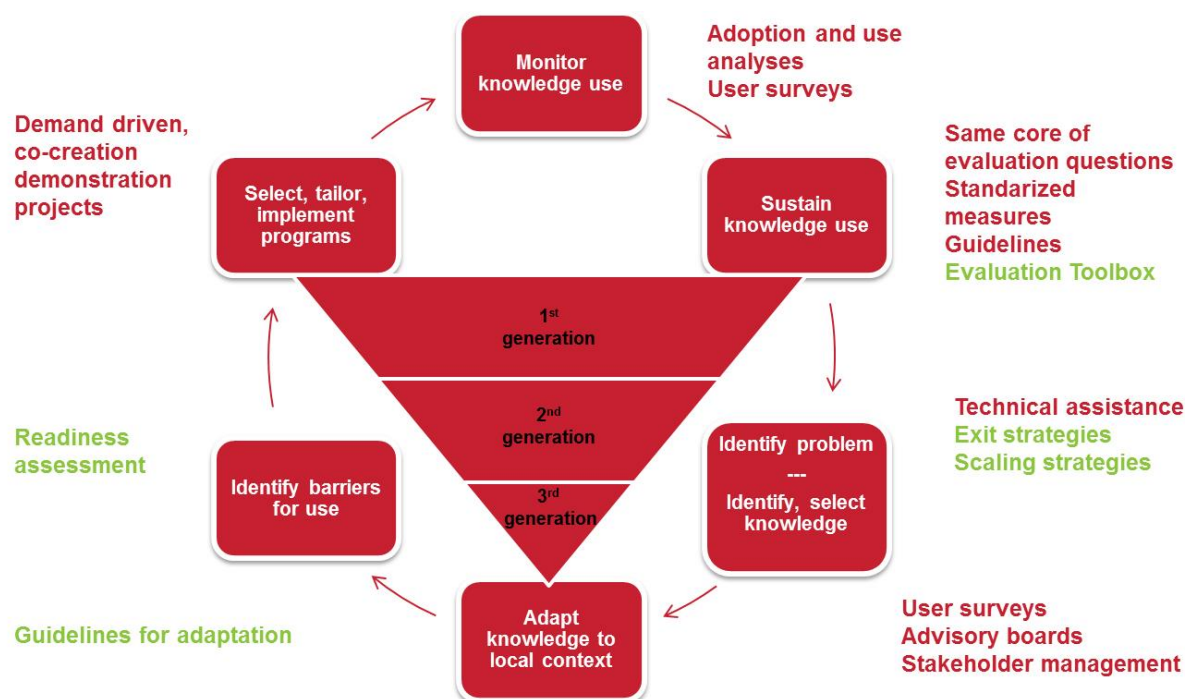


Figure 2: The Knowledge-To-Action Cycle¹⁶

The National Board of Social Services and stakeholders at national and local level recognise that there are local practices that may be effective, yet remain undocumented. Evidence-based methods also tend to be applied to a narrow target population. Therefore, it has been recognised that a balance between various approaches should be applied in order to help Denmark build a sustainable evidence base:

- **Emerging:** describing and collecting empirical data from existing and promising practices to document their effectiveness, and if proved to be effective, bring them to scale.
- **Expanding:** applying an existing programme to another target population.
- **Maturing:** describing and collecting empirical data from an existing approach, then replicating it elsewhere.
- **Innovating:** finding a new solution to a given problem.

¹⁶ Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe J., Caswell, W., Robinson, N.: Lost in knowledge translation: time for a map? *Journal of Continuing Education in the Health Profession*. Vol 26(1): 13-24, 2006.

2. The Netherlands

MOVISIE is a centre for social development promoting the use of evidence-based practice. *MOVISIE* is a not-for-profit organisation, mainly funded by the Ministry of Health, Welfare and Sport. In this framework, *MOVISIE* deals with the implementation of social work services. In the Netherlands, social work includes social cohesion/community development, participation/activation, informal care, domestic/sexual violence, volunteering, (gender) diversity, and (labour) integration. *MOVISIE* has a practice-oriented background aiming to provide evidence for professionals working in public services or NGOs. Their work raises relevant questions on the effectiveness and efficiency of social programmes and services.

Policy context

The Dutch government has supported evidence-based practice in child protection, justice and mental health.¹⁷ Moreover, with the renewal of the “Social Support Act (SSA)”, local authorities will have more responsibilities in the field of social policy, including care, youth care, education, welfare, housing, and work and income. At the same time, Dutch local authorities will need to conduct needs and assets assessments when a person applies for support. These shall consider both individual strengths as well as community means.¹⁸ According to the SSA, local authorities will also be responsible for producing evidence on their services, which includes outcomes and user experiences.

Under new legislation, services are expected to be effective, safe, convenient, and person-centred. The aim of this reform is to activate and support citizens while offering an efficient service provision. In the meantime, the decentralisation process and transfer of responsibilities to the municipalities has been accompanied by financial challenges. As a matter of example, in Doetinchem, a medium-sized town in a rural setting, the funding for services falling under the scope of the SSA was reduced by 25 percent.¹⁹ These changes have strong implications for the local level and for *MOVISIE* as a supporting knowledge institute.

What evidence and for whom?

In order to support decision-makers in choosing a suitable programme or service for a particular social problem or group, and promote mutual learning, *MOVISIE* has developed a

¹⁷ The Netherlands, Ministry of Justice: *Assessments*, more information available at <http://www.erkenningscommissie.nl/beoordelingen/>. The guidelines for quality criteria can be found at: *Erkenningscommissie Gedragsinterventies Justitie Beschrijving Kwaliteitscriteria*, 1 July 2012, more information available at [https://www.erkenningscommissie.nl/Images/kwaliteitscriteria-1-juli-2012-\(def\)_tcm115-437561.pdf](https://www.erkenningscommissie.nl/Images/kwaliteitscriteria-1-juli-2012-(def)_tcm115-437561.pdf)

¹⁸ The Netherlands: National Social Report, more information available at <http://ec.europa.eu/social/BlobServlet?docId=11785&langId=en>. For an academic perspective: Tineke Dijkhoff: *The Dutch Social Support Act in the shadow of the decentralization dream*, *Journal of Social Welfare and Family Law*, Volume 36, Issue 3, 2014.

¹⁹ Erasmus University Rotterdam, Institute of Health Policy & Management: *Governance of local care & social service. An evaluation of the implementation of the Wmo in the Netherlands*, pp. 116-117, example of Doetinchem on p. 174, more information available at http://www.bmg.eur.nl/fileadmin/ASSETS/bmg/Onderzoek/Onderzoeksrapporten_Working_Papers/OR2010.04.pdf

database on evidence-based interventions in social work, funded by the national government.

MOVISIE's database on social work compiles 250 programmes. Every programme contains a description, information on the approach taken (e.g. in working with users), the target group and the rationale. Practices may also include information on the evaluation methods. Programmes are grouped in three levels. The first level requires a good description of the programme, including experiences of users and professionals. Second level programmes provide some evidence-based on theory. Third level programmes present some evidence of their effectiveness, such as pre or post studies, field randomised control trials or cost-effectiveness studies.

The Dutch repository of evidence-based practice in social services

In 2014, MOVISIE set up a panel to assess the evidence of the interventions included in their database, on the basis of three "assessment levels". These levels are:

- First indications including monitoring of evidence.
- Good indications including pre/post designs.
- Strong indications including randomised control trials.

Out of the 250 practices included in the database, they found 106 programmes with a good description (level 1), and 142 with a theoretical evaluation (level 2). Only 5 practices reached the highest level of effectiveness. This shows how useful the categorisation could be, and how challenging it is to identify practices with high levels of effectiveness.

Colleagues from MOVISIE emphasise that for the agencies that use the database, it is important to clarify such terms as **outcomes**, **effectiveness** and **efficiency**. For instance, 'outcomes' assessment is often understood as *direct* outcomes concerning the target population, whilst it should also refer to indirect outcomes for the wider population. Though these are more difficult to measure, they are equally important. A quasi-experimental design study²⁰ and a quantitative study on health determinants²¹ in 40 different practices in the community proved that it was possible to conduct evaluations at neighbourhood level. However, it is difficult to compare the interventions, because they were very diverse in terms of objectives, scope, and target groups. This phenomenon is expected to grow with the decentralisation process.

Area-based programmes addressing the social determinants of health in deprived neighbourhoods²²

Objective: A research team studied the local implementation of a national programme that addressed problems regarding employment, education, housing and the physical

²⁰ Permentier, M., Kullberg J. & van Noije, L.: *Working on the neighbourhood*, 2013. More information available at http://www.scp.nl/english/Publications/Summaries_by_year/Summaries_2013/Working_on_the_neighbourhood

²¹ Droomers, M., et al.: *Area-based interventions to ameliorate deprived Dutch neighborhoods in practice: Does the Dutch District Approach address the social determinants of health to such an extent that future health impacts may be expected?* Prev. Med., 2014. More information available at <http://dx.doi.org/10.1016/j.ypmed.2014.01.009> (last accessed on 18 February 2015).

²² This box is based on the executive summary of Droomers et. al. 2014. See footnote 24 for a more comprehensive reference. The text has been slightly adapted for the purpose of this paper.

environment, social cohesion, and safety in the most deprived neighbourhoods in the Netherlands. They aimed to assess if such a program results in area-based interventions that address the social determinants of health so that future health impacts may be expected.

Methods: The team used standardised questionnaires and face-to-face interviews with 39 local district managers and analysed the content of the area-based interventions to assess if the activities addressed the social determinants of health. They assessed the duration and scale of the activities in order to estimate their potential to change social determinants of health.

Results: Most districts addressed all six categories of social determinants of health central to the procedural programme. Investments in broad-based primary schools, housing stock, green space, and social safety seemed to have the potential to result in district-level changes in social determinants. The scale of activities aimed at employment, income, educational attainment, and the social environment seemed too small to expect an impact at district level.

Conclusion: They conclude that the area-based interventions addressed the neighbourhood environment to such an extent that future health impacts of the Dutch District Approach may be expected. The health effects in the long term might be more substantial when area-based interventions were devoted more to the improvement of the socioeconomic circumstances of residents.

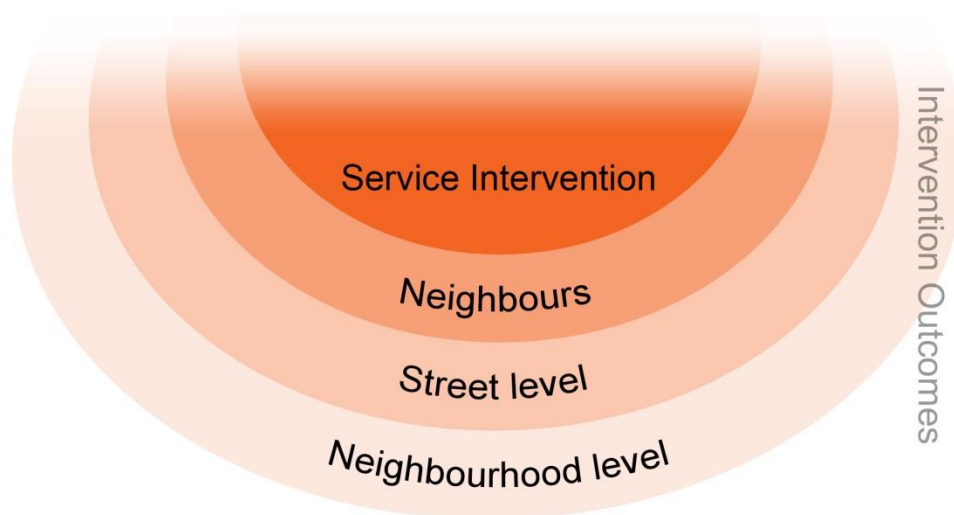


Figure 3: Service intervention – levels of effect²³

²³ Van Dijk, T. & Koekkoek, M. (Instituut voor Integratie en Sociale Weerbaarheid): Weten wat werkt? Evaluatie als basis voor succesvolle wijkaanpak, more information at <http://www.rijksoverheid.nl/bestanden/documenten-en-publicaties/rapporten/2011/06/28/weten-wat-werkt-evaluatie-als-basis-voor-succesvolle-wijkaanpak/weten-wat-werkt.pdf>.

Challenges and possible solutions

Evidence on effectiveness and efficiency can empower policy-makers and service managers to design evidence-based policy and practice. However, data on what works is severely limited and there are not yet sufficient options to commission services based on evidence, whilst programmes, which have not been proven yet, may also be indications of potential success. A number of challenges have been identified throughout this paper. Below, various ways of moving forward are suggested.

Challenges	Moving forward
Political (un)sustainability	
In order to ascertain the effects of social services' research, it is important to assess it over a long period of time, which may clash with political cycles. As acknowledged earlier on, different stakeholders may use different pieces of evidence for their own interests, and this may well be the case of politicians.	Strategies, like the Danish one, could be a way forward as they are independent from political shifts. There needs to be a strong public sector that is open to feedback, co-design and co-production of services and programmes in order to address political unsustainability. This should be accompanied by appropriate funding for practice-based research.
Data	
ESN Members across Europe find it hard to gather accurate data on what works, for which groups, at what costs, and with what effects. Policy makers and practitioners need data in order to improve decision-making.	The importance of data in order to formulate effective policies and services is key and therefore, it is essential to build capacity and infrastructures to undertake data collection and monitoring at local and national levels.
Local responsibilities and knowledge sharing	
The decentralisation process in many countries poses the problem of knowledge sharing and coordination. Local authorities often lack capacities to invest in research for evidence and data.	In order to produce and use knowledge for effective action, it is important to ensure that all relevant stakeholders engage in the process and alliances are built with academic and research organisations. All stakeholders must have knowledge and ownership throughout the process of generating evidence.
Bridging the implementation gap	
a) The environment surrounding policy is often unstructured, chaotic and unpredictable, compared to the	a) It is essential to understand the processes in policy and practice in order

conceptual, structured environment of research. Tight rules for an evidence base may face unforeseen events and can be blocked in a policy and practice context. The use of evidence is often also unpredictable. b) Social services professionals may find difficult to use the knowledge generated by pure research organisations. Practitioners may not have the time or the necessary academic skills to identify relevant evidence.	to help researchers and practitioners to gather and use evidence. b) Databases and repositories such as the ones presented in the case studies, paired with social workers' training in engaging with evidence, may be a good way to overcome this situation at the local level. c) There exists a need to ensure that evidence is accessible for all, particularly for those working in decision-making in policy and practice. As an example of a possible way to overcome this, In Denmark, the <i>National Board of Social Services</i> provides digital publications adapted for social work professionals in terms of content, language and length²⁴.
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²⁴ The Clearinghouse Hub of the Danish Board of Social Services. More information available at <http://vidensportal.socialstyrelsen.dk/>.

Looking ahead

In 2015, the European Social Network (ESN) is continuing its work on evidence-based policy and practice in social work and services with a review of assessment frameworks for social services programmes and interventions and a forum between applied researchers and practitioners. This will be the opportunity to discuss the main elements and the usefulness of selected evaluation frameworks for social services programmes, and assess challenges and opportunities in regards to their implementation. A proposal for a framework to be tested with key stakeholders and a report with main findings will follow later in the year.

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