A briefing of the Biannual Evidence-Informed Practice International Workshop

The Evidence-Informed Practice Network’s 2016 Proceedings

Knowledge as an Empowerment Tool in Social Sciences

Submitted on behalf of Network Delegates
By Trevor Wereley
Centre for Addiction and Mental Health
Kingston, Ontario, Canada
The Evidence-Informed Practice
International Invitational Workshop
Knowledge as an Empowerment Tool in Social Sciences
Uppsala Sweden, April 2016

Acknowledgements

Hej, Moi, G’day, Hi,

The Network takes this opportunity to thank and acknowledge Karin Alexanderson, Ulf Hyvönen, Agnetha Hammerin and Axel Ågren (Team Sweden) for hosting and facilitating the 2016 Evidence-Informed International Invitational Workshop at Uppsala Universitet, in Uppsala, Sweden.

The Network also thanks its three distinguished Keynote Speakers: Dr. Wes Shera, Professor & Dean Emeritus, Factor-Inwentash Faculty of Social Work, University of Toronto; Dr. Michelle A. Duda, President and Sr. Board Certified Behavior Analyst, Implementation Scientists, LLC; and Dr. Lena Lindgren, Senior Lecturer, School of Public Administration, Göteborgs Universitet.

Over the course of our three days together, we were treated to thought-provoking commentary, camaraderie and engaging social events as we explored our respective work and took the opportunity to learn and grow as purveyors of knowledge in the Social Science sphere.

Purpose of the Workshop

Mutual empowerment and knowledge exchange were the focus of this international gathering of social scientists, researchers, behaviorists, academics and implementers. We gathered to explore, exchange and enrich our respective understandings into the dynamics of transformational practices.

Workshop Summary

Lead by experiential knowledge, and with an interest to lessen the ‘science to service gap’, the 23 attendees (see Appendix 1) participated in 11 abstract presentations and three keynote presentations (see Appendix 2), as a means to hear of internationally-sourced successes and challenges in the art and science of moving knowledge to action and policy establishment.

Critical to the success of the event was the broad range of innovations and promising new knowledge coming out of Sweden’s locally-based social welfare research and development (R&D) units. As noted by Alexanderson, Karin; Beijer, Elisabeth; Bengtsson, Staffan; Hyvönen, Ulf; Karlsson, Per-Åke; Nyman, Marie (2009), “…these units are vital actors in the field of
encouraging and strengthening evidence-based social work practice. They are close to social services organisations and have the ability to use flexible methods in order to bridge the gap between research and practice in a local context.” Also, Nyström, Monica Elisabeth; Hansson, Johan; Garvare, Rickard; Andersson-Bäck, Monica (2015) note, “Based on analyses of archival data on aims, activities and outputs of R&Ds focusing on care for older people the authors argue that local R&Ds have potentials to act as knowledge brokers, change agents and researchers...”.

Knowledge mobilization is critical if we intend to move the science closer to the ‘work’, and it was clear from the presentations that many areas are being explored across Sweden’s R&D Units and the globe. This, in a time that networks, such as ours, have the opportunity, if not the obligation, to contribute to the science and to the implementation of promising practices. The span of the work reported in the Workshop indicates that research-to-action has established itself as a global entity, and with the support of measurable and repeatable implementation strategies, can assist our health care systems and workers to not only improve care, but also enhance career satisfaction as new, knowledge-driven policies influence local practice.

We learned of many practical approaches to our work including:

- the role of intermediary organizations – as capacity builders, knowledge brokers and implementers;
- research and development circles – as a vehicle to inform and design practice;
- inclusionary practices – involving those who are both the recipients and providers of the practice in both development and evaluative processes (lived experience);
- utilizing proven implementation strategies – importance of understanding that change requires supportive processes;
- the influence and necessity of empowerment on practice success – looking at empowerment as an implementation tool;
- cross-sectorial collaboration and dialogue – talking and working with our system colleagues;
- matching expectations to local system capacities – rural efforts and resources need to be optimally scaled for success;
- looking ‘upstream’ – start our knowledge brokering of evidence, wise or promising practices with students, early practitioners and politicians;
- engagement as a principled cornerstone to mobilization efforts – no one can go it alone; and
- being a voice of change – leveraging our collective experience and voices to influence change

It is clear that the Workshop provided a wealth of applicable information, based on the lessons learned by the participants specifically, and the field of study and practice generally.
Thematic Observances

Over the course of the Workshop, several themes emerged that could drive the dialogue further during the interceding two years before our next gathering in 2018. Beyond the specific areas of discussion presented by contributors it was noted that we have other fertile areas to explore and amplify.

Some of the thematic spaces observed included:

- developing practice-based research agendas;
- role of service users as purveyors of knowledge;
- creating learning organizations (non-academic);
- multi-leveled engagement (practitioners, leaders, organizations, systems);
- need to define the constituent parts of a mobilization framework;
- capacity building in the implementation of evidence-to-practice – from smaller local initiatives to national and international efforts;
- the role of data in the spread of the work – addressing data gaps;
- avoiding ‘functional stupidity’ – embrace intellectual capacities in practice environments;
- identifying the cultural aspects of knowledge sharing (competence, transference, incorporating the arts as a vehicle of idea transmission, etc.);
- using common language – how accessible is our work to practitioners;
- comparing local practice to international experiences – can we amplify the successes – scaling up;
- developing practice solutions for care providers; and
- recognizing innovation’s role in knowledge brokering

Next Steps for the Network

There was a clear desire from the group to continue with this global knowledge mobilization and implementation Network going forward. Indeed, the Network is committed to reconvening again in 2018 (Florida, USA as a tentative location) in order to ensure our capacity to expand and enhance our continued ability to globalize our work and membership.

There are some certainties for the Network that revolves around our commitment to the role as knowledge creators, users and mediators on a global scale. But many questions also remain unanswered in regards to defining the Network:

- What is it?
- Who leads it?
- What does it take to be an active member?
- Does the Network require a Charter?
• What voices are we missing (i.e. lived experienced, students, nations, etc.)?
• What exemplar international perspectives do we need to recruit?
• Do we broaden or narrow our discourse?

Or does the Network continue as a loose collegial collaboration that responds to the needs of the field and the pursuit of individuals’ investigation into maximizing the ‘science to service’ algorithm?

Regardless of the answers, it is clear that the Network can be an intermediary to the expansion of the knowledge exchange and evidence-informed field of study, policy and practice.

Indeed, it’s clear, based on the thoughtful exchange and the resultant future-focused outcomes of the 2016 Evidence-Informed Practice International Invitation Workshop that the colleagues involved in this work are bridges to new knowledge, innovative research and evidence-driven practices.

Bridge on the Fyris River in Uppsala by Trevor Wereley (Own Work), April 2016
### Appendix 1: List of Participants

**The Evidence-Informed Practice International Invitational Workshop**  
Knowledge as an Empowerment Tool in Social Services  
April 27th to 29th 2016, Uppsala, Sweden

<table>
<thead>
<tr>
<th>Name</th>
<th>Team/Country</th>
<th>Abstract</th>
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<tbody>
<tr>
<td>1. Greg Antcliff</td>
<td>National Manager Professional Practice Good start early learning, Australia</td>
<td>Transforming practice through empowerment.</td>
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<td>2. Anette Michaux</td>
<td>Parenting Research Centre (PRC), Au</td>
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<td>3. Michelle Duda</td>
<td>USA</td>
<td>Scaling implementation capacity from the local community to the capital. The role of implementation teams in system change.</td>
<td><a href="mailto:behaviorhappens@gmail.com">behaviorhappens@gmail.com</a> <a href="mailto:Trevor.Wereley@camh.ca">Trevor.Wereley@camh.ca</a> <a href="mailto:gwilliams1117@gmail.com">gwilliams1117@gmail.com</a> <a href="mailto:Alexia.Jaouich@camh.ca">Alexia.Jaouich@camh.ca</a></td>
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<td>4. Trevor Wereley</td>
<td>(Gerald Williams) (Alexia Jaouich)</td>
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<td>5. Minna Kivipelto</td>
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<td>6. Tuija Kotiranta</td>
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<td>9. Benitha Eliasson</td>
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<td>10. Karin Alexanderson</td>
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<td>19. Marie Vackermo</td>
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<td>20. Suzanne Göransson</td>
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<td>21. Elisabeth Höög</td>
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<td>22. Annika Nordström</td>
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<td>23. Karina Tilling</td>
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ABSTRACT

Transforming practice through empowerment
Greg Antcliff and Annette Michaux, Parenting Research Centre (PRC), Australia

In early childhood education and child welfare sectors, there is a significant gap between what is known to be effective practices and interventions for children and families (research) and what is being delivered on the ground (practice). This is known as the research to practice gap (Fixsen, et al, 2005). Barriers to achieving evidence informed practice occur at an individual practitioner level, organisational level and at a systems level. Even where there is high quality evidence to inform practice, the incorporation of this into practice is frequently low, slow, incidental or haphazard.

Traditional methods to facilitate the engagement of practitioners in evidence-informed practice (such as stand-alone training) have been demonstrated to be ineffective on their own. A more structured process that addresses worker competences and systemic and organisational issues is required to make sure effective practices are also implemented effectively. Participatory knowledge translation and exchange (KTE) strategies (Mildon et al, 2012) and implementation science offer promising frameworks for implementing practice changes in organisations (Fixsen et al, 2005; Metz et al, 2013).

This paper will describe three Australian case studies that collectively demonstrate the application of a staged based approach to implementation from exploration to full implementation (Metz, A., et al, 2015). The case studies draw on KTE and implementation science to empower practitioners to use and managers to support evidence informed practice frameworks and models. Starting with the development and co-production of an early childhood education Practice Guide to its trial with 30 early learning centres and plans for a phased approach to implementation.

The second and third examples relate to child welfare initiatives. Outlined here will be the processes used for deeply engaging with practitioners, managers and administrators to develop evidence-informed practice frameworks and models and their adaptation to local context, as part of the implementation, including for remote Aboriginal community use. The paper will draw together themes from the three examples and lessons learnt from evaluation data.
References


Greg Antcliff Bachelor of Arts, Graduate Diploma of Education (Primary), Master of letters (Psychology), Master of education (Adult)
Greg is a registered psychologist and the National Manager Professional Practice with Goodstart Early Learning. His work focuses on improving the quality of early learning and care through developing and implementing evidence-informed practice. In 2007 he was awarded a Churchill Fellowship to investigate programs that integrate early learning and care for vulnerable children and families in North America and Europe. He is a published author and has extensive experience as a practitioner and senior manager in both government and non-government sectors. gantcliff@goodstart.org.au

Annette Michaux Bachelor of Arts (Hons), Bachelor of Social Work (Hons), Master of Education (Adult)
Annette is a Director at the Parenting Research Centre (PRC), an intermediary organisation aiming to improve outcomes for children and families through the better use of evidence informed approaches. Annette leads significant, evidence-informed practice and policy initiatives that help PRC clients achieve their intended outcomes. She directs a number of government-funded, national and multi-year initiatives - including MyTime - and is responsible for leading a talented team of researchers, implementation, communication and knowledge translation and exchange specialists. AMichaux@parentingrc.org.au
ABSTRACT

Knowledge-based practice in the personal social services
- the example of BBIC -
Lotta Berg Eklundh and Åsa Hedberg Rundgren, R & D Northeast, Sthlm County, Sweden

How can FoU Nordost (R&D Northeast) contribute to a knowledge-based practice in connection with the implementation of the new version of the assessment framework BBIC (Children’s Needs in Focus) in seven municipalities in northeastern Stockholm County?

The child protection system in Sweden has recently been given special attention due to increasing caseloads. At the same time, the Swedish Association of Local Authorities and Regions (SKL) have prepared an action plan with proposals to strengthen protection for children and young people (SKL 2015). The Swedish government has assigned a national coordinator to investigate the social service’s work with children and young people, in particular with regard to assessment and follow-up (S 2014:A). Two important conditions for social work with children, young people and their families are adequate support for social workers responsible for assessment and systematic follow-up, including child participation.

BBIC is a structured framework for assessments of children in need and has now been in use for 10 years. BBIC is inspired by the ‘Frame-work for Assessment of Children in Need’ used in England and Wales (Department of Health 2000, Holland, 2010, Matscheck & Berg Eklundh, 2015). As of November, 2015, 96% of the municipalities in Sweden use BBIC. Evaluations of BBIC show a high level of positive response, in particular regarding that children have increased participation, clearer legal rights for the children and families investigated and greater clarity in assessment (Berg Eklundh & Matscheck 2012). Criticism of BBIC has mainly been in regard to administrative aspects. The framework is often seen as time-consuming to work with, requiring extensive documentation with many repetitive operations (ibid.; Gladh & Boklund Palm 2011; Gustavsson & Ångman 2012).

Criticism regarding manageability and the lack of tools for systematic follow-up has led to a review the entire BBIC structure by the National Board of Health and Welfare (Socialstyrelsen). The new version of BBIC is expected to be more appropriately dimensioned, while remaining legally secure and based on both research and proven professional experience. In 2016, the seven municipalities in northeastern Stockholm County will work with implementation of the new version of BBIC.
Several of the municipalities will participate in a follow-up study of the variables of investigation included in a BBIC-assessment, in cooperation with FoU Nordost. A project is now being planned in which FoU Nordost aims to tie together the various parts of the implementation work, including how children’s participation can become more integrated in BBIC-assessments and follow-up.

The aim of the project is to structure, coordinate and analyze the various parts of the implementation process as a basis for the development of knowledge regarding the new BBIC 2.0 in the northeastern municipalities. Special focus is given to children’s participation.

Issues
- How can R&D units support municipalities in the development of social work locally, strengthen learning environments and promote knowledge-based practice? The issue has BBIC as its point of departure regarding implementation, evaluation and follow-up, as well as children and young people’s participation.
- How can Swedish experiences from work with BBIC relate to international experiences of Assessment Frameworks?

Lotta Berg Eklundh, Licentiate of Social Work, researcher in an R & D department for social Work (FoU Nordost)
Ms Eklundh is responsible for the research and development regarding Children, Youth and their families in social work, especially with themes regarding children’s participation and rights, children in foster care, early interventions for children and families in vulnerable life-situation plus the assessed framework BBIC (Children’s Needs in Focus), part-time teaching students in the University of Stockholm. lotta.bergeklundh@founordost.se

Åsa Hedberg Rundgren, PhD, head of an R & D Department for Social Work (FoU Nordost)
Academic education in physiotherapy, and earned the PhD at Karolinska Institutet (KI) in 2006. She has worked in research in almost 20 years and also with administration and development of research organizations. She has also been engaged in client’s perspectives as she has worked with research development and communication at the Swedish National Association for Disabled Children and Young People. Her research at KI has regarded early (motor) development of children and training in children with disability. asa.hedbergrundgren@founordost.se

The R&D unit is owned by 7 municipalities in the Stockholm northern-east area.
ABSTRACT

SCALING IMPLEMENTATION CAPACITY FROM THE LOCAL COMMUNITY TO THE CAPITAL - The Role of Implementation Teams in System Change

Michelle A. Duda, Trevor W. Wereley, and Gerald R. Williams, USA

The expected use evidence-based practices or evidence-informed innovations for services across the human sector has been widely adopted. The result for clients receiving services has been positive in many cases, but too many times the quality of the supports or services is dependent on a geographical location or the service providers that work in those areas. Although these “islands of excellence” have resulted in improved outcomes for recipients of these services, a challenge is understanding how to offer the same level of access to quality services for all individuals who need them. One strategy is to re-align the service delivery system and link Policies to Practice and Practices to Policy. This continuous improvement system can be achieved by creating linked Implementation Teams that serve as the conduit for identifying needs, providing supports, and removing barriers at all levels the social services system.

The purpose of our paper is to describe the successful development and support of Implementation Teams from the local community level with linkages to the Ministry or State Government. Based on Implementation Science principles; strategies, tools, barriers and successes will be shared and illustrated through two different projects.

The first project, will explore the effectiveness of linked Implementation Teams in closing the system gap for youth struggling through substance abuse and/or mental health challenges. It is estimated that approximately 4,050,000 people aged 15-adulthood in Ontario will experience challenges with substance abuse or mental health at least once in their lifetime. Implementation Teams with specialized expertise were created to help select the appropriate interventions, engage communities (including minority communities), bring system knowledge, and to ensure equity and implementation standards were met and delivered to the work.

The second project will look at how the State Department of Education committed to the building implementation capacity through the use of Implementation Teams to scale-up Positive Behavior Interventions and Supports (PBIS). PBIS was selected for scaling-up State-wide due to the promising outcomes achieved by students, schools and districts in the state.
The journey for building Implementation Teams (including at the State Level), improving fidelity to current practices, reducing departmental silos and creating mechanisms for aligned supports will be shared.

Michelle A. Duda, PhD, BCBA-D, University of North Carolina at Chapel Hill, USA
Ms Duda is a senior level Board Certified Behavior Analyst and the President of the innovative research and coaching firm, Implementation Scientists, LLC. Building from her deep leadership experiences as a Scientist and the University of North Carolina-Chapel Hill and Associate Director of the National Implementation Research Network (NIRN), she has consistently demonstrated how to help teams move best and promising practices into “real world” application. She serves a variety of populations across the human services fields, including early childhood, autism, education, health and mental health.

She is passionate about supporting the dissemination, implementation and scale-up of evidence-based practices and applies her expertise at local, state/provincial and national levels. Her research interests include; 1) assessing and building implementation capacity, 2) the application of Implementation Science in complex organizations and 3) the development of instruments to measure implementation capacity (i.e. State Capacity Assessment, District Capacity Assessment, Implementation Drivers Best Practices).

Trevor W. Wereley, Bachelor of Science in Nursing, Master’s of Public Administration, director at Centre for Addiction and Mental Health (CAMH) and working in the organization’s Provincial System Support Program (PSSP)
He was a founding developer of the Provincial System Support Program and has contributed to both programmatic and ministerial adaptations of the Program’s mandate. His current responsibilities include the planning, development and management oversight of CAMH’s Regional Managers, staff, programs and resources within the Program’s 9 Regional Offices across Ontario and is a member of the Program’s Senior Leadership Team.

He has worked in the critical care, public health, addiction and mental health fields since 1987, and regards the mentoring of colleagues and working within policy, stakeholder engagement and provincial system change domains as his professional interest areas. During his career, he has contributed to provincial and national diversity, public health and provincial health system initiatives.

Gerald R. Williams, MA in School Administration, BSE in Elementary Education
He trained administrators and staff in the use of student achievement data to inform instruction and interventions during his time at San Bernardino County Superintendent of Schools (SBCSS) and ETS Pulliam. As a site administrator Mr. Williams provided effective leadership which lead to large gains in student academic outcomes. Mr. Williams also has extensive experience providing targeted support to Program Improvement districts and school sites.

Mr. Williams is experienced in the effective implementation of PLCs and Academic RtI principles used in the development and implementation of interventions and Evidenced-Based Practices designed to the specific needs of students. He has also received extensive training in Applied Implementation Science (AIS) through the National Implementation Research Network (NIRN) at University of North Carolina Chapel Hill.

Currently, Mr. Williams serves as an Implementation Science Support Specialist with Implementation Scientists, LLC and as the Director Educational Services for the Placer County Office of Education (PCOE). He is a member of the PCOE Regional Implementation & Leadership Team (RILT) and in 2014 was appointed as a member of the National Advisory Board for State Implementation & Scaling-up of Evidenced-based Practices (SISEP).
Empowering Human Service Organizations to Embrace Evidence-Informed Practice: International Best Practices
Wes Shera, Factor-Inwentash Faculty of Social Work, University of Toronto, Ontario and
Katharine Dill, School of Social Work, Trent University, Peterborough, Ontario, Canada

Human service organizations use knowledge as a mechanism for empowering change. This presentation synthesizes the lessons learned from eight international organizations that have made a commitment to knowledge mobilization as an important priority in their mission and operation. A number of dimensions of knowledge mobilization are identified within five major themes which include: the critical importance of organizational context and change; the inclusion of service user perspectives; the need to build bridges between practice and academic worlds; the need to address the cultural context of evidence-informed practice; and knowledge as empowerment.

The presentation also provides a conceptual model, and tools and resources to help human services organizations implement or create strategies for building, enhancing or sustaining their knowledge mobilization efforts. It is anticipated that this analysis of international best practices will provide a multi-dimensional and flexible blueprint for human service organizations to leverage knowledge mobilization efforts at all levels of service delivery.

Wes Shera, Professor and Dean Emeritus at the Factor-Inwentash Faculty of Social Work at the University of Toronto
He has also served as the Director of the Advanced Diploma in Social Service Administration. His areas of teaching include community organization, social policy, group work, management and social work practice and policy in the field of mental health. Dr. Shera’s research focuses on operationalizing and testing concepts of empowerment in working with clients, organizations, and communities. He has served on the Community Advisory Committee and an Evaluation Committee for Practice and Research Together (PART) a child welfare focused knowledge mobilization organization based in Toronto, Canada. He also has several publications in the area of evidence-informed practice. wes.shera@utoronto.ca

Katharine Dill, Associate Professor, School of Social Work, Trent University, Peterborough, Ontario

ABSTRACT
ABSTRACT

Knowledge as an Empowerment Tool in Social Services
Elisabet Höög and Annika Nordström, researchers at FoU Välfärd (R&D), Region Västerbotten, affiliated to Umeå university, Sweden

FoU Välfärd, an R&D unit connected to Region Västerbotten, is a regional support structure with the mission of supporting knowledge building in social services and adjacent healthcare throughout Västerbotten County. Västerbotten have 15 municipalities, in a range from 2 500 to 120 000 inhabitants, and covers an area sized Denmark. This implicates huge differences in conditions for and capacity of handling all the responsibilities and duties tied to social services.

The what, whom, and for what purpose questions are important to phrase, not only in terms of knowledge but for the facilitation and support of knowledge building. As researchers as well as facilitator we run the risk of giving answers, forgetting to check that the question is asked, or giving support without really listening to the needs and challenges for those we are set to support. On the other hand there might be a lack of local capacity and resources to handle the support offered. How do we use our platform as researchers and developers wisely to answer to these challenges?

We want to present and discuss this from these two perspectives, based on two research projects and the ongoing development of the support approach in FoU Välfärd. The first project “Cohesive care – Support structures in practice” is an ongoing study of regional, local and individual support structures for knowledge building in an evidence based practice. We will tell more about a dialogue intervention involving local social services management teams and the R&D unit. The second project “Challenges for small municipalities in sparsely populated areas to notice children at risk” is an example of how to engage and collaborate with local professionals in internal as well as external knowledge building and spread.

Both projects show similar results regarding important conditions and challenges in the scope of knowledge as an empowerment tool.
- Need for cross organizational collaborations/the sharing of knowledge
- Difficulties when expert knowledge is needed, especially concerning infrequent issues
- Lack of adequate resources - forced to “make bricks without straw”
- Need for developed local dialogues – smallness is a double edged sword
- Up to date map of needs of knowledge development and collaborations
- Need of formalized knowledge – monitoring, systematical follow up and forms for keeping an organizational memory.
So, we want to discuss

- How organizations with limited resources, such as small communities in sparsely populated areas can work with knowledge building/sharing?
- How they best can be supported, and with what?
- What is needed – processes, interventions, strategic knowledge and management?
- How it is possible to adjust support to local conditions? What should we NOT do? And what capacity is needed at the local level?

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Annika Nordström, PhD in psychiatry, research manager at R & D in Social Welfare, Region Västerbotten
The mail topic for Ms Nordström is alcohol and drug addiction and the most recent research report was focusing on children at risk in sparsely populated areas.
The county of Västerbotten: has 15 municipalities out of which 13 have small numbers of inhabitants and many also are situated in sparsely populated areas. The R&D unit is a regional facilitation agency supporting knowledge building in welfare services with current best knowledge, implementation of guidelines and methods, development of ways of working and other similar issues. Together with Umeå university, national organizations and networks of partners there are also a number of practice based research project going on. annika.nordstrom@regionvasterbotten.se
ABSTRACT

Customer panels in social services – developing knowledge together
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When improving policy and practice a critical thing is to ensure that the points of view of different actors are taken into account. Especially the knowledge and views of the service users can unintentionally be ignored, if the client group is not loud enough. Or still quite often only a traditional way to listen to customers is used: the customers are given a client satisfaction questionnaire to fill in.

In Finland customer panels are used in many cities and communes to engage clients in the evaluation and development of social services. The role of the customer panels is usually to discuss current issues regarding the services they are using and give their views on the problems in the services and how to improve them. Some customer panels can be very active and gather every fortnight to discuss current issues, meet professionals or visit service providers. Some other groups might come together once a month or every two months. Client forums can be regarded as an empowerment tool for the clients of social services. In the forums the clients are held as experts and in the discussion they are equal with the authorities and social service professionals. According to an ongoing study the social service clients in customer panels feel, that in panels their voice is heard, they can stand for and represent also other service users and they feel that they have got special knowledge the developers of the services can utilize.

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ABSTRACT

Obstacles and benefits of using research circles to reach evidence informed practice
Karin Alexanderson, Uppsala University, Katja Friberg, Uppsala municipality and Agnetha Hammerin, Research and Development (R & D) unit at Uppsala Regional Council, Sweden

Children and young people who live with parents in addiction face difficulties here and now, but are also at risk of problems later in life (Laslett et al. 2015; Hjern, Arat & Vinnerljung 2014; Templeton 2010; Lindgaard 2006; Steinhausen 1995).

For children in need of interventions the first problem is that of detection. It is difficult for public authorities to detect children and young people in families where an adult has a problem with substance abuse, since the problem is part of a dysfunctional family pattern characterized by guilt and shame. In these families both parents and children may be engaged in different kinds of strategies to disguise the problems (Lindgaard 2006; Tinnfält et.al. 2011; Alexanderson & Näsman 2015). Relatively few of children are getting help and then first in adolescence when they show symptoms of their own (Holmila et.al. 2011; Raninen & Leifman 2014; Templeton 2010).

A joint project between the Region of Council and the university in Uppsala was set up where researchers and practitioners worked together to develop the methods and support for children and young people. The researchers interviewed 30 children and young people (6-19 years old) who had parent with addiction problems and 21 parents with addiction problems with children less than 19 years of age. Practitioners from five municipalities met in a research and development circle over 1 ½ year. They were informed of the results of the interviews but they also conducted interviews by themselves during the circle. They identified difficulties and obstacles in their working places and described and anchored among the managers the need of developing work within their own municipality.

They all become convinced of the necessity to apply a family perspective when they worked with adults as well as with children and youth while addiction problems were discovered. That means they have develop the cooperation between the units working with adult or children and young people. So what the practitioners did was to use research, their own experience and knowledge from the service users to develop evidence informed practice.
The researchers and the development officer also gave some initial implementation support to the municipalities. During the workshop a researcher, a development manager/leader and a senior social worker will describe the project and the importance and effects for one of the municipalities and how they are continuing the work.

A question to discuss with the delegates
Obstacles and benefits of using research circles to reach evidence informed practice and how could the circles be evaluated and improved?

References


Karin Alexanderson, Ph.D/researcher in social work at the University of Uppsala, since 2012
Her long experiences from the social work field as a practitioner, an R & D-coordinator and a researcher is the ground for her interest in implementing evidence informed practice. Karin has been the team leader for Team Sweden since the beginning of the network 2008.

Katja Friberg, social worker, unit head/Team concerning younger children, Social service agency, Child protection care, Uppsala municipality
She is a head for seven social workers that do investigations after notifications about child abuse, negligence or other social problems concerning children 0-12 years old. The team preforms investigations concerning the situations of the child, using a Swedish version (BBIC) of integrated children’s system (ICS). If the family needs support of some sort, we initiate and conduct follow-up with the family and the provider. Coercive actions such as placing children into foster care is also one of our tasks - sometimes after hearing in Family court. There are four investigation units in Uppsala.

Agnetha Hammerin, research- and development officer, social worker and a master degree in evaluation, R & D unit at Uppsala Regional Council
She has long experience from the social work field, as a social worker and unit head at Social service concerning child abuse. For the last almost two decades she has worked as an R & D officer concerning these questions.
ABSTRACT

Minding the gap – experiences from developing an EBP workplace education in the county of Västmanland, Sweden

Karina Tilling, Västmanland association of Local Authorities and County Council, Sweden

As well-known and discussed in recent research on implementing evidence based practice (EBP) in workplaces, we experienced EBP as being rather abstract and hard to approach in social service practice. There seemed to be a gap between manager’s intentions and actual prerequisites to initiate and implement knowledge based work processes. An inventory made in 2014 in collaboration with the concerned social care managers in the county of Västmanland, Sweden, on main challenges in implementing knowledge based ways of working in social services gave us some valuable clues.

One specific clue was the request for EBP education that didn´t require sending one or two members of the staff on an (expensive) education with small chances of getting the desired change process in the whole team as an end result. Another clue given was the pre-understanding of EBP being scaring and very complicated and scarcely accessible for real work situations especially in the care of elderly or disabled persons, where staff seldom have a higher educational background. A third important clue was the need for strengthening the teamwork on workplaces, being a core issue in changing work processes in the first place.

Since we couldn´t find any matching or affordable educational concept matching the challenges we identified, we started the process of sketching on an educational model of our own. We aimed at an educational model that was possible to adopt in different workplaces with different target groups of care recipients. We also wanted an educational model that was possible to use in the actual workplace and within reasonable time limits, such as regular and scheduled general staff meetings.

A team of two persons, one being an operational manager in a municipality and one being an development leader for EBP on the county level started to develop a first educational model prototype in autumn 2014, matching the prerequisites of both knowledge based practice and actual work conditions in practice (as given by the previous inventory). The prototype/model was communicated with groups of social care managers and then refined.
The model then consisted of four steps: 1. Inventory of our main knowledge areas in the workplace to match the needs of our clients 2. Searching for knowledge matching our knowledge needs 3. Our ways of working and 4. Quality assurance and maintenance.

In April 2015 a pilot was started with a group of staff working at a group home for people with intellectual disabilities. An introduction was found needed and therefor added to the model. The introduction covered EBP as an idea of work development, a background including the legislation and goals for the work being performed, parallels to customer centred development in other public organizations. This was meant to set the EBP education and development process in a context.

The following four steps of the educational model was in focus on the coming two hour sessions were all staff and team manager attended. We found that a case based focus was very helpful in translating the EBP way of thinking to actual work place's reality. The group was supervised to choose a certain situation with a specific client that they felt motivated to change with the help of new knowledge and new ways of working together, as well as in relation to the actual client. Working this way was proven to be quite successful. The staff taking part of the education talked about their “new lenses” received by combining new ways of thinking with the individual client in focus.

Also collaboration with other professionals outside their own workplace was seen as ways of searching for knowledge in every day work life, such as therapists and nurses but also other group homes with similar target groups etc. All in all, revisions of the educational model has been performed and a second pilot will be performed from March 2016.

A participant in the first pilot study summarized the experience as “this education is needed and possible to adopt to every work place”, we take that and other promising results as incitements of bridging the gaps of EPB in everyday social service practice.

Karina Tilling, PhD, Västmanland Association of Local Authorities and County Council
Ms Karina Tilling, PhD, defended her thesis in industrial economics in 2008. Her thesis focused on organizational strategies to manage sustainable development in Swedish national agencies. The empirical studies was interpreted through the lenses of new institutionalism theories on New Public Management, the travel and translation of ideas, narrative method etc.

Ms Tilling’s former background is a multidisciplinary MSc Business and Economics degree in Ecological Economics, including infrastructure, economics, organizational development, environmental management and CSR. Ms Tilling worked in the Municipality of Västerås as an environmental strategist for some years before starting her research studies in 2003. After her dissertation Ms Tilling worked as a Researcher and Business Developer at Mälardalen University, managing a joint business development project targeting rural small businesses in the county of Västmanland.

Ms Tilling also worked as an organizational consultant for several years before she started her position as Development Leader at Västmanland Association of Local Authorities and County Council. Today Ms Tilling works mainly to support the development of knowledge-based approach in social services. Last but not least Ms Tilling is a former assistant nurse and occupational therapy assistant, with (what seems to be) a lifelong interest in organizational development in the public sector in general and health and social service development in particular. karina.tilling@vpl.se
ABSTRACT

Regional Development of Evidence - Based Practice in Municipality Based Activities
*Ingegerd Skoglund-Öhman, Marie Vackermo, and Suzanne Göransson, FoU Jämt (research and development unit), Region Jämtland Härjedalen, Sweden*

This abstract aims to discuss the regional collaborational aspects of implementing evidence based practice in Swedish social services from a rural perspective in Jämtland county, and how to handle national requirements in order to receive financing and resources.

Jämtland can be considered as a sparsely populated area; 126,000 inhabitants in eight municipalities, with half of the population in the largest municipality. Demography of the county makes specific demands of collaboration in connection to survival and development in all sectors of county. Age structure, with 22.8% of the inhabitants in ages above 65 years is a challenge to deal with.

The main critical factors for success:
- Collaboration, partnerships within and outside the county
- Regional initiatives
- Structures for those above

Regional development of evidence-based practice in municipality based activities:
- Collaboration
- Development processes initiated and developing

Good regional examples:
- Regional professional and political co-operation arenas; on structural/leading level and on practical level within social welfare sector
- Regional development group for social services and municipality based health care
- Regional steering group within the field of “Better life for the elderly”
- Regional family-home center
- Integrated organisation and mobilisation in drug prevention area
- Regional and local comparisons and Performance Assessments
Issues

- How do we turn national initiatives into our own, regional and local gain and is it at all possible (we prefer to think so)?
- How do we take care of this issue as R&D-issue (with a critical eye) in connection to receiving funding from national sources, with demands of meeting certain requirements from receiver’s perspective.

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Biographical notes: Suzanne has a background of more than ten years as leader at unit level as well as sector level in social- and healthcare services, and educator for staff in health- and social care services for two years. She has been project leader for “informal care-project” at municipal level during the period 2000-2003; project was after that transformed to permanent employment 2003-2007. She continued as project leader at regional level 2008-2012. Boardmember in National Centre Relatives during 2008-2013. suzanne.goransson@regionjh.se

FoU Jämt is the research and development unit within the social welfare sector. The unit is organised in the area of Environment and Attraction, Department of Regional development in Region of Jämtland Härjedalen.
ABSTRACT

Making ends meet -
R&D-support in introducing EBP in social work practice
Ulf Hyvönen and Benitha Eliasson, Research and Development/Innovation-unit, Association of Local Authorities in Norrbotten, Sweden

In Sweden, the introduction of evidence based practice (EBP) within social work can be described as a top-down process (Oscarsson, 2009; Bergmark and Lundström, 2011; Svanevie, 2011; Eliasson, 2014). EBP has been introduced into practice at the local social services to a great extent from organisations at the national level. Both the National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions (SALAR) have been key actors in introducing and spreading EBP (Alexanderson et al., 2012). The government invested in regional structures to provide support for the introduction of EBP. This entail that several counties and municipalities got support from a regional actor, such as R&D units. Despite this, it has been difficult for many social services to incorporate EBP in their daily work.

One empirical influence for our presentation is a study on how professionals at different levels relate to EBP in their daily work, and especially how managers within social services manage the introduction of EBP (Eliasson, 2014). We will give some examples of how EBP has been introduced and how it has been received in social work; examples based on interviews with managers and social workers in four social services in the north of Sweden. The results show that when EBP is introduced in social work, this has entailed loose couplings between how EBP is presented by national key actors and the ordinary activities within social services. This approach is especially obvious among managers, which leave the social workers quite alone to deal with EBP. However, introducing EBP does not only involve social workers; the whole organisation has to adapt to EBP.

We can see signs of a scenario where social workers as well as managers tend to regard the introduction and implementation of an evidence based practice as a more or less instrumental or even alienated process.
In our work as researchers at a regional R&D-unit, we have a mission to support the social services to introduce EBP into their organisation. And from now on, without financial support from national actors which means that we have very limited resources. Rather than a top-down strategy, we aim for a bottom-up approach where the support is based on a dialogue with local actors on different levels in the organisation.

Our main questions

- How can we present EBP as something attractive and empowering for social workers – and social service users?
- How can we best act as capacity builder and facilitators rather than experts?
- How can we do in order to support the building of learning organisations in social work practice?

References


Ulf Hyvönen, PhD in Social work, head of the Research and Development/Innovation unit of North Bothnia County (FoUI Norrbotten)

For about ten years, he was an associate Professor in social work at the University of Umeå. During the last two decades, he has been engaged in developing the field of Research and development (R&D) in the public welfare sector, both on a local, regional and national level. In his research he has been concerned with issues around social work with children at risk and on children’s participation as “users” of social services. Another area of interest is the interplay between research and practice and especially how intermediary organizations can operate as facilitators for capacity building and learning in public organizations.

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Benitha Eliasson, sociologist, PhD in human work science

In 2014 Ms Eliasson presented her doctoral thesis about how social workers within individual and family care managed the introduction of evidence based practice. Since her dissertation she has been working as a scientific supervisor at the Research and Development/Innovation unit of North Bothnia County (FoUI Norrbotten). Her own research is focused primarily on issues related to the introduction of evidence-based practice and cooperation between and within the municipal social services and the County council’s health care; first and foremost in the areas of psychiatry and substance abuse and dependence.

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ABSTRACT

Knowledge as an Empowerment Tool in Social Service
Kristina Bromark and Karin Järeskog, Research and Development (R & D) unit at Uppsala Regional Council, Sweden

During the last 7 years the Research and Development (RD) unit at Uppsala Regional Council has had an explicit focus on empowerment processes for social service users. The gathering of an evidence based knowledge, in order to be useful in organizations in daily practices, on an individual-, organizational- and system level, is one of the objectives at the R&D unit. Several models or way of working have been identified, developed and tried in in Uppsala County. At the evidence-informed practice international invitational workshop we would like to reflect on our experience of working with models regarding empowerment for social service users such as User Focused Monitoring (UFM), Community of Practice (CoP) and Delaktighetsmodellen (participation model).

In 2012-13 a study was made regarding social service users impact in organizational development in the disability field (by a questionnaire to 128 managers and key people followed by twelve interviews). The results of the study indicate that the empowerment process is an important factor in theory, yet not as noticeable as wanted in daily practice due to several obstacles such as difficulties for the municipal organizations to find counterparts within service user organizations and issues with confidentiality among other things. In evidence based practice social service users knowledge is one of the sources, among research and professional knowledge. Professionals ask for guidance to better exploit all resources within the organization. How can this knowledge be created and useful in organizations in daily practice?

The models/activities that have been initiated and tried are based on the assumptions that empowerment is a long-term process that has to be properly established among as well social service users as professionals. A few factors that have been identified on several occasions are the request of knowledge for all participants (also social service users), venues for service users and professionals to meet to reach a mutual understanding and equalize power.
Reference

**Kristina Bromark, master of Science (1 year), Development manager, R & D, Uppsala Regional Council.**

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The eight municipalities together with the County Council constitute the Uppsala Regional Council. The Uppsala Regional Council is the political forum for Regional development in Uppsala County and operates a research and development department. The R&D activities are directed towards the fields of children, elderly, disability, drug and alcohol abuse. The aim is to support the development of evidence-based practice within the social services and associated sections of the health care system.

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Centre for Disability Research, Uppsala University: The Centre for Disability Research (CDR) coordinate disability issues in various subject areas at the faculties at Uppsala University. CDR interact with society in issues related to disability research. The aim is to disseminate information about research and to stimulate long term acquisition of knowledge about issues involving disability by enhancing the flow of information among teachers, researchers, and doctoral students as well as interested parties outside the University.
Open session

Performance measurement – a threat to professional work or a protection from arbitrariness?
Lena Lindgren, University of Gothenburg, Sweden

Evaluation is said to generate important information for organization learning and improvement, governance, control and accountability. Lena will problematize the interest in evaluation and related activities as monitoring, quality measurement and audits that seem to escalate more and more each passing year. Evaluation is not obvious a "good" activity. Built-in evaluation is also a potential force that can affect the subject of undesirably. In her presentation, Lena discusses whether performance measurement in public services is a threat to professional work or if it may protect users from getting services based on random choice or personal whim?

Lena Lindgren, associate Professor in public administration, University of Gothenburg

Her main research interests include evaluation and policy analysis. In a number of recent studies, she has investigated the logics and functions of various monitoring and evaluation systems in the public welfare sector. She is also deeply engaged in professional collaboration with the public sector in Sweden, particularly education and social services. She was previously chairperson for the The Swedish Evaluation Society (SVUF).
Axel Ågren is a phd. student at Linköping University. The subject for his Phd thesis is; How loneliness in later life is constructed as a social problem in public arenas. He is a broad member in International Council of Social Welfare (Sweden), a global association which is active in a wide range of fields within the general areas of social development, social welfare and social justice. He is also a board member in FORSA (The national association for research in social work). FORSA:s aims at strengthening the cooperation between research, practice and education within social work. In both these organizations issues related to Evidence informed practice are often raised and discussed.