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SOCIALHÖGSKOLAN

EVIDENCE IN ACTION: A THOMPSONIAN
PERSPECTIVE ON EVIDENCE-BASED DECISION-
MAKING IN SOCIAL WORK

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Abstract

The concepts of evidence and evidence-based practice in social work travel fast around the world these days. Evidence-based practice presupposes evidence-based decision-making. In the debate it is argued that a social work fashioned after evidence should be more rational, less authoritarian and built on scientific knowledge, respect and ethics. Yet the empirical evidence that this idea works is weak. In fact the difficulties to implement evidence could be a sound reaction. But difficulties experienced could also be a defensive organizational reaction to a new, disturbing technology. In this article James D. Thompson's classical study *Organizations in Action* from 1967 is applied to evidence-based decision-making in social work. It shows to date that many problems have been given, at best, tenuous attention. It is argued that focus on evidence will raise ambiguity and complexity within organizations and that new professional specialists will emerge. Further, new constellations of power will appear, leading to a change of balance within the domains of social work.

Introduction

Evidence-based practice in social work presupposes evidence-based decision-making. There should be few objections to the statement that decision-making in social work needs to be more accurate. Whereas we have many views of what is to be regarded as the best way to make reliable decisions, the schism between different opinions is considerable (Newman et al. 2005). However, all participants in this debate seem to say that it is essential that professionals in social work (social workers, staff and organizations) apply the existing knowledge from research of interventions in order to make better and more precise decisions concerning users of social services. Nonetheless, decision-making in social work is a field which has attracted little attention. There is a need for both empirical and theoretical work in order to examine problems and possibilities. In this article I argue that in order to generate evidence in action, social work is facing two crucial challenges: firstly, making evidence

sufficiently rational and secondly, achieving full implementation of evidence in organizational contexts. Especially the latter is in focus. By using a classic, but fairly forgotten organizational study, I try to shed light upon the complex process of incorporating evidence-based decision-making in human service organizations.

In the first part of the article I present the concept of evidence-based decision-making and focus on what we currently know about the dissemination of evidence-based practice. In the second part I introduce James D. Thompson's *Organizations in Action* from 1967 and apply it to the concept of evidence-based practice.

Evidence and social work

There is no consensus about the concept of evidence-based practice. Instead there seems to be a wide gap between those who favour it and those with objections to its applicability in social work (see Trinder 2000 for the advocates' and critics' arguments). There are also debaters who reject some parts of the concept and accept others. The definition of evidence by Sackett et al (1996:312) is often cited: "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients." The idea of evidence-based practice is now being applied in many areas of welfare society: social work and social care, medicine and health care, education, etc. Evidence is also influencing policy and seems to be a prioritized objective when modernizing public organizations (Davies et al. 2000). Evidence-based practice is believed to be a worldwide phenomenon without national boundaries (Trinder 2000).

In addition, the quest for evidence in social work is based upon a standard administrative statement: professionals should use the best knowledge available when making decisions. However it is more than a managerial mode for rationalisation. Evidence has emerged within a certain framework of development and change mainly based upon development in medicine and health care (Trinder 2000, Davies 2000, Mullen 2002, Gambrell 2003, Newman 2005). The work of The Cochrane Collaboration (www.cochrane.org) has led to the adoption of an evidence-based clinical practice that, at the moment, is believed to be the dominant paradigm in health care (McDonald 2003). Why then has this paradigm come to the fore? There are at least three main explanations:

1. We currently have specific institutional, economic and organizational conducts that support the establishment of evidence-based practices and policies. Economic arguments and the quest for better quality paved the way for The New Public Management Movement in the 1980's. This movement evolved into what is now called an "audit society" where evaluation, quality control and user involvement are defining factors (Power 1997). Evidence-based practice is a part of this concept as it concentrates on obtaining the best information available and on raising the quality of decisions. Both the UK and the Scandinavian countries have seen the birth of new institutions within the fields of social welfare whose mission is to increase evidence-based decision-making (SCIE in UK, NC2 in Denmark, IMS in Sweden). Evidence-based practice presupposes the obligation to inform clients about the best available services. One of the cornerstones and motives of evidence-based practice is that professionals can have a devastating impact on their clients' lives if existing knowledge is not applied in their practice. "Evidence-based patient choice" implies the necessity of users being autonomous and having access to proper information.

2. Within the field of social work, scientific research has revealed serious problems within welfare organizations. This has led to scepticism regarding the true value of an intervention. Social work is openly criticized for having relied on authority instead of demonstrated efficiency (Gambrill 1999, Mullen 2002). We still have a great gap between what research recommends and to what degree these recommendations are followed. Professionals are criticized for not using accessible knowledge from social research. In repeated studies, the Swedish researchers Bergmark and Lundström have exposed the weak ties between methods and theories in the education of social workers. Further they present the fact that many professional social workers have a limited interest in social research (1998, 2000, 2002). Many seem to agree with the statement that quality control and evaluation efforts are not adequately carried out. Thus we hear calls for more systematic follow-ups of interventions to present and assess outcomes and their efficacy. This, in turn, is to enhance quality and knowledge about intended and non-intended effects of interventions and their value for users. As a result of practice weaknesses we now meet growing international demands for evidence-based practice and for the establishment of evaluation capacity within organizations. Evidence is argued to represent a shift away from authoritarian practice and policy to one based on ethical considerations in relationship to the client and an obligation to use the best available knowledge in decision-making.

3. The Internet and the world-wide web have facilitated the search for information. The availability of different studies in easily accessible databases has grown significantly. It is now possible for a single professional to sit behind the desk and check whether there is research to support planned interventions. A couple of years ago this was impossible. The development of social research with the arrival of meta-evaluations and systematic reviews has made it possible to have an overview of research findings. Professionals need to demonstrate the good quality of their work in order to gain respect and legitimacy. With the use of knowledge from research this can be achieved. In doing so, ambiguity may be reduced and professional trust levels increased. Thus expansive information with high accessibility makes it possible for both consumers of and professionals in social work to incorporate new kinds of knowledge concerning methods of practice. Evidence-based practice should support a systematic integration of practice, ethics and evidence in welfare work (Sackett et al. 2000). In a broad Scandinavian overview of knowledge-production in social work this is also discussed in terms of lifelong learning for professionals and the involvement of users in decision-making (Ljunggren 2005).

The diffusion of evidence

Evidence-based practice aims at maximizing the use of correct information in decision-making. According to its philosophy it is necessary to support the building of a culture within an organization that endorses the use of knowledge from research. The idea of evidence-based practice seems however to meet greater resistance in social work than in other disciplines and professional areas (Trinder 2000). According to Trinder, this could be explained by the fact that social work has mainly had other kinds of scientific traditions, that is, a focus on qualitative methods and a sceptical attitude to the kind of scientific traditions that dominate the concept of evidence-based practice.

Research showing how social workers apply evidence in decision-making is limited. In an analysis of 12 reviews of strategies to influence professional providers of evidence-based practice in health care, Gira et al. (2004) show that printed materials are not sufficient. On the other hand, there seems to be a need for multiple strategies including audit, feedback and continuing education. Taking into account that social workers are not as familiar with research as professionals within health care, the authors address the complex decision-making

environment. They conclude that social workers' attitudes and a lack of education as well as organizational settings are of great concern.

Barratt (2003), who has conducted a survey with more than 100 professionals in social care organizations, reports that there is great uncertainty regarding "the nature of evidence in social care and its validity in relation to decision-making, policy and planning" (2003:143). Her research shows existing problems with the availability of research findings and uncertainty as to how to appraise and utilize them.

A study of the dissemination of ASI in Denmark (Addiction Severity Index, an instrument for systematic knowledge-production) shows that it is limited by problems related to the technical construction of the instrument and to the process of implementation. It seems as if the more the professionals rely on their own treatment methods, the tougher it is to implement an instrument like ASI. This is explained in terms of decoupling; treatment units apply ASI but only on a symbolic level (Vind & Hecksher 2004).

Medicine seems to be an area where evidence has gained a footing. Evidence-based practice seems to be broadly accepted by health care professions in spite of a lack of evidence for its efficacy "in terms of improving the overall lot of the patient in the beleaguered health and social care systems" (Swinkels et al. 2002:344). However, many studies report a significant gap between research and practice even within medicine, where doctors argue that results from research do not suit their specific practice. Trinder reports that "the results of RCTs may not always transfer easily to uncontrolled clinical settings" (2000:30). Dissemination does not seem to be easy even in medicine, since the concept of evidence-based medicine requires rationalization and control over autonomous professionals and organizations. Reports from the fields of mental health and nursing say that "the influence of research on practice has been limited" (Trinder 2000:122). Suggestions are made for multidisciplinary strategies in order to change attitudes within management.

Evidence as rationalization and utilization

The main argument behind the use of evidence in social work, medicine, health care and other areas of welfare is to increase quality in decision-making concerning patients and clients. Also in focus is the possibility to support decisions on a policy level. The quality of

knowledge in use should then be of great concern and it is required of people and organizations to relate to it in decision-making. I would maintain that there exist two unavoidable requirements: A better knowledge of the outcome of interventions and organizations willing to apply this knowledge.

How then is scientific knowledge properly valued and what constitutes evidence? At the present time we have several hierarchies of evidence and systems of classification based on methodological assessments (Qureshi 2004). It is not an easy task to define “evidence”, neither as a researcher nor as a professional social worker. The researcher must deal with numerous aspects in order to synthesize empirical data and to present them as proof, regardless if it is a single study or a review including data from various studies. In these hierarchies of evidence reviews tend to top the list. Procedurally reviews are regarded as a “complex process that comprises many judgments and decisions” which has resulted in systematic guidelines in order to audit proper quality (CC2 2001). Selection criteria have to be considered, search strategies thoroughly conducted, conflicting evidence appraised, multiple outcomes sorted out and so on. Experts within The Cochrane and Campbell Collaborations are busy standardizing the methodology of reviewing. On the receiving end, practitioners are educated in the art of searching information relevant to decision-making and how to know when evidence is strong enough to be reliable (Newman et al 2005).

Reviews are disputed due to scientific discussions contentiously resulting in recommendations of policy. The Swedish researcher in social work, Professor Anders Bergmark (2001), shows for instance that the result of a broad review of the effects of treatment of alcohol and drug abuse with profound policy-recommendations (SBU 2001; 23 000 articles reviewed, 600 RCTs chosen) could be seriously questioned due to simplification and limited contextualization. So far there is a lack of clarity and the standards of scientific quality are under discussion. Knowledge is not a natural resource to be managed like timber. It is only useful in specific social and contextual settings, thus offering a body of theoretical and practical hypotheses (Weiss 1998).

People seeking advice are directly affected. In a survey of five contemporary reviews of youth mentoring programmes, Boaz and Pawson (2005) show that these studies provide diverse recommendations for policy due to different methodologies. This problem with ambiguous evidence could be added, with other studies of evidence-based practice in child and family

social work (Barratt 2004) and health policy (Dobrow et al 2004) showing uncertainty, questioned value and lack of relevance for supporting decision-making. The difficulties of implementing evidence might, in fact, be a sound and critical reaction to a method with severe weaknesses.

This situation, where expectations about the use of evidence as a secure foundation for decisions, undeniably has parallels with the post-war interest in achieving maximum rationality in administrative systems. At that time attention gradually started to focus on limitations and problems in those, then, modern administrations: why were well-prepared decisions and plans not implemented? It seemed as if decisions were not only based on rational conclusions and the best available knowledge – something else always seemed to come up. More than 50 years ago researchers started to explain this “something else” in numerous articles and books. Herbert Simon (1945) spoke about “the bounded rationality”. Lack of time, money, interest, energy and so on imposes limitations and the result is fragmented knowledge. The problems of the rational model were quite obvious (Blau & Scott 1963, van Gunsteren 1976) and the concept of incrementalism was put forward. Decisions are made step-by-step close to the dominant opinions in an organization and the expected reactions. Research on policy processes showed that negotiations, conflicts or mere coincidence complicated the realization of good ideas even if rational methods were adopted (Wildavsky 1973, Pressman & Wildavsky 1984, Ham & Hill 1984). This has led to many models aiming to show the proper way of decision-making, either with the rational administrator in focus (Faludi 1984), the cautious processor (Lindblom 1959), the irrational administrator (March & Olsen 1976), the hypocritical character (Brunsson 1985), the communicative type (Argyris & Schön 1978) or the externally dominated (Thompson 1967).

The Thompsonian perspective

We currently lack empirical evidence to prove that the idea of evidence-based practice works in social work. Advocates argue that the one and only possible road forward is increased efforts to implement the concept of evidence-based practice (Tengvald 2003, Sheldon 2001). Critics, too, are outspoken (Polychronis et al 1996, Webb 2001). There seems to be overall consensus, however, that it is very important to extend the procedures for decision-making within human service organizations. Decisions should be more accurate, democratic and reliable: social work ought to be more rational. Knowledge from social research about

interventions must in one way or another make an impact on decision-making. Decisions, however, are context-based and arguments are put forward that it is unwise to rely solely on the nature of the evidence (Dobrow et al 2003). Organizational theory has a lot to tell about the possibility to meet the expectations of an evidence-based practice.

James D. Thompson's book *Organizations in Action* was first published in 1967 and is now described as a modern classic, often used and cited. "Many of Thompson's insights and chapters can be seen as forerunners of later theoretical development", as Professor Mayer Zeld writes in a preface to the latest edition (2004:xi). In a second preface Professor W. Richard Scott declares that Thompson has made important contributions to the field of decision theory. Fifteen to twenty years ago Thompson influenced major works in the area of human service administration (Lipsky 1980, Hasenfeld 1992) but is rather seldom applied to the social work of today. Before Thompson organizations were regarded "as instruments that could be consciously shaped and moulded to accomplish given ends" (2004:xvii). Rational planning and organizational design were of top priority. Thompson then showed that organizations should be seen as open systems continuously adapting to their environments and that organizations are complex and differentiated, with some subunits more open and others more closed to external influence. Thompson's insights are provoking when addressing the limitations of the rational model while offering a deeper understanding of evidence-based decision making 40 years later. Let us take a closer look at some of his central theses and how they might apply.

According to Thompson, expectations that organizations will produce desired results, that they are rational and act wisely, are far too large. This is rooted in influence from scientific management: organizations need unambiguous goals, their missions should be repetitive and efficiency is accomplished through specialization and control. Instead, Thompson suggests that organizations ought to be regarded as *open and complex systems* striving to satisfy instead of produce maximum efficiency. He relies on the works of, among others, Herbert Simon and Philip Selznick and the discoveries of bounded rationality and cooptation. Organizations try to act according to norms of rationality and eliminate ambiguity through rationalization and categorization, but ambiguity will remain, both in the external contacts and with subunits that cannot be controlled. Therefore an organization, on the one hand, acts according to norms of generalization such as standards, laws and rules and, on the other hand, accepts technologies such as repetition and simplification in order to reduce insecurity. In

social work this can be seen as *standardization* of assistance and the categorization of clients. The possibility to standardize, that is, to establish routines and agreements throughout an organization, calls for stable and repetitive situations. Technical rationality in complex open systems like the social services is however an abstraction according to Thompson. In order to be regarded as rational, central values and core activities are protected against influence from the outside through *buffering*.

A cornerstone in Thompson's theory is "task environment", a concept that is used in order to link the different parts of the organization with its formal and informal goals. The *task environment* is dependent on the technology, the domain and the environment. Several parts of the organization will be involved in different kinds of exchange, intertwined in networks, interdependencies and task environments. This might cause problems since external influence has to be minimized as far as possible. When an organization is threatened by elements in the environment that require a new kind of rationality (as with evidence-based practice) it may create standards of its own (for instance through evaluations) and build norms of rationality that seem more appropriate. This is what happened in the implementation of ASI in Denmark (Vind & Hecksher 2004).

Bounded rationality is, as we have seen, a natural phenomenon in any organization. The idea of evidence-based practice will require another kind of relationship to rationality. Instead of bounded, a maximum rationality will emerge as an important objective. This will affect the process of evaluation which, according to Thompson, is an ongoing activity in every organization. It is likely that evaluators will try to use reliable research (evidence) as a criterion when measuring practice. This will cause problems since it is complicated to determine the relationship between cause and effect in any complex organization. Some consequences may appear obvious, others might be suspected and still others may go unnoticed. Thompson remarks that our understanding of a) problems, b) cause and effect relationship and c) evaluations will be incomplete and ambiguous, affecting both the organization and its members.

Thompson and other researchers like Charles Perrow (1961) and Michael Lipsky (1980) problematize the idea of goals and objectives. They show that a *goal* can have many functions. Thompson suggests that a goal should be regarded as an intended future domain of an organization. This implies that forces outside the organization will try quite actively to

make an impact on the organization. Those who are in strong coalitions with the organization will succeed and have impact on the goals. An organization which tries to expand with new and innovative tasks will necessarily build coalitions. Herbert Simon presented in his early research the consequences of this process and how it affects the different levels of an organization.

When clear criteria for future goals are lacking and when the knowledge of the relationship between cause and effect is incomplete, the organization will turn to various outside groups for reference. Future actions will then become central, not what the organization has previously succeeded or failed with. In order to give the impression of rationality the organization then tries to demonstrate its capability for future actions by showing accomplishments in the past. Thompson has an important point here. If an organization is exposed to evidence-based practice it will have to rethink its technology and to admit mistakes. Such an admission might harm legitimacy, raising trust issues and possibly resulting in severe consequences for the ability to obtain resources. Usually an organization then tries to compare itself with other organizations in its domain and will carefully select what to put forth. In complex organizations Thompson notes that subunits will be judged according to their capability to attract attention from the powerful parts of their organization. Public support to human service organizations might be severely decreased when evidence-based practice is implemented.

Thompson especially has drawn our attention to the external impact on organizations. The more dynamic a public organization is, the more exposed and vulnerable to *external influence* and political power that might affect its aims. The organization could be heavily affected by forces that are not in keeping with the dominant technology or the everyday competence within the organization. For evidence-based practice, additional pressure is exerted on human service organizations from external agents like universities, research and development units, research organizations, user organizations and others who try to make an impact on the process of academization and on what evidence to use. Evidence-based practice in social work will require re-evaluating how to regard administrative competence. Ambiguity might increase as more sources need to be assessed. The more heterogeneous the tasks, the more specialists will be needed. Evidence-based practice will develop a need for researchers, librarians and university graduates. At the same time the risk of conflicts will rise since new dominant coalitions will gain influence. Thompson shows that organizations seek to grow in

order to reduce ambiguity and to manage the environment. The direction of growth is dependent on the improvement of technology and the task environment. Most likely social work organizations will create alliances with universities and research organizations in the future as a result of the academization of social work.

Institutionalized procedures protect against mistakes. At the same time, without individual freedom, bureaucracy and inflexibility will flourish. Evidence-based practice calls for new forms of professional conduct challenging both institutional norms and the ability of individuals and organizational subunits to manage risk taking and ambiguity. The greater the risk of criticism and serious consequences, the more likely professionals will try to avoid personal responsibility and stick to organizational rules. In social work we see this most clearly this when clients are blamed for errors and professional methods go free from scrutiny. The question of responsibility in evidence-based practice has to be addressed and sorted out. Another reflection concerning social work from this viewpoint is that a professional with a heavy case load will choose methods that are in accordance with organizational regulations. In evidence-based practice professionals will have to face limitations of personal and organizational skills as well as consequences of personal and organizational failures. This will open up a space for new kinds of capabilities and responsibility.

The existence of both relatively autonomous and interdependent units within organizations leads to complexity. When units accept standardization – as with instruments like ASI – they will be interconnected with other units and forced to accept external authority. Experts and controllers will have the responsibility to ascertain that standards are followed. A new technology (like evidence-based practice) will require change. Traditions are threatened, coordination is needed, new knowledge has to be accepted, alliances given up and old technology thrown away – all this calls for power. The question then arises whether key players in social work exhibit enough willingness to, and interest in, change.

Implications

James D. Thompson has important messages for a new generation of readers. I would highlight the four consequences I regard as perhaps the most striking: the rise of ambiguity, new forms of specialization, increasing external influence and the need for reorganization within social work.

1. Modern societies seem to be more interested in creating new forms of complex organizations than learning from older ones. Technical rationality requires above all a programmatic judgement. This is however possible only if results are well-known as well, and likewise the relationship between cause and effect. Different forms of social goals in a society will raise the capacity of complex organizations and will create even more multicomplex variations. We will therefore enter an era when organizational rationality will be the core and the administration of multiorganizational projects will be a major challenge for the future.

Paradoxically, the quest for evidence will lead to increased, not decreased, ambiguity. Sources of evidence are already questioned, discussed and appraised in a process involving organizations, researchers and professionals. Still new controversies will arise and bewilder practitioners seeking advice and support. So far the concept of evidence is rather premature and guidelines for practitioners only cover small areas in the field of social work. Evidence-based practice will increase the complexity within organizations and lead to an even more challenging decision-making process.

2. Organizations within social work and social care will need to specialize in order to administer evidence-based practice. Contacts and dependency on the external world vary greatly within an organization. Those with stable missions will use rules and bureaucratic procedures. When this grows complex and too difficult to administer, the organization has to develop specialized units. If they work in a dynamic environment, standardized procedures will be difficult to maintain. The demands to implement evidence-based practice challenge those procedures. Social organizations also have to decentralize to differentiated subunits that have to handle these contacts. The more heterogeneous, the greater are the dilemmas for the organization. In order to maintain some sort of rationality the organization will have to build a mechanism for support and control. This will have the double mission of proper adaptation to the knowledge presented from outside organizations and of building up some kind of protection. They cannot adapt (and should not be expected to adapt) to every single demand from the outside, regardless of its nature. Thompson identified the process of buffering as one of the major ways of maintaining sustainability within an organization. Thus it is likely that in the future we will come up with new kinds of buffering as the organizations try to achieve bounded rationality.

3. To date, the process of evidence-based practice has led to a rising influence within social work for academic research organized within universities and different bodies with research and development units. In the near future we will encounter new constellations of power leading to a change of balance within the domains of social work. It is probable that this external influence will have an impact on its administration. Thus organizations will have to respond to demands for a more clinical, professional attitude where sources of evidence are taken into consideration in decision-making. This leads to a requirement for research knowledge among organizational leaders and professionals.

4. There is no one, definitive way to organize complex processes. Rather there is a great variety of possibilities. Organizations that have many contacts with other organizations try to be routinized in some aspects and to be open and sensitive in others. The quest for standardization in keeping with sources of evidence will lead to a need for coordination as well as resources to meet those needs. Guiding principles established at the core of the organization will be unavoidable if the organization is to be able to cope with the requirements of evidence-based practice. Doing so will mobilize defensive mechanisms. Such a process will inevitably lead to a need for reorganization.

We have much to learn from classical organization theory. As a solution for social work practice weaknesses, evidence-based practice leads to new kinds of problems. The process of new requirements will inevitably mean tensions and conflicts. Perhaps this is what some people are longing for! Whether it leads to more highly developed social work, qualitatively better for clients is difficult to say. It will, however, mean immense changes for the professionals and their organizations.

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References

Argyris, C. and Schön, D. (1978) *Organizational Learning*, Reading, Addison-Wesley.

- Barratt, M. (2003) 'Organizational support for evidence-based practice within child and family work: a collaborative study', *Child and Family Social Work*, 8, pp. 143 – 150.
- Bergmark, A. (2001) 'Psykosocial behandling av alkohol- och narkotikaproblem. Kan socialtjänsten dra några slutsatser?', *Nordisk Alkohol- och Narkotikatidskrift*, 18, pp. 501 – 513.
- Bergmark, Å. and Lundström, T. (1998) 'Metoder i socialt arbete', *Socialvetenskaplig Tidskrift*, 4, pp. 291-314.
- Bergmark, Å. and Lundström, T. (2000) 'Kunskaper och kunskapssyn. Om socialarbetare inom socialtjänsten', *Socionomens forsknings supplement*, 12, pp. 1-16.
- Bergmark, Å. and Lundström, T. (2002) 'Education, practice and research. Knowledge and attitudes to knowledge of Swedish social workers', *Social Work Education*, 21(3), pp. 359 – 373.
- Blau, P. and Scott, R. (1963) *Formal Organizations. A Comparative Approach*, London, Routledge & Kegan.
- Boaz, A. and Pawson, R. (2005) 'The perilous road from evidence to policy: five journeys compared', *Journal of Social Policy*, 34(2), pp. 175 – 194.
- Brunsson, N. (1985) *The Irrational Organization*, Chichester, John Wiley & Sons.
- Campbell Collaboration (2001) *Guidelines for the Preparation of Review Protocols*. Internal document.
- Davies, H., Nutley, S. and Smith, P. (eds) (2000) *What works? Evidence-based Policy and Practice in Public Services*, Bristol, Policy Press.
- Dobrow, M., Goel, V. and Upshur, R.E.G (2003) 'Evidence-based health policy: context and utilisation', *Social Science and Medicine* 58, pp. 207 – 217.
- Faludi, A. (1984). *Planning Theory*, Oxford, Pergamon.
- Gambrill, E. (1999) 'Evidence-Based Practice: An Alternative to Authority-Based Practice', in *Families in Society*, vol. 80, no. 4, pp. 341-350.
- Gambrill, E. (2003) 'Evidence-Based practice: Sea change or the emperor's new cloths?' *Journal of Social Work Education*, 39(1), pp 1-27.
- Gira, E. C., Kessler, E.L. and Poertner J. (2004) 'Influencing social workers to use research evidence in practice: lessons from medicine and the allied health professions' *Research on Social Work Practice*, 14 (2), pp. 68-79.
- van Gunsteren, H. R. (1976) *The Quest for Control. A Critique of the Rational-central-rule Approach in Public Affairs*, London, John Wiley & Sons.

Ham, C. and Hill M. (1984) *The Policy Process in the Modern State*, London, Harvester Wheatsheaf.

Hasenfeld, Y. (eds) (1992) *Human Service Organizations as Complex Organizations*. London, Sage.

Lindblom, C. E. (1959) 'The science of "muddling through"' In Faludi A. (ed) (1973) *A Reader in Planning Theory*, Oxford, Pergamon.

Lipsky, M. (1980) *Street-level Bureaucracy – Dilemmas of the Individual in Public Services*, New York, Russell Sage Foundation.

Ljunggren, S. (ed) (2005) *Empiri, evidens, empati. Nordiska röster om kunskapsutveckling i socialt arbete*, Copenhagen, Nord 2005:5

March, J. G. and Olsen, J. P. (1976) *Ambiguity and Choice in Organizations*, Bergen, Universitetsforlaget.

McDonald, C. (2003) 'Forward via the past? Evidence-based practice as strategy in social work', *The Drawing Board: An Australian Review of Public Affairs*, 3(3), pp.123 – 142.

Mullen, E. J. (2002) 'Evidence-based Knowledge: Designs for Enhancing Practitioner Use of Research Findings (a bottom up approach)'. Prepared for the 4th International Conference on Evaluation for Practice, Tampere, Finland.

Newman, T., Moseley, A., Teirney, S. and Elis, A. (2005) *Evidence-based Social Work. A Guide for the Perplexed*, London, Russell House.

Perrow, C. (1961) 'The analysis of goals in complex organizations', *American Sociological Review*, 26, pp. 854-865.

Polychronis, A., Miles, A. and Bentley, P. (1996) 'The protagonists of evidence-based medicine: arrogant, seductive and controversial', *Journal of Evaluation in Clinical Practice*, 2(1), pp. 9 – 12.

Powe, r M. (1997) *The Audit Society*, Oxford, University Press.

Pressman, J. and Wildavsky, A. (1984) *Implementation*, Los Angeles, University of California.

Qureshi, H. (2004) 'Evidence in policy and practice. What kind of research designs?', *Journal of Social Work*, 4(1), pp. 7 – 23.

Sackett, D.L., Rosenberg, W.M., Gray, J.A., Heynes, R.B. and Richardson, W.S. (1996) 'Evidence based medicine: what it is and what it isn't', *British Medical Journal* 312, 71-72.

Sackett, D.L., Straus, S.E., Rosenberg, W.M., Richardson, W.S. and Heynes, R,B (2000) *Evidence-based Medicine: How to Practice and Teach EBM*, New York, Churchill Livingstone.

- Sheldon, B. (2001) 'The Validity of Evidence-Based Practice in Social Work', *British Journal of Social Work*, 31 (801-809).
- Simon, H. A. (1976 [1945]). *Administrative Behavior. A Study of Decision-making Processes in Administrative Organization*, New York, The Free Press.
- Statens beredning för medicinsk utvärdering (2001) *Behandling av alkohol- och narkotikaproblem. En evidensbaserad kunskapssammanställning*, Stockholm, SBU.
- Swinkels, A., Albarran, J.W., Means, R.I., Mitchell, T. and Stewart, M.C. (2002) 'Evidence-based practice in health and social care: where are we now?' *Journal of Interprofessional Care*, 16(4), pp. 335-47
- Tengvald, K. (2003) 'Evidensbaserad praktik – om strävan att öka kunskaperna om verkningsfulla insatser', in Varg N. (ed) *Perspektiv på kunskapsutveckling inom socialtjänsten*, Stockholm, Socialstyrelsen.
- Trinder, L. & Reynolds, S. (2000) *Evidence-Based Practice. A Critical Appraisal*, Oxford, Blackwell Science.
- Thompson, J. D. (2004 [1967]) *Organizations in Action*, New Brunswick, Transaction Publishers.
- Webb, S.A. (2001) 'Some Considerations on the Validity of Evidence-based Practice in Social Work', *British Journal of Social Work*, 31 (57-79).
- Weiss, C., (1998) *Evaluation*, London, Prentice-Hall
- Wildavsky, A. (1973) 'If planning is everything, maybe it's nothing', *Policy Sciences* 4, pp. 127-153.
- Vind, L. and Hecksher, D. (2004) 'The diffusion of the ASI in Denmark: Implementation of a national monitoring system based on the Europe ASI', *Journal of Substance Use*, 9(3-4), pp. 156 – 162.