



Informal care  
Vulnerable groups  
Volunteer effort  
Domestic and sexual violence  
Social cohesion  
Diversity  
Organizational development  
Professionalisation



Netherlands centre  
for social development

## Annex seminar EBP, the Netherlands 2011

### Clarification of the questions

- Definition of EBP

For the concept of EBP we follow the definition by Sackett, 2007<sup>1</sup>) ...*the integration of the best research evidence with our clinical expertise and our patient's unique values and circumstances ...* Does this definition also fit the social sector, even if we replace patients by clients, does it need an extension such as ... *and the clients active participation* or otherwise? Other authors put slightly different emphases, like Nutley's 'research-informed practice' and Haynes' research enhanced care'. We do not aim at a discussion on this topic, however we need to reach some level of general agreement.

- Which models: models of practice

Nutley distinguishes between the research-based practitioner model, the embedded research model and the organizational excellence model (Nutley, 2007, 2009). Apart from this distinction we have different practices and instruments as 'knowledge sets', such as reviews (Cochrane), guidelines (Social Styrelsen), databases (MOVISIE, Netherlands Youth Institute). These practices and instruments raise the question of their use or implementation. What can we learn about developed practices, do they need adaptations and when, in which direction, and, if new initiatives start again, what would we recommend ?

- Which evidence is available and attainable in social work?.

There is quite a range of qualitative research available (e.g. consumer satisfaction, risk and protective factors, hermeneutic studies) but there is a lack of quantitative research and randomized controlled trials. Do we assess adequately what we have, are there minimum requirements? And do we look for the lacking evidence? Is it desirable and possible to create a hierarchy? And who are to be involved in making such a hierarchy?

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We fully acknowledge the position of Netherlands Youth Institute and their database in the matter of EBP

<sup>1</sup> Sackett, D.L., Strauss. S.E., Richardson, W.S., Rosenberg, W. & R. B. Haynes (1997). *Evidence based medicine. How to practice and teach EBM*. Edinburgh: Churchill Livingstone.

- Is the client or citizen involved in EBP, in the evidence building?  
Is it on the level of 'preference' or as an active participant in EBP? Is the client or citizen only present as an individual in interventions or does he participate in the questions on different levels which are raised in the broad context of our work. And if the answer is yes, in which design?

- What exactly do we aim at: the use of the evidence, a systematic practice?  
Is there an ultimate aim, for instance cost-effectiveness, or are our efforts directed towards the continuous development of systematic practices with the use of as much evidence as possible.

- How do we reach what we aim for: a developmental model, but which?  
Do we have to be more precise and break down social work in specific parts to look more precisely at the people, the knowledge and the processes which makes EBP of social work possible?

- What is the role and involvement of the different players?  
What about the professionals and clients, and what about policy makers, including financiers social scientists, educators? Do we address them, do we include them and how do we succeed in that?  
On behalf of whom do we act and who do we need?

- Limitations of EBP: which political, practical and scientific interests and pitfalls lead or hinder our choices and efforts?  
Why is there a lot of opposition against EBP: too scientific, too difficult for the social sector, not human, not including the voice of the professional or client. What do we do wrong or right?  
In statements the (local) government expects effective interventions. But is this the leading conception when it comes to choices?

- What are the boundaries of social interventions: from individual interventions to social policy?  
Usually social work interventions are limited to the individual or small social group, or at most the neighbourhood. We know that a general policy or measure has an enormous influence on the life and well being of people. Should this way of influencing not be part of consideration in EBP and if the answer is yes, how could we handle this? Or should we not engage in this domain?  
We know that for instance housing policy may have an influence which is far beyond the micro social work interventions. Where do we end, or where do we begin?

- Common and specific factors (methods): do we have to be modest about the specific methods or can we have it both ways?  
In many debates the professional attitude and general skills and competences are seen as much more relevant for effectiveness of social interventions than the pure method. This interpretation is handled as an opposition against methods. How can we contribute to clarify the specific aspects in both professionalism and methods?

If you are interested, please subscribe at: [www.movisie.nl/seminarEBP](http://www.movisie.nl/seminarEBP)

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More information about Evidence Based Practice see [here](#)

## MOVISIE

MOVISIE is the Netherlands centre for social development. We support and advise professional organizations, volunteer organizations and government institutions. Our aim is to contribute to a society in which people are empowered to full capacity.

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