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Reflections on knowledge management and evidence-based practice in the personal social services of Finland and Sweden

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ABSTRACT

Evidence-based practice (EBP) is a form of knowledge management and is a trend that has influenced many professional fields during the past 10–15 years, including social work. In Sweden, a campaign for an implementation of EBP has been launched towards social work practice from the Swedish central authority since the late 1990s. Knowledge management in social work can however take other directions which seem to be the case in Finland. Finland and Sweden bear many resemblances concerning political and administrative structures as well as approaches in the social services. Both countries also have highly educated social workers. The main question for the study was how come demands to implement EBP in the personal social services have been so strongly articulated in Sweden but not in Finland. The aim was to reflect on knowledge management in social work in two similar cases, Finland and Sweden, focusing EBP. Results show that the close contacts between representatives of the Swedish authority and proponents of a radical EBP version in the US was a decisive factor for the campaign towards social work in Sweden. Such mediators and proponents seemed to be absent in Finland. The length and the focus on academic skills in the education of social workers in Finland is seen as a contributing factor, giving Finnish social workers a sense of being ‘true professionals’ and thus more independent towards external demands.

KEYWORDS

Evidence-based social work;
practice research; education

Introduction

Evidence-based practice (EBP) is a trend that has influenced professional fields in many countries in the last 10–15 years. The idea originated in medicine and later spread to other professional fields such as social work; the aim is to place scientifically valid knowledge at the heart of practice. The professional’s judgement and decisions as to the most suitable intervention for a client should be founded on best available knowledge (Bergmark, Bergmark, and Lundström 2011). EBP thus is a form of knowledge management and an expression of the high value placed on science and rationality in modern societies.

The spreading and reception of EBP has taken different forms in different countries, partly due to its character. No unanimous and stringent definition of EBP exists; different ideas are held concerning two essential questions: *how* professionals should evidence-base their practices and *what counts* as evidence. In a radical interpretation of EBP, the two questions are answered by reference to guidelines, based on systematic reviews in which results from random controlled trials (RCTs) on the efficacy

of interventions are analysed. The guidelines comprise recommendations for the practitioner to follow. Results from RCT studies are thus what count as evidence in a radical version of EBP. However, differences in the reception of EBP are not just about EBP in itself, but depend as well on how ideas and trends travel and by whom they are mediated in a specific country. In addition, some elements of trends travel easier than others and are more often imported (Sahlin-Andersson 2003).

In Sweden, a campaign to adopt a radical EBP programme in social work has been in progress during the last ten years, concerning all kinds of social services. The demand to evidence base Swedish social work has come from the central government bureaucracy – the NBHW – and a significant amount of money has been spent on the education of social workers in alleged evidence-based methods. The NBHW has also created national guidelines concerning elderly care and care of persons with mental problems as well as for addiction care and treatment.

The point of departure for this study was the observation that knowledge management in Finnish social work seems to have taken other directions than in Sweden. This deserved further investigation, especially in the light of the many similarities between Finland and Sweden. Both count as Nordic welfare states with large public sectors, delivering health and social services paid for by taxes; social workers are well educated in both countries and the political and administrative structures are similar. Further, the countries are geographical neighbours and have a long history of close contacts, not least within the Nordic Council,¹ but also in more informal contexts. The aim here is to reflect over knowledge management in personal social work in two similar cases, Finland and Sweden, focusing on EBP.

The main question of the study is: *How come demands to implement evidence-based social work have been so strongly articulated by the authorities in Sweden but not in Finland?*

In order to answer this question, a background of the EBP movement will be sketched, as well as a picture of its reception in Sweden. The supremacy of knowledge in modern societies and different forms of knowledge will be commented on in order to contextualise the dissemination and reception of EBP ideas. Next, the question of *how* ideas and trends travel will be discussed. Since travelling ideas always are imported into given and specific political and administrative structures, some comments on these structures in the respective countries will be made. Before the concluding discussion, some examples of knowledge management in Sweden and in Finland will be presented. The examples are drawn from the personal social services in the municipalities of both countries, i.e. services for people suffering social problems such as poverty, unemployment and substance misuse.²

As mentioned, the starting point for the study was the observation that the strongly articulated initiative to develop evidence-based social work championed by the NBHW in Sweden did not seem to have an equivalent in Finland. In order to investigate this further, contacts were taken with a number of people in key positions in Finland regarding the subject of study. I turned to the National Institute of Health and Welfare (THL) – the Finnish counterpart to the Swedish NBHW – and set up meetings with three of their research managers; first, Minna Kivipelto, who is in charge of the *Technologies and Practices Assessment Unit* at the THL. This is a unit focusing on the development of evaluation instruments for personal social work in Finland, a subject that Minna gave me a thorough background to. I also met with Kerstin Stenius and Matilda Wrede, both research managers at the THL, who also both have long experience and thorough knowledge of Nordic research on alcohol and drug policy, addiction, and social work. In our conversations, they primarily reflected on the situation of social work in Finland in the light of the recent re-organisation of the primary health care and social services.

Considering knowledge management in social work, the shape and content of the education of social workers appeared important and that is why Helena Blomberg-Kroll, professor of social work at the Swedish School of Social Science in Helsinki and Christian Kroll, associate professor at the same unit, were contacted. They delivered valuable information on the education of social workers and social counsellors in Finland. The conversations held with these five persons were not recorded, but notes were taken and a conclusive post-conversation summary of each was written. The initial question of the conversations was if EBP had been prescribed for social work in Finland and in that case by whom and with what kind of arguments (Røvik 2002). The conversations are treated as informant communications and are referred to five times in the following. The rest of the article is based

on relevant literature. However, the significance of the conversations is crucial since they provided the point of departure for the study; the informants all agreed that there has been no campaign or explicitly articulated demands in Finland from, e.g. the THL, for the development of evidence-based social work in the municipal personal social services.

Five persons is not a large group of people, no claims are being made of giving a representative account of developments in the field of social work in Finland, but taken into consideration that Finland, like Sweden, is a small country, the assumption that these five persons in their key positions actually could deliver relevant perspectives on knowledge management in Finnish social work can be defended. At the same time, it is equally true that other key actors, such as politicians or policy-makers, could have complemented the picture of knowledge management in Finnish social work. Still, I claim that the basic condition for the study – the absence of strongly articulated demands from the authorities to develop evidence-based social work in Finland – is valid.

Professional knowledge and the travelling and mediation of ideas

The supremacy of knowledge in professional practices

The expansion of the welfare sector in many Western societies stopped or was reversed in the 1980s (Bergmark and Klingemann 2006). Public expenditure came into focus and different professional groups working in the public sector were called into question regarding the foundation of their judgments; were their professional decisions based on scientific knowledge (Power 1997)? One result of this was that new ideas and practices saw the light of day, like new public management (NPM), which focuses on the accountability of tax money spent (Hood 1991). The response to the questioning of professional decision-making was not to devalue the importance of scientific knowledge; on the contrary, more knowledge was perceived to be the remedy for the alleged flaws (Bergmark and Klingemann 2006). But how can professional knowledge be perceived and managed in order to underpin professional decisions?

Leung (2010) argues, on the basis of studies in social service agencies, that knowledge management has been consistently practised in social service organisations during the last decade and elaborates two basic views on knowledge. In the first, knowledge is viewed as an object (2008), that is, what is gained from logical, scientific research and that once constructed exists per se, independent of its carriers. In the other view, knowledge is pictured as a process, a ... *collection of subjective experiences, a creation of language used to endorse a shared decision made by a certain community to see things in a certain way, in a particular space and time* (Leung 2008, 192). Leung proposes that these two basic views should be perceived of as opposite ends of a continuum and argues that EBP can be seen as a form of knowledge management in which knowledge mostly is perceived as an object.

How do ideas and trends travel?

Neither NPM nor EBP can be said to be altogether consistent and coherent. However, both of them do carry the promises of rationality and efficiency, which are highly valued in modern society and contribute to the dissemination of these ideas (Meyer et al. 1997). There are different opinions as to what EBP actually means (Bergmark et al. 2011) and NPM has been described as a group of ideas (Hood 1991), as variations on a theme (Hood 1995) and as a cluster of ideas (Olsen and Peters 1996; Power 1997). EBP is often denoted as a movement. Movements, according to Reid (2002), give rise to trends. Reid (2002) also argues that practice movements: ... *involve new visions of social work that aim to make a fundamental difference in how practice is done ... accompanied by distinctive theories and methods of bringing about change* (p. 7). Placing EBP in this category seems relevant and in line with Reid it can be concluded that a trend has evolved from the EBP movement that in this context should be understood as a significant, enduring and widespread development of knowledge about practice (Reid 2002). But how do ideas and trends travel?

In an analysis of the spread of reforms in line with NPM, Sahlin-Andersson (2003) differentiates between three types of global trends on the basis of in what way national reforms are related both to each other and to an evolving global trend. The first type of trend is nationally based; a number of countries pursue similar reforms at the same time but independently of each other. Such trends are, however, unlikely in a world with extensive contacts between countries. The second type of trend is internationally formed. Reformers learn from each other and imitate each other; the trend in this case is a consequence of ideas travelling around the world (Czarniawska and Joerges 1996). The third type of trend is trans-nationally formed and comprises more actors than just the reformers or so-called mediators (Sahlin-Andersson 2003) involved in the dissemination of the ideas. Researchers, international organisations and consultants can function as mediators, producing and providing information and comparisons, and reporting on and proposing initiatives for change. But they also frame ideas, transforming them in the process, with the result that more or less global templates for reform are created. Røvik (2008) applies the concept of translation for the process of transformation. The translators can change the original idea substantially by adding elements of a local tradition or subtract elements, e.g. omitting or neglecting aspects of the idea.

To what extent and in what shape and content travelling trends are carried out in different countries can be understood by focusing on who imitates whom and why (Sahlin-Andersson 2003). Answering questions of in what way and why some aspects of a trend will be imitated while others are not can explain differences and similarities between countries. Regarding the question of which aspects of a reform or a practice will be imitated, Sahlin-Andersson refers to Rose and Miller (1992) as well as to Power (1997) and differentiates between the programmatic or normative elements of a certain practice and the operational or technological elements. The programmatic element refers to the ideas, aims and objectives of a certain practice; the technological element refers to the actual tasks or routines of which a practice consists. Studies of organisational reforms have indicated that the link between the programmatic and the technological elements of a given practice may be loose and may change over time (Sahlin-Andersson 2003).

A radical vs. a softer interpretation of EBP

The concept of EBP was born in the realm of medicine EBM in the early years of the 1990s in the US. The earlier mentioned question of how practices should be based on evidence can be answered in two principal ways; either that professionals carry out a critical appraisal of studies conducted concerning specific interventions and make decisions on the grounds of this information, which should also include the patient's/client's viewpoints (Sackett 2000); or that the professional turns to guidelines based on systematic reviews in which results from many different studies have been compiled and analysed with regard to which interventions show the highest efficacy (see for instance Rosen, Proctor, and Staudt 2003). It is important to note that in their origins, EBM and EBP are both directed towards interventions and outcomes. The question of what counts as evidence can also be answered in two principal ways. A softer interpretation of EBP makes it possible to include different kinds of studies in the search for evidence (see for instance Shaw 2005). In a more radical interpretation, the only thing that can count as evidence is results from RCT studies, ideally showing the superiority of one intervention over another. EBP focuses on professional practices, whether understood as critical appraisal or as a question of applying guidelines. One element in the early attempts to scientifically underpin social work was the single system design (SSD). By using well tried out instruments for the measurement of the client's development, irrespective of whether the client was an individual, a family or a larger entity, one would be able to say something about the effectiveness of different interventions in social work (Oscarsson 2009). SSDs are still applied in social work practice as a way to follow clients through an intervention and make it possible to evaluate the effects of that intervention. However, since SSD excludes the possibility of comparing results between different interventions (no control group is included in the research design), it has not become part of the radical EBP programme.

Social work researchers who were proponents of a stronger connection between social work practice and empirical, clinical research transported the ideas of evidence-based medicine. One important organisation founded in the 1990s was the Campbell Collaboration, the primary task of which is to produce systematic reviews of research that can be of guidance for social workers and managers when making decisions both on a management level and in individual client cases.³ According to the standardised protocols for reviews produced by the Collaboration, the highest grade of evidence is given to interventions that have been tried in RCTs (Bergmark et al. 2011). The Campbell Collaboration is a highly important mediator for a radical version of EBP.

The reception of EBP ideas in Sweden

In Sweden, the mediators, or translators, of EBP were not primarily to be found among researchers or professionals in social work, as was the case in the US. Instead, an assignment to develop 'knowledge-based' methods of social work was given to the NBHW by the Swedish government at the beginning of the 1990s (Ministry of Health and Welfare 1991). As motive, a reference to efficiency and cost-effectiveness was given and a special unit – the Centre for Evaluations of Social Work (CUS)⁴ – was established within the NBHW in 1992. In 1995, the CUS manager presented a critical description of current social work research where it was claimed that a clinical tradition was absent and that social work researchers were uninterested in developing knowledge directly applicable in practice. Social work research should in future be oriented towards outcomes of social work interventions (Tengvald 1995). In conclusion, a picture was sketched of a professional field without scientifically grounded knowledge, a picture close to how the status of social work had been pictured in the US by proponents of EBP (Bergmark et al. 2011). A project with the specific aim of developing knowledge in social work was initiated in the latter part of the 1990s and at this time, CUS representatives already had established close international relations with social work researchers in the US, and were participating in the establishment of the Campbell Collaboration. In addition to reasons such as cost effectiveness and quality aspects, another element was added in the late 1990s, namely, that evidence-based social work should be developed for the benefit of the client/user (Bergmark et al. 2011; Hübner 2014). The Swedish EBP programme has become more radical over time, in the sense that the production of systematic reviews on which guidelines can be produced has been emphasised. The idea that social workers could develop skills to evaluate their own work or independently seek knowledge of different methods and interventions was dismissed by the IMS:

The IMS has developed the policy that it is wiser to give the social workers the general information that it is unethical not to use the information on effective and non-effective interventions (what works and what does not work), instead of elaborating on confusing technical discussions such as how to evaluate an intervention or to control for covariates. (Sundell et al. 2010, p. 4)

A number of guidelines have been produced, but only one set that is directly applicable to the personal social services, the guidelines for care and treatment of addiction problems (NBHW 2007, 2015).⁵

To conclude, the EBP trend was not received and mediated by researchers of social work at the universities, nor by professional social workers in Sweden. The initiative to develop evidence-based social work was taken by the central authority in the field, the NBHW. The close connection between representatives of this authority and the international evidence movement, in the form of the Campbell Collaboration, is one important explanation for the shape and the extent of the Swedish evidence programme. In the NBHW campaign, EBP can be perceived as a practice movement, ... *involving a new vision of social work* (Reid 2002) that would change things for the better. To underline the need for a reform, the situation of social work practice and social work research was pictured in dark colours; practice was built on intuition and 'gut feelings' (Barfoed and Jacobsson 2012) and researchers were uninterested in developing scientific knowledge that could be used by social workers in their daily work. When a trend or a movement is imported to other contexts (e.g. countries), they are not 'imported whole cloth' (DiMaggio and Powell 1991, 29). Certain aspects of a movement may be imported and imitated while other aspects are not. Movements and trends are also always imported

into a specific organisational and professional setting. Before giving some examples of recent developments in personal social work in Finland and Sweden, an outlook on how the social services are organised and administered and on the content and shape of the education of social workers in each respective country is needed.

Organisation and education

The political and administrative structure of social work

The management of the health and welfare sectors is similar in both countries, with ministries of health and social welfare⁶ bearing overall responsibility and governmental authorities serving under them, in Finland, it is the National Institute of Health and Welfare (THL), and in Sweden the National Board on Health and Welfare (NBHW). Both authorities have among their tasks to promote, develop and maintain knowledge in social work.

In Finland, the municipalities are in charge of both health and social services, which are the largest local government functions; but as there are many small municipalities with limited economic resources, lately the Finnish Parliament has agreed to a proposition that all social welfare and health care services in the future are to be delivered by five regional providers (www.stm.fi/ministry/strategies/service_structures). This reform will lead to integrated social welfare and health care services as well as integrated primary and specialised health care. One can ask what consequences the integration of primary health care and social services in Finland will have. It could imply a subordinated position for social work in relation to health care personnel since the leader/manager of the integrated unit tends to be a medical doctor (Stenius K, personal communication). Another important question is how this will influence social work perspectives on knowledge and knowledge production.

In Sweden, the responsibility for all kinds of health care – from primary to highly specialised – lies within regions. Social services like child and elderly care are the responsibility of the municipalities, and so are the personal social services, that is, services directed towards people with problems of poverty and/or alcohol and drug abuse.

The education of social workers

Social workers are trained at six universities in Finland. To become a social worker, a master's degree in social work is required (5 years of study). It is possible to attain a so-called professional licentiate (with an additional 4 semesters of study).⁷ This professional licentiate has only recently been established and is aimed at educating 'specialised professionals' within 5 areas⁸ (Blomberg-Kroll H, personal communication). The purpose of the degree is to strengthen the scientific foundation of professional practice and to promote professional skills that draw on a research-oriented approach to social work. Since 1995 it is also possible to attain a PhD in Social Work in Finland.

In a Nordic perspective, Finnish social workers are the most educated with respect to the length of their studies. In Sweden, to become a *socionom* (social worker in Finland) you need to have attained the bachelor level of social work education (3 years) plus one semester of courses at advanced level. No professional licentiate is available, although one can pursue academic studies in social work up to PhD level, a possibility that has existed since 1979. It is claimed that great emphasis is put on the academic skills of the social workers in the Finnish education (Blomberg-Kroll H, personal communication). Students of social work are offered courses in both traditional research methods and in practice research methods, which encompasses both theoretical studies and two months of practice research internship in a welfare setting. Even if the programme of education in Sweden also offers a great deal of research training, it seems that Finnish social workers are better equipped in this regard.

Since the 1990s, it is also possible to gain a 3-year bachelor's degree in the subject of *social services* at a university of applied science in Finland. This education is more oriented towards practice training, and contains less training of academic skills. There are approximately 20.000 social counsellors and

about 7.000 social workers in Finland today. In practice, there is a chronic shortage of academically qualified social workers in Finland (Kroll C, personal communication).

Both countries thus have well educated social workers. In a study on social workers' attitudes towards research, an overwhelming majority in both Sweden and Finland agreed with the statement that social work should be evaluated to a greater extent than is the case today (Blomberg-Kroll and Kroll 2011). Evaluations of personal social work are what the THL in Finland actually engages in, which will be commented on in the next section. Two examples of developments in personal social work from each country will briefly be described – the Swedish developments initiated under the heading of EBP.

Knowledge management in social work in Finland and Sweden

Finland: evaluations of social work practice and practice research

As mentioned, all of the informants agreed that no demands to develop evidence-based social work were articulated by the authorities in Finland. As Blomberg-Kroll and Kroll (2011) conclude in their study of social workers' attitudes towards research ... *demands of ... evidence-based work seem to have had some impact on education, research and practice in Swedish social work ... at least in comparison to the Finnish development in the field* (p. 6, own translation). Still, the results from a Finnish study (Rosengren, Lindqvist, and Julkunen 2014) showed that knowledge about how effective social work interventions are and how they impact on service users' quality of life was perceived as the most important issue for social work research and practice.

No national targets have been set for social work in Finland, according to Kivipelto et al. (2014), but social workers are mandated to offer their clients services based on the best available knowledge. At the THL, a unit led by Kivipelto works with the development of evaluation instruments in order to measure the effectiveness of social work. It is argued that such instruments should be developed in close contact with social workers, the potential future users of the instruments (Kivipelto et al. 2014). The diversity of clients and problems also often implies that goals and targets for social work are 'tailored by case', applications of several different context- and situation bound interventions and methods are more or less the rule in social work practice, it is claimed (Kivipelto et al. 2014).

One instrument (KEY) has been used for gathering data on clients and rehabilitation processes in a treatment unit in Helsinki and in adult social work within three social service offices.⁹ In both cases a single case design was applied (SSD). The authors argue that this allows for a scrutiny not only of how well the goals have been achieved and what methods and procedures have been used, but also how important different contextual and situational factors and mechanisms are for the attaining of goals (Kivipelto et al. 2014).

Practice research

Since 2003, Helsinki University has established a Chair of Practice Research. The overall aim of practice research is to establish a reflective relationship between practices in different contexts and social sciences conceptions and theories (Julkunen 2012),¹⁰ with the development of social work practice in focus through the creation of new methods and by promoting innovations. Practice research should apply both social theory and well known and recognised research methods and the goal is to improve social work practice. The criterion of adequacy is the relevance of the research for social work practice. The ideas of pragmatism, action research and ethnography are near to the concept (Julkunen 2012).

In a recent article, Rosengren et al. (2014) apply a conceptual framework developed by Upshur, van Den Kerkhof, and Goel (2001) to visualise the extent and diversity of knowledge that can be identified as being relevant to social work. They argue that the purpose of practice research is to enable actual problems to arise from practice and to apply a multi-actor perspective; practitioners, service-users and academics then act in collaboration to ensure improvements in practice by generating professional

knowledge, ethical reflexivity, critical reflection and contextuality. What is needed in social work is broad, multi-sourced knowledge (Rosengren et al. 2014).

What characterises the different examples from Finland is a strong desire to bring together social work practice and research; to conduct evaluations and research close to the actual social work practice. The overall understanding seems to be that knowledge of clients, methods and interventions, what works for whom and in what circumstances, are meant to be developed in a grounded way, based on context-bound instruments and on peer evaluations. The projects are evidently within the frame of knowledge-as-process (Leung 2008). Blomberg-Kroll and Kroll (2011) argue that the discussion in Finland on education, research and practice in social work is influenced by a post-modernistic perspective in which the social worker is perceived as ... *an autonomous, reflexive expert, working in a unpredictable surrounding ... social work is perceived as being created in the single social worker's practice in interaction with the client and should therefore continuously be under critical (self) scrutiny* (p. 6; my translation).

Sweden: imported assessment instruments and approaches

Social workers in the city of Stockholm are obligated to use the addiction severity index (ASI) in their work with substance abusers. The aim is to make this work more systematic and to increase knowledge, quality and professional competence in the field of substance abuse (Barfoed and Jacobsson 2012). The ASI, which was developed in the US in the 1980s by McLellan et al., consists of two interviews, one basic interview comprising 180 questions, and a follow-up interview encompassing about 150 questions (McLellan et al. 1980).

For the importing and implementation of the ASI, the NBHW has played an important role. Representatives of the authority have translated the questionnaires and have offered education for social workers in using the instrument. On the NBHW's initiative, the instrument as well as its manual has been revised (e.g. Nyström, Zingmark, and Jäderland 2009; NBHW 2013) and the NBHW has also provided financial support to municipalities wanting to offer their employees education in how to use the ASI instrument.

The central arguments put forward by the NBHW for implementing the ASI in social work include the client; the ASI should be used to assess the client's needs and situation before, during and after an intervention. But the arguments also comprise a more general level in which assessments of different groups ideally should be compiled in order to make it possible to say something about the kinds of clients that seek help from the social services, the kinds of interventions recommended and how successful the provision of treatment services actually are. The line of thinking is that results from ASI interviews can be used to describe different groups, which in turn can be used for planning and for the follow up and evaluation of activities (Nyström, Salmén, and Öberg 2005; NBHW 2007, 2015).

Motivational interviewing (MI)

MI (Miller 1983) has been implemented by all social services agencies in the city of Stockholm. MI is an approach more than a method, loosely structured around four key principles, two of which emphasise the clients' responsibility for their choices and challenges the notion of being 'helpless' in regard to misuse of alcohol (Björk 2013). MI has been the subject of several meta-analyses and is recommended in clinical guidelines across the world, also in the Swedish guidelines on treatment for alcohol- and drug misuse (e.g. Haber et al. 2009; NBHW 2015),¹¹ where its implementation in the social services is motivated with reference to the clients; that they should be provided with methods based on scientific knowledge.

The principles of MI can be perceived as objectified knowledge, but when these principles are set in motion, they are meant to serve both as a means to collect information on the client's situation and to initiate a process of change. MI can thus be said to fall into the category of knowledge-as-process (Leung 2008).

Discussion

In the literature both in Finland and in Sweden on developments in social work, influences from NPM can be seen. The argument for what has become an adaption to a radical evidence programme in Sweden was an apprehended need to relate the effectiveness of social work practice to its costs. In the argumentation for the development of assessment instruments for Finnish social work, cost-effectiveness is referred to as well. Based on conversations and on the literature, it is argued that what unites the two countries are ambitions to develop social work towards more systematisation, documentation and cost-effectiveness. Beyond that, directions diverge.

So, how come demands to implement a radical evidence-based social work practice have been so strongly articulated by the authorities in Sweden but not in Finland? The most important factor can be found by looking at who imitates whom and why. The Swedish government placed the initiative to develop 'knowledge based' social work in the hands of the NBHW at the beginning of the 1990s. At that time, representatives of the central bureaucracy had developed close and extensive contacts with the Campbell Collaboration and with American researchers who proposed a radical EBP version. I would argue that this is the main reason for the campaign for evidence-based social work in Sweden. Mediators/translators of a radical EBP version seem to be absent in the Finnish counterpart to NBHW, according to my informants. Even though research in social work in the US has been prominent over the years, which can explain why a mediation and import of ideas from the US can be attractive, one can also speculate on the existence of a more general positive orientation in Sweden towards the US, a cultural orientation that may be weaker in Finland.

Based both on what my informants described and on the overview of the Finnish education for social workers, it can be argued that a contributing factor to the differences in knowledge management in the two countries might be the character of the education of social workers. The length of the education and focus on academic skills in Finland could strengthen the sense of being a *true professional* and as such, more independent in relation to external demands. Might it be that social workers in Sweden were attracted to the promises of systematisation and rationality as means of strengthening their professionalism?

The programmatic content of the radical version of EBP mediated in Sweden is that what counts as evidence are results from RCT-studies on interventions, analysed and compiled in systematic reviews and guidelines. However, apart from national guidelines on treatment of alcohol and drug problems, no other guidelines directly applicable to social workers in the personal social services have been produced in Sweden. The technological or operational content comes from the importing and implementation of an assessment instrument and, as in Stockholm city, the education of social workers in MI. The loose connection between the programmatic and operational content of a trend, which has been indicated in former research, is reflected in the Swedish examples. In the Swedish translation, assessments have been added to the original ideas of EBP.

Furthermore, it can be stated that the strong emphasis on systematic reviews and guidelines in Sweden indicates a view of knowledge as an object, independent of its carrier and ready to be imported and disseminated. In Finland, the arguments for developing assessment instruments in cooperation with social workers are in line with the idea of practice research and knowledge-as-process, in which knowledge should be local and contextualised. Proponents of practice research argue that a broad, multi-sourced and local knowledge is needed in social work. This is something very different from an emphasis on general models, instruments and methods that are supposed to work in every context.

As mentioned, references are made to EBP in the Finnish texts. Like in Sweden, the expression 'what works' is applied, although the Finnish way of finding out what works seems to be by working close to the actual social work practice. It is stated that the ultimate purpose of effectiveness evaluation, in a SSD, should be to produce a set of tools for developing EBP in social work (Kivipelto et al. 2014). It can be argued that this is a referral to an interpretation of EBP that hardly would match the radical standards set by the Swedish NBHW. Still, as Oscarsson (2009) states, SSDs may be useful in

social work as a way for practitioners to evaluate their work in specific cases, and can thus be part of EBP in a softer interpretation. Beyond the explanations already proposed for the differences between Finland and Sweden, some tentative comments can be made. It was pointed out to me that influences from a qualitative research paradigm are quite strong in Finnish social work research, a factor that could prevent or restrain engagement in research efforts of the kind that govern the radical evidence programme with its emphasis on quantitative research methods (see also the quote on p. 9). Another factor pointed out by informants is simply lack of money. The Finnish economy is affected by the Euro crisis and one may well ask whether the inductive, local research strategies are not a matter of making a virtue of necessity. Large-scale experimental strategies are obviously much more costly. Yet, the strong emphasis on practice research and on a development of knowledge *within* social work practice may be reasons enough for the Finnish way of managing knowledge.

Notes

1. The Nordic Council, along with the Council of Ministers, works towards joint Nordic solutions that have tangible, positive effects for the citizens of the individual Nordic countries. The Nordic Council does this by submitting proposals to the Nordic governments and encouraging them to act upon those proposals.
2. The Swedish examples are drawn from the city/municipality of Stockholm.
3. The Campbell Collaboration is an international research network that produces systematic reviews of the effects of social interventions in Crime & Justice, Education, International Development, and Social Welfare (www.campbellcollaboration).
4. The Centre for Evaluations in Social Work (CUS) existed for about 10 years, after reorganisation a new institute within the NBHW was established in 2004, the IMS (Institute for methods in social work). Today, the IMS is subsumed under the NBHW.
5. National guidelines are the result of systematic reviews of previous research on a given intervention. A number of guidelines have been put together by the NBHW, but only the guidelines on alcohol and drug addiction treatment can be said to have a direct impact on the personal social services. On the NBHW website one can also find a 'Methods guide' in which different social work methods are listed, but studies on those methods have not been systematically reviewed. One can also find systematic reviews of intervention studies that have not (yet) resulted in a national guideline.
6. The Finnish Ministry of Social Affairs and Health; In Sweden, the Ministry of Health and Social Affairs.
7. The programme can be completed in 4 years and be carried out while working. It is intended for practitioners who have completed their Master's degree in social work and have at least two years of professional experience.
8. The areas are: Social Work with Children and Young People, Empowering Social Work, Social Work in the Field of Marginalisation, Specialisation in Welfare Services and Community Social Work.
9. City of Helsinki Western Social Work Unit, the Basic Social Security/Social Assistance Unit of the city of Sinäjoki Centre of Social Services and the Rehabilitative Social Work Unit of Tuusula Department of Social Services and Health Care.
10. Ilse Julkunen is the current professor of practice research in social work at Helsinki University.
11. In the revised edition of the guidelines (NBHW 2015) it is not MI that is recommended but MET, which is a more structured therapy derived from MI.

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References

- Barfoed, Elisabeth Martinell, and Katarina Jacobsson. 2012. "Moving from 'Gut Feeling' to 'Pure Facts': Launching the ASI Interview as Part of In-service Training for Social Workers." *Nordic Social Work Research* 2: 5–20.
- Bergmark, Anders, and Harald Klingemann. 2006. "The Legitimacy of Addiction Treatment in a World of Smart People." *Addiction* 101: 1230–1237.
- Bergmark, Anders, Åke Bergmark, and Tommy Lundström. 2011. *Evidensbaserat socialt arbete: Teori, kritik, praktik [Evidence Based Social Work: Theory, Critique, Practice]*. Stockholm: Natur och Kultur.

- Björk, Alexander. 2013. "Stabilizing a Fluid Intervention: The Development of Motivational Interviewing, 1983–2013." *Addiction Research and Theory* 22: 313–324.
- Blomberg-Kroll, Helena, and Kroll Christian. 2011. Socialtjänstens vita fläck – och svarta hål? Om socialarbetares uppfattningar och attityder till olika organiserings- och implementeringsprinciper i Finland och Sverige [The White Spot and Black Hole of Social Work? On Social Workers' Opinions and Attitudes Towards Different Principles of Organization and Implementation]. In *Hälsa och välfärd i ett föränderligt samhälle* [Health and Welfare in a Changing Society], edited by Helena Blomberg-Kroll and Kroll Christian. Åbo: Åbo Akademi Förlag.
- Czarniawska, Barbara, and Guje Joerges. 1996. "Travels of Ideas." In *Translating Organizational Change*, edited by Barbara Czarniawska and Guje Sevón, 13–48. Berlin: DeGruyter.
- DiMaggio, Paul, and Walter Powell. 1991. "Introduction". In *New Institutionalism in Organizational Analysis*, edited by Walter Powell and Paul DiMaggio, 1–38. Chicago: University of Chicago.
- Haber, Paul, Nicholas Lintzeris, Elizabeth Proude, and Olga Lopatko. 2009. *Guidelines for the Treatment of Alcohol Problems*. Sydney: Australian Government, Department of Health and Ageing.
- Hood, Christopher. 1991. "A Public Management for all Seasons?" *Public Administration* 69: 3–19.
- Hood, Christopher. 1995. "The 'New Public Management' in the 1980s: Variations on a Theme." *Accounting, Organizations and Society* 20: 93–109.
- Hübner, Lena. 2014. "Constructing Relations in Social Work. Client, Customer and Service User – The Application and Relevance of the Term *user* in Social Work Discourse." *Nordic Social Work* 4: 87–98. doi:<http://dx.doi.org/10.1080/2156857X.2013.867894>.
- Julkunen, Ilse. 2012. Critical Elements in Evaluation and Developing Practice in Social Work: An Explanatory Overview. In *Practice Research in Nordic Social Work. Knowledge Production in Transition*, edited by Edgar Marthinsen, and Ilse Julkunen, 95–116. London: Whiting & Birch.
- Kivipelto, Minna, Tuija Kotiranta, Mansoor Kazi, Pekka Borg, Tuula Jauhiainen, and Pertti Kortenienemi. 2014. *Developing Social Work by Using the Client Follow-up Information – A Practice Example from Finland*. Unpublished manuscript.
- Leung, Zeno C. S. 2008. "Knowledge Management in Social Work – Towards a Conceptual Framework." *Journal of Technology in Human Services* 25: 181–198.
- Leung, Zeno C. S. 2010. "Assessing Knowledge Assets: Knowledge Audit of a Social Service Organization in Hong-Kong." *Administration in Social Work* 34: 361–383.
- McLellan, T. A., L. Luborsky, G. E. Woody, and C. P. O'Brien. 1980. "An Improved Diagnostic Evaluation Instrument for Substance Abuse Patients." *The Journal of Nervous and Mental Disease* 168: 26–33.
- Meyer, John W., John Boli, George M. Thomas, and Francisco O. Ramirez. 1997. "World Society and the Nation State." *American Journal of Sociology* 103: 144–181.
- Miller, William R. 1983. "Motivational Interviewing with Problem Drinkers." *Behavioural Psychotherapy* 11: 147–172.
- Ministry of Health and Social Affairs. 1991. Utvärdering av metoder i socialt arbete [Evaluations of Methods in Social Work]. Regeringsbeslut 18, 27 juni 1991 [Governmental decision nr. 18, 27th of June, 1991.] [S91/3944/IFO.] Stockholm: The Government.
- NBHW (The National Board on Health and Welfare). 2007. *Nationella riktlinjer för missbruks- och beroendevård*. [National Guidelines for the Treatment of Substance Use Disorders]. Stockholm: NBHW.
- NBHW (The National Board on Health and Welfare). 2013. *ASI-manualen. Anvisningar till ASI Grund och ASI Uppföljning* [The ASI-manual – Recommendations for ASI – Basic Interview and ASI Follow up]. Stockholm: NBHW.
- NBHW (The National Board on Health and Welfare). 2015. *Nationella riktlinjer för missbruks- och beroendevård* [National Guidelines for the Treatment of Substance Use Disorders]. Stockholm: NBHW.
- Nyström, S., B. Sallmén, and D. Öberg. (2005). *Beslut på bättre grunder – enhandbok för ASI-användare*. Stockholm: IMS. Socialstyrelsen.
- Nyström, Siv, David Zingmark, and Ann Jäderland. 2009. *ASI-manualen – anvisningar till ASI Grund och ASI Uppföljning* [The ASI-manual – Recommendations for the ASI – Basic Interview and ASI Follow up]. Stockholm: IMS, Socialstyrelsen [IMS, NBHW].
- Olsen, Johan P., and B. Guy Peters. 1996. *Lessons from Experience*. Oslo: Scandinavian University Press.
- Oscarsson, Lars. 2009. *Evidensbaserad praktik inom socialtjänsten. En introduktion för praktiker, chefer, politiker och studenter* [Evidence Based Practice Within the Social Services. An Introduction for Practitioners, Managers, politicians and Students]. Stockholm: SKL.
- Power, Michael. 1997. *The Audit Society*. Oxford: Oxford University Press.
- Reid, William J. 2002. "Knowledge for Direct Social Work Practice: An Analysis of Trends." *Social Service Review* 76: 6–33.
- Rose, Nikolas, and Peter Miller. 1992. "Political Power beyond the State: Problematics of Government." *The British Journal of Sociology* 43: 173–205.
- Rosen, Aaron, Enola K. Proctor, and Marlys Staudt. 2003. "Targets of Change and Interventions in Social Work: An Empirically Based Prototype for Developing Practice Guidelines." *Research on Social Work Practice* 13: 208–233.
- Rosengren, Åsa, Ann-Marie Lindqvist, and Ilse Julkunen. 2014. "Towards an Inclusive Knowledge Base for Community-based Research and Sustainable Knowledge Production." *Nordic Social Work Research* 4: 86–101. doi:10.1080/2156857X.952661.
- Rovik, Kjell Arne. 2002. "The Secrets of the Winners: Management Ideas that Flow." In *The Expansion of Management Knowledge*, edited by Kerstin Sahlin-Andersson and Lars Engwall, 113–144. Stanford: Stanford Business Books.

- Røvik, Kjell Arne. 2008. *Managementsamhället - trender och idéer på 2000-talet* [Management Society – Trends and Ideas in the 2000s]. Stockholm:Liber.
- Sackett, David L.. 2000. *Evidence-based Medicine: How to Practice and Teach EBM*. 2nd ed. Edinburgh: Churchill Livingstone.
- Sahlin-Andersson, Kerstin. 2003. National, International and Transnational Constructions of New Public Management. In *New Public Management. The Transformation of Ideas and Practice*, edited by Tom Christensen, and Per Læg Reid, 43–72. Aldershot: Ashgate Publishing Limited.
- Shaw, Ian. 2005. “Evidencing Social Work.” In *Evidence-based Social Work – Towards a New Professionalism*, edited by Peter Sommerfeld, 73–96. Bern: Peter Lang.
- Sundell, Knut, Haluk Soydan, Karin Tengvald, and Sten Anttila. 2010. “From Opinion-based to Evidence-based Social Work: The Swedish Case.” *Research on Social Work Practice* 20: 714–722.
- Tengvald, Karin. 1995. Behov av resultatorienterad kunskapsutveckling i socialt arbete [The Need of Result-oriented Knowledge Development in Social Work]. In SOU 1995:58 [Swedish Government Official Report] *Kompetens och kunskapsutveckling: om yrkesroller och arbetsfält inom socialtjänsten* [Competence and knowledge development: on professional roles and practices within the social services]. Stockholm: Fritzes.
- Upshur, Ross E. G., Elizabeth G. van Den Kerkhof, and Vivek Goel. 2001. “Meaning and Measurement: An Inclusive Model of Evidence in Health Care.” *Journal of Evaluation in Clinical Practice* 7: 91–96.