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Attitudes toward and Utilization of Evidence-based Practice among Norwegian Social Workers

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ABSTRACT

Purpose: This study analyzes Norwegian social workers' attitudes toward evidence-based practice (EBP).

Method: Qualitative interviews were conducted with 30 social workers and managers from social services and child welfare services.

Results: Social workers were positive about EBP, yet confused about it, rarely distinguishing between EBP, empirically supported treatments (ESTs), experience-based knowledge and research when describing the concept. Five barriers to conducting EBP were identified: (i) concerns regarding a negative impact on the relationship with the client, (ii) lack of time, (iii) a top-down implementation approach, (iv) restriction of social workers' autonomous decision-making, (v) EBP research models not always suiting the client's/family's need. Two benefits for practicing EBP were identified: (i) utilization of research in practice, (ii) utilization of general guidelines in decision-making processes.

Discussion: The empirical material demonstrated that the social workers valued multiple types of knowledge when making informed decisions. The most prominent were practical and theoretical knowledge.

Conclusion: The findings confirm recent studies, but also suggest a need for future research to bridge gaps in knowledge transfer.

KEYWORDS

Evidence-based practice;
social work; neo-liberalism;
knowledge-utilization;
Norway

Evidence-based practice (EBP) is a promising framework for practicing social work, an ideal that contributes to effective social interventions, teaching students and practitioners to critically appraise and apply the best available scientific evidence (Howard, McMillen, & Pollio, 2003; Mullen, Bledsoe, & Bellamy, 2008). Originating from evidence-based medicine, EBP gained popularity during the 1990s through the works of Archibald Cochrane and the McMaster Group with Dr. David Sackett in the lead (Drisko & Grady, 2012). There are various definitions of EBP, however, the most cited one is "the integration of best research evidence with clinical expertise and patient values" (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 1). EBP is often referred to as a paradigm shift within social work, although it is not without limitations and controversy (Duggal & Menkes, 2011; Howard et al., 2003; Okpych & Yu, 2014)

Associations have been made between the implementation of EBP and neo-liberal governance. Neo-liberalism emphasizes the free market, efficiency, and privatization of state services. Supporting the vulnerable through public services will according to some

eventually lead to dependency (Dalal, 2017). Evidence-based practice is, as discussed by some scholars, one of the means to create more effective social programs with fewer bureaucratic constraints (Cartwright, 2009; Johansson, Denvall, & Vedung, 2015; Siltala, 2013). Critics argue that the market should not regulate health care and social care, and that access to health care and welfare support should be viewed as a right instead of as an unhealthy dependency. Potentially, one risks undermining values such as partnership, empathy and advocating the vulnerable (Golightley, 2017).

While the potential benefits and risks of EBP are being discussed amongst scholars and professionals, it is evident that evidence-based research and practices are becoming an important part of social services, and that governing authorities are aiming to implement EBP (Ekeland, Bergem, & Myklebust, 2018). Some studies using randomized controlled trials are surfacing in Norway (Natland & Malmberg-Heimonen, 2016). In child welfare services, empirically supported treatments (ESTs) such as Multisystem Treatment and Parent Management Training are being put into practice (Angel, 2003; Patras & Klest, 2016). In social services, Individual Placement and Support are gaining popularity as a method to increase work integration in Norway (Sveinsdottir et al., 2019).

In order to successfully implement evidence-based interventions and practices, there is a need to understand how the concept is perceived and utilized by social workers and professionals. There have been studies published on social workers' attitudes toward EBP in a variety of different fields of practice, such as social services managers, social work field instructors, juvenile justice service professionals, medical social workers, social work students and EBP experts (Avby, Nilsen, & Abrandt; Bender, Altschul, Yoder, Parrish, & Nickels, 2014; Bellamy, Bledsoe, & Traube, 2006; Eliasson, 2014; Lee, 2015; McKee, 2014; Udo, Forsman, Jensfelt, & Flink, 2018). These studies have generally demonstrated that social workers' different fields of practice have a multifaceted understanding of EBP in that they describe the concept in a variety of different ways, and present barriers such as lack of knowledge, organizational limits, time and a poor translation of research into practice. The results reveal a variety of different perspectives across the fields of practice and call for further examination of social workers' understanding and utilization of EBP.

This is the first qualitative research study in Norway that examines attitudes toward and utilization of EBP knowledge among social workers working in social services and child welfare services. The aim of this study is to contribute to the growing literature on evidence-based practices among social workers. By comparing the different fields of practice, new insight about social workers' roles in the different fields might contribute to better utilization of evidence-based practices across sectors. Hence, the research question in this paper is how Norwegian social workers assess evidence-based practice as a part of their practice in child welfare and social services.

Previous research on social workers attitudes toward EBP

Studies that focus on social workers' and clinical practitioners' attitudes toward EBP indicate that social workers are generally positive toward EBP, and that higher education and work-related training are facilitators for positive EBP attitudes (Aarons, Sawitzky, & Deleon, 2006; Ekeland et al., 2018; Gromoske & Berger, 2017; Parrish & Rubin, 2011; Scurlock-Evans & Upton, 2015). However, social workers tend to be confused about the EBP concept (Avby, Nilsen, & Abrandt Dahlgren, 2014; Björk, 2016; Ekeland et al., 2018;

Grady et al., 2018; Gray, Joy, Plath, & Webb, 2015; James, Lampe, Behnken, & Schulz, 2018; Knight, 2015; Scurlock-Evans & Upton, 2015; van der Zwet, Beneken Genaamd Kolmer, Schalk, & Van Regenmortel, 2019). There is, moreover, no clear consensus among social workers, researchers and policymakers on what EBP consists of (Scurlock-Evans & Upton, 2015; van der Zwet et al., 2019; Wike et al., 2014).

Studies on social workers' attitudes toward EBP suggest that social workers and social work students are generally confused and have limited familiarity with the concept (Avby et al., 2014; Björk, 2016; Ekeland et al., 2018; Grady et al., 2018; James et al., 2018; Knight, 2015; Scurlock-Evans & Upton, 2015). For instance, the Norwegian study by Ekeland et al. (2018) demonstrates that although most social workers had heard of the concept, few had precise knowledge about the concept. van der Zwet et al. (2019) found that social workers and staff in a social work organization in the Netherlands were confused about EBP, some describing it as interventions that has scientific evidence, others as research-supported treatments, while others included professional expertise and/or client circumstances. Similar results were found in the study by Chonody and Teater (2019) where 137 social workers were questioned about their stance on EBP. The results demonstrated that the social workers identified themselves, somewhat, as an evidence-based practitioner, yet they described EBP as an intervention rather than a process.

What is the confusion about?

According to Thyer and Pignotti (2011), EBP and ESTs are often confused with each other. They argue that this is one of the main causes for the confusion about EBP. While ESTs are treatment interventions that are applied to the client and have demonstrated positive effects, EBP is considered to be a process where the client's preferences, the social worker's expertise, ethical considerations and the availability of resources are being taken into account. EBP commonly allows for a wider use of research than ESTs because the treatment may be adjusted to the specific context of the client. The EBP process can be described with five steps: (1) convert one's need for information into an answerable question; (2) track down the best clinical evidence to answer that question; (3) critically appraise that evidence in terms of its validity, clinical significance, and usefulness; (4) integrate this critical appraisal of research evidence with one's clinical expertise and the patient's values and circumstances; (5) evaluate one's effectiveness and efficiency in undertaking the four previous steps, and strive for self-improvement (Thyer, 2006, p. 168).

Data, methods, and analyses

Data collection procedure

The empirical data in this study consists of 30 semi-structured in-depth interviews with social workers in child welfare services and social services. The data were collected in five out of 18 possible counties in 16 different social service and child welfare offices in Norway in 2019. The counties were selected based on the managers and leader's willingness to participate in the study and travel distance. A description of the study and an invitation letter was sent out to child welfare and social welfare offices across Norway, requesting interviews with at least two social workers per office. An invitation was also sent out to private child welfare institutions and social welfare offices where the author

had professional connections. The author has worked several years in child welfare services and social services in one of the counties where participants were recruited. There is a possibility that some of the participants are familiar with author, but to the authors knowledge, there was no prior relationship between the participants and the author.

The selection of social workers and managers were conducted through purpose sampling in order to get a variety of gender, geographic location, education and field of practice of the participants. To participate in the study, the interviewees had to work in the child welfare field, child welfare services, as environmental therapists in child welfare institutions, or work in the Norwegian Labor And Welfare Administration as social workers, in a social work position, or work as a manager in either field. The participants in both fields of practice were social workers and managers, ensuring the different roles, activities, and responsibilities across the fields of practice were represented.

In Norway, there are two different professional studies educating social workers: a bachelor's degree in Social Work or Child Protection. Many social workers with a bachelor's degree in child protection are employed as case workers in the municipality where they investigate possible abuse and neglect among children, and work with families to facilitate change. Social workers in social services can have a variety of different tasks, but a caseworker would typically help individuals who are facing difficulties related to finance, illness, substance abuse, housing or employment.

Social workers from both programs are, however, employed in a range of different fields and often intertwine across practice.

The participants received information about the research project prior to their participation and gave written consent to participate in the research project and to be audiotaped during the interviews. The length of the interviews varied from 30 to 75 minutes. The interviews were conducted in-depth and semi-structured. Themes from the interview guide were used when interviewing the managers and social workers. All the interview was conducted in Norwegian by the author and were recorded using a tape recorder. The author manually transcribed 22 of the interviews; eight interviews were transcribed by a research assistant. The author listened to the audio files conducted by the research assistant while reading the transcript to ensure transcription accuracy. The audio files were at all times encrypted and kept on a secure server. The statements that are included in this article were translated by the author, some adaptations have been made in order to translate Norwegian expressions and phrases to English.

Table 1 presents the descriptive information of the sample. The majority of the participants were female (23 out of 30 informants). Although women are overly represented in this study, it is consistent with the national distribution of gender in the Norwegian social sector, reportedly being 84.6 percent women and 15.4 percent men (Statistics Norway, 2019). Almost half of the informants held a bachelor's degree in social work or child welfare (14 out of 30 informants). Eight of the informants had field-related continuing education (8 out of 30), and four of the informants held a field-specific master's degree (4 out of 30). Four of the informants had no relevant education (4 out of 30), even though they were employed as social workers or child welfare consultants.

Table 1. Background characteristics of respondents.

| Sample characteristics | Number of informants |
|-------------------------------------|----------------------|
| Gender | |
| Female | 23 |
| Male | 7 |
| Education | |
| Bachelor of Social Work | 7 |
| Bachelor of Child Welfare | 7 |
| Continuing education in social work | 8 |
| Master | 4 |
| Other education | 4 |
| Area of practice | |
| Social services | 14 |
| Child welfare services | 16 |
| Job position | |
| Case worker | 25 |
| Manager position | 5 |

Interview guide

The interview guide was piloted on two social workers and revised based on the feedback. No definition of EBP was provided during the interviews in order to gather the participants immediate thoughts and reflections on the topic. The interview guide included questions regarding the informant's education, and their use of manuals and standardized procedures. The interview guide had three main themes:

- (1) Background and workplace. This part of the interview generally consisted of five questions about the social worker's work position, their job description and what they perceived as their motivation for their work;
- (2) During the second part, the social workers were asked to describe different cases they were working on or had previously worked on, and their decision-making process;
- (3) The third and final part of the interview included different questions about EBP, ESTs, and the social worker's use of literature and manuals.

Analyses

The purpose of this study was to explore the participants attitudes and utilization toward EBP. Braun and Clarke (2006) deductive thematic analysis was considered as a suitable approach to analyze the interviews. A deductive thematic analysis is driven by the researcher's interest in the subject and one typically has a defined research question when coding the empirical material. This study has a clear research question "how Norwegian social workers assess evidence-based practice as a part of their practice in child welfare and social services", that identifies main themes in the material, such as the use of research, literature, knowledge about ESTs and EBP. The interpretation of the codes was sematic, and the analysis were therefore focused on one level, trying to capture what the participants have expressed, and not looking beyond what has been expressed by them, as opposed to approaches that are more open toward various meanings in the material.

Thematic analysis is generally considered a circular process where the researcher moves back and forth through different phases in their data analyses. The first step involves familiarizing yourself with the data. The author transcribed 22 of the interviews, read through them and wrote down associations during the process. The interviews that were transcribed externally were given additional attention during the read through, and the author listened to the audio files and read through the manuscripts. The second step involved generating initial codes from the data. The author used NVivo 12 to highlight the material and code them accordingly. Ninety-five codes emerged during this process. The codes represented topics like time management, education-level, managers attitudes toward EBP, politics, past experiences, discretion, motivation, attitudes toward research, knowledge about ESTs, work-related courses, critical attitudes, positive attitudes, confusion, terminology and more. In the third step, the initial codes were re-coded into themes that emerged in the data material. Codes that shared similar patterns and were intertwined were organized into 20 themes. In the fourth step, the author reviewed the themes. This was done by ensuring that the codes from the first three steps fit with the themes, for instance, by ensuring the themes have enough data to support them, whether the data is too vast, and ensuring the distinctions between themes. This process involved two steps. In the first step, the author reviews the coded data extracts. One of the themes regarding the social workers attitudes toward ESTs based on case descriptions were subject to revision as it did not contain enough empirical data on specific ESTs to support any claims about the social workers knowledge. The theme collapsed into a broader theme about EST utilization containing information from more than just case descriptions. In the second step, the process was repeated on the entire data to ensure that the themes fit with the data, and potentially code additional data into the existing themes. This step was particularly useful. Since this study is comparative, I revisited the themes that emerged from the two groups and refined them to more easily allow a comparison between them by renaming codes from the themes within each group.

In the fifth step, the author defined and named the different themes. Although the themes already had names, new names were appropriate in order to clarify, and to specify the data material in the theme. The last step of the analysis was the producing and reporting the findings.

Results

The social workers' understanding of EBP

The social workers and managers in both fields of practice reported that they had heard of the term EBP (29 out of 30, 96%). The social workers within child welfare stated that they had heard about the term during higher education, work-related courses or continuing education. However, the empirical material did not establish a substantial relationship between the level of education and knowledge toward EBP among the social workers and managers in social services or child welfare services with either a master's degree or continuing education. Although the social workers in child welfare were familiar with the concept, more than half (8 out of 14, 57%) stated that they knew very little about it or that they could not remember what it consisted of:

I have heard about it, but I can't describe it right now. (Social worker in child welfare services)

I would like to think that it is something about ... I am just guessing. Immediately I think it is about practice based on research and experience, practice based on what has worked and not worked. (Social worker in child welfare services)

The dominant theme that emerged during the interviews was the confusion about EBP among the social workers. They reported that they were generally highly unsure about the concept and it became evident that some were making guesses based on the words *evidence* and *practice*. The social workers and managers in child welfare generally did not differentiate between EBP, ESTs, experience-based knowledge or research. The majority of them (14 out of 16, 87%) did, however, refer to EBP as a method that has been verified through research, or the utilization of research in work practice, indicating that they some knowledge about the concept, although scattered. They rarely reflected upon these elements intertwining as a part of a process; instead EBP appeared as a singular process or as a treatment intervention:

I think evidence-based practice is rooted in both practice and research, and that it has [exhibited] an effect, and that there is a lot of professional knowledge in the practice. For example, programs like Parent Management Training and Multisystemic Therapy. (Social worker in child welfare services)

The social workers within child welfare describe EBP as being rooted in professional knowledge, practice and research, which are parts of the process described by Sackett et al. (2000). Yet, some social workers and managers in child welfare services referred to ESTs such as Parent Management Training and Multisystemic Therapy when describing EBP (5 out of 16, 31%). Although the social workers in child welfare reflected upon the meaning of EBP, they were generally confused about the difference between ESTs and EBP, often mistaking one for another.

The managers were generally positive toward the informing decisions based on research (2 out of 2, 100%), however, when asked about their stance on EBP the managers generally lacked knowledge when describing the concept. As illustrated in the statement below, the manager describes EBP with a metaphor. The statement below indicates a positive attitude toward informed decisions based on research, but it is an unclear description of EBP. The statement demonstrates how the manager refers to different forms of knowledge in order to make informed decisions in practice, in this case, research is viewed as a practical appliance to understand how to best solve a client case.

If you think of [EBP] as a metaphor, there is a great castle with a moat around it; at the top of the castle, there is a princess you are trying to rescue. There are several paths to rescue the princess. You may have to climb over the wall, maybe you have to get through crocodiles, maybe you have to dig tunnels. There are several roads in, so perhaps you should use research to figure out what the shortest way in is. (Manager in child welfare services)

Almost all of the social workers in social services reported that they were familiar with term EBP (13 out of 14, 93%). However, the description of EBP was often imprecise, and some social workers reported that their statements explaining EBP were purely guesswork (4 out of 14, 28%). Similar to the social workers in child welfare, the social welfare workers

frequently referred to terms such as experience-based knowledge and research-based knowledge, and struggled with differentiating EBP from ESTs:

I learned about [EBP] during my education, and I may be describing it incorrectly now, but it is about knowledge that one has experienced, that one sees works or not. (Social worker in social services)

Yes, I have [heard about EBP]. It is based on experience – knowledge on experience must be used in practice. I read quite a bit of research and articles, so I have probably snapped it up [while reading]. (Social worker in social welfare services)

The statement above illustrates how the social workers in social welfare refer to EBP as something that is based on research-based experience and experience the social workers have gained through their practice.

The social workers' attitudes toward the implementation of EBP

Social workers and managers in child welfare services and social services were uncertain about the use and implementation of EBP; although they initially stated that they were positive about it, many reported concerns regarding EBP. Three major issues became evident: (i) practicing EBP can negatively affect the relationship with the client, (ii) practicing EBP risks being more time consuming, and (iii) EBP is implemented using a top-down approach. The social workers and managers reported that it was important to utilize knowledge in their daily practice, yet many were concerned that the implementation of EBP or ESTs could be at the expense of the clients (7 out of 14, 50% social workers and managers in social services) and (7 out of 16, 44% social workers and managers in child welfare services). The social workers in both fields reported that time management issues, and some were concerned that the utilization of EBP would further affect restrict them (4 out of 14, 25% social workers and managers in social services) and (3 out of 16, 19% social workers and managers in child welfare services) The statements below illustrate how the social worker values personal knowledge as a way to maintain a relationship with the client and, furthermore, how the social worker is concerned that emphasis on EBP might compromise the relationship with the client:

I do not think there is anything negative about it [implementing EBP]. But if you get too concerned about using knowledge in your practice, I think you can risk practicing it at the expense of the clients. But as long as you are aware of the relationship with the research you use, and use it humanely, then I think of course we must have more research. (Social worker in social services)

The advantage is that we can implement specialist knowledge that actually works, one can quality-assure one's work in a better way. The disadvantage is perhaps that you lean too much on a specific method, and on research that may not always be suitable for the client you work with. (Social worker in child welfare)

As illustrated by the statements above, the social workers were generally positive about the implementation of EBP and ESTs; they are, however, uncertain and critical of the terms of such implementations. The social workers offered a critical perspective of methods being implemented by authorities. When asked about the methods the social workers in child welfare utilized, one of the managers described how the choice of ESTs was dependent on its prevalence:

It depends on how the wind is blowing; “circle of security” is very popular now. (Child welfare manager)

Perhaps those who implement it [evidence-based models] should have a greater understanding that the work situation is not the same for everyone. It is not so easy to work in accordance with the Supported Employment method if you have 80–90 clients to follow up. It is impossible. Perhaps if one could work with elements of the method it could be better implemented in practice. (Social worker in social services)

The statements above illustrate how the social worker and manager refer to the EBP process as something that is out of their control. Interventions are dependent on what is currently popular within social work, and EBPs are viewed as something that is decided by governing authorities. The social workers concern with implementing methods that require fewer clients yet a larger workload, is a perspective that underscores the discussion about the development of neo-liberal principles in the social sector, which highlight increased efficiency as a part of social work practice (Dalal, 2017).

Drawbacks of utilizing EBP and ests

As previously shown, the social workers in this sample were generally positive about the concept. However, they also reported several drawbacks. The social workers in child welfare generally mentioned four drawbacks of utilizing EBP in their practice: (i) concerns regarding a negative impact on the relationship with the client, (ii) lack of time, (iii) restriction of the social worker’s autonomous decision-making, (v) EBP research models not always being suited to the needs of the client or family. The social workers were concerned that EBP would narrow their autonomy when making decisions for and with families. Some child welfare workers (7 out of 16, 44%) and social workers in social welfare (7 out of 14, 50%) stated that each family should receive help that is specifically tailored to their needs and worried that evidence-based practices might be a model that is not suitable for every family:

You have to make a decision based on each family and decide what fits that family. (Social workers in child welfare)

I am very little concerned with methods; I am more concerned with tailoring the interventions that are suitable for the family; I also see, it depends what we ask them about, we often get feedback on who can fit to work in that family from what information they give, [...] and ask the family what they want help with and what is important for them. (Manager in child welfare services)

The social workers in social welfare and child welfare generally shared the same concerns about EBP, in that they worried that EBP might not be suitable for every family and that it might restrict their autonomous judgment when making decisions for and with clients. However, they strongly emphasized the importance of treating the client’s needs individually. It was of importance to them to maintain the client’s voice and involvement in their own case:

I think [EBP] is great, but people are different; if you treat everyone the same, then I think no one feels that they will get the follow-up they need. I think it would have been harder for me to treat everyone equally than to really consider whom I was talking to and dealing with that person. My experience is that people respond poorly to standardized answers. (Social worker in social services)

The benefits of EBP

As previously illustrated, the social workers stated that they were generally positive about EBP, although they were concerned that its implementation could affect the relationship with the client and that it might be time consuming. They also felt EBP was being implemented using a top-down approach. Furthermore, they were concerned that EBP would limit their autonomy and some questioned the flexibility of the EBP approach. When asked about the benefits of EBP, the social workers identified two advantages: (i) they believed that it was important to utilize research in order to provide reassurance that the help they were providing was based on quality conduct (9 out of 14, 64% social workers and managers in social services) and (12 out of 16, 75% social workers and managers in child welfare services), and (ii) it was important to utilize general guidelines when making decisions in a client case (8 out of 14, 57% social workers and managers in social services) and (9 out of 16, 56% social workers and managers in child welfare services). However, their answer was often ambivalent when talking about positive the positive effects of EBP/ESTs.

The advantage is that we can implement specialist knowledge from the research that actually works, that one quality-assures their work in a better way. (Social worker in child welfare)

But the reason we have chosen Supported Employment is because social services has a work-oriented focus, and for the social services, if people get jobs, then you get fewer people in the social services [...] and one has seen research that Supported Employment works, and we find that it works as well. (Social worker in social services)

As illustrated above, the social workers in social welfare describe how using treatment interventions such as Individual Placement and Support and Supported Employment have resulted in helping clients find jobs. They argue for value of specialist knowledge when making informed decisions at their workplace. There was generally agreement on the advantages of utilizing theories and research that facilitated better practice.

Discussion

This study sought to examine social workers' attitudes toward evidence-based practices based on qualitative interviews with 30 Norwegian social workers in social services and child welfare services. The results of the study have demonstrated that the social workers in social services and child welfare services, although positive, are generally confused about what EBP is and how to utilize it in accordance with the definition provided by Sackett et al. (2000). The social workers struggled to differentiate between EBP, ESTs, experience-based knowledge and research when describing EBP. There are similarities between the attitudes expressed by the social workers in this study and those described in other studies (Grady et al., 2018; van der Zwet et al., 2019). Grady et al. (2018) found that MSW students perceived discussions about EBP confusing and contradictory to their course work; furthermore, they were confused about the terminology they were presented with.

The social workers were generally ambivalent when referring to the implementation of EBP. Five barriers to use became apparent in the material: (i) practicing EBP can negatively affect the relationship with the client, (ii) practicing EBP risks being more time consuming, (iii) EBP is implemented using a top-down approach, (iv) EBP can restrict the social workers'

autonomous decision-making, (v) EBP and other models are not always suited to the needs of the client or family. The social workers were also concerned that the implementation of EBP could limit their time with clients. These findings are similar to those of van der Zwet et al. (2019), where the social workers were concerned that ESTs would hinder them in tailoring their interventions to specific circumstances. There were two identified facilitators for practicing EBP: (i) the social workers believed research was of importance in order to make informed decisions in practice, (ii) it was important to utilize general guidelines when making decisions in a client case.

The empirical material demonstrated that the social workers valued multiple sources of knowledge when making informed decisions in practice. The social workers stated that they utilized research in decision-making processes, although they were concerned about research or theory overriding autonomous decision-making. For instance, they were concerned that ESTs could restrict them when establishing a relationship with clients or families. The social workers' furthermore valued practical knowledge when making informed decisions in practice. This knowledge was situated in their attitudes toward EBP and became especially apparent when addressing the limitations of EBP, and in concerns regarding standardization of social work practice and utilizing frameworks or models when helping clients or families.

Limitations

The findings of this study have to be seen in light of some limitations regarding the small numbers of participants represented from each field of practice – 14 from social services and 16 from child welfare services. Five of these informants were managers. The numbers make it difficult to draw representative conclusions for the whole population. The study draws on interviews from a total of five out of 18 Norwegian counties, all of which are geographically located in eastern Norway, social service- or child welfare offices area across Norway are therefore not represented in this study.

Conclusion

The findings in this study suggests that the social workers were generally confused about EBP, struggling to differentiate between EBP, ESTs, experience-based knowledge and research. The social workers were generally ambivalent when referring to the implementation of EBP, identifying both barriers and facilitators as illustrated in the results section. The social workers' lack of knowledge and general confusion with the terminology raises the question how the implementation of EBP should best be carried out in the social sector. While EBP and ESTs such as Multisystem Treatment and Parent Management Training and Individual Placement and Support are being put into practice in the Norwegian social sector (Angel, 2003; Patras & Klest, 2016; Sveinsdottir et al., 2019), it is evident that the facilitated knowledge transfer between academia and the practice field is not reaching the practitioners. Further research should be done to bridge the gap in knowledge transfer between academia and practitioners in order to facilitate a better framework for understanding and utilizing EBP in practice. Future studies that focus on the practical implementation of EBP in the practice field and during social workers' education are therefore recommended.

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