

Abstract

Over the last two decades, a movement for Evidence-Based Management (EBM) has surfaced across the Atlantic world with pretensions of being a successor of New Public Management (NPM). In this paper, we focus on Swedish social welfare as an arena where persistent government attempts have been made to implement locally new evidence-based ideas, specifically evidence-based practice (EBP). In Swedish discourse, the meaning of “evidence-based” is contested. One interpretation maintains that best (and only acceptable) evidence comes from the use of randomized controlled trials (RCTs). Another interpretation maintains that evidence from research constitutes only one leg of a multi-factorial definition; that is, this view contends that RCT evidence should be considered along with experience of practitioners and clients (users). Although client participation was an important tenet in the incipient attempts to implement EBP, by using translation theory this article will show that later attempts have tended to ignore the client’s perspective. From this foundation, we address why client views and outlooks have been ignored in EBP implementation.

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Introduction

“[Is] it ... possible to discern a new trend or trends that will replace New Public Management? We invite researchers who have an answer to this question to contribute to this special issue.” Indeed, evidence-based governance is such a new trend. In a paper from 2010, based upon earlier accounts in Swedish, the third author of the present article argued that the stream of management ideas loosely labeled evidence-based management (governance, policy, and practice) is a successor of New Public Management (Vedung 2010, 2012, 2006). Writing from a public sector evaluation point of view, Vedung identified four waves of evaluation with accompanying governance doctrines that have swept the Atlantic world since the mid-1960s, each wave leaving layer upon layer of sediments in current day public sectors. The latest of these waves, following the New Public Management wave, is the Evidence Wave. In the 2000s, the desire for evidence-based public action has gained a large audience.

In this paper we will focus on the Swedish public social welfare sector as a case where sustained government efforts have been made to introduce and implement the new, world-wide evidence-based ideas into local welfare-practice. Our case is drawn from the Swedish public social work sector where, for almost a decade, the Swedish national government has intervened and pushed for implementation of evidence-based practice (EBP) in local service practice throughout the country.

Keywords:
Swedish social welfare
New Public Management
Evidence-based practice (EBP)
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Client expertise
Translation theory

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However, the definition of evidence-based practice is disputed. One interpretation maintains that best evidence comes from the use of randomized controlled trials (RCTs). Another maintains that evidence from research should be considered together with evidence derived from front-line practitioners and from their clients (users). Although client participation was an important tenet in the incipient attempts to implement the EBP, this article will show that later attempts have tended to ignore the client's perspective. From this foundation, we address why the idea of client opinion and expertise has been ignored in the implementation efforts. We use the term client(s) to signify the recipients, targets, etc. of public interventions and the term users (service-users) as a synonym for clients in this sense.

Briefly, EBP is about laying down general principles, based on evidence, to reinforce proven guidance and methods in social work and social welfare in general (e.g., Soydan, 2010). For example, Oscarsson (2009) emphasizes that the purpose of creating a practice based on evidence is part of a wider attempt to fortify the quality of social services. We argue that these issues are important not only for managers and policy makers but equally important for professionals, clients and citizens in order to give and claim the best social service and in a broader sense to understand and influence new conditions in social welfare. EBP has become a growing movement, promising to change both the content and the structure of social welfare.

Purposes

The overall focus of the article is the world-wide on-going push for evidence-based governance as a successor of NPM, although far from entirely replacing it. As an illustration we have chosen the enormous efforts by the Swedish national, regional and local governments to introduce and implement evidence-based practice (EBP) in frontline public social welfare practice since 2007. As an entrance to our text we discuss NPM and its connection to EBP. To circumscribe and characterize this push, we will provide a short overview of the tenets of NPM as a contrasting background to an exposition of the evidence-based doctrine. Next, and most importantly, we will maintain that the push for evidence-based policy encompasses two interpretations. Although both interpretations argue that measures taken in and by the public sector should be based on real evidence, the two interpretations have different understandings of what constitutes real evidence. One interpretation maintains that the best evidence comes from the use of randomized controlled trials (RCTs). The other interpretation maintains that evidence from research amounts to one out of three components, the other two being evidence (knowledge) derived from front-line practitioners and the intervention users. As the cleavage between the two interpretations is particularly evident in the social sector and in social welfare, the bulk of the article will use a chain of events in Swedish social welfare as an illustrative case. Here central efforts to implement *evidence-based practice* (EBP) have been

crucial. Although from the beginning consideration of client preferences and opinions was an important tenet in attempts to implement the EBP in local practices, this article will show that later attempts tended to ignore the notion of client expertise. Therefore, the implementation process for EBP in this context is an example of a translation of an idea where a vital ingredient has been subtracted, the client's perspective. From this foundation, we address why the idea of client expertise has been ignored in later implementation efforts.

This article's empirical data on events in Swedish social welfare derive from documents analyses of policy proposals by national government commissions, observations during seminars and meetings with actors from national, regional and local organisations, and notes made during workshops and conferences, but primarily from interviews with actors in this field. These actors are mainly officials working at national and regional level. This empirical data are collected by the first author in this article. The documents analysed in this section are produced by the main actors. Many of these documents were selected because they were extensively used and debated by actors and researchers. Empirical data were collected between 2009 and 2012. The empirical data represents a relevant base for this case study.

New Public Management (NPM)

Inspired by administrative practices in the private sector, New Public Management (NPM) began to take hold around 1980. The NPM has been classified into three major ideas: leadership, indirect control, and customer focus (Figure 1).

The *first* major NPM idea is the *belief in leadership* – “let managers manage.” That is, public sector leaders should be entrusted with real power to govern. In addition, this idea includes the belief that being an expert on the pertinent substantive issue is not enough; leaders should be trained in business economics and other management skills. The *second* major NPM idea is the belief that indirect instead of direct control best serve clients. That is, government should act as the helmsman of the ship (i.e., state), but not necessarily as its oarsman (i.e., the government should steer, not row) (Osborne & Gaebler 1992: 25). The *third* major NPM idea, customer focus, relies on the belief that the actual and potential customers (intervention clients) should influence how to customize interventions directed at themselves. That is, either intervention clients should choose between alternative service providers or be asked to participate on agency boards and investigations via questionnaires and evaluations (Pollitt & Bouckaert 2011, Hood 1995, Christensen & Lægreid 2003). It should be noted that neither “evidence” nor “what works”—key terms of the evidence movement—play any role in the NPM.

Figure 1. Basic Elements of New Public Management (NPM)

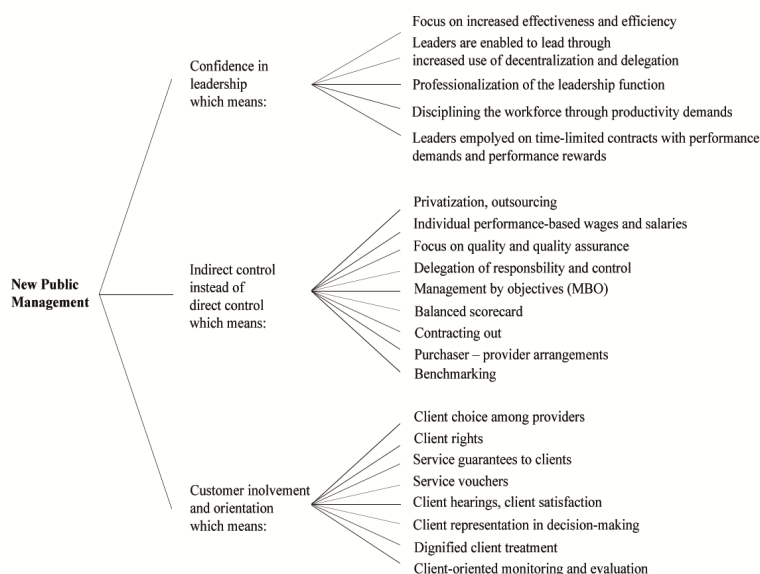


Illustration: Redrawn version by Linda Fredrikson of Vedung 2010: 271, which is adapted from Øgård, Morten (2000: 33) “New Public Management - markedet som redningsplanke?”

Evidence-based governance: RCTs or Client and Professional Opinions?

Around 1995, the idea that public governance should be made more evidence-based started to gain momentum in the North Atlantic world. By 2000, this trend was also evident in the Nordic countries. For supporters of this approach, what matters is what works. In social welfare, social work, public health, education, crime prevention, biodiversity, and related fields, international cooperation bodies began to produce “systematic reviews” of what works (i.e., interventions supported by strong evidence that the interventions produced intended outcomes). Evaluative designs are graded according to their ability to causally produce safe evidence (knowledge) of intervention effects. The example in Table 1 shows the evidence hierarchy of one internationally dominant EBM school of thought.

In this hierarchy, it is noteworthy that RCTs are ranked the highest and the opinion of the intervention client is ranked the lowest. This approach is a far cry

from NPM with its strong client (consumer) orientation and expressed preferences for neither experimentation nor evidence. Neither “evidence” nor “scientific” nor “RCTs” are buzzwords in the NPM movement. Judging from the wordplay “evidence-based versus eminence-based medicine” (TLS Feb 8 2008) and from the ranking in Table 1 we contend that supporters of the evidence movement downplay professional wisdom and client opinions and experience, while privileging scientific experimentation. The evidence wave tends to structure the field from a social science methodology point-of-view, not a client-oriented or a professional practitioner point-of-view.

Table 1. Evidence Hierarchy According to the RCT Interpretation of Evidence

Randomized controlled trials (RCTs)

Quasi-experimental studies (matched controlled trials, MCTs)

One-group comparison before-after
Cross-sectional, random sample studies
Process evaluation, formative studies and action research
Qualitative case studies and ethnographic research
Descriptive guides and examples of good practice
Professional and expert opinion
Client opinion (intervention user, participant, consumer)

Source: Vedung 2010: 273, adapted from Pawson, 2006: 49 and Rieper & Foss Hansen, 2007.

Most famous among the international cooperation bodies are the Cochrane Collaboration and the Campbell Collaboration, the latter named after Donald T. Campbell, the celebrated advocate of a science-based, RCT-infused public policy (Campbell 1969, 1982, and 1991). These new international bodies do not carry out any primary evaluations by themselves. Instead, they engage in *systematic reviews*. The Center for Evidence-based Conservation in the United Kingdom defines “systematic review” as follows:

[A] systematic review is a tool used to summarize, appraise and communicate the results and implications of a large quantity of research and information. It is particularly valuable as it can be used to synthesize results of many separate studies examining the same question, which may have conflicting findings. Meta-analysis is a statistical technique that may be used to [...] generate a single summary estimate for the effect of an intervention on a subject. (Vedung 2010: 274)

The first interpretation of public sector evidence considers RCTs, including systematic reviews summarizing RCT studies, as the most important modes of collecting evidence. Yet, there is a second interpretation of public sector evidence, strongly contrasting to the RCT-interpretation, to which we will soon turn. We will then illustrate this second interpretation using the Swedish social sector.

Translation – the Analytical Avenue

So far, we have presented how the EBP significantly influences Swedish government thinking on local welfare delivery and frontline social work. EBP concentrates on the use of scientific knowledge even if there are other broader concepts of how it should be used. As with NPM, the client's opinions about EBP are crucial. We will use translation theory to capture how the idea of EBP has been handled.

Ideas may be changed when assimilated by organizations; they are a kind of evolving phenomena that might be adjusted when they take place in a new context, although this is not always the case. One way to understand such processes is by considering them as a kind of diffusion process where ideas are spread through vigorous policies implemented, for example, through mandatory legislation and treatment guidelines issued by the National Board of Health and Welfare. Typically, these types of processes are insignificantly influenced by local contexts. In these cases, diffusion represents an ideal for an actor who wants an idea transmitted in an undistorted form. The processes we have examined in this article resemble diffusion when EBP is implemented, but we argue these processes should be regarded as a process of translation. Instead of being a precise concept, EBP represents a stream of ideas that actors interpret according to their beliefs and definitions of problems (Boxenbaum, 2006; Green, Ottoson, Garcia, & Hiatt, 2009). Our interest is the latter part of this journey: the un-packing of the stream of ideas into a concept and its adaptation. Organizations take up ideas and translate these on the basis of current trends and fashions (Røvik, 2008). Thus the interaction among organizations and the changes occurring as ideas traveling among levels will help us explain how ideas are institutionalized (Djelic & Sahlin-Andersson, 2006).

Translations are linked to how autonomous actors transform ideas and adapt them according to their needs. An analytical model that clarifies the journey and its organizational setting is needed in order to follow an idea through this journey. This type of model is central in research focused on how ideas of change are developed and disseminated. According to this theory, an idea starts as embedded or decontextualized and is activated by a vision of how it could be useful in another context. Then, it moves along as an object or a kind of model. This movement could take place in articles or at conferences, evolving into a traveling idea. Now, it can be exported to other organizational contexts and picked up actively. Next, it is translated and transformed into actions in new local contexts. Here, local cultures and fashions are important in understanding how they are adapted. The idea then can be rearranged as it is embedded and can take on somewhat different guises, even becoming a mainstream idea (Andersson, 2011). Finally, the idea becomes institutionalized and embedded as an integral part of a new practice, and the original idea may be more or less visible and recognizable (Czarniawska & Joerges, 1996). In the end, the idea will be taken-for-granted, existing as an indistinguishable part of practice.

When translated, an idea might also become institutionalized in a specific organizational field. Being an obvious alternative is resource efficient. Unpack-

ing and interpretation has already been done; now it simply has to be kept running. Institutional theory tells us that this process of adaptation by imitation is when ideas circulate to the point they are adopted. Processes will be supported if experts enter the scene and normative, ideological aspects are toned down (Sahlin & Wedlin, 2008).

Ideas involve interpretation. This involvement can potentially result in conflicts during translation and implementation and requires a certain strategy to create legitimacy. Scientific knowledge is perceived as useful and valuable, regardless of context, thereby providing legitimacy. Scientifically supported ideas are normally easier to launch, but their success is not guaranteed. A study of how an idea about a scientifically-supported treatment method spreads in institutional care, however, showed great difficulties in getting it to work in a new context and that the lack of adaptation to local conditions resulted in the use of many more resources (Ponnert & Svensson, 2011). In the next section, we shall investigate the implementation of EBP.

Implementing EBP

For nearly ten years, the Swedish national government has explicitly promoted and pushed for implementation of evidence-based practice (EBP) in street-level social welfare practices throughout the country. As a national public venture aimed at changing frontline social welfare activity, this push for EBP has few predecessors in terms of personnel, finance, or political support (Svanevie, 2011; Bergmark & Bergmark & Lundström, 2012; Bergmark, & Lundström, 2011). To discuss this intervention, its implications for NPM, and its client participation, we will provide a brief overlook of how public sector Swedish social welfare is organized.

The Ministry of Health and Social Affairs (*Socialdepartementet*) handles issues such as social care, health care, and public health and operates through the National Board of Health and Welfare (NBHW, *Socialstyrelsen*). The NBHW manages a wide range of activities and duties within the fields of social services, health and medical services, environmental health, communicable disease prevention, and epidemiology. The majority of its research activities focus on staff, managers, and decision-makers in the above mentioned areas (www.socialstyrelsen.se).

This article focuses on the above national authorities together with the Association of Local Authorities and Regions (SALAR). In Sweden, legislation for social care services funds the delivery of social care services involving agencies of the government – 290 municipalities and 20 regional governments. The municipalities are the frontline entities charged with delivering social care services. The SALAR represents the governmental-, professional-, and employer-related interests of Sweden's municipalities and county councils (www.skl.se). SALAR is both an employers' organization and an organization that represents and advocates for local government in Sweden. All municipalities, county councils, and regions in Sweden are members and membership is voluntary. Municipalities,

the lowest level local government entities, are responsible for a large proportion of local services, including schools, emergency services, and physical planning.

In 2007, the Ministry of Health and Social Affairs launched the Commission on Knowledge-Based Social Care Services to prepare a proposal on further measures to produce knowledge to be disseminated and used. In addition, the commission examined how state funds currently invested in the social services system might support the development of practice-pertinent knowledge. In 2008, the commission presented its proposal: *Evidence-based Practice in Social Services – To the Benefit of the Client* (SOU 2008:18). The long-term goal was to develop EBP in the social care services in the country. The commission defined EPB as “a practice based on the integration of the user’s experience, the expertise of the professional, and the best available scientific knowledge” (SOU 2008:18 p. 10). This rendering was much wider than the RCT interpretation discussed above and those adapted by the Cochrane and the Campbell Collaborations due to the phrase “best available scientific knowledge” instead of “RCTs” and to its three-parts structure. The commission unanimously stood behind this interpretation and probably had chosen to work with this inclusive definition of evidence-based practice in order to establish a common understanding. This tactical interpretation encompassed expertise of the professionals as well experiences of the service users. The report referenced David Sackett’s (2000) definition of evidence-based medicine:

[Evidence-based medicine is] the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of EBM means integrating individual clinical expertise and patient values with the best available external clinical evidence from systematic research. (SOU 2008:18 p. 22, our translation).

What is Evidence-Based Practice?

The commission’s work was initially based on an adaptation of David Sackett’s definition. Quite soon during the process, the Ministry of Health and Social Affairs (NBHW) and the Association of Local Authorities and Regions (SALAR) replaced Sackett’s definition with a definition created by Haynes, Devereaux, and Guyatt (2002) (Figure 2):

Figure 2 has been reinterpreted over the years and it is not possible to present a translation of this figure or a Swedish figure that is consistently used by actors (including researchers) in the social welfare field. When the Ministry, the municipalities’ and regions’ organization (SALAR), researchers today describe a Swedish EBP model, it can be described as an interpretation or as a free translation as noted in Figure 2.

In Figure 2, the three overlapping solid circles and the dashed ellipse are most commonly understood as follows. The term research evidence is often replaced with terms such as “scientific knowledge” or just “knowledge”. The definition of EBP has deliberately been broadened. The NBHW and the SALAR

are now making it clear that external evidence (research evidence) is only one form of knowledge among several. They distinguish between practice and methods: “Evidence-based practice is not the same as evidence-based methods, but evidence is one of the bases for decision-making. Evidence comes from well-done scientific studies on intervention effects [...]” (Socialstyrelsen, 2012). This interpretation is similar to the 2008 commission’s view. At the same time, a parallel interpretation used in research and documents implies that EBP uses evidence-based methods, a concession that recognizes many of the controversies surrounding EBP. These controversies are rooted in the discussions about what kind of research results in evidence-based social welfare, the sometimes-infected relation between practice and research, and the even deeper question about knowledge and knowledge production in social welfare. Although these questions impact social welfare issues, the main actors – i.e., the NBHW and the SALAR – avoid these questions.

Figure 2. Definition of Evidence-based practice adapted from Haynes, Devereaux, and Guyatt, 2002

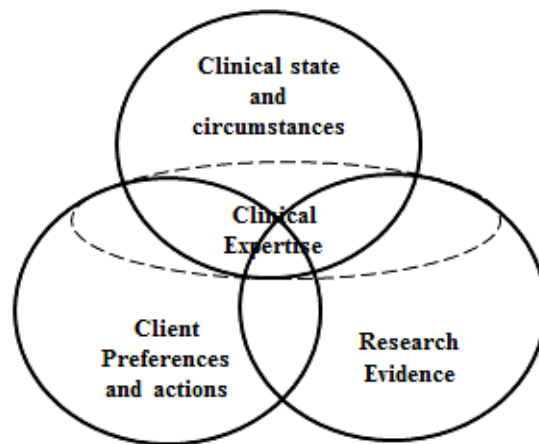


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Clinical expertise is usually translated as professional expertise, but what comprises professional work is still very much debated. The client preferences

and actions are often interpreted as experiences and preferences (sometimes situation), but it varies. The question is whether this is a translation issue or whether it actually tells us how the client is regarded. And last, clinical state and circumstances are often explained as the client's situation and contextual circumstances.

In conclusion, although many attempts have been made to define EBP by creating a model, it is not easy to understand what EBP comprises and it is even more difficult to reveal how it should be performed in local practice. In the next section, we will take a closer look at this challenge. We will start with the understanding of EBP, then continue with implementation.

The Difficult Interpretation of EBP

Since EBP was first placed on the social welfare agenda, an obvious contradiction has made itself apparent: on the one hand, proponents argue that social welfare should learn from EBM and use information yielded by randomized controlled trials (RCTs) when developing a so-called knowledge-based social welfare practice; on the other hand, opponents argue that EBP must be seen in a much broader way using Figure 2 as a guide. This tension is just one unsolved difference in opinion about EBP. It is not merely that the university research community embraces one opinion, the main public sector actors – NBHW and SALAR – another, and local experts and professionals yet a third. The picture is more complex.

It is also unclear what kind of evidence the research community should contribute. Is it evidence from RCTs as outlined by the evidence hierarchy in Table 1? Or is it some lower forms of evidence in the hierarchy? Or does the kind of evidence depend on the knowledge situation in this particular field? It is also unclear how professionals should act. Although the professionals have a crucial role in developing EBP, it is not simply about how the individual practitioner locates and uses evidence in practice, nor is it about how a practitioner integrates research and practice or critically appraises evidence. Understanding how professionals should act calls for a view that considers how infrastructure guides the practitioner in a particular direction (Gray et al., 2009). Finally, how should the clients' preferences and actions be integrated? It is this last question that we shall address here.

As the 2008 commission stated, EPB includes a practice based on the integration of the user's experience (SOU 2008:18 p.10). The commission argues that the user *perspective* can be seen as an umbrella term, covering, among other things, client involvement (user participation) and client input (user influence). Client involvement assumes that the clients are somehow involved, such as participating in a group. Client input (user influence), on the other hand, requires that the user's experiences and skills are considered, influencing the outcome of the work (2008:18 p.94). The commission specifically identifies these client-centered aspects as important parts of an evidence-based practice in social welfare.

In addition, the NBHW and the SALAR in later texts stress that there is a need for a greater focus on the client's state and circumstances (Socialstyrelsen & SKL, 2011). By including the clients in the EBP process and ensuring them that the final goal of social service is to provide them services, the national actors demonstrate their commitment.

The Intervention – the Dominant National Public Actors

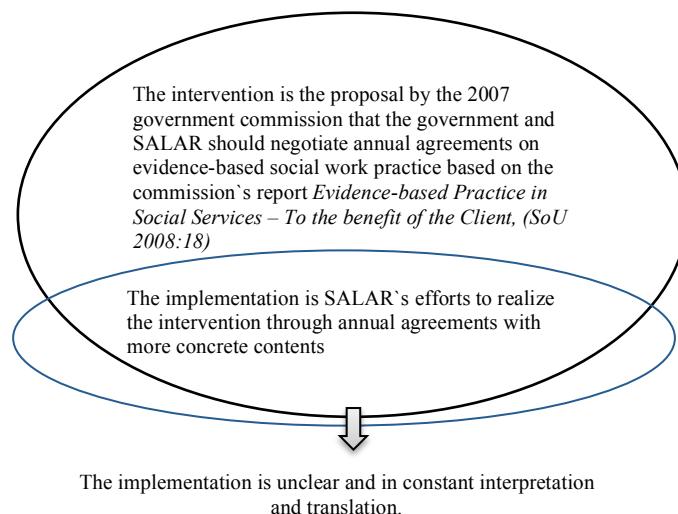
The 2008 report states that the knowledge base in social services in Sweden is undeveloped and that social services need to be conducted on the basis of scientific knowledge. The Commission uses the terms evidence-based knowledge, scientific knowledge, as well as knowledge in general, but the commission does not define these terms. Recommendations included an abridged version that integrates research, higher education, and social welfare practice using the following strategies:

- support for the implementation of new evidence-based knowledge;
- training for follow-up strategies, research skills, and the use of research results;
- improved instruments for documentation, systematization, dissemination, and development of social workers' own practice;
- improved access to research results such as through internet-based clearinghouses;
- introduction of key investments at a national level for practice, follow-up, and research; and
- facilitation of new forms of client involvement and client input for both individual client and client advocates. (SoU 2008:18 p. 11).

The report suggested that the government together with SALAR should reach annual agreements about goals and concrete interventions to support a knowledge development in social services towards the long term goal -an evidence-based social work practice. Consequently the actual overall intervention was a suggestion to the government and SALAR to negotiate annual agreements with specific directions and actions.

The first step of the implementation of this proposal would be to strike an agreement. Through a formal contract with the government, SALAR agreed to provide these annual updated working agreements (ÖK, 2009-2013), to implement the overall intervention and to fill it with more and more concrete contents with projects in public social welfare (starting in the fields of drug abuse and elderly care). Presently, a number of agencies act in these implementation processes. In 2009, SALAR started (stage one) intensive work by anchoring this intervention at a national level. The second stage contained forming support structures at the regional level (through county councils). These support structures are charged with building supportive structures for the local level (stage three). This intervention, aimed at changing the local work practice, is top-down initiated and significantly relying on regional level systems and actors.

Figure 3. The intervention and its implementation



Researchers Bergmark and Lundström ask one important question in regard to the social welfare worker's role: "Are they to be actively involved in critical appraisal or passive recipients of centralized guidelines?" (2012:605). Almost the same question could be asked about the clients: Are the clients to be involved in the critical appraisal of work methods or are they going to be passive recipients of this intervention? The clients are vanishing in terms of being actively involved in their intervention plans and in the execution of these plans.

An analysis of the national level (Denvall & Johansson, 2012) reveals that the intervention's content is not well defined and expected to be decided through negotiation (i.e., the intervention's content is expected to be clarified and processed in the future). This ambiguous intervention could encourage discussion and debate about EBP, but at least initially this ambiguity is likely to produce policy that is not for the benefit of the client. This incompletely defined approach implies a change in separation of powers and raises questions about the negotiating parties and about the transparency of the process. In early documents and discussions, user organizations were essential actors taking part in a national consultative group (ÖK, 2010) but in the process user organizations seem to have vanished along with the client (user).

The Regional Implementation

The second stage of the implementation is to anchor the intervention at the regional level. One of the first steps in the regional implementation was sending

letters of intent written by the regional organizations. To help regional organizations prepare their letters of intent, SALAR prepared a guide, which included the following heading: How will the support structures be formed to involve users in the development process? (SALAR, 2010). In August 2010, all the county councils had submitted letters of intent about their acceptance of involvement in this strategic implementation. All letters of intent fulfilled the headings requested by SALAR. One regional actor described very different approaches to this work: "It is quite a mess in which way we managed it in the different regions" (from an interview in autumn 2010).

In its first evaluation of this intervention, the Swedish Agency for Public Management argued that it was too early to assess whether efforts to build regional support structures would be successful (Statskontoret, 2011). Work had been going on for a short time. Conditions varied and the development of the intervention was unclear. In the second evaluation, the Swedish Agency for Public Management pointed out that the goal was "just as before that the users will benefit from the efforts that are based on best available knowledge" (Statskontoret, 2012:34 p.22).

NBHW and SALAR are the agencies responsible for the on-going efforts to encourage user participation. SALAR collaborates with representatives of non-profit organizations to find long-term ways for these organizations to help enhance the quality of social services. For this work, 2.5 million SEK has been allocated (Statskontoret, 2012:34 p. 22). The latest evaluation from the Agency for Public Management shows that "unlike in the past, the support for user participation is now integrated in interventions" (Statskontoret, 2013:17 p.19). In the evaluation the Agency for Public Management points out that user participation is no longer a goal in itself; rather, user participation is integrated in different areas, for example, the disability field and the field of addiction treatment. Yet, in general documents and on SALAR website patients and clients are pointed out as active co-creators and a SALAR priority. "Co-production" is used when describing a growing ambition (of SALAR's) to give more power and responsibility to patients, customers, clients, patients and families in the planning and execution of a public service (www.SKL.se, authors' translation).

User participation is no longer a goal in itself; rather, user participation is integrated in different areas, for example, the disability field and the field of addiction treatment. In summary, compared with the explicit ambition, user participation has become an issue about the user rather than an issue with the user. The client is not totally forgotten, however. Developed mainly for professionals in social services, a NBHW (Socialstyrelsen 2013) guide addresses client participation. The guidelines provide the best available knowledge, research, and experience from practice and service user. As we understand it, the guidelines do not address the overall and basic user influence of the intervention, the actual focus of this article. This tendency started when it was made possible for the municipalities to seek money for different actions stated in the annual agreements.

The Process of Translation

This process is an example of how organizations adapt an idea and how they react to interventions (DiMaggio & Powell, 1983). The experts behind SOU 2008:18, where EBP and the concept of user's perspective in EBP are at the fore, probably could not imagine the journey their proposal has taken. Since the 1990s, the idea has been translated and reassessed from the original medical concept as described by Sackett et al. Decoupling from the original context improved scalability in the new context of social welfare. The original concept was translated and the user's contribution in EBP has diminished as the scientific role has gained greater prominence. This move made it possible to see the idea in a new light or, as Roine Johansson puts it, "local circumstances are filtered out and remains an abstract presentation of the general traits" (Johansson, 2002: 111). The idea changed context and travelled from medicine to social welfare, but it also travelled from national to regional authorities. When the idea landed in the regional context, it needed to be propagated to the regional actors to take root. When travelling further down, local practice reinterprets this intervention.

The ambiguity that comes in complex surroundings implies both problems and possibilities for the translator. These possibilities are the result of actors seeing the opportunity to increase their influence and freedom (Sahlin-Andersson, 1989). In a study about EBP, Swedish researcher Kajsa Svanevie showed how the ambiguity within the EBP concept generated local packages since the idea needed new formats (Svanevie, 2011). Greater flexibility and understandings were possible by re-packaging the idea more loosely.

This approach, however, also creates problems since complexity makes it more difficult to achieve the stated ambitions. A strategic translation can thus be carried out and some elements retained while others are left out to increase the chances of success. A process of subtraction occurs. If national ambitions are to be fulfilled locally, extensive control has to be organized to create legitimacy for the reform. The higher the ambiguity and complexity, the more variation there is in the local translation. Central to translation is the quest for legitimacy and the extent to which the ideas are clear. Higher degrees of transparency enhance the possibility of diffusion and distribution in accordance with the approach of the actors. Higher degrees of ambiguity, on the other hand, create increased opportunities for actors to influence the translation based on local conditions, power, and personal preferences. In our example, the indistinct stream of ideas surrounding EBP encourages multiple interpretations.

This inconsistent use of terms is what has occurred in the EBP wave. The national authority left out the difficult and problematic aspect of the user's involvement in its translation and put forward the scientific part of the idea. The original idea was subtracted and re-embedded, aiming at improving the chances of successful implementation.

Discussion

In this article, we have discussed the NPM wave and its successor – the Evidence Wave. We have argued that the movement for evidence-based knowledge

encompasses two interpretations. One maintains that the best evidence is produced by the use of RCTs, and the other maintains that evidence from research should be considered together with evidence from practitioner knowledge and user experience. We also have briefly described the translation of this evidence wave in the Swedish social sector, under the guise of EBP. What has happened with client participation during this process? To answer this question, we will start with a brief problematization of Figure 2. Then, we will focus on one possible answer.

The client in EBP

In Figure 2, client preferences and actions represent one circle in the understanding of EBP. In Sweden, this figure, as we have discussed, has been interpreted and understood as follows: 1) the current best (scientific) knowledge; 2) the client's experiences and preferences; 3) the client's situation and contextual circumstances; and 4) the professional's expertise. Rendering the data, client experiences and expectations have played a rather small part in the process of designing the future evidence-based practice.

The idea of user participation can be linked to changes in the welfare system over the past 20 years. NPM has driven economization, commercialization, corporatization, and privatization of municipal administration. These pressures, together with on-going state control of EBP, where the client does not play an important role, helps explain user participation or the lack of it. During the past decades, concepts such as users and user involvement have received considerable attention. The 2008 commission (SOU 2008:18) notes that the user's role in the social services should be strengthened. That is, a user's perspective must be considered so the user can influence how the intervention will be designed and executed (Börjeson & Karlsson 2011: 33). In a position paper from SKL (2011), a very similar conclusion has been posited: the patient should be seen as a co-creator of their care and attention. But this concept is not entirely unproblematic.

According to our research, the national authorities (the main actors) left out the difficult and problematic aspect of the user's involvement in its translation, privileging the scientific part of the idea. The original idea was subtracted and re-embedded, improving the chances of successful implementation. The scientific rendering of EBP makes randomized control trials the gold standard for gaining knowledge. Users' perspectives are troublesome and come with less validity. The idea of EBP is now undergoing diffusion, especially ways of enhancing practitioners' use of scientific knowledge in their decision-making through diffusion of guidelines, systematic reviews, and evaluation of various methods.

We do not yet see how this intervention finally will be institutionalized, whether it will get legitimacy in local practice, and whether it will be embedded as an integral part of a new practice, but we can see how the original idea about client involvement (user participation) and client input (user influence) has become more and more invisible, making it difficult to recognize. This vanishing of the client is a result of this process of translation. During this process, the idea

has travelled from the national level to the regional level and is now supported by regional and local experts. In addition, during this journey, the intervention and its contact with actors interpreting the intervention according to their beliefs, definitions of problems, transforming of the ideas, and adapting them according to experts and actor needs have resulted in de-emphasizing the client's experience and knowledge. This development has not been an explicit agenda but a consequence of experts and actors focus on what is best for them.

The fact that the clients tend to be more or less forgotten is a problem both in theory and in practice. In theory, it is a problem connected to the important question of knowledge and how to decide what kind of knowledge forms EBP. In practice, it is a problem if the client is not a crucial actor in decision-making about what support or treatment he or she needs. We argue that the client in social welfare practice and in society still has a weak position. User position is even weaker in social welfare than in medicine. It is obvious that in recent years EBM and EBP have been understood and used in a more and more scientific way. Lack of RCT studies, efficiency requirements, and budget cuts make it almost impossible for professionals to practice EBP as outlined in Figure 2. And, finally, as we have discussed in this article, EBP has been interpreted, implemented, and adapted by experts from a top-down perspective.

Conclusions

Over the last two decades, the movement for Evidence-Based Management (EBM) has entered public arenas across the Atlantic world with the intent of replacing New Public Management (NPM) as the driver of public policy. In this paper, we have focused on Swedish social welfare as an arena where persistent government attempts have been made to launch and implement the new, world-wide evidence-based ideas into professional practice.

There are many contradictions in the mentioned Swedish context about what constitutes EBP as well as about what counts as knowledge (Bohlin & Sager, 2011). There are also a number of contradictions regarding how to analyze and interpret this on-going development in Swedish social welfare. Let us address some of these on the basis of our investigation.

The need for improved professional work and knowledge development is not controversial. Neither is the need to establish better connections between research and practice in social welfare (Marsh and Fisher, 2007). Reaching this goal will require both more practice-oriented research and an enhanced use of research among social welfare professionals. Marsh and Fisher's view is close to Sackett's classic definition of evidence-based medicine (Sackett et al., 2000). As with Sackett, Marsh and Fisher emphasize that practice should not be dictated by research and that professionals need knowledge to interpret and use research evidence in their everyday practice. But are there other agendas? And what about the vanishing client?

This intervention seems to be more than just preparing the social services and social welfare practice in general to benefit the client. It is also about organ-

izing and directing citizens, professionals, organizations, institutions, and discourses to achieve certain political goals. As we have shown, this is as an ongoing movement towards an evidence-based governance. We have argued that evidence-based governance is a successor of NPM, albeit far from entirely replacing it. A SOU report (2008:18) highlighted, among other things, the conditions for knowledge development and management. As a result of policies originating from NPM, SALAR and NBHW were charged with allocating resources and, through translation, were charged with directing practice. As a result of this concentration of influence, actors such as researchers, professionals, and clients seem to have limited influence over future knowledge development in social services, a condition that we believe needs rectifying.

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